Making assessments ‘in the dark’:

Evidence-based teaching strategies to assist nurses making triage decisions via the telephone

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Background

- Shortage of approximately 2.4 million physicians and nurses worldwide to provide primary healthcare services (World Health Organization, 2007)

What is telephone triage and advice?

- The assessment, advice, and treatment intervention for health-related issues via telephone
- **Goal** = to determine urgency of problem and advise best course of action

- Includes phone lines in health clinics, EDs, and call centers

Aim

Changes to Nursing Practice

- The physical nature of the job
- No capability of physically examining patients
  - may require greater reliance on nonverbal cues
  - use if decision-support software programs

Aim of the Study

- identify barriers and facilitators to conducting assessments
- develop a model that explains the decision-making process
- describe evidence- based teaching strategies to assist nurses working in telephone triage and advice services

Method

- We conducted a systematic review and meta-ethnography synthesis of qualitative studies that explored nurses' experiences with telephone triage and advice.

- An electronic search of all published research studies on telephone triage and advice in primary care were sought from interdisciplinary research databases (1980 to 2008).

- **Inclusion criteria**:
  - have an evaluation of telephone triage and advice
  - be of any qualitative design
  - include nurses in the sample

Results

- 150 potentially relevant studies identified
- After applying inclusion criteria, final sample = 16 studies

Synthesis of the 16 studies revealed five factors that created barriers or facilitators to conducting assessments via the telephone:

(1) developing and maintaining skills
(2) autonomy
(3) new work environment
(4) making assessments
(5) stress and pressure

Results

(1) Developing and maintaining skills

- ***Communication skills***

  "You learn throughout the year to read between the lines and form your own opinion of what is going on…It's like tuning in to the patient's own opinion of the case to catch all available signals." (Holmström & Dall'Alba 2002)

- ***Clinical knowledge***

  "*My clinical knowledge has been enhanced because of guidelines from [the] clinical steering group and also from colleagues from other specialties. I would like now to have some 'hands on' care…*" (Knowles et al. 2002)

- ***Training opportunities***

  "The difficult, but also the fun, thing about this job is that you have to know 'a little about everything.' It is important to have continuous training. I wish we had more time for training." (Wahlberg et al. 2003, p.42)

(2) Autonomy

"I am autonomous…We can't read everything . . . sometimes the protocols do not assist us to empower the client. We have to use our expertise and clinical judgment." (Collin-Jacques & Smith 2005)

(3) New work environment

- ***Physical workspace***
- ***Call variety***

  "The fun part is that you encounter a lot of different people…" (Holmström & Dall'Alba 2002)

- ***Isolation and limited feedback***

  "Many times I miss feedback. Did you give adequate advice, was the assessment right, did the patient understand the information I gave?" (Wahlberg et al. 2003)

Results

(4) Making Assessments

- ***Assessing physical symptoms***
- ***Assessing context***

  "So you're not only listening to the words they are saying, but the connotation of what they are saying.. And you are building a visual picture of this patient all the time speaking to them on the phone." (O'Cathain et al. 2004)
- ***Assessing people***

  " look at them as a whole person, not just as a disease or illness. You look at their lifestyle and the impact it's having on their lives." (Hanlon et al. 2005)

