Telephone Triage: Prenatal: Student Guide

Please be sure to complete the <u>online evaluation</u> after your simulation session!

The **purpose** of this simulation is for students to practice a telehealth call that involves triage of a common, non-emergent prenatal health problem, applying a standardized triage protocol while also attending to the full context of patient-centered care.

Learning Objectives

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

- 1. Apply the nursing process to a telehealth encounter concerning a prenatal patient, with emphasis on assessment and decision-making.
- 2. Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a prenatal patient's care needs.
- 3. Use technology to deliver quality patient care via a telehealth patient encounter, using active engagement of the patient and integrating principles of privacy and confidentiality.
- 4. Use collaborative communication strategies with the patient and other healthcare professionals to facilitate optimal patient care.
- Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery.

Expectations

Learners are expected to arrive having (1) fully reviewed this student guide, (2) completed the assigned readings and videos, and (3) completed the Pre-simulation Questions. All students are expected to have the "Pregnancy, Nausea and Vomiting" triage protocol ready to use (if assigned the nurse role) or follow along (if an observer) and the Documentation Practice form to complete at the end of the scenario. Students are also expected to have the Student Observer Form to complete should they be assigned that role.

The clinical scenario will be a telephone triage call to a 36 year old woman who is 14 weeks pregnant and calling to request treatment for morning sickness. Normally, you would review the patient's chart before returning the call, but for this scenario, we will assume that has been done and you have learned that her only significant health condition is bipolar disorder; she is not on any medication and she has been stable for 3 years without exacerbations. She lives with her two children, 8 and 10 years old, and her husband of 13 years. The student playing the nurse will call the patient and apply the 10 steps for telephone triage (see Preparation below). You will use the appropriate triage protocol (see below) but

may ask additional questions as you see fit. After you have collected the assessment data, you will end the phone call by letting the patient know that you will speak with the provider and call back. You will give an SBAR report to the provider, and then call back the patient with instructions as given by the provider. Immediately after the call, everyone will have 5-10 minutes to document the encounter.

The briefing, scenario, and debriefing will take about 60-90 minutes.

Topics

- Telehealth nursing practice
- Telephone triage
- Triage protocols
- Pregnancy-related symptoms (nausea, vomiting)
- Patient-centered care
- SBAR communication

Preparation (Readings and Videos)

For the general Telehealth and Telephone Triage Module, you should complete the following preparation. These do not need to be repeated if you completed this preparation for *Telephone Triage: Pediatric*. Instead, skip to *Prep for Telephone Triage: Prenatal* below.

- Video training featuring Carol Rutenberg. (n.d.). ClearTriage. Retrieved from
 https://www.cleartriage.com/carol-videos/. These 6 videos (about 45 min total) cover the
 following telephone triage topics: introduction to telephone triage, nursing process, decision
 support tools, documentation, and common pitfalls.
- A Practical Introduction to Telehealth Nursing (to be posted). This online module provides practical tips on essential components of telehealth nursing.
- What are the critical steps to a triage call? (d.). TriageLogic. Retrieved from
 https://learn.triagelogic.com/what-are-the-critical-steps-to-a-triage-call/. The video reviews the
 following steps which you will use if you are playing the nurse in the simulation. It also includes
 practical tips on conducting a triage call.
 - 1. Introduce self
 - 2. Verify patient identity
 - 3. Get brief medical history
 - 4. Get history of current illness
 - 5. Identify the chief complaint & most serious symptoms
 - 6. Select the appropriate triage protocol (in these simulations, the protocol is selected for you)
 - 7. Triage based on the pregnancy-related nausea protocol
 - 8. Provide care advice

- 9. Give clear and specific instructions for call-back or urgent care
- 10. Wrap up the call and make sure caller has no other questions
- 2. Briggs, J. (2021). Introduction: Practicing telehealth nursing safely. In *Telephone triage protocols for nursing* (pp. 1-8). Wolters Kluwer. Skim this chapter to reinforce the information from the videos and modules. Especially focus on *Protocol Structure* (pp. 2-4) and *Using Protocols Safely* (p. 4).

Prep for the *Telephone Triage: Prenatal* simulation:

- Briggs, J. (2021). Pregnancy, Nausea and Vomiting. In *Telephone triage protocols for nursing* (pp. 478-480). Wolters Kluwer. This is the protocol you will use during the simulation scenario.
 Review it and think of how you will ask questions and use the triage protocol when you call the patient.
- Mayo Clinic Staff. (n.d.). Morning sickness. Retrieved from
 https://www.mayoclinic.org/diseases-conditions/morning-sickness/symptoms-causes/syc-20375254. Review for general understanding of pregnancy-related nausea and vomiting (i.e., "morning sickness").

Pre-simulation Questions

1. How would you open the telephone call with the patient? What information would you want to obtain and convey at the beginning of the call?

You will apply the **nursing process** to all telehealth encounters. The questions below will prepare you for an organized approach to the patient care scenario.

- 2. What **assessment** data would you want to collect regarding the patient's primary concern about the patient?
- 3. When **implementing** the nursing intervention, what general types of information would you want to cover with the patient?
- 4. What are your main **safety** concerns for this patient?
- 5. What kind of **support** might you provide to the patient during your call?
- 6. How would you **evaluate** the outcomes of a telehealth nursing intervention?
- 7. What would you want to **document** after your call?

Observer Form

Learners who are not active participants in the scenario are expected to complete an Observer Form. Observers' insights offer key learning opportunities during debriefing. Have this form ready to fill out during the scenario.



Telephone Triage: Prenatal: Student Observer Form

Instructions: This Student Observer Form is to help you apply critical thinking as you watch the simulation and to prepare you to actively participate in the debriefing. In the left column, check off the behaviors/performance you observed. In the right column, take notes for the debriefing discussion.

Performance	Notes (What went well? What could have gone differently?)
Learning Objective 1: Apply the nursing process to a telehealth encounter concerning a prenatal patient, with emphasis on assessment and decision-making. Assessment: □ Collect subjective & objective data □ Determine patient's concern & needs Nursing Diagnosis, Outcome Identification, & Plan: □ Arrives at an appropriate nursing diagnosis Implementation: □ Educate on condition, outcome, & follow-up plan Evaluation □ Assess patient understanding	
Learning Objective 2: Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a prenatal patient's care needs. ☐ Identify the urgency of the problem ☐ Use triage protocol ☐ Ask additional questions where appropriate	
Learning Objective 3: Use technology to deliver quality patient care via a telehealth patient encounter, using active engagement of the patient and integrating principles of privacy and confidentiality. □ Establish rapport with patient □ Communicate effectively with patient	
Learning Objective 4: Use collaborative communication strategies with the patient and other healthcare professionals to facilitate optimal patient care. ☐ Engage patient as a partner in care ☐ Effective SBAR	

Documentation Practice

Learning Objective 5: Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery.	
Reason for seeking care:	
Assessment (data collected by phone): history of the present condition, symptoms, associated symptoms, treatments/management and related outcomes	
Plan: Decision support tools used, triaged category, recommendation for further care	
Intervention: direct actions taken, patient education and information given	
Evaluation: Patient's acceptance and understanding of the plan, follow-up actions and plans for nurse and patient	
and patient	