

ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

using promising regional experiences for international exchange

DEVELOPMENT OF A DIGITAL ESCAPE ROOM

St. Poelten University of Applied Sciences, Austria

This document gives insight in the background, functions and possible use of a developed digital escape room. The room was created as an assignment for the completion of the ICF Facilitator course, offered by the WHO. Transforming content from a PPT format into a google web site was inspired by Adrijana Krebs (EDUdig project) Design and content were inspired by a student project group, which had developed the escape game <u>WEscape</u>.

This 50-minutes game is developed to improve person-centred, interprofessional collaboration base on ICF. It consists of four quizzes, which start with background knowledge and exploring ICF codes in the ICF browser. A case of a 10-year old girl with cerebral palsy serves as basis for a role-play, in which shared-decision making shall be exercised. Information shall be sorted per ICF domain and additional information can be invented. Finally, a broader view on the ICF framework is established, before the learners access a code to exit the room.

Find the game here: https://sites.google.com/view/escape4health - Consider time to introduce and feedback!



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1. The Escape Room

The game is intended to be played by 3 to 6 or maximum 8 pre-experienced learners. A mentor should introduce the game, be available to help when asked for and moderate the reflection.

This is, what the digital escape room looks like:



You are fully passionate to promote health and try to learn more in a course, e.g. the one provided by <u>DIRENE</u> or <u>INPRO</u>. One client relate course, who is living isolated in a rural region, has contacted you asking for advice. You followed the invitation into this digital room.

What you find out together is that the client's health status is about to deteriorate unless you find a way to improve the client's access to the health system. You understand that digital rehabilitation is the way to improve health care. You need to find a better solution to empower your client. YES!



Solve each quiz to collect the keys

Unlock the door with the key-codes to reaccess your course

You will need to open new tabs to collect / add all keys!

Be aware that the time is counting down! Already!!

50 Minute Timer

48:20



















Quiz / Key

The solution of four quizzes will forward the key-codes to each next step!

Solve one quiz after the other to get the final key. Enter a code to unlock the next quiz and finally <u>open the door to escape the room</u>. Note: the answer text is case sensitive!



<u>Quiz 1 - Basics</u>
<u>Quiz 2 - Assess</u>
<u>Quiz 3 - Reason</u>
<u>Quiz 4 - Counsel</u>

What knowledge / skills do you need, when communicating in remote settings?

What tools support <u>digital rehabilitation</u> and health care, e.g. to identify the narrative and needs of the client?

An interprofessional network has to be established to assess and improve bio-psycho-social-spiritual health.

If you collaborate in a person-centred approach and include the client's community, you might succeed!



Have you solved the basic quiz and got the first key-code? Enter it below to open the next quiz!

















Enter the first key-code to open quiz 2: e.g. 123aBcD

Enter



Identify the health status via <u>WHODAS 2.0</u>, possibly supported by an <u>app</u> or a <u>game</u>.

It is important to describe abilities and needs so that these can be met by the health system.

What is the health condition of the client? Explain the categories by exploring the ICF-browser (https://icd.who.int/dev11/l-icf/en# - the qualifiers "."/"+" do not need to be typed, you may enter e.g. b1522).





Have you solved the assessment quiz? Go to access the next quiz below!

Quiz 3 - Reason

To solve quiz 3, cluster the health status below. Imagine / Discuss in role play the action points on the right. Choose roles from the second point (someone might play two roles). Enter here your finally decided goal.



"Faced with unsustainable costs and enormous amounts of under-utilized data, health care needs more efficient practices, research, and tools to harness the full benefits of personal health and healthcare-related data." Chawla & Davis, 2013

- 1. Exchange reports interprofessionally -> Summarise the health status to identify
- needs, abilities (functioning) and disabilities.
- 2. Judge data in a consensual approch

-> Transfer and transform knowledge!

- Reason in a dialogue between
- the client
- a first contact person
- a decision coach
- family member(s) or an other **advocate**
- involved professionals (health and social care, technicians,...)

