ESCAPE the Boring Lecture: Tips and Tricks on Building Puzzles for Medical Education Escape Rooms

Ashish S Shah¹, Michael Pitt² and Laura Norton²

¹Department of Pediatrics and Rady Children's Hospital, University of California, San Diego, CA, USA. ²Department of Pediatrics, University of Minnesota, Minneapolis, MN, USA.

Journal of Medical Education and Curricular Development Volume 10: 1–8 © The Author(s) 2023 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/23821205231211200



ABSTRACT: Escape rooms in medical education are a novel, game-based learning approach for teaching medical topics. In these escape rooms, learners complete a sequential series of medical-themed puzzles leading them to "escape" a specific story. Designing puzzles can be anxiety-provoking and may be the gatekeeper for educators in medicine to create their own escape rooms. Though there have been publications on the importance and methods of building a healthcare-themed-escape room, there is a gap in the literature on designing puzzles to teach specific learning objectives successfully. In this Scholarly Perspective, the authors share puzzle ideas and support tools and use Bloom's taxonomy as the framework to teach educators how to design challenging and engaging escape room puzzles.

KEYWORDS: Escape room, game-based learning, medical school education, residency education, fellowship education, gamification

RECEIVED: February 28, 2023. ACCEPTED: October 13, 2023.

TYPE: Perspective

FUNDING: The authors received no financial support for the research, authorship, and/or publication of this article.

DECLARATION OF CONFLICTING INTERESTS: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

CORRESPONDING AUTHOR: Ashish S Shah, Department of Pediatrics, University of California – San Diego Pediatrics, Rady Children's Hospital, 3020 Children's Way, 2960 Union St. Apt 303, San Diego, CA 92123, US. Email: ashah3@rchsd.org; ashah4@health.ucsd.edu

Introduction

Game-based learning (GBL) capitalizes on the learner-centered shift in medical education approaches to teach topics using game design principles. 1,2 GBL is an engaging way to improve learning outcomes 1,3 while creating an environment for active learning, social interaction, peer-to-peer education, and problem-solving. 4,5 A recent trend in GBL in medical education is the use of escape rooms. In traditional escape rooms, teams solve a series of puzzles and gather clues to "escape" from an enclosed environment within a time limit.⁶ Creating multiple medical-themed puzzles linked together into one "mission" in the escape room format has translated well in medical education.⁷ For example, Zhang et al published an escape room they created to teach intern physicians their institutional patient safety priorities.⁸ Multiple nursing educators have shared their approach to using escape rooms to teach teamwork skills. 9-12 Similarly, emergency medicine educators described their creation of escape rooms to teach teamwork and communication skills.8

Like other forms of GBL, learners consistently perceive escape rooms as effective ways to support team building and increase communication skills. 13-16 Learners perceive knowledge gains following escape room games and significant increases in knowledge have been shown using pre-post testing. 17,18 Improvement in critical thinking, problem-solving skills, and creativity are also reported. 19,20 Through an engaging story discovered through sequential puzzles, escape rooms create environments that foster engagement and teamwork. Several examples in the literature discuss frameworks and tips on creating escape rooms for medical education. These examples tend to be holistic, discussing the overarching goals and theories behind using escape rooms in medical education without the granular details of specific puzzle design. 7,21,22

While these frameworks provide an excellent foundation justifying escape rooms as an education tool, there is a dearth of literature on practical "How To" advice for creating puzzles to reflect specific learning objectives. In our experience, this creative hurdle often presents a barrier to educators who might otherwise build their own escape rooms.

The authors all have created and used escape rooms successfully with learners across the continuum of medical education. Subsequently, we created and presented a workshop (Escape from the Boring Lecture—How (and Why) to Design Educational Escape Rooms) at a national meeting. 23 Participants described that having the replicable tools for creating different types of puzzles in an escape room and learning how to debrief and teach using puzzles was a particularly beneficial aspect of helping them overcome the anxiety and inertia of creating their own escape rooms.²³ In this article, we aim to empower educators to overcome the most common challenges with developing medical escape rooms—designing and debriefing the challenging and fun component puzzles that address learning objectives. We use the overarching structure of Bloom's taxonomy—a hierarchical ordering of cognitive skills used to help educators create specific and focused learning objectives²⁴⁻²⁶—as scaffolding on which to organize and present tips on puzzle design.

