Ambulatory Care Nursing Simulation Toolkit
Prioritizing and Managing the EHR Inbox

1. **Development & Background Information**

2. **Simulation Set-up**

3. **Facilitator Orientation**

4. **Facilitation Guide**

5. **Information for Acted Roles**

6. **Additional Materials**

7. **References**

8. **Student Guide**

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1. Development & Background Information

1.1 Purpose
The purpose of this simulation-based experience is for students to practice prioritizing and responding to EHR inbox messages. Responding to messages and seeking provider input when appropriate is an important part of ambulatory care nursing that is likely unfamiliar to learners more accustomed to inpatient care.

1.2 Learning Objectives
By the end of this simulation-based experience, the learner will be able to…

1. Describe the role of the nurse in managing and responding to patient messages received through electronic communication.
2. Prioritize patient messages using the triage principles and the nursing process to emphasize patient safety.
3. Formulate typed and verbal responses to patients' electronic communications that are clear, sensitive, and specific.
4. Document nursing care provided through EHR contact, with telephone or electronic follow-up, using a standardized charting approach.
5. Provide a clear and succinct report to an interprofessional healthcare worker using the SBAR format.

1.3 Scenario Development

Author(s):	Laura Lopez, BSN, RN, PHN (online learning module and simulation)
	Diana Buchanan, PhD, RN (facilitator guide)
Reviewer(s):	Diana Buchanan, PhD, RN (content)
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1.4 Brief Summary
This simulation-based experience provides students with practice reviewing and prioritizing EHR Inbox messages. During the **asynchronous portion** of the simulation (i.e., prior to the simulation session), students will (1) complete an online learning module reviewing the nurse's responsibility for inbox management, (2) review inbox messages and select the top priority patient, (2) review chart information on the top priority patient. In the **synchronous simulation session**, students will (1) practice SOAP documentation of a telehealth encounter responding to the inbox message, and (2) giving an SBAR to a behavioral health provider concerning the patient.

This simulation is designed so it could be run **in-person** or **remote** (via video conferencing). Notes throughout this document give instructions for each type of delivery.

1.5 Activity Duration

- **Asynchronous activity duration:** 60 minutes
- **In-person Activity Duration:** 90 minutes

1.6 Clinical Performance Expectations

General	Metrics
Use privacy measures at all times	• Ensures that health information is not disclosed in an unapproved manner
Demonstrate safety check	• Identify patient using 2 identifiers
Use effective communication skills	• Introduces self, explains role • SBAR
Demonstrate understanding of the implications of lifespan development for patient care	• Correctly identify developmental stage of adulthood • Name interpersonal skills appropriate to the patient's age
Scenario Specific	**Metrics**
Assessment:	Efficiently reviews the inbox messages
Diagnosis:	Applies basic principles of triage to problems presented in the inbox
Intervention:	Practices a response to a telehealth question presented via EHR Inbox Presents an SBAR report to a healthcare team member Documents care in SOAP format

1.7 Intended Learners

The Ambulatory Care Nursing Simulation Toolkit was designed primarily for pre-licensure nursing students who have completed foundational courses (i.e., pathophysiology, pharmacology, fundamentals of nursing care, and medical-surgical clinical training). The course is also appropriate for RN Residents and for practicing RNs who are new to the ambulatory care setting.

1.8 Skills Required for Learners

Knowledge prior to the simulation:

- Principles of clinic triage nursing
- RN role and responsibilities for inbox management
- SBAR and SOAP Communication
- Nursing documentation principles

2. Simulation Set-up

2.1 Personnel Needed and Responsibilities

- **Facilitator(s):** leads debrief and plays the role of the provider when practicing the SBAR call as a group.

2.2 Acted Roles (scripted)

Role	Description
Patient	The actor playing the patient will speak with the learner by phone using a script. • **In-person**: the patient role will be played by staff, who will speak with the learner by phone. • **Remote**: the patient role will be voiced by staff. The staff's video should be turned off to simulate an audio-only call.
Provider	The provider will receive SBAR report and give orders. This role may be played by staff.

