

How Building a POCUS Escape Room Taught Me to Teach

Kyle Flattery, MD

AUTHOR AFFILIATION:

Department of Family Medicine,
Brown University, Pawtucket, RI

CORRESPONDING AUTHOR:

Kyle Flattery, Department of Family
Medicine, Brown University,
Pawtucket, RI,
kflattery@carene.org

HOW TO CITE: Flattery K. How
Building a POCUS Escape Room
Taught Me to Teach. *Fam Med.*
2026;58(0):1–2.
doi: [10.22454/FamMed.2026.780701](https://doi.org/10.22454/FamMed.2026.780701)

FIRST PUBLISHED: July 31, 2026

© Society of Teachers of Family
Medicine

Runners Take Your Mark: Sonogames Planning Committee. After a busy morning of instructional point-of-care ultrasound (POCUS) scanning, I sat down in our conference room at the University of Pennsylvania to put pen to paper with several faculty and cofellows. We were tasked with planning that year’s Sonogames—an Olympics-style, teams-based competition of ultrasound skills, originally created at the Society of Academic Emergency Medicine (SAEM). Sonogames has become such a phenomenon that individual emergency medicine residency programs have set up their own local tournaments for a winning team to compete at that year’s national SAEM conference. It had been less than 1 year since I was a resident myself, and I had been given the chance to teach at the signature educational event of the year. I was ready to leave my mark on Sonogames with something new and engaging.

As I listened to our planning committee move into discussion about time-tested classics from years past, an idea materialized: Why not create a POCUS escape room?

Get Set: Solving Your Own Mystery. After finishing my patient charts at home, I began to search the Internet for advice on how to build my narrative. Because our Sonogames would be held at the simulation center, I knew that we would have a mannequin to serve as the victim, whose presence propels the ensuing mystery. I had fortunately been joining weekly POCUS rounds at the Children’s Hospital of Philadelphia and noticed that there were many pediatric learning points that residents would find interesting. I decided that the script called for a local pediatrician named Dr Marty Grossman, who had unfortunately passed away, and it was up to each team of four residents to determine his cause of death using clues scattered across the room. As the event approached, I began to receive my props in the mail one by one, ready to deliver on a showstopping lesson of pediatric-themed POCUS.

And They’re Off! Escape the Room and Win a Trip to Phoenix! Thanks to Sonogames landing on Mardi Gras, fleur-de-lis posters and Cajun music appropriately filled the entryway for our resident teams on game day. As our first group furtively knocked at the door of the simulation center, my colleague and I swung it open and honored our guests with beads, while our identities were hidden behind purple masquerade masks. Lights were dimmed, and a group of energized residents were beckoned into the center of the room. An instruction sheet was handed to each group member, laying out the premise for the mystery and the allotted time they had to solve it (20 minutes).

After months of planning, it was time to see how my POCUS puzzles would be managed. One station involved a POCUS trivia question to receive the password for the simulation room’s computer. After logging in, the team was faced with five video clips of lung POCUS, asking that they determine the number of B lines per clip. A nearby key was provided to translate these numbers into the word *diary*. Our groups soon discovered a locked diary next to the mannequin, which opened when these same five numbers were clicked into place. I had never seen such enthusiasm discussing the number of B lines present in a lung ultrasound clip. My hope for driving excitement, and memorability, into this learning format appeared to be coming to life.

It was also fascinating for me to observe how different teams worked together. One group had a particularly strong leader who excelled in problem-solving. To my surprise, the rest of the group turned into bystanders more than team members. As their confident leader began to go off track during the mystery, her teammates had already delegated themselves to quiet observers, and they did not end up with the winning time. One of

the most enjoyable teams to watch was full of jokes around every corner, and gave a commendable, but ultimately unsuccessful effort in winning the grand prize. They had fun, but they lacked the focus needed to make their way through the game quickly.

I remember our winning team vividly. They were full of leaders who were also great listeners. They were residents who were confident in their ideas, but willing to lay them aside if another theory made more sense to them. They relied on a sense of humor to navigate the social awkwardness that comes with negotiating the strength of different ideas among friends. They won our mystery by a long shot, earning themselves a trip to Phoenix, Arizona, for the national competition.

First Place Goes to . . . Everyone Who Learned Something. I returned to the comfort of my family medicine clinic and reveled in the thought that I had helped a group of emergency medicine physicians not only remember key numbers for pediatric POCUS, but also learn how to work together.

I have never been prouder of taking a risk as an educator and watching things play out successfully in real time. I felt a real sense of concern that my challenges would either be too easy or too difficult. I was worried that the eccentricity of the setup would be met with judgment from learners and colleagues alike. What I saw was appreciation from hardworking physicians in training, who saw the lengths I was going to in making an interactive medical subject such as POCUS even more engaging. My colleagues, who had been running Sonogames challenges of their own, came to see what the buzz was about and asked me to walk them through the mystery at the end of the tournament. Their trust in me allowed for this foundational moment in my teaching career to feel fun, effective, and original. I hope to continue that sentiment as I continue in residency education.

ACKNOWLEDGMENTS

The author thanks Gee Yoon (Suzie) Park, DO, MSED for her assistance in supervising the escape room; Jeffrey Kramer, MD, MSc and Nova Panebianco MD, MPH for supporting this educational endeavor; and Wilma Chan, MD, Alison Block, MD, Mary Flattery, and Shannon Stocks MSc CCC-SLP for their help in editing this essay.