

Ambulatory Care Nursing Simulation Toolkit

Telephone Triage: Prenatal

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](#)
9. [Student Observer Form](#)

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1. Development & Background Information

1.1 Purpose

The **purpose** of this simulation-based activity is 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.

1.2 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.
5. Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery.

1.3 Scenario Development

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1.4 Brief Summary

A student will play the role of an ambulatory care nurse returning a call from a 36 year-old woman experiencing morning sickness that is persisting into the early second trimester of pregnancy. The nurse will return the patient call and will gather information using a standardized pregnancy-related nausea protocol to support assessment and decision-making. The nurse will give an SBAR report to the provider before calling the patient back to provide specific instructions on symptom management, self-care, and when to call back or seek care.

Notes:

- 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.
- More than one student could play the role of the nurse. For instance, one might complete the first call, another might prepare and give the SBAR report, and a third might complete the second call.

- Triage in this scenario is based on Briggs, J. (2021). *Telephone triage protocols for nursing*. Philadelphia: Wolters Kluwer. Specific protocol used is *Pregnancy, Nausea and Vomiting* (pp. 478-480). The protocols are not provided in this guide due to copyright, but the scenario can be adapted to other standardized triage protocols.

1.5 Activity Duration: 60-90 min. If this simulation is used in the same session as *Telephone Triage: Pediatric*, several elements can be combined to save time since the principles are similar.

1.6 Clinical Performance Expectations

S&S TNP*	Competencies (adapted from S&S TNP)
<p>Standard 1: Assessment “The RN practicing telehealth nursing is solely responsible for the systematic collection and interpretation of data relating to the health needs and concerns of a patient, family, and/or caregiver” (Anglea & Murray, 2018, p. 23).</p>	<ul style="list-style-type: none"> • Establish therapeutic rapport • Collect subjective and objective data from the patient • Determine the patient’s concern and perceptions of the need/concern • Apply an evidence-based decision support tool (i.e., triage protocol) • Use clinical reasoning when collecting and analyzing data, and formulating a plan • Address social determinants that might pose barriers to care • Document the information collected
<p>Standard 2: Nursing Diagnosis “Telehealth RNs analyze the assessment data to determine the nursing diagnostic statements for health promotion, health maintenance, or health-related problems or issues” (Anglea & Murray, 2018, p. 25).</p>	<ul style="list-style-type: none"> • Identify nursing diagnoses based on the data collected • Determine the nature and urgency of the patient’s symptom-based problem • Validate the nursing diagnoses with the patient • Prioritize nursing diagnoses • Document the diagnoses clearly
<p>Standard 3: Outcomes Identification “Telehealth RNs identify desired outcomes in an individualized plan of care specific to the patient, group, or population” (Anglea & Murray, 2018, p. 26).</p>	<ul style="list-style-type: none"> • Derive desired outcomes and care dispositions from assessment and diagnoses • Involve the patient in planning outcomes
<p>Standard 4: Planning “The RN practicing in a telehealth setting develops a plan that identifies strategies and alternatives to attain expected outcomes in individuals and/or populations” (Anglea & Murray, 2018, p. 27).</p>	<ul style="list-style-type: none"> • Collaboratively develop an individualized plan of care • Consider patient’s age and family needs • Develop a timeline for reevaluation and follow-up • Provide a plan that is understandable and acceptable to the patient • Validate that the plan is understood by the patient • Document the plan of care
<p>Standard 5: Implementation “The RN practicing in the telehealth setting identifies with the patient how to implement the plan of care” (Anglea & Murray, 2018, p. 28).</p> <p>5b. Health Teaching & Health Promotion “The RN practicing in the telehealth setting employs educational strategies that promote</p>	<ul style="list-style-type: none"> • Facilitate implementation of the plan of care with the patient • Use available technology to implement intervention (e.g., effective telehealth communication, e-mailing teaching materials) • Use health teaching strategies • Document intervention

