**Goals**
- Introduce concepts and tools to pediatric ED nurses caring for patients reporting sexual assault (SA)
- Provide education in a game-based format that is engaging and encourages teamwork and collaboration
- Address organizational “pain point” of lack of experience with EMR downtime procedures and paper charting practice

**Learning Objectives**
- Identify patient appropriate for SA exam
- Engage critical thinking skills to determine RN assessments appropriate for patient presentation
- Practice advocating for patient autonomy that is not always possible in pediatric EDs
- Identify aspects of SA evidence collection kit applicable to RN scope of practice
- Recognize documentation unique to SA patient
- Anticipate provider orders
- Practice trauma informed care
- Practice hands-on documentation using EMR downtime procedures and paper charting

**Design, Setting, Participants**
- **Design:** Prospective cohort study
- **Setting:** Suburban pediatric teaching hospital expanding from an urgent care to an ED without SANE representation
- **Participants:** 56 ED RNs employed at facility during expansion

**Methods**
- Participants completed prior to Escape Room:
  - Pre-intervention survey using previously validated scale
  - 20-minute PowerPoint including common terms and acronyms, parameters of evidence collection, applicable organization policies
- Escape Room activity challenged participants to:
  - Access EMR downtime charts
  - Consider patient age, time since assault, and emergent conditions
  - Choose applicable RN assessments & anticipate provider orders
  - Gain access to new cart and find supplies rarely utilized in pediatrics
  - Document practices unique to SA patients
  - Navigate all aspects of paper chart
  - Educate patients and family of follow-up unique to patients reporting SA
  - Utilize trauma informed care to choose comfort measures, promote autonomy, and engaging hospital and community resources
- Participants completed after Escape Room:
  - Post-intervention survey using previously validated scale

**Conclusions & Implications**
- Providing engaging, game-based education activity offers:
  - Vastly increases comfort level with new processes and procedures
  - Significantly increases knowledge
  - Increases competence with downtime procedures
  - Including organizational “pain point” (EMR downtime practice) assisted in obtaining financial support of RN time
  - Unique learning experience applicable to other disciplines, care areas
  - Sixteen SA patients have been cared for at the expanded facility, rather than transferred as was previous practice, 24 months post-education

**Results**
- **Knowledge of Triage Process**
  - 81% Pre-Intervention
  - 8% Post-Intervention
  - "More education should be like this" – SH

- **Knowledge of Exam Process**
  - 57% Pre-Intervention
  - 34% Post-Intervention

- **Knowledge of Supplies**
  - 48% Pre-Intervention
  - 48% Post-Intervention

- **Very Comfortable or Somewhat Comfortable Caring for SA Patient**
  - 9% Pre-Intervention
  - 28% Post-Intervention
  - "Better than a sim because it’s the real equipment in the real space" – KS

**References**