Set-up Information

Set-up	Set-up information: In-Person	Set-up information: Remote
Setting Primary care	The simulation will be facilitated using "CHSIE AC Simulation EHR Inbox PPT.pptx". This should be loaded and ready to present. Tested speakers for playing the audio example of the triage call.	The simulation will be facilitated using "CHSIE AC Simulation EHR Inbox PPT.pptx". This should be loaded and ready to present via screen share. Tested audio for playback in Zoom. Zoom breakout rooms should be set up for SOAP and SBAR practice sessions.
Orders and documentation	Share the triage protocols with students to follow during the call. The simulation developers used: • Briggs, J. (2021). Depression. In *Telephone triage protocols for nurses* (pp 184-186). Wolters Kluwer. • Briggs, J. (2021). Diabetes Problems. In *Telephone triage protocols for nurses* (pp.187-189). Wolters Kluwer.	Share the triage protocols with students to follow during the call. The simulation developers used: • Briggs, J. (2021). Depression. In *Telephone triage protocols for nurses* (pp 184-186). Wolters Kluwer. • Briggs, J. (2021). Diabetes Problems. In *Telephone triage protocols for nurses* (pp.187-189). Wolters Kluwer.
Other documents	Attendance record – print one per group Chart review document	Attendance record – print one per group Chart review document

	SOAP Note template SBAR template (IHI document – register & login to download) (There is no Observer Form for this sim)	SOAP Note template SBAR template (IHI document – register & login to download) (There is no Observer Form for this sim)

2.4 Fidelity

Type of fidelity	Characteristics of the simulation needed to provide fidelity or each type
Physical: Setting, patient/actors, and props are used to create realism.	Students interact with a simulated inbox, and EHR clicking on menu items to view messaged and health information.
Conceptual: Elements of the scenario relate in a realistic way.	Students are expected to make decisions on prioritizing nursing actions with limited information, as one would have in real in-box messages. Students are expected to formulate appropriate communication: SOAP documentation and SBAR report.
Psychological: Contextual elements. E.g., noise, lighting, distractions, time pressure, etc.	The EHR Inbox partially mimics the functionality of a real EHR: click-based navigation menu layout. Messages are written in a variety of styles, as if they are from different people.

3. Facilitator Orientation

3.1 Scenario Overview:

This simulation-based experience provides students with practice reviewing and prioritizing EHR Inbox messages. During the **asynchronous portion** of the simulation (i.e., prior to the simulation session), students will (1) complete an online learning module reviewing the nurse's responsibility for inbox management, (2) review inbox messages and select the top priority patient, (2) review chart information on the top priority patient. In the **synchronous simulation session**, students will (1) practice returning a call to the patient, (2) practice SOAP documentation of a telehealth encounter responding to the inbox message, and (3) giving an SBAR to a behavioral health provider concerning the patient.

3.2 Facilitator Requirements and Preparation

The facilitator must be competent in the appropriate simulation skills (i.e., briefing, acting in a simulation, and debriefing).

The facilitator should review the full simulation guide (i.e., this document). The facilitator also should review the readings/videos assigned in the Student Guide to incorporate teaching points in briefing and debriefing. Key topics include principles of telehealth nursing and triage, using a triage protocol, using the nursing process in telehealth nursing, pediatric rashes, SBAR, and SOAP note charting.

3.3 Level of facilitation during the scenario - <u>Medium</u>

Learners have completed a preparatory module and readings on the EHR. They also have completed Part 1 of the simulation online. The students will likely need guidance in returning a call to the patient. Students also tend to need significant support with SOAP and SBAR.

3.4 Simulation evaluation

This simulation was developed as part of a HRSA-funded Nursing Education, Practice, Retention, and Quality Research (NEPQR) project. We request that schools using this simulation ask students to complete the online evaluation form after they have participated in the simulation (including those who were observers). This evaluation includes the Simulation Effectiveness Tool-Modified (SET-M) and evaluation of the learning outcomes using the SET-M scale. We will gladly share evaluation data with schools at which the students are located, upon request (email Nicole Summerside at nicoles1@uw.edu).

Online evaluation URL: https://docs.google.com/forms/d/e/1FAIpQLSeT5-xG5vHpPzHG3txIdb7FiTrGRMOQ-3PhI4Kc8Y4qCAx9nQ/viewform?usp=sf_link

4. Simulation Facilitation Guide

4.1 Simulation Scenario Suggested Timeline

Time	Event
15 minutes	Briefing
20 minutes	SOAP practice and debriefing
20 minutes	SBAR practice and debriefing
10 minutes	Break
25-30 minutes	Debrief entire inbox experience

4.2 Briefing

a. **Greet the group and establish a safe learning environment.**
   1. Review the [Basic Assumption](TM) of simulation: "We believe that everyone participating in activities at (your organization's name) is intelligent, capable, cares about doing their best and wants to improve." Review the simulation agreement if you have one.