Building an escape room

At their core, escape rooms rely on experiential learning, aiming to make memories instead of memorizing. Players complete a series of puzzles that follow a story plot within a time limit to win the game. Puzzles rely on a loop of (1) a challenge to overcome, (2) a concealed solution, and (3) a reward that leads to a new puzzle or ends the game. A simple example is being locked in a room with a combination lock on the door. Using the framework: (1) the challenge is

opening the combination lock, (2) the combination is the concealed solution, and (3) the reward is escaping into the next room. The answers to the concealed solution are where creativity is the only limit. Good puzzles are integrated into the plot of the story and are solvable with the information, logical clues, and equipment provided to the player.²⁷ The same structure is true for puzzles in educational escape rooms; however, a good escape room puzzle must also accomplish the learning objectives of the overall activity (Figure 1).

Bloom's taxonomy

In approaching effective puzzle design, Bloom's taxonomy creates an avenue for connecting puzzles with learning objectives. Bloom's taxonomy is a hierarchal framework for educators to create an interchange where teachers and students can understand the learning objectives for a given educational activity. Furthermore, well-defined learning objectives serve as the foundation for creating a learning activity. In escape rooms, educators should ask themselves "by the end of this escape room or puzzle, the learners will be able to..." filling in the end with the appropriate verb from Bloom's taxonomy.

Objective 1: Remember

In Bloom's Taxonomy, the "remember" objective is about retaining and learning basic facts or recalling events in a step-by-step procedure. ²⁸ This cognitive skill is a necessity for nearly every topic in medicine. For example, medical students need to recall the basic structure of the heart before understanding the complexities of different congenital heart malformation physiology. Furthermore, during medical school, most students complete a dissection in an anatomy lab and memorize the different structures of the human body. Depending on the stage of learners and the topic, this objective may be necessary before advancing to more complex objectives.

Puzzle types

In education, crossword puzzles or word searches are an active way for learners to learn and recall content. Saxena et al created

a crossword puzzle to train undergraduate students in identifying key concepts and transferring content in a way that also promoted collaboration.²⁹ Mohan et al found that 85% of students reported that crossword puzzles enhanced their learning of microbiology and immunology and oriented them to the topic.30 Word games can be useful in escape rooms to lead to further clues while teaching content. In our escape room workshop, we used a crossword puzzle with certain blocks highlighted in different colors to signal the importance of that specific letter. After completing the crossword puzzle, the letters were organized by the colors on a rainbow, leading to a new phrase "UNDER THE TABLE" which led the participants to look under the table where their next clue was hidden (Figure 2). Another example used by the authors in an infectious disease escape room is shown in Figure 3. Learners were expected to match the pathogen with its associated confirmatory testing and then place them in alphabetical order. Doing this would give them the vital signs for their patient, helping them move forward in to escape room puzzle. One of the authors helped create an escape room on nephrology topics for medical students. A puzzle in this escape room combined two different puzzles with one portion focused on "remembering." Learners were given 24 cards that contained either a disease name, etiology, histopathology image, and histopathology description. They were required to put them together in sets of 4 for the 6 different nephrology diseases. Once complete, looking at the back of the cards would give them the clues to the next puzzle which was a crossword (Figure 4).

Objective 2: Understand

The "understand" objective refers to comprehending a topic and presenting ideas. Explaining and describing the content is a keystone for this objective. It expands past the "remember" objective in that learners can recall information, paraphrase it into their own words, and explain it to others. The flipped classroom model in medicine utilizes this objective. ³¹ Learners are

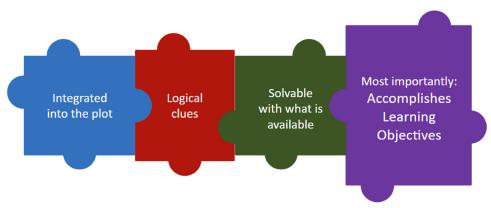
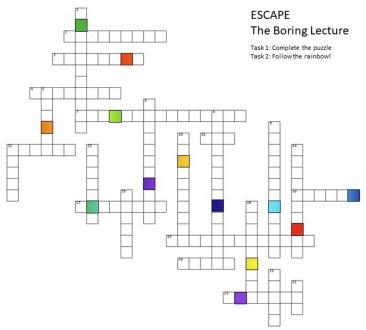