individual, community, and population health and safety” (Anglea & Murray, 2018, p. 30).	
<i>Standard 6: Evaluation</i> “The RN practicing in the telehealth setting evaluates progress toward attainment of stated outcomes” (Anglea & Murray, 2018, p. 33).	<ul style="list-style-type: none"> • Evaluate patient’s understanding of health teaching & follow up plan (e.g., when to follow up or seek emergency care) • Document outcome of the intervention (i.e., were the formulation of a plan and the teaching successful?)
<i>Standard 7: Ethics</i> “The RN practicing in the telehealth environment incorporates professional codes of ethics with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (Anglea & Murray, 2018, p. 34).	<ul style="list-style-type: none"> • Apply knowledge of the ANA’s Code of Ethics • Deliver nursing care that values the patient’s autonomy, dignity, and rights • Provide information to facilitate informed decision-making by the patient
<i>Standard 13: Collaboration</i> “The RN practicing in the telehealth setting collaborates with patients, family members, caregivers, and other health professionals in the conduct of nursing practice” (Anglea & Murray, 2018, p. 42).	<ul style="list-style-type: none"> • Communicate openly with the patient and other health care professionals • Collaborate with other professionals in the provision of care

*The Standards of Telehealth Nursing Practice (S&S TNP) listed here are based on Anglea, T., & Murray, C. L. (Eds.). (2018). *Scope and standards of telehealth nursing practice*. American Academy of Ambulatory Care Nursing.

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

Psychomotor skills required prior to the simulation:

- Collect health history and problem-focused data in an organized and thorough manner
- Use skilled communication to interview patients
- Communicate professionally via telehealth technologies
- Synthesize information from multiple sources in applying the nursing process
- Communicate using SBAR format
- Use a nursing triage protocol

Knowledge required prior to the simulation:

- Triage principles and protocols
- Basic safety concerns related to pregnancy, particularly concerning medications
- Basic understanding of pregnancy-related nausea and vomiting
- Nursing process in the context of telehealth nursing practice
- SBAR and SOAP communication formats

2. Simulation Set-up

2.1 Personnel Needed and Responsibilities

- **Facilitator(s):** Provide briefing, facilitate the scenario and debriefing, play an acted role if needed.
- **Actor(s):** Patient (played by facilitator), provider (both could be played by facilitator or simulation staff)

2.2 Acted Roles (scripted)

Role	Description
<i>Patient</i>	The actor playing the patient will speak with the learner by phone using a script. <ul style="list-style-type: none"> • 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 actor's video should be turned off, or a phone could be shown on-screen.
<i>Provider</i>	The provider will receive the SBAR report from the nurse and will provide guidance according to a script.

2.3 Set-up Information

Set-up	Set-up information: In-Person	Set-up information: Remote
Setting Ambulatory care office	Set up like a nurse's telehealth workstation (desk, computer, phone)	No physical set-up Open a triage protocol for reference: <i>Pregnancy, Nausea and Vomiting</i> Student playing the nurse should be visible/audible to all
Patient Actor/standardized patient (may be the facilitator)	Call from the debriefing room so observers can listen to the "patient" end of the conversation. Student playing the nurse is visible/audible from the simulation room camera (feeding to the screen in the debriefing room)	Actor playing the patient will turn off video to simulate an audio-only call
Usable technology Computer Phone	Computer may be the student or facilitator's (does not need to be a workstation on wheels) for displaying inbox message, triage protocol, and orders Working phone with headset	No phone or computer (other than that being used for teleconference) needed

Orders and documentation Care Protocols	Print or show on screen the triage protocol for use during the scenario (Pregnancy, Nausea and Vomiting)	Open the electronic documents with the triage protocol to screen share if needed
Other documents Attendance record Actor scripts Observer worksheet	One attendance form per learner group Observer worksheet should be printed and brought by students	One attendance form per learner group Observer worksheets should be filled by students on paper or electronically