   2. Remind them of the ground-rules of simulation: full participation, professional behavior, and confidentiality. Establish a fiction contract. Learners are to engage in a respectful manner, honoring diversity of thought and of personal background.

   3. **Remote**: If the simulation is conducted over video conferencing, orient the learners to expectations pertaining to communication etiquette and use of audio, video, and mute functions.

b. **Purpose of the Simulation (read to students).**
   "The purpose of this simulation-based experience is for students to practice prioritizing and responding to EHR inbox messages. Responding to messages and seeking provider input when appropriate is an important part of ambulatory care nursing that is likely unfamiliar to learners more accustomed to inpatient care."

c. **Learning Objectives *briefly*.**
   The purpose of reviewing the learning objectives is to orient the students just enough that they know what to the simulation. Not all facilitation prompts need to be reviewed; select as needed.

   1. Describe the role of the nurse in managing and responding to patient messages received through electronic communication.
   2. Prioritize patient messages using the triage principles and the nursing process to emphasize patient safety.
   3. Formulate typed and verbal responses to patients' electronic communications that are clear, sensitive, and specific.
   4. Document nursing care provided through EHR contact, with telephone or electronic follow-up, using a standardized charting approach.

5. Provide a clear and succinct report to an interprofessional healthcare worker using the SBAR format.

d. **Expectations:** "Before coming to this session, you should have completed the online portion of the simulation. Today we will practice some steps you might take after reviewing the inbox messages. We will practice beginning a response call to the patient, after which you will listen to an example of a nurse call. Then we will practice documenting and giving an SBAR report to a behavioral health provider."

e. **Assign roles**

Role	Description
Ambulatory Care Nurse reviewing and responding to inbox messages	All students in the group have completed the inbox exercise with their own computers prior to the simulation session.
Responding Nurse	One student will practice opening the response call with the patient, with basic steps (introduce yourself, confirm the patient's identity, explain the purpose of the call.
SOAP documentation and SBAR report	In pairs, student will document a nurse triage call using SOAP format and will practice giving SBAR to a behavioral health provider.

4.3 Simulation Facilitation & Operation

Facilitation of the remainder of briefing, simulation, and debriefing should follow the **EHR Simulation PowerPoint**. This activity progresses as follows:

1. Review pre-simulation questions 1 and 2
2. Practice triage call
3. Listen to triage call example, follow along on triage protocols
4. Triage call debriefing
5. SOAP Note practice in breakout rooms
6. SOAP Note debriefing
7. SBAR practice in breakout rooms
8. SBAR debriefing
9. Overall simulation debriefing

4.5 Debriefing

LET THE STUDENTS DO MOST OF THE TALKING
First, invite only active scenario participants to debrief, and ask observers to wait to speak until later in the debriefing. Remind students that simulation performance and debriefing are confidential. Briefly review the learning objectives.

Reaction Phase
1. How would you describe your experience? (Alternatively, "How did you feel during the scenario?")

Analysis
Plus/Delta questions
2. What worked well? What would you do again?
3. If you could do this scenario again, what would you do differently?

Scenario-Specific Questions
Triage Call Debriefing
1. How well was the call organized? Is there anything you would have done differently?
2. In what ways are telehealth technologies useful in providing care for this? What limits or barriers does the technology present?
3. How could you protect patient confidentiality during your work and communications?
4. If you were the patient, would this response have met your need? What else would you have liked to have known?

SOAP Debriefing
5. What is the most important overall message to convey in the SOAP note? (i.e., what do you want to communicate to a health care worker who reads it in the future?)

SBAR Debriefing
6. How did the SBAR go? What went well? What could have been done differently?
7. What was your thought process in arriving at your recommendation? How does it help the provider to include "Recommendation" in the SBAR?

Application
8. How well did you achieve the learning objectives? What else do you think you need to do to address unmet learning objectives?
9. What is one thing you learned that you will take into your practice?

5. Acted Roles

Scripts:

1. Patient
2. Provider

Acted Role: Damon Mays (Patient)

Role in the scenario: The student call should just cover the start of the call. They do not need to get into more detail than what is listed below. Mainly, the student needs to introduce themselves and their role, confirm the patient's identity, and begin to address the purpose of the call/primary concern.