Figure 1. Principles of a good escape room puzzle, adapted from Weimker et al.²⁷

3 Shah et al



DOWN

- 1. Weeks to be considered term
- 5. 5 letters, 6 words, New York Times puzzle game
- 6. The pediatrician's favorite antibiotic 8. F508 deletion
- 9. PAS 2023 location
- 10. When kids make block tower, in months
- 12. Newborn score in the delivery room
- 13. Hashtag us on
- 14. Test to find pyloric stenosis
- 15. PAS 2022 location
- 18. Best home suction device ever!
- 21. University of Minnesota Mascot
- 22. Bronchiolitis cause

ACROSS

- 2. This person's slap was heard around the world
- 3. PEM Docs favorite sedation medicine
- 4. When babies should regain their birthweight
- 7. Scary sounding, actually benign baby rash 11. Most common heart defect
- 12. FOAMED is Free Open
- Education
- 16. Breathing problem diagnosed at 5yrs of age
- 17. Most common childhood cancer 19. Jaundice caused by inadequate milk
- production
- Common cause of forearm and wrist fractures in kids
- 23. Koplik spots

All answers are written out. And remember, cheating and looking it up is okay!





Figure 2. Puzzle example using crossword puzzle with highlighted letters when ordered by the colors of the rainbow spelling "UNDER THE TABLE" leading to a subsequent clue.

expected to learn the facts independently and discuss and explain those concepts to each other during the in-class portion.

Puzzle types

Memory-matching games can accomplish the "understand" objective in GBL. These types of games can be presented in multiple ways—with words, images, or both. An example of this is creating a matching-memory game using different electrocardiogram (ECG) images that match their associated pathologies. Learners must understand the pathology and its associated ECG findings before putting them together. Other examples include radiological images, laboratory findings, medications, or pathology complications. In a nephrology escape room created by one of the authors, medical students matched nephrology medications with their known renal

vitais are	in order to get the diagnosis: _		,,	′
-3 Aspergillus	Blood/Respiratory antigen (galactomannan), culture			
8 Blastomyces	Urine antigen, culture	AT IN		
R Candida	Blood antigen (glucan), culture			
2 ESBL	Culture, presence of AmpC gene			
R Giardia	Stool antigen, direct visualization			
2 Helicobacter Pylori	Breath test, urine/blood antigen, serology.	1 6	h h	
B Mycobacterium tuberculosi	Interferone gamma releasing assay, histopathology, culture	12/3/3	111	*
8 Neisseria meningitidis	Blood/CSF culture, CSF antigen by latex agglutination	2/1/00	Mile pil	
Rickettsia rickettsi	Blood PCR, serology.	v / Z		
9 Staphylococcus aureus	Blood, tissue, fluid culture	4/6	juli	
T39.8, HR:125, RR:23, BP:8	1/39			
lint: Someti	mes bugs line up alphabetion	ally 😊		

Figure 3. Infectious disease escape room puzzle example.

Goodpasture Syndrome Antibodies against alpha-3 chain of type IV collagen are found in GBM and alveoli Results in hemoptysis & hematuria Type I RPGN LM: crescents (extracapillary cell proliferation) in Bowman's space IF: diffuse, linear pattern EM: GBM damage

7 Across: A 25yo woman presents with low-grade fever and right flank pain for 2 days. She also has mild dysuria and increased urinary frequency. Urine dipstick is positive for leukocyte esterase. What is the most likely diagnosis?

Figure 4. Puzzle example of 4 separate pieces (front) coming together to provide a clue to a crossword puzzle (back).

complications following a case presentation prompt. The back of each combined pair had words that, when put together in alphabetical order of the drug names, would give the clue to the location of the next puzzle.