2.4 Fidelity

Type of fidelity	Characteristics of the simulation: In-person	Characteristics of the simulation: Remote
Physical: Setting, patient/actors, and props are used to create realism.	A desk will be set up with a computer, phone with headset.	Pretend that the nurse and patient are speaking by phone.
Conceptual: Elements of the scenario relate in a realistic way.	The case is structured around a common concern in pregnancy (morning sickness). Students will apply a triage protocol that is commonly used in clinical practice. The nurse will give an SBAR report to a provider.	
Psychological: Contextual elements. E.g., noise, lighting, distractions, time pressure, etc.	The triage call will be done by phone using a headset and will involve a triage protocol as is done in real practice.	Pretend that the nurse and patient are speaking by phone. The actor/facilitator playing the patient should turn off video and keep only audio on the videoconferencing program so the student playing the nurse must focus only on what is audible.

3. Facilitator Orientation

3.1 Scenario Overview (with correct treatment decisions– do not share with students):

The caller is Mrs. Camila Lopez, a 36 year old woman who is 14 weeks pregnant. She is G4P2A1 and has two children, aged 8 and 10. Mrs. Lopez works part time as a physical therapist and today is her day off. The older children are at school, and Mr. Lopez is at home, seeking employment after being laid off 4 weeks ago from a job in the technology industry. Mrs. Lopez reports that she is “miserable” from morning sickness that has been worse with each pregnancy. She was given a prescription for ondansetron (Zofran) at week 10 of her pregnancy, but she says that it makes her constipation much worse. She is hoping for an alternative medicine that could provide relief. She is not having any symptoms that would warrant emergency care. When the students apply the triage protocol, the patient will meet the criteria for care recommended at step D (i.e., seek care within 24 hours). If the student asks appropriate questions, the patient will also bring up several general concerns (e.g., lack of energy, child with a probable learning disability, husband depressed about career and unhelpful at home) and other health issues needing attention (difficulty sleeping, constipation, concern about exacerbation of her bipolar disorder, trial use of marijuana for nausea).

- **Act 1:** The student playing the nurse calls the patient. The student is expected to follow the pregnancy-related nausea and vomiting protocol but also to ask additional questions to gather relevant information about the patient.
- **Act 2:** The nurse will speak with the provider and review the case using SBAR format. The nurse should recommend an appointment within 24-hours as per the triage protocol. The provider agrees with this, instructs the nurse to provide home-care instructions for patient self-care until the visit, and specified certain assessments to collect at the upcoming visit (mental health screeners, TSH).
- **Act 3:** The nurse should call the patient again and provide guidance according to the protocol and provider advisement, including when to call back or seek urgent care, and the nurse should connect the patient with scheduling.
- **Act 4:** Before debriefing, the whole group should independently take 5-10 minutes to practice how they would document the call in the EHR.

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, pregnancy related nausea and vomiting, SBAR, and SOAP note charting. If needed, read this section on morning sickness: <https://www.mayoclinic.org/diseases-conditions/morning-sickness/symptoms-causes/syc-20375254>

3.3 Level of facilitation during the scenario (low, medium, high): Low

Learners have completed a preparatory module, videos, and readings on telehealth. The facilitator should provide any cuing within the context of the acted role (parent or clinician) to the extent possible. Although students might not have had pediatric didactic and clinical courses, that should not have a substantial impact on their ability to navigate this scenario.

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-xG5vHpPzHG3txldb7FiTrGRMOQ-3Phl4Kc8Y4qCAx9nQ/viewform?usp=sf_link

4. Simulation Facilitation Guide

4.1 Simulation Scenario Suggested Timeline

Time	Event
15 minutes	Briefing (follow guide below)
5 minutes	Introduction to the simulator and clinical space
30 minutes	Run scenario
10 minutes	Practice documentation
30 minutes	Debriefing (use guide)

4.2 Briefing

a. **Greet the group and establish a safe learning environment.**

- i. Review the [Basic Assumption™](#) 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.
- ii. 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.
- iii. 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 activity is 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.”