3. Introduce goals / interventions

- -> Explain how these target health
- -> Deliberate about options
- -> Ensure client's understanding

4. Commitment point

- -> forward (an) option(s) / rule option(s) out
- -> Client may raise questions, concerns or advocate for an alternative
- 5. Interprofessional shared decision / goal
 - -> full commitment
 - -> modified proposal
 - or leave the decision open
- do NOT pursue without consent!



Cluster the identified health status in the correct categories.

Body Structures and Functions	
Activities	
Participation	
Environmental Factors	
Personal Factors	

Have you noted your final decision and reflected the process? Then continue with the final quiz!

















Exchange in a dialogue with the client, the community and the health system network.

Coordinate and network (digitally):

Who provides services relevant to the client?Respect the client's role in managing health!

Guide and counsel:

Educate the client (e.g. "<u>Teach back</u>" method) Consider the narrative, needs and health status.

Below is your last quiz. With the correct answers the client and you can be saved!

Quiz 4 Drag and Drop



HELP! How can I open the door to escape this room?

Start with the fiirst quiz on basics of digital ways in communication.

Solving the quiz provides you with a key-code. Use this code to unlock the link to the next quiz.

Continue with each quiz to assess, reason with and counsel the client. After improving functioning, the last key will <u>unlock the door</u>!

Counsel the client!

Have you solved the counselling quiz and got the **final key-code**?

Enter it here to open the door and escape the room!

The client will get remote access to the health system and you will get back to your course, finally...











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2. Background

The digital escape game was designed as an open source due to the Erasmus+ funding of INPRO. Therefore, it can be copied and adapted for individual use by contacting the developer.

It was developed inspired by the following sources:

Content to explain ICF – from powerpoint to interaction 2.1.

A presentation by Kraus de Camargo from 2022 and a community care perspective inspired the creation of a powerpoint to explain the constructs relevant for understanding the need and use of the ICF framework:

Olaf Kraus De Camargo presentations | SlideShare



EMPOWERING COMMUNICATION

Interactive, person-centred approaches

-> Facilitate clients in being active, empowered collaborators

Describe / assess needs and abilities, concerning how a person functions in life ("functioning") Identify facilitators and barriers that may influence on performance and participation

Client, relatives <-> community, technical, health and social care services Different terminologies, measurements and scales







World Health Assembly in 2001: Agreement on a common framework International Classification of Functioning, Disability and Health (ICF) and of Health Interventions (ICHI)

Coulter&Collins, 2011; Heikkinen et al., 2007; Richard et al., 2020; WHA, 2001

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EXAMPLES OF TECHNIQUES AND TOOLS

Describe and quantify health status of a person Informed by and comprehensible to all involved Digital methods of communication and documentation

- -> Motivational interviewing (eg "guide for professionals", Frühe Hilfen)
- -> Concept mapping (eg "Network activity for children" LBG Village)
- -> Digital self-assessment (eg mICF app "I can function" icfmobile.org)
- -> WHO Disability Assessment Schedule (<u>WHODAS 2.0</u>)



HEALTH STRATEGY IN A COMMUNITY

Central collection of described abilities and needs of a person

-> Informed by and accessible to all involved (incl. client, e.g. ELGA, Mutter-Kind-Pass)

- -> Digital methods of communication, documentation and visualisation
- -> Shared decision-making, unified report, adherence, patient-related outcome measures

Inform public health policies / decision-makers

- -> usage of codes and qualifiers (except for personal factors)
- -> Economical management directed by population's needs

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DISCUSSION

"Faced with unsustainable costs and enormous amounts of under-utilized data, health care needs more efficient practices, research, and tools to harness the full benefits of personal health and healthcare-related data."