Participants can also be provided cards that must go in a specific order, such as the vaccine schedule, developmental milestones, or as we did in our workshop, Kern's Six Steps of Curriculum Development. When participants successfully put the individual cards in order of the six steps, the bottoms of the cards spelled out a website that led to the next clue. We used a URL-shortening website (tiny.url.com) to make our own website name for a cloud-based folder which contained a sound file containing a morse code clue. Participants were then able to use a Morse code alphabet posted on the conference room wall to decode the word, which led to the next clue.

Objective 3: Apply

The third level of Bloom's Taxonomy is "apply." Here, learners take the knowledge and skills they attained and apply them to a given topic. Medical students are asked to apply their knowledge and skills in many different parts of their training. For example, applying their knowledge to a theoretical patient during case-based learning or their history-taking skills during communication skills sessions with simulated patients in Objective Structured Clinical Examinations. Furthermore, educating on the appropriate use of clinical guidelines relies on learners understanding information to apply it to a patient.

Puzzle types

Puzzles focused on physical tasks are an excellent way for learners to apply their skills. Different task trainers are commonly used in the simulation labs to apply and hone skills. One idea is utilizing an airway task trainer for learners to apply their airway skills. Puzzle designers can create a scenario in which

Shah et al 5

learners are required to apply their cognitive skills and identify a foreign body aspiration. A "foreign body" with a clue written on it can be hidden in the trachea of the airway task trainer and equipment such as forceps and a laryngoscope blade can be left out for learners to obtain the clue. The leads learners to apply cognitive and physical skills in one puzzle. Another example the authors have used is having a locked box where a part of the combination was the sum of the ultrasound-measured diameter of vessels in an intravenous (IV) access task trainer. Residents who had previously completed ultrasound training were left with an ultrasound machine and three different (IV) access task trainers. These specific learners had to rely on their previous knowledge and apply it to solve the puzzle.

Creating physical puzzles adds an additional layer and makes educational escape rooms more dynamic and interactive. During the pandemic, mastering donning and doffing personal protective equipment (PPE) became a priority. McLaughlin et al created an escape room puzzle that required participants to identify and don correct PPE per institutional standards before entering a room to find more clues and puzzles.³² Podlog et al created an "Escape the Trauma Room" where residents complete multiple small puzzles involving physical tasks such as arterial line transducer setup, using a cast cutter, and ventilator management.³³ The feedback they received from their learners was overwhelmingly positive, and it fostered team building.²⁸

Objective 4: Analyze

"Analysis" is commonly thought of as critical thinking and essential in medicine. Critical thinking is taught and evaluated in clinical, classroom, and simulation settings. Learners need to be able to break material down into its constituent parts to be able to fully analyze it. Educators teach learners to analyze a specific aim and formulate a study design to answer a research question. Clinically, trainees formulate a differential diagnosis and decide between multiple patient scripts to develop an assessment and plan.

Puzzle types

Puzzles using simulated or described clinical cases allow learners to demonstrate critical thinking and analysis skills. One of the authors created a game that randomly generates clinical cases to facilitate case discussions with pediatric residents. Similar games could be used within an escape room format to stimulate critical thinking. Another example that could be used to meet the objective of the analysis is described by Kaul et al who created a puzzle that required learners to correctly turn multiple wheels to align clinical history, exposure, and imaging findings of interstitial lung disease. 34

Objective 5: Evaluate

A further domain of Bloom's Taxonomy is "evaluation." Learners commonly learn how to critique and evaluate research

during their training. Many programs have Journal Clubs or Journal Reviews where trainees appraise an article on its study design, research question, analysis, and impact on patient care. Furthermore, in the simulation environment, trainees are placed in settings where they assess simulated patients, make decisions, and reevaluate their management based on the scenario. Attending physicians also use the simulation center to self-evaluate their skills and hone their procedural and clinical acumen in a safe learning environment. To self-evaluate, the individual must have a baseline level of understanding and comfort in self-analysis.