Information:
- DOB: 4/12/1975
- Not feeling great in the last week. Feel ok now.
- A little depressed & isolated (reduced appetite).
- Blood sugar low
  - Went down to 55 last night
  - Felt awful, dizzy, weak
  - Felt fine after you ate.
- Blood sugar today – this morning 110 mg/dL, an hour ago 125 dL.

Acted Role: Dr. Perkins, Behavioral Health Provider

There is no specific script for the Behavioral Health Provider. Students will practice in small groups. The student playing Dr. Perkins should ask probing questions if more information is needed, making sure their partner covers all parts of the SBAR. They might especially need to push for a "recommendation."

6. Additional Materials

Other materials this document: (if **<u>remote</u>**, use separate files for screen sharing as indicated in the guide):
1. Attendance Form
2. Chart Review (may be used as a handout)
3. Triage call transcript (for sharing with students after the simulation)
4. SOAP Note Template
5. SBAR guide and template (IHI Document)

Prioritizing and Managing the EHR Inbox
Attendance Sign-in

Print one page per learner group.

Date:_____ Group _____

Name	Role	*Instructor use – prep done?*
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐
	☐ Observer ☐ Nurse ☐ Other	☐

Chart Review

Mays, Damon (he/him/his). Male, 46 y/o DOB: 4/12/1975 Last weight: 280 lb (127.0 kg) Mychart status (Active)

Allergies

NKDA

Problem List

Diabetes type 2
Hypertension
Major depressive disorder

Medications

NovoLog (insulin aspart injection) 100 U/mL
1-20 U sliding scale
citalopram 20 mg daily
Lisinopril 10 mg daily

Labs

Cancel

HbA1c 6.2 [reference range: normal= below 5.7%]
Reviewed: by Dr. Abdullahi
(7 days ago)

Health maintenance

Colorectal screening up to date
Depression screen up to date
Foot exam due

Recent visits

PCP: Dr. Abdullahi (7 days ago)

Upcoming visits

Dr. Perkins Behavioral Health
(3 days from today)

Chart notes

(7 days ago) Patient was educated on the importance of medication adherence and given information on how to avoid hypo/hyperglycemia. Advised patient to adhere to diabetic diet. Depression screen positive (PHQ2) but negative for suicidal ideation (PHQ9 negative). Patient to be seen by behavioral health next week. Patient to follow up with RN with any additional questions. Dr. Abdullahi

ED notes

(3 months ago) Patient seen in ED for hypoglycemic episode. Patient received Glucagon IV and discharged to home with instructions to make appointment with PCP within one week.

Inpatient admissions

None

Triage Call Transcript

In basket Message

Mays, Damon
Electronic Message Received: today
Contact Damon Mays (Patient)
E-Chart status (Active)
Male, 46 y/o
DOB: 4/12/1975
Last weight: 280 lb (127.0 kg)
Problem list: Type II diabetes, major depressive disorder, hypertension
Allergies: none
Message: I'm writing for Dr. Abdullahi's nurse. You helped me adjust my insulin doses last week. I'm having a hard week, and I think I need to adjust the dose again. My depression is worse, and I haven't felt like eating. I see my psychiatrist in 3 days. Last night, my sugar was down at 55 and I felt really awful. I made myself eat a snack and that helped, but I'm worried that I might be on too much insulin. Should we adjust the dose?
Damon

Audio call transcript

Hello Is Damon available?

Yes this is Damon

Hi this is Laura , I am the nurse at Dr. Abdullahi's office. I got a message that you wanted to adjust your medications, can you tell me what is going on?

Well I have not been feeling great lately, I am depressed, and my blood sugar has been low. Last night it went down to 55 and it felt terrible. It has just been a really hard week. I know we adjusted my insulin last week but I think it might be too much, should we adjust it again?

Ok, I am going to gather a little more information from you if that's ok.

Sure.

I have a few more questions. You said you were feeling "terrible" last night, what was going on?

I felt dizzy and weak but I was fine after I ate.

Are you still having of those symptoms? Do you feel dizzy or weak now?

No, I feel ok now.

Have you checked your blood sugar today?

Yeah I checked it twice, once this morning and once about an hour ago. This morning it was 110 and an hour ago it was 125.

