Metro South Health

Unlocking your team's potential:

Using Escape Room methodology to consolidate Crisis Resource Management principles

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We care about you

Queensland Government

health quality
and complaints
commission

Failing health

A spotlight report on complaints about
clinical deterioration in Queensland hospitals

August 2013

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SCSC
Scottish Clinical Simulation Centre

Framework for Observing and Rating
Anaesthetists' Non-Technical Skills

TEAM
WORKING

TASK
MANAGEMENT

DECISION
MAKING

SITUATION
AWARENESS

Anaesthetists' Non-Technical Skills
(ANTS) System Handbook v1.0

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SURGEONS OF EDINBURGH

NHS
Education
for
Scotland

The Non-Technical Skills for Surgeons (NOTSS)
System Handbook v1.2

TEAMWORK

SITUATION
AWARENESS

LEADERSHIP

DECISION
MAKING
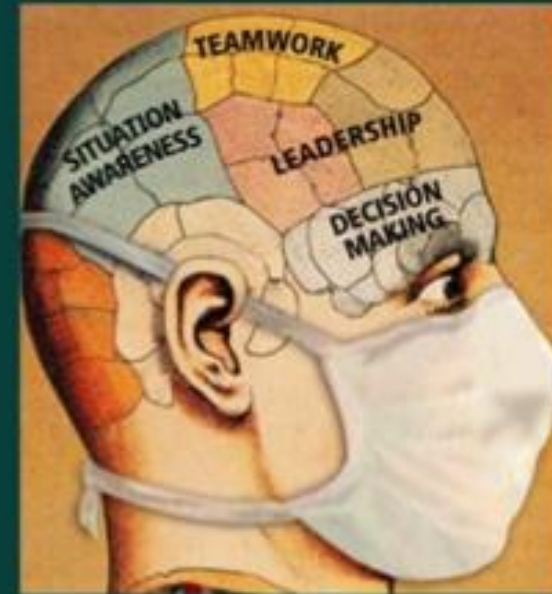
Structuring observation, rating and feedback of
surgeons' behaviours in the operating theatre
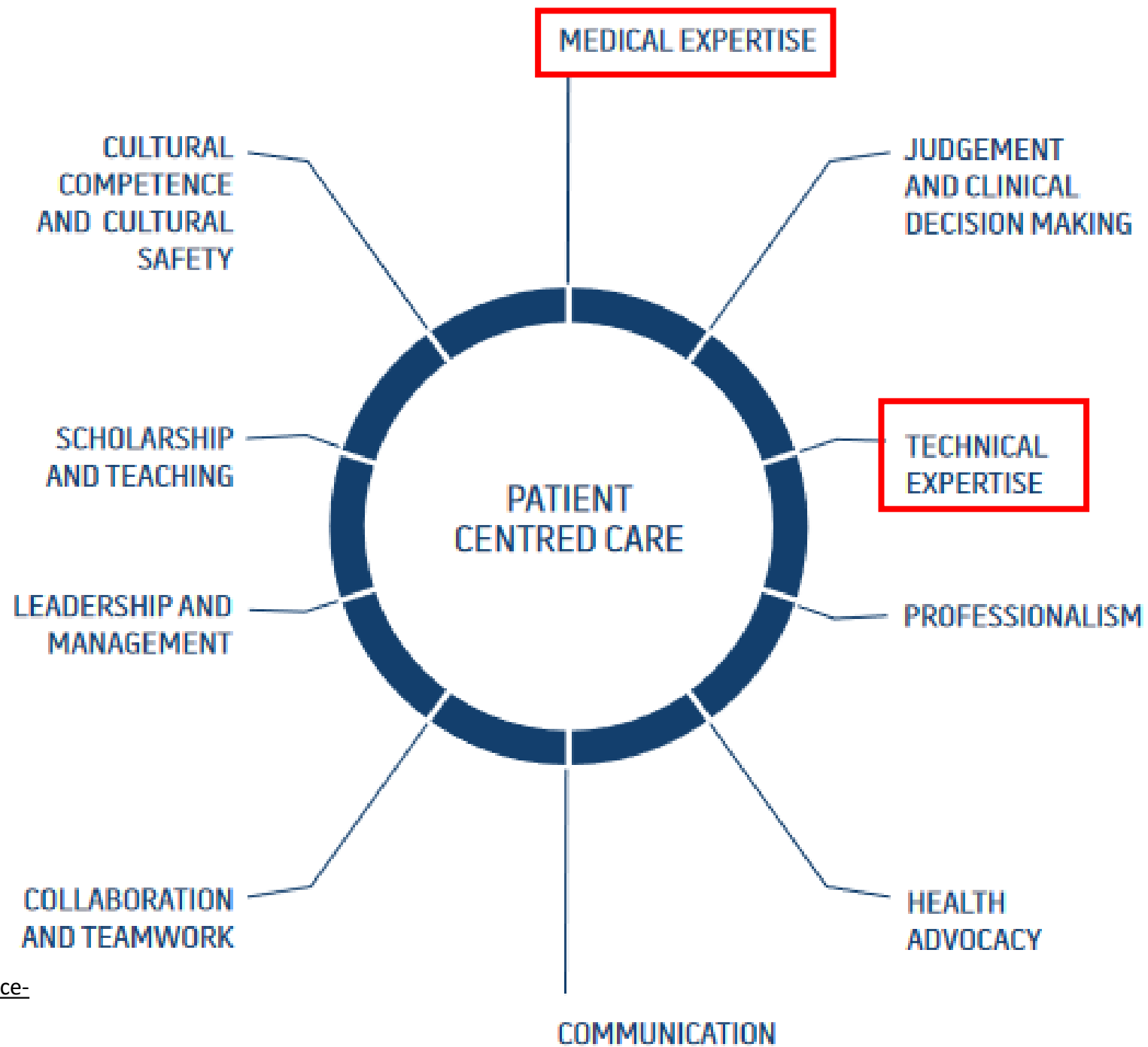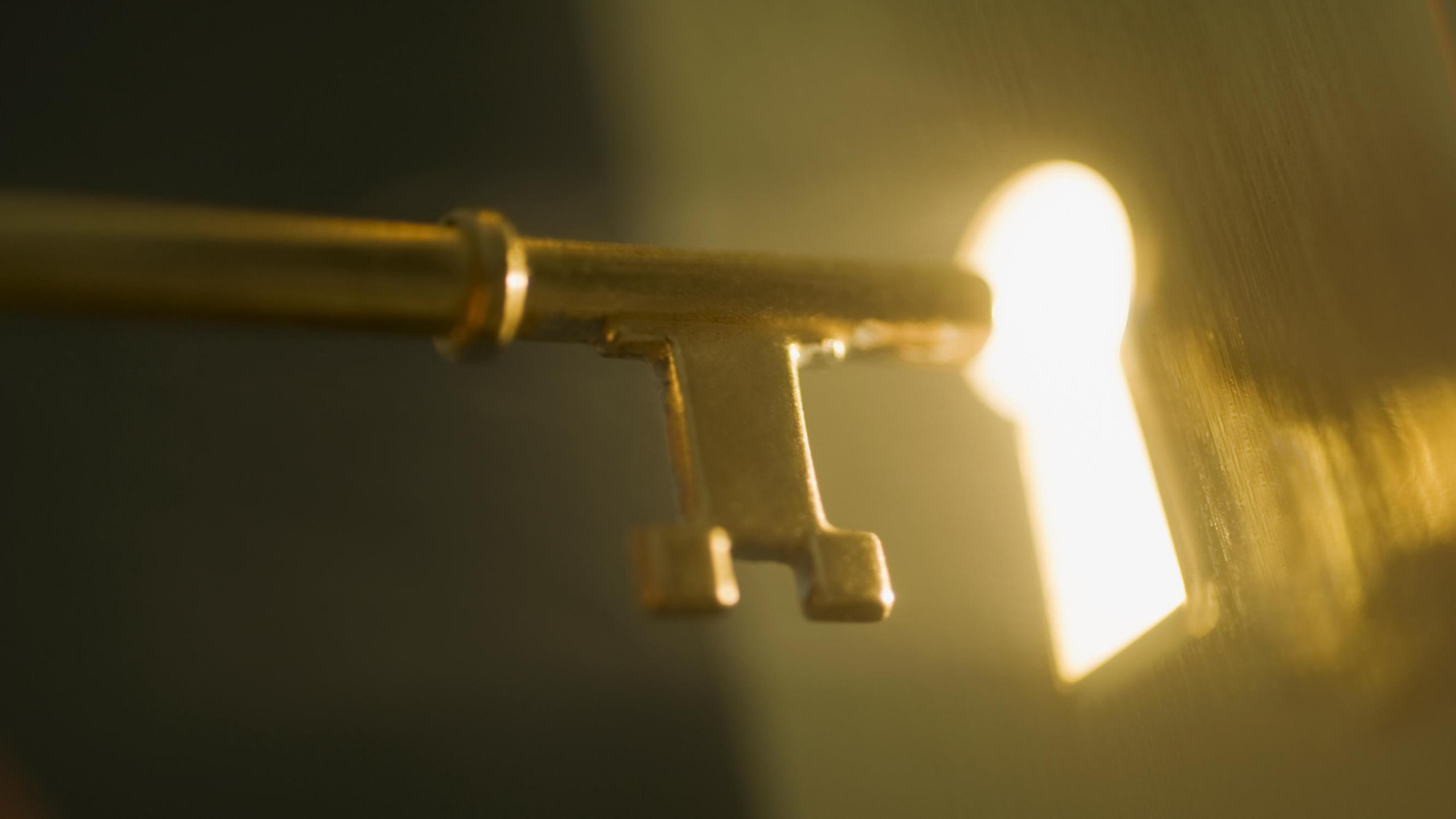
MEDICAL EXPERTISE