Chawla & Davis, 2013







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mICF, 2017



5

+1



COLLABORATIVE CLINICAL REASONING

Transference and transformation of client's knowledge and specialists' expertise

-> Use techniques and tools to support deliberation about options

Judging data in a **consensual** approach (shared decision-making)

-> Recognise and respect client's role in managing own health



Edwards et al., 2004; Kienlin et al., 2016; Politi, Wolin & Légaré 2013

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ICF-BASED GOAL EXAMPLES

d	Activities / Participation	Examples		
D1	Learning and applying knowledge	Focusing attention, watching, solving, taking decisions		
d2	General tasks and demands	Planning / conducting / using strategies in daily routine		
d3	Communication	Understanding messages, participate in conversation		
d4	Mobility	Getting up / out, walking, grasping, manipulating		
d 5	Self_care	Washing, dressing, eating, drinking, taking medicine		
d6	Domestic life	Shopping, preparing meals, cleaning, looking after		
d7	Interpersonal interactions and relationships	Signalling dissent, accepting help, getting in touch,		
d 8	Major life areas	Taking part in training, conducting work, paying bills		
d9	Community, social and <u>civic life</u>	Visiting, playing, going to sports / culture, voting		
	INTRODUC	FLICE ANTE KINETISCE 22.1.23 Ebeodoroff, 2016		











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DISCUSSION

Please visit

https://hankkeet.kuntoutussaatio.fi/spiral/english/

View the facilitating pictures

of one target group

Which psychosocial needs are assessed?

	As regards this topic I	l want a change to this yes no		<u>Repl</u>
15. Planning of forethought	+			
16. Time management	· · · · · · · · · · · · · · · · · · ·			
17. Flexibility of thought	· · · · · · · · · · · · · · · · · · ·			
18. Nonverbal communication	<u>⊢</u>			
		INTRODUCE I	CF ANITA KIDRITSI	CH 22.1.2

Spiral for persons undergoing mental health rehabilitation

Question cards for mental health rehabilitation

Reply form for mental health rehabilitation

Pictures to facilitate participation mental health rehabilitation

List of guestions and corresponding ICF-codes for persons undergoing mental health rehabilitation

Spiral for young persons with autism spectrum disorders

Question cards for persons with autism spectrum disorders

Reply form for persons with autism spectrum disorders

Pictures to facilitate participation for persons with autism spectrum disorders

INTERPROFESSIONAL SHARED-DECISION MAKING

Model <u>of</u> a **dialogue** between

- the **person** with a health need

- family members

- and service providers
- a first contact person
- a decision coach
- involved professionals (health and social care, community, technicians)



CONSENSUAL APPROACH TO MANAGE HEALTH

Participatory commitment point

- -> Increase adherence by considering narrative
- -> Guide and counsel (patient education)
- -> Address questions, concerns, advocated alternatives / modify proposals

Coordinate and network (digitally): Who may provide relevant other services for the client?

-> Exchange of reports (common language!)

Repeated measures of points in time

- -> Patient-related outcome measures (PROMS)
- -> Unified reports by using ICF (e.g. <u>WHODAS 2.0</u>)

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mICF, 2019

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DISCUSSION 1 Starting point 2 Problem 3 Reasons for nonadherence NO Adhevence Π After 1.1 years Forget to Patient Doctor SideoDects diretion What are possible digital solutions ? What digital competencies do potients need? 5 Questions: (Risks of non adherence Feedback Chatbots Reminding ? Education Community Dr. Rebacz Hermann et al., 2020

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BENEFIT OF COLLABORATION & COORDINATION

Collaborative practice occurs

"when multiple health workers from diverse professional backgrounds work with clients and their families to deliver high quality care and interventions."

Coordination allows to match persons' individual needs with provided services (Case Management)

Holistic bio-psycho-social model (in line with the ICF framework) = several professions are needed to address all health and social related needs

Improves access, efficiency, safety, satisfaction, health-related outcomes

D'Amour et al., 2005; Davidson et al., 2022; Norman, 2010; Reeves et al., 2017; WHO, 2010

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INTERPROFESSIONAL COLLABORATION



https://www.youtube.com/watch?v=xjXxx3gBmO8

BUT NEEDS TO BE ESTABLISHED

All individuals:

(Inter)professional identity (Reinders et al. 2020) Clarify roles (leader/team player/contributor) Contribute knowledge and skills (e.g. about ICF)

Team level:

Share values (e.g. using a common framework) Share language and structure of collaboration Identify needed professions (= knowing about them)

Organisation:

Provide time and space

Align process and structure (e.g. documentation system, tools, connectivity) Address hierarchies, learn from failures

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an

Thylefors, Persson, & Hellstrom, 2005

EXCHANGE

SUMMARY

"How do you think

we can help you?"