Puzzle types

Using a high-fidelity mannequin in a simulation-based escape room allows for real-time changes in the game. Creating a mid-game change to a mannequin can be done remotely. Furthermore, embedded simulation personnel allow learners to do different evaluations of a situation. Sarage et al used a high-fidelity mannequin to simulate an 84-year-old patient and a confederate to play the family member in an escape room where participants evaluate the patient, identify hypertension, and administer the appropriate medication.³⁵ Another twist was the order they received was incorrect and the nursing students had to recognize the error and correct it.³⁵ In another example, during our escape room, participants had to evaluate an academic poster on clinical disease in long COVID to solve questions which gave them a portion of a clue. This type of puzzle is not limited to posters, and academic journal articles can serve as the venue for the answers.

Objective 6: Create

The top of the revised Bloom's Taxonomy is "create." The teach-the-teacher method relies on learners creating. Progression through medicine involves learning how not only to practise medicine but also to lead a team of learners, which is an additional skill. Facilitator training courses are commonplace in simulation, where trainees practise evidence-based debriefing techniques, learn scenario design, and mannequin operation. 36,37 Also, trainees learn to manage an entire team, creating assessments and plans for each patient while balancing education and creating a safe learning environment. Engaging learners in puzzle design is another method for learners to "create." Bakkum et al described an opioid escape room in which groups of third-year medical students were assigned to create a prototype escape room. Students appreciated the freedom and creative thinking the assignment provided, although most of the students felt the assignment was too much work.³⁸

Puzzle types

Building a specific puzzle in which learners complete Bloom's objective of "create" is challenging. However, an escape room can have puzzle answers that combine to expose the principles

of a concept that lead to learners' ability to create something independently. During our *Escape the Boring Lecture* escape room, learners had to navigate a puzzle that involved exposing them to Kern's 6 Steps of Curriculum Development. This was reinforced with a part of the puzzle having the learner place cards with each step represented by an image in the correct order to obtain a URL that led to the next clue. The answer to this puzzle created an avenue for discussion on Kern's 6 Steps of Curriculum Development during the debriefing period. It allowed learners to understand the base concepts in a gamified manner with reinforcement and clarification of its use in future curriculum creation during the debrief. Although the puzzle itself was not directly teaching learners to create a curriculum, the debrief honed their understanding into a path to support future curriculum design.

Weaving together puzzles

Meta Puzzles are used commonly in escape rooms. These puzzles are solved by combining pieces and clues gathered from smaller puzzle solutions to find a final answer to a broader puzzle. For example, one of the authors created a toxicology escape room utilizing a simulation mannequin to mimic symptoms of organophosphate toxicity (wet bedding for excessive sweating, wetness around the mouth for salivation, mydriasis, and tachycardia). Learners were given minimal information and had to analyze clues to reach a definitive diagnosis and solve

the overall puzzle. The author used smaller puzzles to provide hints about what medication and dose were appropriate for the pediatric patient, with the correct dose being the exit to the room.

Identify GamesTM created an escape room puzzle box board game (Figure 5a) that relies on finding the correct sequence of 12 physical keys based on a story and can be used to weave together multiple small puzzles. The game comes with multiple keys and for each unique escape room scenario, 12 correct keys need to be placed in the correct order within the 1-h timer. Each key has different designs, including the shape, internal cutout, roman numeral, letter, number, and arrows (Figure 5b). These allow a variety of "correct answers." For example, a letter from the key can be used in a word or multiple-choice question or certain shapes can represent times on a clock. Educators can design their own escape room where a series of puzzles leads to an individual key. During our workshop, we created four puzzles revolving around a story of a child swallowing a battery that used the puzzle box and keys to solve. Each solution would give a small portion of a larger answer.

Debriefing principles in escape rooms

In healthcare simulation, debriefing is just as or even more important than the simulation.³⁹ The same can be said in GBL, where learners must have an opportunity to process and discuss the learning that occurred.⁴ Facilitator-led





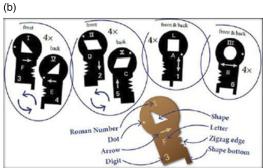


Figure 5. (a). Identify GameTM ESCAPE ROOM puzzle box. (b) Identify GameTM ESCAPE ROOM game keys.