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. Apply the nursing process to a telehealth encounter concerning a prenatal patient, with emphasis on assessment and decision-making. **Facilitation prompts:** *What kind of assessment data would you collect? What would you do if the patient started sharing additional concerns beyond the nausea and vomiting? [This prompt should cue students to prioritize the issues and consider use of more than just the questions on the triage protocol].*
2. Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a prenatal patient’s care needs. **Facilitation prompts:** *Using the principles of triage that you read about, what assessment data would cause you to treat this call as something that needs care immediately? What would indicate that the problem is urgent but not an emergency?*
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.

Facilitation prompts: How would you establish rapport with this patient? How would you involve the patient as a partner in her own care? [e.g., establishing priorities with the patient, asking the patient what are her own goals, etc.] SBAR is the collaborative format you'll use with the provider, and we'll discuss that in debriefing.

4. Use collaborative communication strategies with the patient and other healthcare professionals to facilitate optimal patient care. **Facilitation prompts:** SBAR is the collaborative format you'll use with the provider, and we'll discuss that in debriefing.
5. Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery. **Facilitation prompts:** What format would you use to document this encounter? We will practice documenting at the end of the simulation scenario. Everyone will write a nursing focus note.

d. **Expectations.**

"The student playing the nurse will call the patient and apply the 10 steps for telephone triage. You'll use the pregnancy-related nausea and vomiting triage protocol that you reviewed in your homework, but you may ask additional questions as you see fit. After you've collected the assessment data, you'll end the phone call by letting the patient know that you'll speak with the provider and call back. You'll give an SBAR report to the provider, and 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."

e. **Assign roles**

Role	Description
<i>Nurse (caller)</i>	The student who plays the nurse in the scenario will be responsible for returning a call from a 36 year-old woman who is 14 weeks pregnant and is experiencing significant nausea and daily vomiting. The nurse should proceed in an orderly manner through the steps of a telehealth triage call, collecting information, prioritizing, using a triage protocol, and implementing appropriate nursing care. Assign additional students to the nurse role in Acts 2 and 3 if changing roles.
<i>Nurse (documenting)</i>	All students will practice documenting the call as if they were the nurse.

f. **Orientation to the simulation set-up**

What should be done "for real" (e.g., VS, making phone call)	In-person: You will make the phone call from the simulation room. Remote: You'll pretend to call the patient, and I will turn off my video as if I am on the phone only. You will give SBAR to the provider.
How will information be obtained	You will ask the patient for any assessment data.
What supplies are in the room and what is elsewhere	All resources are in the room/Remote.

What do observers do?	Complete the observer form, practice documentation, and participate in debriefing.
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g. Clinical Case Background/Learner Brief – to be read to the students immediately before the simulation scenario

“We’re in a women’s health clinic. The LPN who reviewed after-hours phone messages sent you a note in your EHR inbox that Mrs. Camila Lopez called saying that her morning sickness is really bad and asking if anything can be done to help. Mrs. Lopez is a 36 year old woman who is 14 weeks pregnant. She is G4P2A1, meaning that she has had 4 pregnancies, 2 viable pregnancies (these concluded with full term births), and one terminated pregnancy (elective abortion in this case). Her two children are aged 8 and 10. Her only significant health condition is bipolar disorder; she’s not on any medication, and she has been stable for 3 years without exacerbations. Documented supplements are prenatal vitamin and calcium. Her pregnancy has been uncomplicated. You’ll now call the patient to follow up on her concern.” [Remote: I’m going to turn off my video now so it’s as if we are on the phone.”]