By using ICF-tools

e.g. WHODAS 2.0

Whom do you collaborate and network with to

- assess expectations and needs
- identify abilities and disabilities
- share decisions
- manage <u>health</u>?



Fig. 6. Process model for concepts of patient empowerment, patient participation and patient-centeredness in health care.

- 3. Structure and interprete -> visualise! -> easy and common language!
- 4. Set goals and priorities in joint agreement
- 5. Choose, implement and evaluate strategies, e.g. educational plans and (virtual) methods

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WEscape game 2.2.

A student project group in the master's degree programme Digital healthcare, consisting of

- Mona Azz, _
- Merry Bakuns, _
- Sophie Kutschi, _
- Sonia Markose, _
- Victoria Pichler and _
- **Thomas Tippl** _

had explored how and programmed a game to train interprofessional collaboration in mobile settings: WEscape – Escape room games for undergraduate interprofessional learning based on patient examples Digital Healthcare Students Showreel (fhstp.ac.at)



W E S C A Ρ E

















2.3. EDUdig project

The opportunity to create a game in a google web page was discovered from an example provided by Adrijana Krebs in the context of a training for educators conducted by the Erasmus+ <u>EDUdig</u> project.

In Module 3, <u>Facilitating digitally enhanced collaborative learning – EDUdig</u>, advice how to create a digital escape room was given: <u>Digital-escape-room-in-collaborative-learning.pdf (edudig.eu)</u>



The advice and played example embedded a timer, H5P quizzes and used a form to enter key codes / exit: Escape Room example from Adrijana Krebs from FH Oberösterreich (google.com)



Read this before you start

You are a fully passionate university teacher and you enjoy lecturing. One student of yours has already failed your exam three times. What you haven't known is that his father is a mafia boss and he threaten to kill you unless you give his kid a positive note. You understand that pure lecturing is not the way this student will learn to pass the exam. You need to find a better solution to make your student actually learn. YES! Apply effective collaborative learning!

You get a notice form the mafia that you have 20 minutes time to make the student learn, meaning - to find the way out. If not, the whole room WILL EXPLODE. You don't play around with the mafia boss!

Try around to find the clues to the puzzles and the result of each of them will help you to unlock the door to escape.

Note!

As you are playing a digital escape room here some tips: you will need to have the doorunlock-puzzle always open in a separate tab to be able to add all necessary escape codes. Everything else happens in the room!



Door-unlock-puzzle

Be aware that the time is counting down! Already!!











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2.4. DIRENE project

The ERASMUS+ funded <u>DIRENE</u> project dealt with the aim to increase competencies in Digital Rehabilitation. This met the aim of ICF to collect and react on public health data, as shown in 2.1.

With the aim to provide learning materials for mobile settings, game-based learning proved important. Therefore, the student project group mentioned under 2.2 were involved and use-cases designed: <u>Pedagogical Handbook Chapter 3: Use Cases (Learning Scenarios)</u>

The digital escape room used the scenario of Digital Rehabilitation as a basis for the applied use-case. Therefore, it would be possible to apply the game in the 3 ECTS curriculum developed by DIRENE. This extends a 2 ECTS module, which was developed as a <u>MOOC - Introduction to Digital Rehabilitation</u>

	ogress: 0/2	Progress: 3/16		- PAN
3. D	Basics of Communication in igital Rehabilitation	4. Digital ways of Client- centred and Interdisciplinary Communication	5. Overview of Europ Legislation and Ethic Digital Rehabilitation	ean s in 1
Pri	ogress: 7/23	Progress: 5/20	Progress: 0 / 19	Restricted

2.5. INPRO project participating in the ICF facilitator course

The members of the Erasmus+ project INPRO identified the need to participate in an : <u>ICF Facilitator Course</u> – <u>ICF Education Portal</u>. This course was organised by Stefanus Snyman, WHO mICF working group leader.

