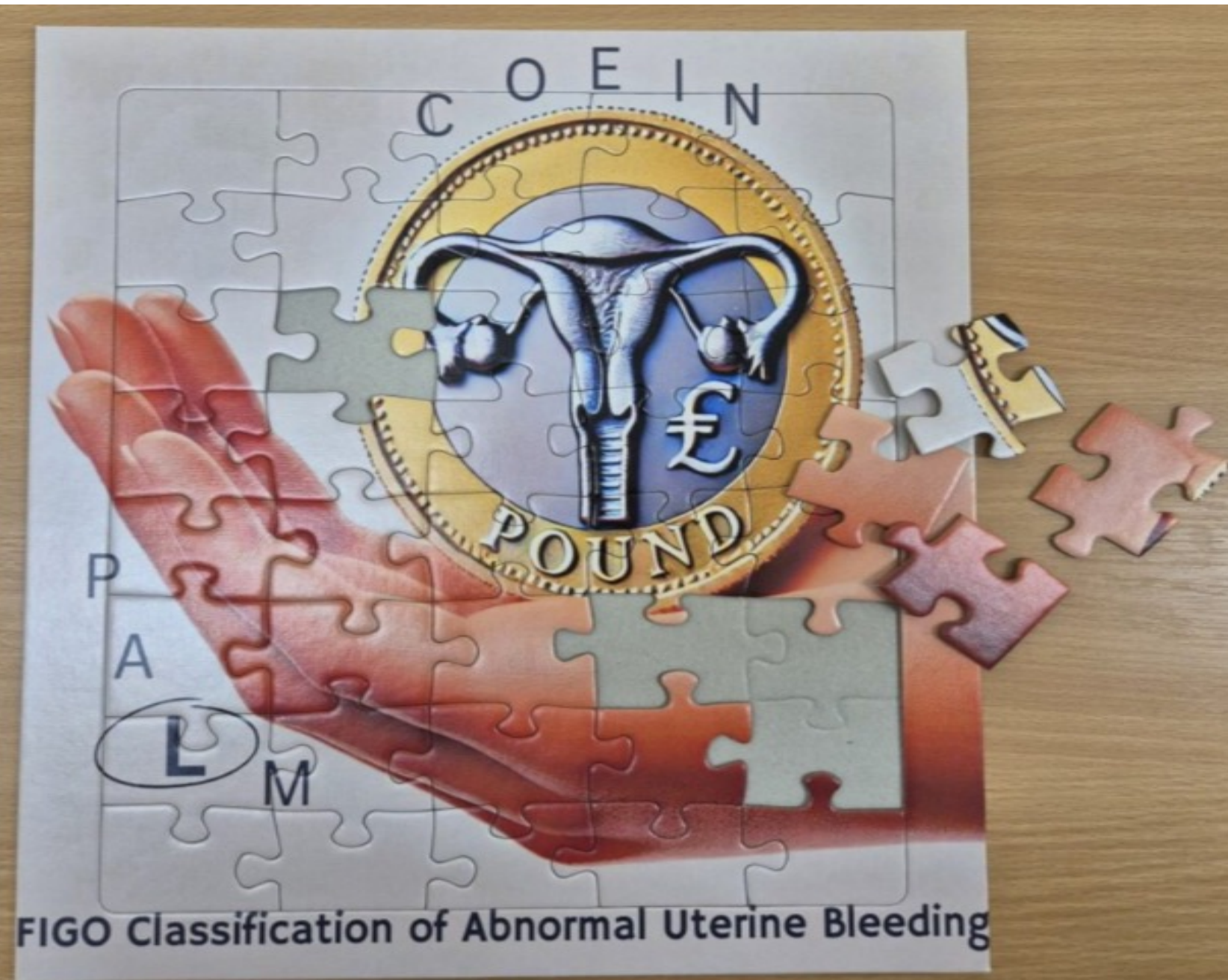


An Innovation Pedagogy: A Gynaecology Escape Room for Undergraduate Medical Education