Do you have any other signs of low blood sugar like pale moist skin, shallow breathing, profuse sweating, headache, blurred vision, confusion, or irritability?

No, I am pretty good about eating a snack the minute I start to feel signs of low blood sugar.

Ok good. I am glad you are able to recognize those symptoms. Why do you think your blood sugar was 55 yesterday?

Well the insulin was increased, but I hadn't really eaten much either. This only happens when I stop eating my regular meals.

What prompted the change in appetite?

I am really depressed and nothing sounds good to eat.

Have you had any suicidal thoughts or plans to harm yourself or others?

No it's not that bad. I haven't had any suicidal thoughts or plans to harm anyone.

Any confusion or changes in the way you are thinking?

No, I am just feeling really depressed and isolated and I lost my appetite.

Have you lost interest in the things you used to enjoy?

Yes. I haven't been able to go out with my friends or family because of Covid. I am working from home and I am alone all the time. I guess the pandemic has affected me more than I thought. I am glad I have an appointment with Dr. Perkins coming up soon.

I see that you have an appointment with Dr. Perkins in 3 days. Would you be able to come in sooner? I see some availability on her schedule for today.

Yes, I could come in today

Ok, I see that she has an appointment at 2 pm. Do you have a way to get here?

Yes.

OK I will put you in at 2pm and I am going to let her know what's going on. I will also let Dr. Abdullahi know about our conversation and I will follow up with you in two days. Does that sound like a plan?

Yes, I like that plan. Thanks for your help. I appreciate you squeezing me in.

No problem, please call back if you have any troubles getting to the clinic, and we can try and arrange for telehealth or another option. If you have any worsening symptoms like new confusion, any suicidal thoughts, sleep problems or symptoms of severe low blood sugar, be sure to seek emergency care immediately. I can send you some home care instructions through the patient portal as well.

That would be great thanks for your help.

No problem. And I will talk with you in a couple of days.

Thank you, goodbye.

SOAP Note Template

S **Subjective**	
O **Objective**	
A **Assessment**	
P **Plan**	

Name:	
Date/Time:	

Utilized Telephone Triage Protocol Resource: Briggs, Julie. 2016. Telephone Triage Protocols for Nurses Fifth Edition.

Protocol. | *** | Page: | ***

Route note to PCP upon signing: ☑
Routing Comments:
Set follow up reminder in *** days

7. References Used in Scenario Development

American Academy of Ambulatory Care Nursing (AAACN). (2017) *Ambulatory care registered nurse residency program: Transition to the specialty of ambulatory care.* (J. Levine, Ed.). AAACN.

American Medical Association. (2017). EHR In-basket restructuring for improved efficiency. Retrieved from https://edhub.ama-assn.org/steps-forward/module/2702694

Anglea, T., & Murray, C. L. (Eds.). (2018). *Scope and standards of telehealth nursing practice.* American Academy of Ambulatory Care Nursing.

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Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3)122-131.

Epic Systems Corporation. (2020). Epic EHR Software.

INACSL Standards Committee. (2021). Healthcare Simulation Standards of Best Practice™. *Clinical Simulation in Nursing, https://doi.org/10.1016/j.ecns.2021.08.018.*

Institute for Healthcare Improvement. (2017). SBAR: Situation-background-assessment-response.

Prodder, V., Lew, V., & Ghassemzadeh, S. (2020) SOAP notes. In *StatPearls*. StatPearls Publishing.

Managing the EHR Inbox: Student Guide

Please be sure to complete the online evaluation after your simulation session!

The **purpose** of this simulation is for students to practice prioritizing and responding to EHR inbox messages. Responding to messages and seeking provider input when appropriate is an important part of ambulatory care nursing that is likely unfamiliar to learners more accustomed to inpatient care.

Learning Objectives

By the end of this simulation-based experience, the learner will be able to…

1. Describe the role of the nurse in managing and responding to patient messages received through electronic communication.
2. Prioritize patient messages using the triage principles and the nursing process to emphasize patient safety.
3. Formulate typed and verbal responses to patients' electronic communications that are clear, sensitive, and specific.
4. Document nursing care provided through EHR contact, with telephone or electronic follow-up, using a standardized charting approach.
5. Provide a clear and succinct report to an interprofessional healthcare worker using the SBAR format.