During the course, several e-learning content and assignments were given. The following video explains the link of chapter2.4 with INPRO and could be used as introduction: ICF as Catalyst for Interprofessional Education & Collaborative Practice - YouTube



ICF as Catalyst for Interprofessional Education & Collaborative Practice









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3. Functions

According to the previous background, the digital escape game is developed to improve person-centred, interprofessional collaboration base on ICF. It introduces the use-case of a rural setting, for which remote care is needed to improve a client's health status.

Four quizzes need to solved after each other as a team.

1. The initial quiz applies a summary to explain ICF as created for the ICF facilitator course and repeats quiz content from DIRENE MOOC chapter "Digital Ways of Client-Centred and Interdisciplinary Communication. Five H5P-quiz elements are embedded (see the first under Chapter 1), their solution provides a key:

Thank you for trying out H5P. To get started with H5P read our getting started guide "Yes, and" characterises an open attitude. It shows the willingness to communicate. True O False
"Yes, and" characterises an open attitude. It shows the willingness to communicate.
O True O False
Check
00000
C Reuse ↔ Embed
Thank you for trying out HSP. To get started with HSP read our getting started guide
Which statement is correct?
Warking leistly teacther is about supership of responsibility
Check
0000
G Reuse O Embed
Solve the whole quiz to find the first key:
Thank you for trying out H5P. To get started with H5P read our getting started guide
Which criteria should you keep in mind, when choosing a specific digital tool or platform for collaboration? Select correct answers:
Freedom of speech
Accessibility
Usability
Happiness
Data privacy and souvereignity
Anxiousness
Open source (incl. costs of implementation)
Check
C Reuse → Embed





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Thank you for trying out H5P. To get started with H5P read our getting started guide				
Which digital tools facilitate communication?				
Collaborative documents (incl. text, pictures, audio, video)				
Software for synchronous meetings				
Online advertisment (e.g. banner, pop-ups)				
Electronic records (e.g. medical data)				
Check	3			
0 0 0 0 ©				
© Reuse ↔ Embed	H-9			
2. The code from quiz 1 needs to be entered to open the second H5P quiz. For this approach, the following code was embedded:				
html				

html
<html></html>
<body></body>
<script type="text/javascript"></td></tr><tr><td>function onSubmit() {</td></tr><tr><td>if (document.getElementById("password").value == "DigWays4comm") {window.open(" https://h5p.org/node/1348426"); }else{ alert("Please check your key-code and try again");}</td></tr><tr><td>}</td></tr><tr><td></script>
<fieldset><form action="#" class="hero-form"></form></fieldset>
<div class="row-fluid"></div>
<label>Enter the first key-code to open quiz 2: </label>
<input <="" maxlength="12" name="password" td="" type="password"/>
class="span7" id="password" placeholder="e.g. 123aBcD" required/>
<button class="btn btn-info btn-large span5" id="joe_btn" onclick="onSubmit()">Enter</button>
One difficulty in using the game on a smartphone lies in the opening of a new tab at this point.

It is recommended that one of the players uses a laptop and keeps the quiz-page open all times. Otherwise, the page needs to be reopened and the embedded timer (vclock.com) would start again.

To support learners who struggle, the quiz is embedded hidden at the bottom of "Unlock the door". To solve the task, the ICF browser needs to be opened and one letter plus digits be searched. Ideally this would be conducted by a second team member: https://icd.who.int/dev11/l-icf/en

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b1522 Range of emotion serr sab	1	vdation URI : http://id.who.int/icd/entity/1481745047
		522 Range of emotion
		ent b152 Emotional functions Show all ancestors (8
		c ription lental functions that produce the spectrum of experience of arousal of affect or feelings such as love, hate, nxiousness, sorrow, joy, fear and anger.