Shah et al 7

postevent debriefing is the most common technique, where a facilitator positions themselves as the expert and guides the learners through their experience, expertise, and training. ⁴⁰ Elements in healthcare simulation debriefing that can be used in debriefing an escape room are psychological safety, establishing rules for the debrief, establishing a shared mental model, asking open-ended questions and using silence, and addressing key learning objectives. ⁴⁰

Psychological safety

Healthcare escape rooms can be challenging and, at times, anxiety-provoking. These escape rooms provide the opportunity to work through clinical scenarios and hone critical thinking skills under the pressure of a time limit and competition, without any risk to patients. Ensuring a sense of safety among participants is essential in the design of educational escape rooms. Psychological safety is the ability to "behave or perform without fear of negative consequences to self-image, social standing, or career trajectory." It is the facilitator's responsibility to create a safe learning environment, during both the pre- and postdebrief in healthcare escape rooms.

Establishing rules of the debrief

Rules can be laid out before the debriefing session to ensure facilitators and learners are on the same page. These rules help create a safe environment for the debrief. Rules such as confidentiality and validity of everyone's feedback and the assertion that the focus is on education and not game performance is critical.

Establishing a shared mental model

A shared mental model is "the overlap of individuals' set of knowledge and/or assumptions that act as the basis for understanding and decision making between individuals." Facilitating learners to review their experience in the escape room provides a shared understanding of the event and reinforces key learning points. In debriefing, it is used to get the participants and the facilitator on the same page.

Asking open-ended questions and using silence

Open-ended questions like "can you tell me about puzzle three" facilitate a better discussion than yes/no questions. Furthermore, it is the facilitator's responsibility to foster discussion while answering the participant's questions. Allowing for silence after asking open-ended questions creates space for learners to process their thoughts.

Addressing key learning objectives

Addressing learning objectives is a foundational aspect of the debriefing period. Frequently in escape rooms and serious

games debriefing, discussion on the game itself can overtake the more important elements of the learning objective. Having a specific phase during the debrief to address the learning objectives of the escape room is vital. ⁴⁴ A technique is to start with a brief discussion of the puzzle, subsequently transitioning into the learning points of the puzzle.

Escape room puzzles are meant to be a fun and exciting modality to achieve the learning objective, however, without effective debriefing, the key learning points may be lost. Debriefing allows for reflection and self-assessment, clarifying and reinforcing the learning points, discussing team strategies, and an opportunity to provide feedback on the escape room. Escape room creators should focus just as much energy on their plan for debriefing as they do on developing fun and exciting games.

Conclusion

Escape rooms are an excellent adjunct to traditional teaching methods. They can involve little to no cost, can be easily administered to various students, and require a facilitator over an educator. Educational escape rooms provide nonthreatening, collaborative learning through teamwork and communication. Creating a game, let alone an entire escape room can be anxiety-

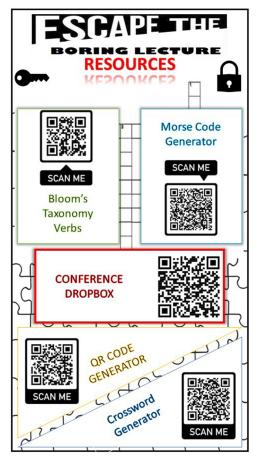


Figure 6. QR code resource flyer from ESCAPE the Boring Lecture Conference.

provoking and daunting for educators. As with conventional educational methods, focused learning objectives are necessary to create a successful educational escape room. A debriefing session is also imperative to clarify any misunderstanding and reinforce the educational objectives of the session. Developing puzzles to facilitate specific learning objectives and weaving the puzzles together using a story or metapuzzle is a method educators can use to design their own escape rooms. This framework for escape room creation with examples of game ideas and resources (Figure 6) provided in this paper should alleviate the initial hurdle to creating new and innovative educational escape rooms.

Acknowledgments

We would like to thank Dr Bazak Sharon MD and Allison Galkowski DNP, CNP, APRN for their efforts in developing the concepts and presenting this with the authors as a workshop at the Pediatric Academic Society Conference in 2023.

Authors' Notes

All listed authors have qualified for authorship and all who are qualified are listed. This article has not been previously published and is not under consideration in the same or substantially similar form in any other journal.