Scenario Progression Outline

Act, Timing (approx.)	Performance Expectations	Facilitator Notes
<p>Act 1 – Patient call (10 min)</p> <p>In-person: Make sure student observers in the debriefing room can hear the student playing the nurse. The “patient” should be in the room with the observers so they can hear.</p> <p>Remote: The facilitator should turn off their video and keep the audio on, and might play the background audio (voices, TV) sounds during the call.</p>	<p>Student should follow the steps of telephone triage:</p> <ol style="list-style-type: none"> 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. Triage based on the pregnancy-related nausea protocol <p>Areas of focus should be</p> <ul style="list-style-type: none"> • Symptom pattern • Ability to eat/drink • Weight gain/loss • Self-management 	<p>See patient script. Below is just a quick guide.</p> <p>Read Initial Comment form script.</p> <p>Do not offer more information unless asked.</p> <p>Your main concerns are...</p> <ul style="list-style-type: none"> • Getting relief from nausea and vomiting. • Is it ok to take Unisom to help you sleep? • What can you do for constipation? Are any OTC products ok? • Worried that stress may exacerbate bipolar disorder.
<p>Act 2 – SBAR (5 min)</p> <p>In-person: The provider should enter the simulation room to converse with the nurse when the call ends.</p> <p>Remote: the provider is visible on-screen and audible.</p>	<p>Student should provide SBAR to provider.</p> <p>Example:</p> <p>S – Mrs. Lopez is a 36 y/o G4P2A1, 14 weeks pregnant. She called to ask for medication to treat persistent nausea and frequent vomiting.</p> <p>B – N/V since pregnancy week 7, not relieved by home measures. Zofran helps but worsens constipation. Diet limited to mostly simple starch, but she can keep fluids down. Vomiting 1-2 times per day, and can't keep prenatal vitamin down. Feels weak and is having difficulty dealing with personal stressors. Worried that this will exacerbate</p>	<p>See provider script</p> <p>Ask the student for information on any major items that were missed (e.g., home remedies tried). If the student did not give a specific recommendation for care, ask, “what care would you recommend?”</p> <p>General instructions to the nurse: “She sounds pretty miserable. When you call her back, could you ask if anyone else in the household is having GI symptoms just to make sure it’s not food poisoning? Let’s see if we can get her in tomorrow. If I don’t have an opening, see if she’d like to see someone else. Reglan might be an option, but let’s not discuss that with her until we can see her. If she can’t come in tomorrow, give her the home care instructions that are in the triage protocol to use between now and her appointment. We can talk about her</p>

	<p>her bipolar disorder. Also having difficulty with sleep and constipation.</p> <p>A – Could benefit from being seen since symptoms impact function and health. Might also need mental health support.</p> <p>R – Should be seen within 24 hours. Could use education on home-management for nausea, sleep and constipation. Check if she needs mental health support services.</p>	<p>sleep and constipation when she comes in. For the appointment, let's get a 24-hour diet recall. You can let her know to keep track of what she eats and drinks. I'm also concerned about her mental health. Let's make a note to explore if she has any history of an eating disorder and get the psych screeners when she comes in. We could do a warm hand-off to clinical social work if she needs. Also add a note to check her TSH to see if there's any hyperthyroidism contributing."</p>
<p>Act 3 –Follow-up call to patient (10 min)</p> <p>In-person: provider leaves.</p> <p>Remote: if facilitator plays provider & patient, turn off video again.</p>	<p>Nurse should complete triage call steps:</p> <ol style="list-style-type: none"> 7. Provide care advice 8. Give clear and specific instructions for call-back or urgent care 9. Wrap up the call and make sure caller has no other questions 	<p>General patient response: "That would be really great to get seen that quickly. I've been so miserable, it's just been hard to cope."</p> <p>If the nurse asks about mental health, "It might be good to be connected with a therapist. I don't see a therapist right now. It might help me."</p> <p>Wrap up: The nurse should offer to transfer you to scheduling. If not, you can ask.</p>
<p>Act 4 – Documentation (5-10 min)</p>	<p>All students practice writing a chart note documenting the patient encounter.</p>	<p>Facilitator will signal the end of the acted scenario and give everyone 5 minutes to draft a chart note that will be discussed in debriefing</p>

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. Remember that this debriefing is focused on telephone triage and protocol use in the context of prenatal care. Avoid over-emphasizing prenatal care to the exclusion of telehealth learning objectives.