Friesland





At the second quiz, a case of a 10-year old girl with cerebral palsy is introduced to explain ICF using video: Video 1 NA: What is the International Classification of Functioning, Disability and Health (ICF)? - YouTube

It is recommended to play the video when introducing the game (before the escape room is opened), eg.:



Supplementary information is provided leading to links of <u>WHODAS 2.0</u>, mICF <u>app</u> or a Spiral <u>game</u>.

3. The case serves as basis for deepening information that is provided in Quiz 3, again by using H5P. The used data is based on the example from Kraus de Camargo (2022), as shown in Chapter 2.1



This information needs to be sorted in a written form per domain, to which the colours are guidance.

At this point, a role-play is instructed, in which participatory shared-decision making shall be exercised. Additional information can be invented and this exercise could be quit / kept short or extended as needed. At the end of the play the decision and process to get there could be reflected in a Microsoft form:

Assess consultation role play (adapted MAPPIN'SDM) (office.com)

The role-play and reflective form apply the concepts as identified and described under Chapter 2.1.











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2. Please rate how far you agree with the following statements: * Absolutely Not at all -I do not 1 З true - 4 know 0 2 The way we exchanged information during the consultation suited all parties and contributed towards a mutual understandin α. Role distribution during the consultation matched the client's wishes. The client is aware of all the options for dealing with the health need. Improve this health condition! The client's personal You need to solve quizzes in the ESCAPE ROOM to escape. expectations Find the solutions, collect keys and put the last one in this lock. and fears went into the If you enter the correct key from quiz 4, the client will get remote access to the health system and you will get decision. back to your course, finally. Note: the answer text is case sensitive! All involved consent to the agreed decision. Quiz 4 - Counsel: What is the key?* It is clear to all involved Kurzantwort-Text how the client's health will in future addressed Rate your learning outcome: (e.g. who has to inform "I can select suitable ways for communicating with clients and with other professions." whom). 0 1 2 3 4 Not at all Absolutely true In what course do you (re)access with these keys? * Kurzantwort-Text

4. The last quiz applies a drag and drop exercise on the Figure developed by Stefanus Snyman.

It takes the view of the person and may raise final questions for the reflection, but shall be easy to solve. While H5P did not allow to provide key-codes after quiz two and three, this time a new code is provided.

This shall be entered in a google form as shown above:

https://docs.google.com/forms/d/1oOLh7le351w60MVxxSAGU5KWynJoKsMANnlaRNviks4

If the code is correct, the form can be sent and a positive feedback is provided that the exit was successful.

















4. Implementation and Evaluation

The game was applied three times, of which two served as feasibility testings (international students). With the third application user experience and attractivity were tested (technical healthcare professions). In addition, the second and third testing were observed by a master student (physiotherapist), who planned and conducted a usability testing of a German version, as well as created a concept for a 90 to 120 minutes session how to introduce and to reflect the game with learners/trainers new to the topic. The final improved German version will be used in continuous professional development (see Chapter 4.3). The English version will be used in higher education for the master degree programme digital healthcare.

4.1. Online collaboration of international students

Students in health, social care and technical professions met in Erasmus+ funded blended learning scenarios. Focus groups were held and a think aloud method applied to explore responses and difficulties. The main difficulties lay in the time, which did not allow an introductory lesson.

When students were not used to collaborating in online settings, sharing screen, camera or talk were for some such high barriers, that some did not manage to engage into the game.

4.2. Evaluation with Digital Healthcare Master students

An evaluated with four technical professions, who were in the course "Interprofessionalism" in the master degree programme "Digital Healthcare", tested user experience and attractiveness. Age ranged from 23 to 29 with two male and two female students, of which three had already played an escape game before. The German UEQ, a 26-item quantitative questionnaire for the subjective evaluation of the user experience was used (Schrepp et al., 2017), which captures the dimensions of attractiveness, perspicuity, efficiency, dependability, stimulation and novelty (Schrepp, 2023). The questions are formulated using contrasting adjectives, and users rate their agreement or disagreement on a Likert scale from one to seven. The findings are not reliable due to the small sample size, but show a tendency towards high attractiveness.