JUDGEMENT AND CLINICAL DECISION MAKING

TECHNICAL EXPERTISE

PROFESSIONALISM

HEALTH ADVOCACY

COMMUNICATION

COLLABORATION AND TEAMWORK

LEADERSHIP AND MANAGEMENT

SCHOLARSHIP AND TEACHING

CULTURAL COMPETENCE AND CULTURAL SAFETY

PATIENT CENTRED CARE

surgical-competence-and-performance-framework_final.pdf (surgeons.org)

https://www.escapelive.co.uk/what-makes-escape-rooms-so-popular/

https://minoritynurse.com/health-policy-development-and-engagement-whats-a-student-to-do/

PAIN

BOX 2

BOX 3

BOX 1

*'I think it teaches (that) you **have to rely on each other**. Because actually, I don't think any one person solved any one problem... You just can't do it all by yourself, which is a good thing.'*


'I like doing **something different**, and I think sometimes it's good to look at **teamwork** outside the clinical role'

*'It was something **good to do**. To work and use parts of your brain, as opposed to just doing a task.'*

'I feel like we were all just **equal**. No one was really taking control. We were all just **taking turns** of saying our ideas on how to solve something.'
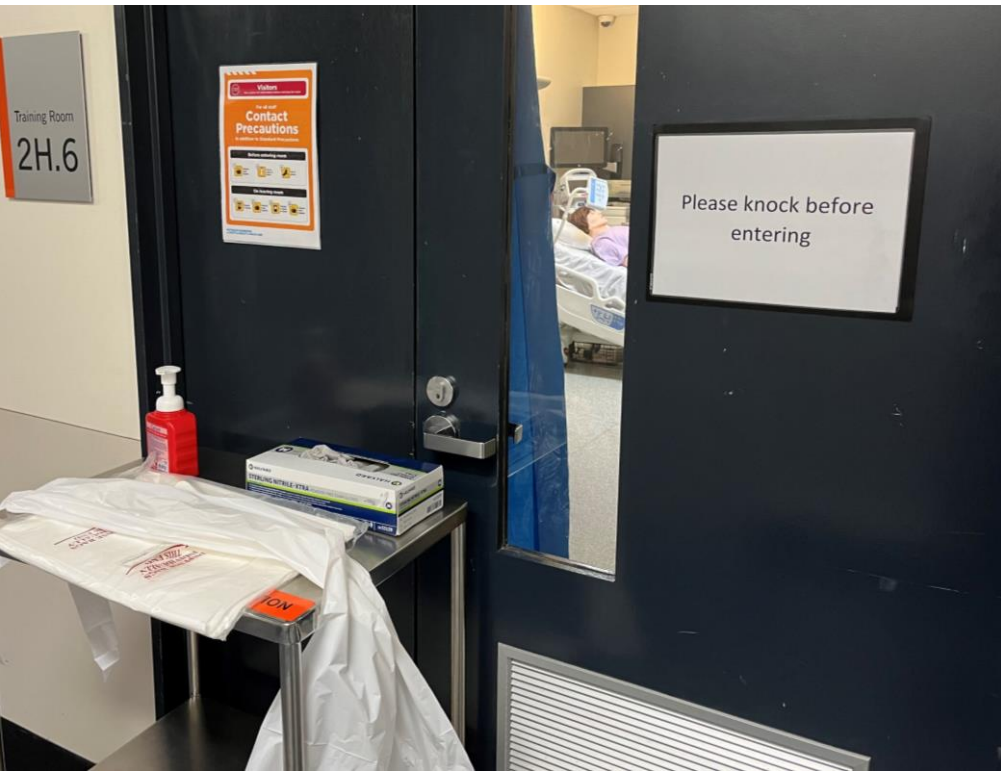