Reaction Phase

1. How would you describe your experience? (Alternatively, “How did you feel during the scenario?”)

Analysis

Plus/Delta questions

2. How would you describe your experience?
3. What worked well? What would you do again?
4. If you could do this scenario again, what would you do differently?

Scenario-Specific Questions: Triage

5. How well were you able to apply the 10 steps for telephone triage?
6. What information from your assessment was key to your decision-making?
7. How did you prioritize among her different concerns? What information factored into your clinical judgment?
8. Do you think you made the best triage determination for this patient? Why or why not?
9. How did the triage protocol support evidence-based practice?
10. What are patient safety considerations for this case? (Especially discuss home remedies – did the students discover and address marijuana use? Could there be something else going on-eating disorder, food poisoning?)

Scenario-Specific Questions: Patient-centered care

11. What techniques were used to establish rapport and trust with the patient?
12. Were you able to engage the patient as an active participant in her care? How could you have done this better?

Scenario-Specific Questions: Professional Communication

13. How did the SBAR go? Is there anything you would do differently?

Scenario-Specific Questions: Documentation

14. Take a few moments to compare documentation with your neighbor (if teaching Remote, ask for volunteers to screen-share a couple of examples). Did you miss anything?
15. How would this documentation be used for the patient’s in-person visit tomorrow?

Application

16. How well did you achieve the learning objectives? What else do you think you need to do to address unmet learning objectives?
17. How would you summarize your experience? What are your “take aways”?

5. Acted Roles

Scripts:

1. Patient
2. Provider

Acted Role: Patient

You are **Camila Lopez**, a 36 year old woman who is 14 weeks pregnant. You called the clinic at 4 am before they opened because you are miserable with morning sickness and you are exhausted. You are facing additional stressors now and barely have the energy to cope with these. You received a prescription for Zofran at week 10 of your pregnancy, but you rarely use it because it makes your constipation worse. **Your main hope is that the provider gives you a different medicine that will provide relief from the nausea and vomiting, both for symptom relief and so you can eat to get more energy.** You are also experiencing poor sleep and constipation.

Read this patient website for more information on morning sickness:

<https://www.mayoclinic.org/diseases-conditions/morning-sickness/symptoms-causes/syc-20375254>

Mood, demeanor, approach to responding to questions	<p>You are feeling stressed and tired. You might lose your train of thought at times. Otherwise, you are pleasant and cooperative. You feel desperate for some relief.</p> <p>Initial comment: “Thank you for calling me back. I’m just having so much trouble with the morning sickness... or I should call it all day and night sickness. I feel like crap all the time, and I can’t keep enough food down to have any energy. The Zofran works, but it’s really constipating, and that makes the nausea worse. Is there anything else I can take?” Do not offer more information unless asked.</p> <p>Your main concerns are...</p> <ul style="list-style-type: none"> • Getting relief from nausea and vomiting. • Is it ok to take Unisom to help you sleep? • What can you do for constipation? Are any OTC products ok? • Worried that stress may exacerbate bipolar disorder. <p>You are not seeking help for your mental wellness unless the nurse asks about it.</p>
Personal social info	You are a physical therapist and work part-time. Today is your day off.
Relationships	<p>You live with your husband of 13 years, your 10-year old son (Max) and your 8-year old daughter (Isabelle). You are pregnant with a boy (based on ultrasound and genetic testing).</p> <p>The kids are at school during the week. Max is having trouble in school. You suspect that he might be dyslexic but he needs to be tested.</p> <p>Your husband, Michael, was laid off 4 weeks ago. He seems depressed and withdrawn. He is not trying very hard to get another job.</p>
N/V symptom details:	
Onset	<ul style="list-style-type: none"> • Started at 7 weeks (now 14 weeks). Symptoms stopped by 12 weeks in prior pregnancies.
Character	<ul style="list-style-type: none"> • Constant feeling that you are about to throw up, little relief. • Able to keep fluids down, no symptoms of dehydration.