The communication questionnaire developed by Kavanaugh et al. (2022) was used, which consists of 8 questions rated on a 5-point Likert scale from Strongly disagree (1) to Strongly agree (5).

UEQ Scales (Mean and Variance)				
Attractiveness	1 0,958	0,14		
Perspicuity	→ 0,063	0,93		
Efficiency	→ 0,125	0,60		
Dependability	→ 0,250	0,08		
Stimulation	1,125	0,27		
Novelty	1,563	0,22		

Co	mmunication survey questions (COMMQ- 18)	Mode*
1.	Practiced effective communication skills between all members of the group	4
2.	Actively listened to one another regarding new ideas and thoughts about the case	4
3.	Communicated clear and thoughtful ideas that were relevant to the case	4
4.	Communicated with one another in a controlled and professional manner	4
5.	Worked effectively within the constraints of the activity to find the solution to the case	5
6.	Embraced our assigned roles and operated within case instructions	4,5
7.	Worked together to correctly identify the solution to the case	5
8.	Followed the instructions of the case and operated within the constraints of the activity appropriately	4,5

A one-hour session was feasible and the quizzes including t within the constraints of the act Since the fourth quiz was very big and therefore not easy to fill in from a laptop,





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a student used the key tabs "Strg" with "-" to make the web page smaller.

The four students were already used to role-playing in a game from an Alexa skill murder mystery game. The game fitted their knowledge level after introductory sessions and engaged them into collaboration. A few questions were asked to the game mentor, which could be announced that this will be needed.

4.3. Observation and focus group with educators

A master student, Lisa Rabitsch, who had observed in 4.1 and 4.2 summarised proposed improvements. These were a more specific direction of the learning pathway and advice how to deal with IT / digital issues. The game was duplicated and translated to German and an idea of an explanation for mentors established. The improvements were implemented in the German version, considering the feedback from the feasibility and usability testing, as well as guidance for easy reading, such as using short sentences:

Die Regeln - Netzwerk Leichte Sprache (leichte-sprache.org) This shall enable also clients to play the game.

4.4. Continuing training of health professionals

The digital game will be implemented in a continuing training of health professionals, because this was the ultimate collaborative assignment with two further colleagues for the ICF facilitator course. The planned concept is submitted for review at <u>Frontiers in Rehabilitation Sciences</u>, evaluation is planned.

The German version of the game can be accessed here: <u>https://sites.google.com/view/knackdencode</u>

It applies adapted content such as advice for screenshots.

In the following, screenshots of the German version are provided.















Knack den Code



Eine Person teilt den Bildschirm (oder Browser) mit dem Team. Das ist mit Laptop oder Computer leichter.

Im Spiel musst du auch neue Fenster öffnen.

Am Besten schließt du vor dem Spielstart nicht notwendige Fenster.

Eine Person sollte die Rätsel-Seite immer offen halten!

Achtung, die Zeit läuft: 50 Minuten ab jetzt

-> Also los: Gehe zu Rätsel 1!

Und wenn du fertig bist? Gib den Code von Rätsel 4 ins Formular ein. Dann seid ihr frei!

Kontakt: anita.kidritsch@fhstp.ac.at









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Rätsel

Es geht los: Löse die 4 Rätsel. Eines nach dem anderen. So erhältst du Codes. Die helfen dir zu entkommen.

Folge den Hinweisen. Die führen dich auf neue Seiten. Behalte diese Seite hier offen. Kehre wieder und gehe tiefer. Rätsel 1 - Grundlagen Rätsel 2 - Erkennen Rätsel 3 - Entscheiden Rätsel 4 - Beraten 50 Minute Timer



Danach geht das Spiel unten weiter.









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Gib den Code von Rätsel 1 hier ein. Das öffnet Rätsel 2: z.B. aBsD123.+45

Eingabe

Hinweis: Nutze für Rätsel 2 den ICF-Browser.

Du kommst nicht weiter? Scrolle hier GANZ nach unten.

Hast die Codes von Rätsel 2 geknackt? Hast du Sara näher kennen gelernt?

Fahre unten mit Rätsel 3 fort. Dafür brauchst du keinen Code.