Leadership Skills/ Teamwork

BOX 3
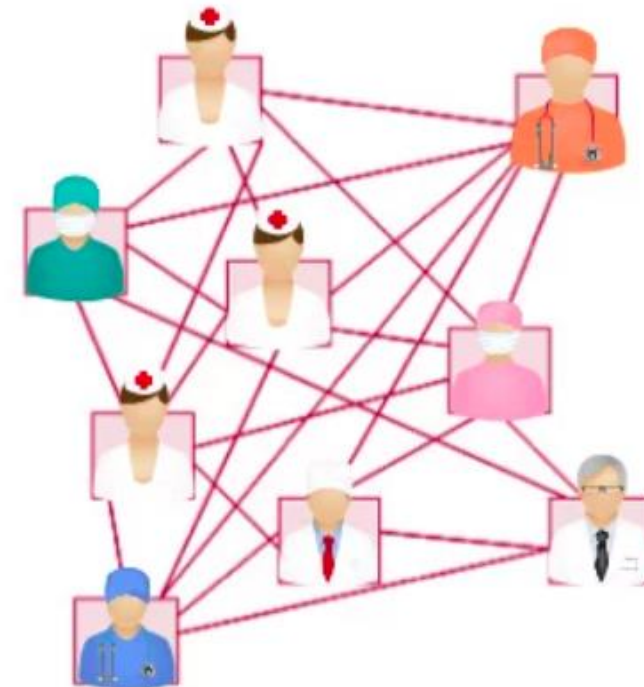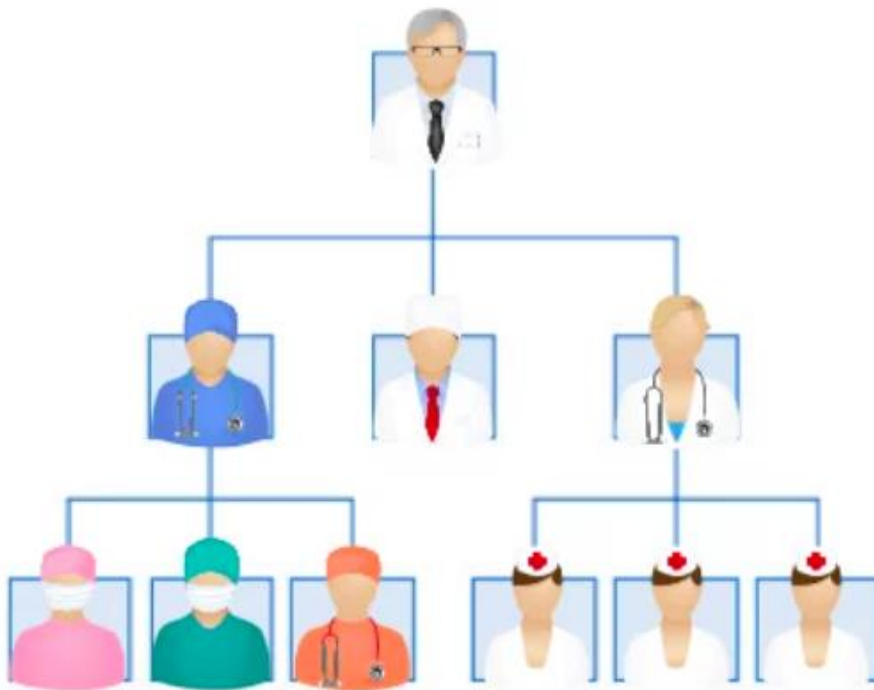
'We **spread out**, we **delineated**, we **gathered information**, and we came back, but again, we just got stopped at that at one point.'

'All right. Let's **recap**, start again, we're not getting anywhere, so let's take that **step back**. Let's refresh ourselves with new information…'

'That sometimes happens in [a MET call], that we come away from the patient, because **we're so focused on something else**.'

'...pinching the **ideas** that other people have is probably the best way to navigate your way through any scenario, and that's what we do here...and the **more we practice** it, the better we are at it.'

'I kept forgetting that, which happens, you forget you can **ask for help**.'

'It wasn't like, oh, that's useless...We moved past it, another **suggestion** was made...Then we thought [it] about as a group. And then, we took the things that people were saying and **listened** to them. That's a **good communication** process.'

Communication Skills

'At times, maybe we were a little bit short with each other, but only on a few occasions. I think that's also reflective of what happens with **increasing stress** levels. '

Limitations and considerations

Always follow the escape room with a **debrief**

Lead the debrief with experienced **facilitators** from each of the participant groups

Support **psychological safety**

Provide a comprehensive **briefing**

Strengths of an escape room design

- Participants found it **engaging**

- The **influence of** non-technical skills was recognised

- It is a **safe** training environment

- Flattens **hierarchy**

Questions?

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