Development and Dissemination of Education to Increase Competence and Self-Confidence in Telephone Triage Nurses

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As healthcare delivery shifts from inpatient to outpatient the role of the ambulatory care nurse is increasingly important. “The Department of Labor Statistics (2015) projects the percentage of RNs employed in ambulatory care settings will increase from 6.7% to 22.5% between 2014 and 2024.” An integral part of this role is telephone triage. The American Academy of Ambulatory Care Nursing (AAACN) is the repository of evidence-based knowledge about telehealth nursing practices, which include telephone triage. AAACN recommends that the registered nurse is the level of practitioner who has the educational preparation necessary for the safe provision of patient care via telephone triage, which includes key aspects of the nursing process: assessment, planning and evaluation (AAACN, 2011). In surveying the literature, very little exists about an orientation plan for telephone triage nurses. In fact, Purc-Stephenson and Thrasher (2012) report that nurses working in telephone triage identify a need for more training in this practice.

The purposes of this study were to evaluate: (1) a newly created and implemented telephone triage orientation program in an academic medical center; (2) its effectiveness to increase competence and self-confidence in both new and experienced ambulatory care nurses who conduct telephone triage and (3) the spread of the triage education program and corresponding measure of competence for all ambulatory care nurses.

Methods

An orientation plan was developed to include didactic content and mentoring by experienced triage nurses. Two groups of RNs participated in this IRB approved study. The experimental group included nurses with less than 12 months experience with telephone triage and the control group consisted of RNs with greater than 12 months experience with triage. A single intervention of standardized orientation was used with the experimental group.

Both groups completed a demographic profile, a measure of competency with telephone triage, created by the research team, and a reliable and valid measure of nurse self-confidence, the Generalized Self-Efficacy Scale (Schwarz & Jerusalem, 1995). The experimental group participated in the standardized orientation program which consisted of six, two hour sessions. At the conclusion of the program, the experimental group repeated the measures of competence and self-confidence.

Results (Phase 1)

Twenty nurses were enrolled (9 experimental group and 11 controls). The groups were evenly matched for age, educational preparation and certification. The control group had significantly more years of nursing experience and years of doing telephone triage. Although not statistically significant, the experimental group’s competence and self-confidence scores were higher after the orientation. More importantly, the experimental group’s post-test competency scores surpassed the control group’s pre-test competency scores (= 63 vs =62.5). Overall the scores were not at a level deemed appropriate by ambulatory nursing leadership. Thus, a decision was made to deliver the orientation to all telephone triage nurses.
All six educational modules were made available electronically to all ambulatory care nurses (phase 2). Each nurse viewed the modules and completed the on-line competency assessment at their own pace. Participants also had the option of completing a short survey about the benefits of the education and its applicability to their daily work.

Results (Phase 2)

79.3% of ambulatory care nurses (N=340) completed the telephone triage orientation and passed the competency measure. 78% reported the content was relevant and applicable to daily practice; 82% felt the content enhanced their ability to perform telephone triage; and 72% stated the information improved quality in performing and documenting telephone triage. 82% appropriately triaged patients to the correct disposition and 52% reported an increase in their own personal confidence with telephone triage.

Conclusions

The study demonstrated that the educational intervention increased perceived competence and self-confidence in new triage nurses. The scores of the experienced triage nurses were at a sub-standard level and the experimental nurses were also lacking in knowledge. Through the direction of ambulatory nursing leadership it was decided to make this education available as a mandatory learning experience for all nurses practicing telephone triage. Now that baseline competency has been achieved, ongoing education and measures of competency will be included in the orientation of all new ambulatory care nurses. Additional modules will be created to keep existing telephone triage nurses current in this practice.

Currently content about ambulatory nursing may not be a standard component of undergraduate nursing education programs. Fritz (2017) recognized that telephone triage is a major component of the work of ambulatory care nurses. She also stated that ambulatory care nurses are not well prepared to use the nursing process via the phone and then document this care in the electronic medical record. Telephone triage is not limited to ambulatory settings; triage is also actively deployed in hospital-based radiology and ambulatory surgery centers. Rutenberg & Greenberg (2014) emphasize that all telephone triage nurses need an extensive understanding of the nursing process and a clear understanding of the limitations of telephone triage. Ambulatory nursing leadership has the opportunity to partner with schools of nursing to help develop content that presents the unique and vital work of the ambulatory nursing professional.

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Keywords:
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References:
Abstract Summary:

Purposes of this presentation are to evaluate: (1) a newly created telephone triage orientation program (2) its effectiveness to increase competence and self-confidence in triage nurses and (3) the spread of the triage education and competency measures for all ambulatory care nurses. Data endorsing this educational program will be presented.

Content Outline:

I. Telephone Triage
   A. Introduction
      1. Impact on Delivery of Care
      2. Increased Demand
      3. Gap in Education
   B. Purpose
      1. Evaluate Orientation Program


2. Evaluate Impact
   a. Self-confidence
   b. Competence

3. Evaluate Implementation

C. Results
   1. Increased Self-Confidence
   2. Increased Competency

D. Education Plan
   1. Didactic Sessions

II. Research Methodology
   A. IRB Approved
   B. Quasi Experimental Design
   C. Study Population
      1. Control Group
         a. > 12 months experience
         b. Pre Competency and Self Confidence Measures
      2. Experimental Group
         a. < 12 months experience
         b. Received Triage Orientation
         c. Pre and Post Competency and Self Confidence Measures

D. Outcomes
   1. Standardized Orientation
      a. Competency at 6 months
      b. Self-Confidence at 6months
   2. Control vs. Experimental Group
E. Education System Initiative

1. Six video modules

2. Three Month Completion Plan

3. Post Test Outcomes
   a. Completion Rate
   b. Pass Rate

4. Post Survey Outcomes
   a. Relevance
   b. Increase Self-Confidence

5. Results
   a. 340 RNs completed
   b. 78% reported content was applicable to daily practice
   c. 82% felt content enhanced their ability to do triage
   d. 52% reported an increase in self-confidence.

III. Conclusions

A. Ongoing Education Needed

B. Triage Orientation Included in Onboarding

C. Telephone Triage Beyond Ambulatory Settings

D. Partnership with SON’s

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