Rätsel 3 - Entscheiden

Schau dir unten die Grafik an. Ordne die Informationen.

Spiele dann ein Rollenspiel. Gehe dafür weiter nach unten. Entscheidet euch für ein Ziel.



Video 1 NA: What is the International Cla

Sieh dir das <u>Video</u> an. Es ist auf Englisch.

Ihre Fähigkeiten und Bedürfnisse sind wichtig. ICF-Werkzeuge helfen dir, sie zu erkennen. Zum Beispiel ein Fragebogen (WHODAS 2.0),

die <u>F-Worte</u>, das <u>Spiral-Spiel</u> oder die <u>mICF-App</u>.

Sara ist deine Klientin.

wir stehen vor untragbaren Kosten und großen Men ungenutzter Daten. Um die Vorteile von personenbez Gesundheit und Daten des Gesundheitswesens zu nu braucht die Gesundheitsversorgung effizientere Prakt Forschung und Werkzeuge.^{*} nach Chawla & Dav is, 201

O Thank ng out H5P. To get started with H5P read our getting started guide



Gruppiere die Gesundheits-Kategorien aus dem Bild. In die passende der 5 Komponenten. Egal in welcher Sprache.

Körperfunktionen und - Strukturen	
Aktivitäten	
Partizipation	
Umweltfaktoren	
Personenbezogene Faktoren	
Check C Copy	













Spiele nun ein Rollenspiel. Wähle eine Rolle:

- Klientin

- Familienmitglied oder Fürsprecher

- involvierte(r) Berufstätige(r): Gesundheits- oder Sozialberuf, Design/Technik,...

- Erstkontakt

- Entscheidungs-Coach (achtet auch auf die Zeit)

Du kannst 2 Rollen spielen (etwa berufstätig und Erstkontakt).

Folge Punkt 1 bis 5. Wann wird deine Rolle aktiv? Nehmt euch 5-10 min Zeit.

- 1. Fasst den Status zusammen Was ist das Gesundheitsanliegen? Tauscht dazu eure Berichte aus.
- 2. Bewertet Daten gemeinschaftlich Wie steht es um die Gesundheit? Überlegt und argumentiert im Dialog.
- 3. Schlage Ziele oder Maßnahmen vor Was kann Gesundheit fördern? Erläutere die Wirkung / Bedingungen. Gibt es noch andere Optionen? Verstehen dich alle? Auch die Klientin selbst?
- 4. Werdet verbindlich

Biete eine Option an. Oder schließe eine aus. Hat die Klientin Fragen? Oder Bedenken? Befürwortet sie eine Alternative? Jemand anderes vielleicht?

5. **Teilt euch die Entscheidung** Das kann eine Zusage sein. Oder eine Alternative. Oder die Entscheidung bleibt offen. Ihr müsst einen Konsens finden.

Habt ihr euch entschieden? -> <u>Gib den Konsens hier ein. Und wie es euch erging.</u>

Gehe dann unten zu Rätsel 4.





Du findest unten das letzte Rätsel. Ordne die Aussagen passend zu. Dann habt ihr den Code geknackt!

Vielleicht musst du den Bildschirm verkleinern. Dafür drückst du "Strg" und "-" (Minus). Danach "+".

Tipp: Mache ein Foto, bevor du "check" wählst.

Tausche dich mit der Klientin aus. Auch mit ihrer Gemeinschaft. Und ihrem Gesundheitsnetzwerk.

Koordiniere und netzwerke (digital):

Wer bietet relevante Dienstleistungen an? Informiere die Klientin darüber. Und ihre Familie. Die Klientin organisiert ihre Gesundheit.

Berate und leite:

Nutze zum Beispiel die "<u>Teach back</u>" Methode. Berücksichtige ihre Geschichte und Bedürfnisse. Und ihren Gesundheitsstatus. Den kennt ihr jetzt.











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HILFE! Wie geht es hier raus?

Macht dir ein Rätsel Schwierigkeiten? Dann kannst kürze es ab. Mach mit dem nächsten Rätsel weiter.











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