Expectations

Learners are expected to arrive at the simulation session in professional attire and having (1) fully reviewed this student guide, (2) completed the assigned readings and videos, and (3) answered the pre-simulation questions, which will be discussed at debriefing, and (4) have the SOAP Note Template available to use in class.

Students will attend an in-person or video conference session, in which the facilitator will guide the learners through a simulation in which you will discuss the simulated EHR Inbox messages that you reviewed and prioritized prior to the lab session. You will practice responding to the patient by telephone, documenting care using the SOAP format, and giving an SBAR report to another health professional.

You should spend about 1.5-2 hours preparing for this simulation before the Zoom session. During you simulation lab, the briefing, scenario, and debriefing for this simulation will take about 90 minutes.

Topics

- Triage decision-making pertaining to inbox patient messages
- SBAR report to a provider
- SOAP note documentation
- Responding to patient messages verbally or in writing

Preparation (Readings and Videos)

Learning Module - This online module provides an overview of the RN role and responsibilities in EHR Inbox management and documentation. The module is available at the website linked below. Complete the module before doing the at-home portion of the simulation.

- Lopez, L. (2020). *The electronic health record and inbox management in ambulatory care: Documentation, telephone triage, and team communication* [online learning module]. Center for Health Sciences Interprofessional Education, Research, and Practice. https://s3.us-west-2.amazonaws.com/collaborate.uw.edu/AC_Modules/EHR_in_ambulatory_care_APR_2021/story.html. This online module provides an overview of the RN role and responsibilities in EHR Inbox management.

At-home simulation activity - Launch the module below in your web browser to engage in an activity in which you will review EHR Inbox messages, prioritize your responses, and review chart information.

- Lopez, L. (2020). Ambulatory care EHR inbox simulation - part 1 [online simulation-based activity]. Center for Health Sciences Interprofessional Education, Research, and Practice. https://s3.us-west-2.amazonaws.com/collaborate.uw.edu/AC_Modules/Inbox_Simulation_Part_1_Lopez/story.html

Readings - You will be expected to practice SBAR and SOAP communication during the lab session. Review the following documents in preparation, and bring these to use during the simulation session

- Institute for Healthcare Improvement. (2017). SBAR: Situation-background-assessment-response (requires login, free registration). Use this document to review what should be included in the SBAR.
- SOAP Note Template (separate PDF document)

Optional SBAR Refreshers:

- Toronto Rehabilitation Institute. (2010 September 7). *No SBAR: Ineffective communication* [Video]. YouTube. https://www.youtube.com/watch?v=CtdNQ-sfKg8
- Toronto Rehabilitation Institute. (2010 September 7). *SBAR: Effective communication* [Video]. YouTube. https://www.youtube.com/watch?v=fsazEArBy2g
- Institute for Healthcare Improvement. (n.d.). *SBAR toolkit: Situation-background-assessment-response.* http://www.ihi.org/resources/Pages/Tools/sbartoolkit.aspx

Pre-simulation Questions

The Pre-simulation Questions are intended to help you begin to integrate understanding from your readings and the simulations, and prepare you for a productive debriefing session. Each question addresses the corresponding learning objective.

1. What is your role, as an RN, in managing and responding to patient messages received through electronic communication?
2. What guidelines would you use to decide on the priority of messages - that is, how do you decide which messages are emergent, urgent, or non-urgent? What sources of information would you use?
3. What would be your next steps in addressing the needs of the top-priority patient from the pre-lab portion of the simulation?

Instructions: The following questions refer to the EHR Inbox messages.

4. What priority would you assign each patient (high = urgent/emergent; medium = respond today; low = not time-sensitive, respond within 1-2 days)

Patient	Priority (check one)		
Aiesha Washington	☐High	☐ Medium	☐ Low
Bruce Kowalczyk	☐High	☐ Medium	☐ Low
Damon Mays	☐High	☐ Medium	☐ Low

5. Select the patient you consider the top priority. You are going to tell the provider about the patient right away. Write your SBAR.
6. Select a patient you have categorized as medium or low priority. Compose a response e-mail.

SOAP Note Template

S **Subjective**	
O **Objective**	
A **Assessment**	
P **Plan**	

Name:	
Date/Time:	

Utilized Telephone Triage Protocol Resource: Briggs, Julie. 2016. Telephone Triage Protocols for Nurses Fifth Edition.

Protocol. [***]   Page: [***]

Route note to PCP upon signing: ☑
Routing Comments:
Set follow up reminder in [***] days