(5) Stress and pressure

- ***Workload***

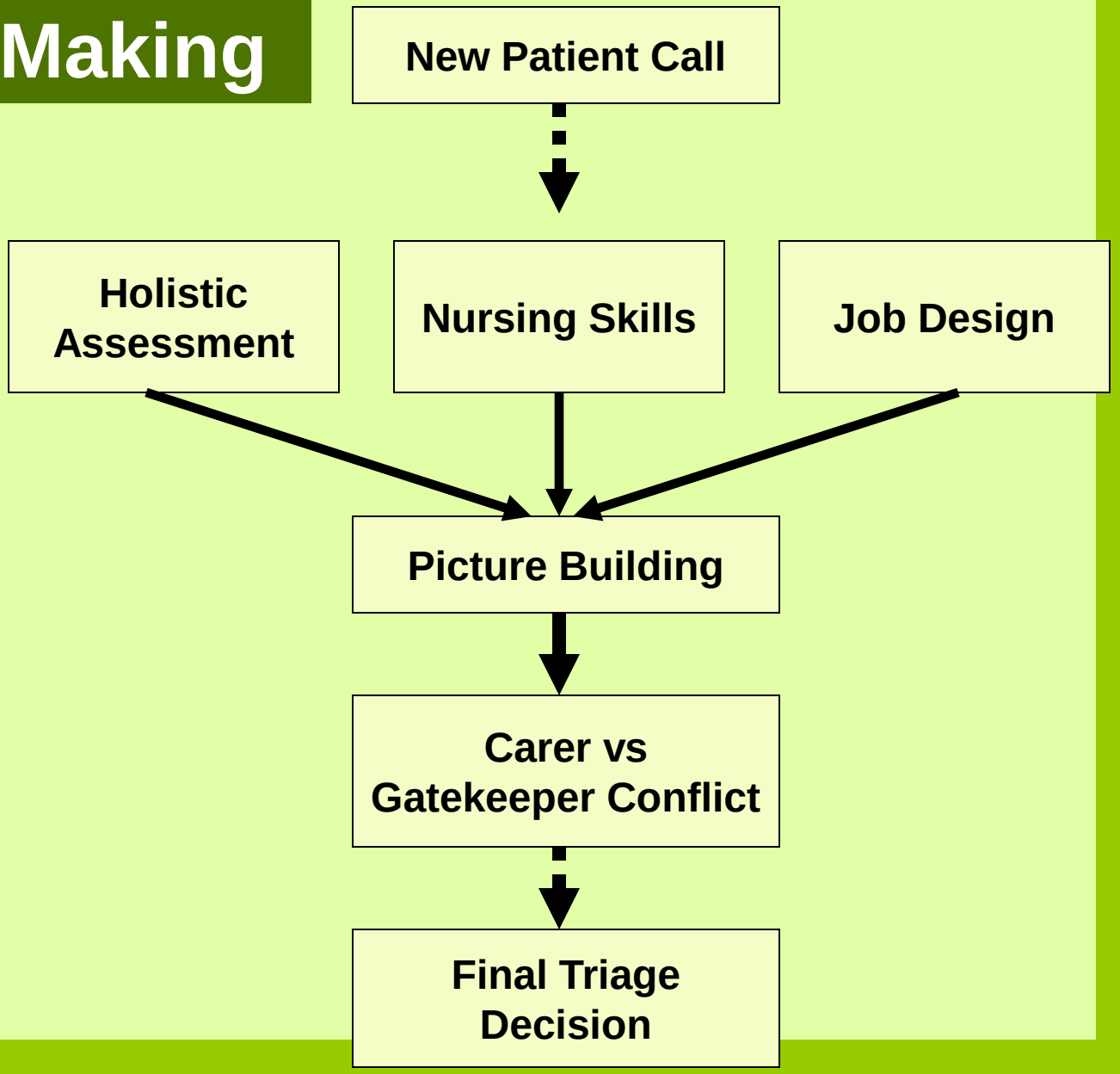
  "I find the work extremely stimulating but we are extremely short of nurse advisors in our call centre and the workload is just too much" (Knowles et al. 2002)
- ***Trust and creditability***

  "It is very difficult to say to the patient, …' without actually seeing them because over the phone they can give you a false impression of what the situation is actually like." (Edwards et al. 1998)
- ***Professional vulnerability***

  "Again I am covering myself … if something awful happened to that child and Mum said, 'Oh the nurse told me to wait'...I mean my registration could be taken away from me..." (Edwards et al. 1994)
- ***Healthcare service accessibility***

  "I was carefully thinking over what to do, since I know how few appointments times [with GP] we had available here... and the length of time that had passed between the first time he was at the hospital and now." (Timpka & Arborelius 1990)

Three-Stage Model of Decision Making



Limitations

Limitations include:

- Heterogeneity of studies in the context (e.g., year data collected) and methodology (e.g., data collection strategy).

- This review used primarily UK data, thus the results may not generalize to other parts of the world.

Conclusions

Telenurses experienced a range of common concerns and issues which either impede or facilitate the decision-making process…

But…

building a picture of the patient was key to making assessments using the telephone

Conclusions

Evidence-based teaching strategies to develop picture-building skills include:

- Mentoring programs for novice telenurses
- Expanding nursing curriculum

Specific needs include:

- Developing telephone consultation skills
  - E.g., active listening and facilitation
- Determining effective strategies to build an accurate picture
  - What non-verbal cues are most important?
- How to use decision-support software
  - Under what circumstances should a nurse rely on it?