

## Escaping Uncertainty: Educating Through Escape Room Activity

When a semi-urban, 13-bed pediatric Magnet-accredited urgent care began expansion to a 24-bed pediatric emergency room, research found that 200 patients reporting sexual assault/abuse (SA) from the zip codes served by this facility were re-routed to a geographically more distant emergency department within the system. Additionally, another 250 pediatric SA patients in the geographical area served by this facility were treated at area all-ages emergency departments within the same time frame. SANE coverage was not in place and there was not institutional support to begin to provide this service, despite the reality that it was needed. Therefore, care and evidence collection principles fell to bedside RNs. An escape room-style, hand-on, collaborative activity was proposed to deliver this education. This was initially not supported by leadership due to cost, however, by meeting with leadership and adding other education – specifically EMR downtime procedures – to the training, it was enthusiastically supported.

### Objectives

Learners will gain insight for planning, creating, and presenting education in the style of an escape room. They will gain ideas for puzzles to include in an escape room education activity. Finally, participants will learn other ways for obtaining financial support from care systems for an escape room education activity.

### Methods

Pre-intervention questionnaire to assess RN comfort and knowledge of meeting the unique needs of SA patients was administered. A 20-minute educational PowerPoint was used to give a foundations of caring for an SA patient in a new environment. Participants began a 45-minute “Escape Room”-style activity, requiring nurses to use critical thinking, resources available on their new equipment cart, new equipment within the cart, and the information they'd acquired through the PowerPoint to solve puzzles, find clues, and "escape" with all tasks completed. The interactive "Escape Room" activity reinforces the team dynamic, communication skills, and draws on nurses collective experiences and strengths to solve the puzzles together.

To obtain funding for this project, the nurse met with hospital leaders to inquire about other topics they would like covered, "pain points" the hospital was experiencing. This led to the incorporation of EMR downtime procedures and documentation to be included in this escape room activity, gaining fiscal support.

### Results

Knowledge of triage process: 81% pre-intervention, 89% post-intervention

Knowledge of exam process: 57% pre-intervention, 91% post-intervention

Knowledge of supplies and equipment: 48% pre-intervention, 96% post-intervention

Somewhat or very comfortable caring for patient reporting sexual assault: 9% pre-intervention, 37% post-intervention - FOUR-FOLD IMPROVEMENT

### Conclusion

Education delivered in escape room-style provides an opportunity to introduce skills and equipment, foster familiarity in new spaces, support teamwork and collaboration, and promote clinical reasoning when caring for low-frequency patient presentations."