Abstract

Background: Outpatient oncology nurses are responsible for symptom assessment and care coordination during telephone triage. A needs assessment revealed oncology nurses lacked education and training on telephone triage. Utilization of telephone triage models optimizes outcomes and clinical efficiency. Literature revealed several approaches to improve knowledge, confidence and assessment skills in telephone triage. A need for an educational innovative approach was recognized and a workshop was developed.

Methods: This 12-week QI project with pre- post-test design, was developed with the Johns Hopkins University Evidence-Based Practice Model. It incorporated an online evidence-based didactic lecture, group case scenario, and a virtual triage simulation. Nurse leadership provided organizational support and nurse education provided feedback on the development of the workshop. Evaluation was done through an online, 13-item survey (knowledge and confidence) and simulation (skills) utilizing a 56-item skills checklist. Participants enrolled in an online telephone triage workshop enabling self-paced learning.

Results: A total of 12 participants completed the workshop (n=13). Pre-test median knowledge score was 72.72% (IQR 18.18), post-test 72.72. (IQR 22.73), there was no summary score difference (p=0.11). Pre-test median confidence score was 3.00 (IQR 2.5), post-test 4.00 (IQR 0.75), summary difference score 1.00 (IQR 2.75) (p=0.01). Pre-test median skill summary score was 49.12% (IQR 9.82), post-test 73.21% (IQR 12.05), summary difference score of 26.34% (IQR 15.18) (p=0.00).

Conclusions: This novel workshop was associated with change in oncology nurse confidence and skill with using telephone triage models. The educational content and structure were relevant to stakeholders. This workshop will be integrated within the oncology RN orientation. It not only benefits an existing process within the oncology center, it highlights a new educational strategy towards optimizing nursing practice and patient experience.