ORCID iD

Ashish S Shah (D) https://orcid.org/0000-0002-8051-7020

REFERENCES

- van Gaalen AEJ, Brouwer J, Schönrock-Adema J, Bouwkamp-Timmer T, Jaarsma ADC, Georgiadis JR. Gamification of health professions education: a systematic review. Adv Health Sci Educ Theory Pract. 2021;26(2):683-711.
- Guckian J, Eveson L, May H. The great escape? The rise of the escape room in medical education. Future Healths J. 2020;7(2):112-115.
- Trybus J. Game-based learning: what it is, why it works, and where it's going. New Media Institute. 2015;6.
- Pitt MB, Borman-Shoap EC, Eppich WJ. Twelve tips for maximizing the effectiveness of game-based learning. *Med Teach*. 2015;37(11):1013-1017.
- 5. Bober M. Games-based experiences for learning. Futurelab; 2010.
- Rosenkrantz O, Jensen TW, Sarmasoglu S, et al. Priming healthcare students on the importance of non-technical skills in healthcare: how to set up a medical escape room game experience. *Med Teach*. 2019;41(11):1285-1292.
- Davis K, Lo HY, Lichliter R, et al. Twelve tips for creating an escape room activity for medical education. Med Teach. 2022;44(4):366-371.
- Zhang XC, Diemer G, Lee H, Jaffe R, Papanagnou D. Finding the 'QR' to patient safety: applying gamification to incorporate patient safety priorities through a simulated 'escape room' experience. *Cureus*. 2019;11(2):e4014.
- 9. Adams V, Burger S, Crawford K, Setter R. Can you escape? Creating an escape room to facilitate active learning. *J Nurses Prof Dev.* 2018;34(2):E1-E5.
- Gómez-Urquiza JL, Gómez-Salgado J, Albendín-García L, Correa-Rodríguez M, González-Jiménez E, Cañadas-De la Fuente GA. The impact on nursing students' opinions and motivation of using a "nursing Escape room" as a teaching game: a descriptive study. Nurse Educ Today. 2019;72:73-76.
- Morrell BLM, Ball HM. Can you escape nursing school? Educational escape room in nursing education. Nurs Educ Perspect. 2020;41(3):197-198.
- Morrell BLM, Eukel HN. Escape the generational gap: a cardiovascular escape room for nursing education. J Nurs Educ. 2020;59(2):111-115.
- Khanna A, Ravindran A, Ewing B, et al. Escape MD: using an escape room as a gamified educational and skill-building teaching tool for internal medicine residents. Cureus. 2021;13(9):e18314.
- Cates AL, Krueger J, Simpson SE, Stobart-Gallagher M. Comparing the effectiveness of a virtual toxicology escape room at two emergency medicine residencies. Cureus. 2020;12(10):e11262.