	<ul style="list-style-type: none"> • Throw up 1-2 times a day, worse in the morning. Sometimes just bile. • Worse than prior pregnancies.
Other symptoms	<ul style="list-style-type: none"> • Not sleeping well due to nausea and stress, very uncomfortable because of constipation • Most foods make you sick, especially meat and dairy. All you can comfortably eat is simple starch. • Lost 5 lb during your pregnancy • Constipation, which makes the nausea worse. • <u>NOT</u> experiencing blood in vomit or stool, chest pain, difficulty breathing, altered mental status, blood in vomit or stool, fainting, fever, diarrhea, dark urine, reduced urine output, heartburn, pain (these are triage protocol items).
Treatments	<ul style="list-style-type: none"> • Zofran prescribed, not using because it causes constipation. • Tried acupressure bracelets, hard candies (“Preggie Pops”, and ginger/mint tea with no relief • Tried cannabis vape pen two times, recommended by a friend. “I was so miserable, I just wanted to feel ok. I only used it a couple of times. I’ve heard it’s safe, but I’m just not sure.” • Some relief from lying down and resting.
Other relevant information	<ul style="list-style-type: none"> • <u>Diet:</u> Unable to eat much except simple starch (bagels, pop tarts, dry cereal). Cannot tolerate meat or dairy. Able to keep fluids down.
Other Relevant History	<ul style="list-style-type: none"> • Pregnancies with other 2 children uncomplicated, ending in full-term spontaneous vaginal delivery. • Nausea and vomiting subsided by week 12 in prior pregnancies. • One elective abortion 6 years ago (you don’t want to talk about the reason). • History of bipolar disorder, well-managed with therapy and medication. No exacerbation for 3 years. Have not been in therapy for 2 years. Tapered off lithium with psychiatrist’s guidance when planning to get pregnant.
Medications	<ul style="list-style-type: none"> • Prenatal, vitamin and calcium - stopped because of nausea.
Allergies	Penicillin - rash
Health Insurance	Was on husband’s insurance. Paying by COBRA now, trying to transfer to her own employer’s insurance. Treatment covered presently, but a source of stress.

Follow up call:

When the nurse calls you back, you are very relieved that you will have an appointment with the provider. “That would be really great to get seen that quickly. I’ve been so miserable; it’s just been hard to cope.”

If the nurse asks about mental health, “It might be good to be connected with a therapist. I don’t see a therapist right now. It might help me.”

Acted Role: Provider

Professional role and relationship to patient	You are playing the role of the OB/Gyn physician for Camila Lopez.
Role in the scenario	Receive the SBAR report from the nurse, provide recommendations.
Mood, demeanor, approach to responding to questions	Pleasant, not too busy. You know the nurse because you've worked together at the women's health clinic for several years.
SBAR	<p>The SBAR should be something like...</p> <p>S – Mrs. Lopez is a 36 y/o G4P2A1, 14 weeks pregnant. She called to ask for medication to treat persistent nausea and frequent vomiting</p> <p>B – She has been having persistent nausea & vomiting since week 7, it's not relieved by home measures. Her diet is limited to mostly simple starch, but she can keep fluids down. Reports vomiting 1-2 times per day, and she can't keep her prenatal vitamin down. She feels weak and is having difficulty dealing with personal stressors. She's worried that this will exacerbate her bipolar disorder. She is also having difficulty sleeping and constipation.</p> <p>A – She could benefit from being seen since her symptoms are impacting her functioning and health. She might also need mental health support.</p> <p>R – As per the triage protocol, she should be seen within 24 hours. She could use education on home-management for sleep and constipation. We could also check if her mental health support is sufficient or if she'd like to be connected with services.</p> <p>If the student did not give a specific recommendation for care, ask "what care would you recommend?" Ask the student for information on any major items that were missed (e.g., related symptoms).</p>
Instructions for nurse	<p>If you get enough information (like the SBAR above), give the following instructions: "She sounds pretty miserable. When you call her back, could you ask if anyone else in the household is having GI symptoms just to make sure it's not food poisoning? Let's see if we can get her in tomorrow. If I don't have an opening, see if she'd like to see someone else. Reglan might be an option, but let's not discuss that with her until we can see her. Give her the home care instructions that are in the triage protocol to use between now and her appointment. We can talk about her sleep and constipation when she comes in. For the appointment, let's get a 24-hour diet recall. You can let her know to keep track of what she eats and drinks. I'm also concerned about her mental health. Let's make a note to explore if she has any history of an eating disorder and get the psych screeners when she comes in. We could do a warm hand-off to clinical social work if she needs. Also add a note to check her TSH to see if there's any hyperthyroidism contributing."</p>