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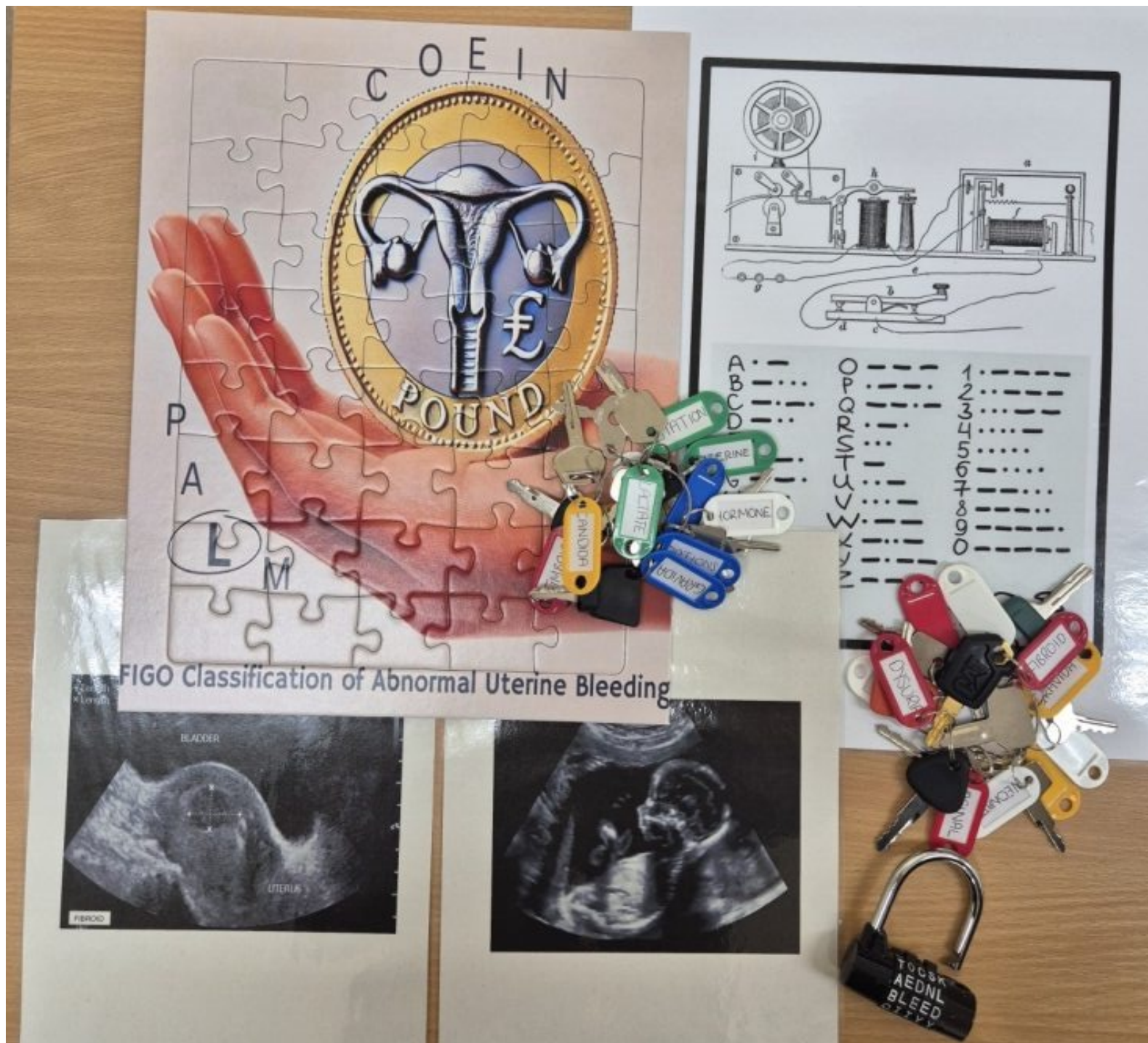
Objective:

- To design a gynaecology-themed escape room to simulate real-life clinical decision-making in a controlled, interactive environment.
- To create a cost-effective gamification strategy to aid undergraduate medical education.
- Create a series of tasks to encourage students to engage in collaborative problem-solving, critical thinking, and quick decision-making complementing traditional didactic teaching.



Methodology:

- Target audience: Fourth year medical students on O&G rotation
- Team size: 5-6 students
- Task: Progress through interconnected, timed tasks requiring the application of theoretical knowledge to simulated clinical scenarios aligned with the intended learning outcomes.
- Each session concluded with a structured debrief and reflection to consolidate learning.
- Feedback was collected by post-activity questionnaires and debrief reflections to evaluate the educational value and overall experience.



FIGO
Classification of
abnormal uterine
bleeding

- Jigsaw puzzle

Types of
Miscarriage

- Matching pairs

Miscarriage
management

- Morse code decipher

Subfertility
investigations

- Cryptic clue challenge

I. MISSED	Asymptomatic, Non-viable pregnancy (No fetal heart pulsation in a fetus where crown rump length is >7mm)	---
II. THREATENED	Mild bleeding +/- Pain, Cervix closed, Viable pregnancy	----
III. INEVITABLE	Heavy bleeding, clots, pain, Cervix open, Fetus can be viable or non-viable	-
IV. COMPLETE	History of bleeding, passing clots & products of conception and pain, no products of conception seen in uterus, with endometrium that is <15 mm diameter AND previous proof of intrauterine pregnancy	.
V. INCOMPLETE	Products of conception partially expelled, Endometrial thickness >15mm AND proof that there was an intrauterine pregnancy previously present.	---
VI. RECURRENT	Loss of three or more consecutive pregnancies	--
VII. SEPTIC	Fever, rigors, uterine tenderness, bleeding/ foul smelling PV discharge, pain, Leucocytosis	...

Conclusion:

- Escape rooms have the potential to improve undergraduate medical curricula.
- Scalable, unique, and cost-effective teaching strategy.

Future recommendations:

- Refining design elements
- Evaluating long-term impact on knowledge retention and clinical performance.
- Quantitative evaluation to measure educational impact.

Thematic analysis of feedback

“I finally understood the management options for missed miscarriage.”

“It helped me recall information I had forgotten since our last module.”

“Applying my knowledge under pressure made me realise what I actually knew versus what I thought I knew.”

“It forced me to think through what I’d do with a real patient in that moment.”

“The case scenario didn’t feel hypothetical.”

"It felt as if I was involving an actual patient in the decision-making process."

A welcome change
to traditional teaching
methods

Fun and engaging

Reinforced clinical knowledge

Application to real patients

“This was the most fun I’ve had learning anything in med school.”

“I didn’t expect to enjoy so much during a session on gynecology.”

“I wish more topics were taught this way..it’s so much more memorable.”

“We’re used to PowerPoints. This was refreshing and engaging.”

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