- Diemer G, Jaffe R, Papanagnou D, Zhang XC, Zavodnick J. Patient safety escape room: a graduate medical education simulation for event reporting. *MedEdPORTAL*. 2019:15:10868.
- Martin A, Gibbs S. An escape room to orient preclinical medical students to the simulated medical environment. MedEdPORTAL. 2022;18:11229.
- Veldkamp A, van de Grint L, Knippels MC, van Joolingen WR. Escape education: a systematic review on escape rooms in education. *Educational Research Review*. 2020;31:100364.
- Eukel HN, Frenzel JE, Cermusca D. Educational gaming for pharmacy students design and evaluation of a diabetes-themed escape room. Am J Pharm Educ. 2017;81(7):6265.
- Foster T, Warwick S. Nostalgia, gamification and staff development moving staff training away from didactic delivery. Research in Learning Technology. 2018;26:2021. 2018
- Fotaris P, Mastoras T. Escape rooms for learning: A systematic review. In Proceedings of the European Conference on Games Based Learning 2019 Oct 3.
- Casler K. Escape passive learning: 10 steps to building an escape room. J Nurse Pract. 2022;18(5):569-574.
- Dittman JM, Amendola MF, Ramraj R, Haynes S, Lange P. The COMET framework: a novel approach to design an escape room workshop for interprofessional objectives. J Interprof Care. 2022;36(1):161-164.
- Norton L, Shah A, Sharon B, Pitt M. Escape from the Boring Lecture How (and Why) to Design Educational Escape Rooms. Pediatric Academic Society Annual Meeting, April 2022, Denver, Colorado.
- 24. Anderson LW, Krathwohl DR, Airasian PW, et al. 2001;38-62.
- Conklin J. A Taxonomy for Learning, Teaching, and Assessing: a Revision of Bloom's Taxonomy of Educational Objectives Complete Edition. Pearson, Complete edition; 2005:154-159.
- Bloom BS, Engelhart MD, Furst EJ, Hill WH, Krathwohl DR. Taxonomy of educational objectives: the classification of educational goals. Vol. Handbook I: Cognitive domain. David McKay Company, 1956.
- Weimker M, Elumir E, Clare A. Escape room games. Game Based Learning. 2015;55:55-75.
- Adams NE. Bloom's taxonomy of cognitive learning objectives. Journal of the Medical Library Association: JMLA. 2015;103(3):152.
- Saxena A, Nesbitt R, Pahwa P, Mills S. Crossword puzzles: active learning in undergraduate pathology and medical education. *Arch Pathol Lab Med.* 2009; 133(9):1457-1462.
- Mohan BS, Nambiar V, Gowda S, Arvindakshan R. Crossword puzzle: a tool for enhancing medical students' learning in microbiology and immunology. International Journal of Research in Medical Sciences. 2018;6(3):756.
- 31. Lage MJ, Platt GJ, Treglia M. Inverting the classroom: a gateway to creating an inclusive learning environment. *J Econ Educ.* 2000;31(1):30-43.
- McLaughlin JL, Reed JA, Shiveley J, Lee S. Escape room blueprint: central orientation contagion crisis. Simul Gaming. 2021;52(1):24-30.
- Podlog M, Husain A, Greenstein J, Sanghvi S. Escape the trauma room. AEM Educ Train. 2019;4(2):158-160.
- Kaul V, Morris A, Chae J, Town J, Kelly W. Delivering a novel medical education "escape room" at a national scientific conference: first live, then pivoting to remote learning because of COVID-19. Chest. 2021;160(4):1424-1432. doi:10.1016/j. chest.2021.04.069
- Sarage D, O'Neill BJ, Eaton CM. There is no I in escape: using an escape room simulation to enhance teamwork and medication safety behaviors in nursing students. Simul Gaming. 2021;52(1):40-53.
- 36. Harvard Center for Medicine Simulation Instructor Course. 2022. https://harvardmedsim.org/training/simulation-instructor-training/.
- Lane AJ, Mitchell CG. Using a train-the-trainer model to prepare educators for simulation instruction. *J Contin Educ Nurs*. 2013;44(7):313-317. doi:10.3928/ 00220124-20130515-33. Epub 2013 May 22
- Bakkum MJ, Richir M, Sultan R, et al. Can students create their own educational Escape room? Lessons learned from the opioid crisis escape room. *Med Sci Educ*. 2021;31(6):1739-1745.
- Fanning RM, Gaba DM. The role of debriefing in simulation-based learning. Simul Healths. 2007;2(2):115-125.
- Sawyer T, Eppich W, Brett-Fleegler M, Grant V, Cheng A. More than one way to debrief: a critical review of healthcare simulation debriefing methods. Simul Healthc. 2016;11(3):209-217.
- Ganley B, Linnard-Palmer L. Academic safety during nursing simulation: perceptions of nursing students and faculty. Clin Simul Nurs. 2012;8(2):e49-e57.
- Lederman L. Debriefing: toward a systematic assessment of theory and practice. Simul Gaming. 1992;23:145-160.
- Gisick LM, Webster KL, Keebler JR, et al. Measuring shared mental models in healthcare. *Journal of Patient Safety and Risk Management*. 2018;23(5):207-219.
- Phrampus P, O'Donnell J. Debriefing using a structured and supported approach.
 In: Levine A, DeMaria S, Schwartz A, Sim A, eds. The Comprehensive Textbook of Healthcare Simulation. 1st ed. Springer; 2013: 73-85.