6. Additional Materials

Other materials this document:

1. Pre-simulation Questions – Facilitator’s Guide
2. Attendance Form

Telephone Triage: Prenatal Pre-simulation Reflection Questions – Facilitator’s Guide

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?

Introduce yourself.

Be clear about role and purpose of the call

Collect demographic/identifying information

Establish rapport

Identify the primary concern

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?

From Briggs (2021) “Pregnancy, Nausea and Vomiting” triage protocol: name, age, cause, medications, history, immunization status, associated symptoms.

3. When you **analyze and plan** your approach to care, what are three things from an assessment that would lead you to make a judgment (i.e., disposition) that the patient’s condition is emergent (i.e., they should call 911)?

Emergent: Briggs, 2021, p. 605: chest pain, difficulty breathing, altered mental status; for pregnancy >20 weeks – vomiting bright red blood or coffee grounds emesis, recent head injury, fainting, or sweating or palpitations.

Urgent (seek care now): >24 weeks and no fetal movement

4. When **implementing** the nursing intervention, what general types of information would you want to cover with the patient’s patient?

What to do immediately (be seen, manage at home)

How to manage symptoms

What symptoms are cause for concern

When to call again or seek care

5. What kind of support might you provide to the patient during your call?

Ask if all of their concerns are addressed.

Provide reassurance if the problem is non-urgent.

Help problem-solve if resources are needed.

6. How would you **evaluate** the outcomes of a telehealth nursing intervention?

Did the patient seek care as instructed?

Check back with the patient on implementation of the plan.

Assessment of the patient's understanding and acceptance of plan of care.

Other follow-up nursing plans (e.g., check for improvement).

7. What would you want to **document** after your call?

Use agency's format, or nursing focus note format:

- *Assessment: reason for seeking care, HPI, allergies, PMH, nurse assessment*
- *Plan: decision support tool/protocol used, triaged category, recommendations for further care disposition based on acuity*
- *Intervention: nurse action if done; information and/or education provided*
- *Evaluation: patient's understanding and acceptance of plan of care, follow-up nursing plans*

**Telephone Triage: Prenatal
Attendance Sign-in**

Date: _____ Group _____

Name	Role	<i>Facilitator use – prep done?</i>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
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	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>

7. References Used in Scenario Development

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Telephone Triage: Prenatal: Student Guide

Please be sure to complete the [online evaluation](#) 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.
 5. 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?)
<p>Learning Objective 1: Apply the nursing process to a telehealth encounter concerning a prenatal patient, with emphasis on assessment and decision-making.</p> <p><u>Assessment:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect subjective & objective data <input type="checkbox"/> Determine patient's concern & needs <p><u>Nursing Diagnosis, Outcome Identification, & Plan:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrives at an appropriate nursing diagnosis <p><u>Implementation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Educate on condition, outcome, & follow-up plan <p><u>Evaluation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assess patient understanding 	
<p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify the urgency of the problem <input type="checkbox"/> Use triage protocol <input type="checkbox"/> Ask additional questions where appropriate 	
<p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish rapport with patient <input type="checkbox"/> Communicate effectively with patient 	
<p>Learning Objective 4: Use collaborative communication strategies with the patient and other healthcare professionals to facilitate optimal patient care.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engage patient as a partner in care <input type="checkbox"/> 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