Triage Qualifications and Competency

2 Description

- 3 Triage is a rapid and dynamic process to prioritize the care of patients in emergency settings
- 4 (Aghababaeian et al., 2019; ENA, 2023). Effective triage is essential in emergency care and impacts both
- 5 operational flow and quality of care (ENA, 2023). The process includes collecting pertinent patient
- 6 information, performing a focused assessment, and assigning an acuity level using a valid and reliable
- 7 triage acuity system (American College of Emergency Physicians, 2025; ENA, 2023; Zhang et al., 2024).
- 8 Accuracy in problem identification is a crucial component of clinical decision making, especially in the
- 9 triage encounter, and requires the assessment of physiological and psychological stability and risk for
- 10 deterioration. To make effective and safe triage decisions, clinicians draw from an extensive internal base
- of knowledge and clinical experience to identify salient cues and appropriate actions based on the
- 12 patient's presentation. The process of triage is best carried out by clinicians with the education and scope
- 13 of practice commensurate with or higher than that of a registered nurse in the U.S., who has completed a
- 14 triage education program. Competency validation is essential for safe practice; it is an ongoing process
- 15 which includes knowledge assessment, observation, and audit of healthcare records to ensure accurate
- 16 clinical decision-making.

17 ENA Position

- 18 It is the position of the Emergency Nurses Association (ENA) that:
- Triage is a critical assessment process performed by a clinician with education and scope of
 practice commensurate with or higher than that of a registered nurse in the U.S. who has a
 minimum of one-year of emergency department experience.
- The triage clinician has additional verifications such as Emergency Nurse Triage Education
 Program, Trauma Nursing Core Course, Emergency Nursing Pediatric Course, Advanced Cardiac
 Life Support, Pediatric Advanced Life Support; and certifications such as Certified Emergency
 Nurse and Certified Pediatric Emergency Nurse.
- Emergency clinicians complete a comprehensive, evidence-based triage education program
 including clinical orientation with an experienced preceptor. Triage education includes, but is not
 limited to, performing a brief focused history and physical assessment, appropriate application of
 a triage acuity scale, attitudes and bias recognition assessment, and environmental awareness.
- Education for triage encompasses the use of a reliable, valid, five-level scale such as the
 Emergency Severity Index (ESI), Canadian Emergency Department Triage and Acuity Scale
 (CTAS), Australasian Triage Scale (ATS), or Manchester Triage System.
- Triage clinicians are engaged in an ongoing triage competency validation process that includes
 observation and review of documentation for accurate triage acuity decisions, with remediation
 and further education as appropriate.
- 36 6. Emergency department leadership ensures that clinicians receive appropriate education and demonstrate the knowledge application and situational awareness required to successfully

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38 function in triage according to professional and regulatory standards. 39 7. Emergency department leadership participates in benchmarking performance based on educational competencies and interventions. 40 41 8. Validated artificial intelligence and machine learning programs may support the triage process, but they cannot replace the clinical judgement and real-time involvement of a competent triage 42 clinician. 43 44 9. Emergency nurses support and participate in research involving the triage process and patient 45 outcomes in the emergency care setting.

46 Background

- 47 Emergency department triage decisions can be complex and multifaceted. In the current emergency care
- 48 environment, with increasing patient volume and acuity, overcrowding, and boarding patients, it is more
- 49 important than ever to ensure that clinicians performing triage have the appropriate competencies.
- 50 Emergency care knowledge and experience are essential for accurate triage assessment and a minimum of
- 51 one year of ED experience is recommended prior to triage education and training (Aghabarary et al.,
- 52 2023; ENA, 2023; Reay et al., 2020; Song et al., 2025). In addition to emergency care knowledge and
- experience, triage capability is influenced by educational courses, communication skills, and clinical
- reasoning ability (Aghabarary et al., 2023; AlShatarat et al., 2022; Butler et al., 2023; Eaid Elgazzar et al.,
- 55 2021; Essam Ali Sliem et al., 2025; Fekonja et al., 2023; Hwang et al., 2023; López Hernández et al.,
- 56 2024; Oh & Jung, 2024; Wolf et al., 2025).
- 57 Education improves triage accuracy, knowledge, and behavior (Aghabarary et al., 2023; Butler et al.,
- 58 2023; Moon & Cho, 2022). Comprehensive educational programs incorporate expert assessment and risk
- identification; specialty population considerations; clinical judgement, thinking, and reasoning skills;
- 60 communication with patients and colleagues; management of resources; timely decision making;
- 61 emotional support; cultural sensitivity; documentation; the role of experience versus intuition, and biases;
- responding to emergency situations; reevaluating waiting patients; assessing the needs of patients and
- 63 families; responding to complaints; privacy considerations; and prioritization of tasks (Hwang & Shin,
- 64 2023; Oh & Jung, 2024 Wolf et al., 2025; Zhang et al., 2024). There are many platforms available for the
- delivery of triage education including textbooks, online modules, in person classes, written and video case studies, simulation, podcasts, and precepted clinical time in triage (Aghababaeian et al., 2019; Butler et
- al., 2023; Moon & Cho, 2022; Wolf et al., 2025; Zagalioti et al., 2023). The superiority of one modality
- over another has not been established (Butler et al., 2023). To address the varied learning styles of
- 69 clinicians, a multimodal approach is preferrable.
- 70 Years of experience in ED nursing or triage are not a proxy for initial or continued ED triage competency
- assessment. Experienced triage nurses may place an unfounded reliance on their ability to correctly
- 72 interpret ambiguous clinical signs and symptoms (Ryan et al., 2016; Oh et al., 2024). In contrast, less-
- respective respective
- 74 (Ryan, 2016). Mis-triage or incorrect triage acuity level assignment can cause delays in treatment for the
- 75 patients involved as well as other patients in need of care, ultimately compromising patient outcomes and
- 76 possibly leading to deterioration or death.

- 77 Ongoing competence in triage is assured with education and validation (Phukubye et al., 2021). In
- addition to the modalities listed above, ongoing competency validation and education may include written
- tests and case studies, review of triage notes and acuity assignations, observation, real-time feedback, and
- 80 reports from nursing leaders (López Hernández et al., 2024; Phukubye et al., 2021; Rahmad et al., 2021;
- 81 Wolf et al., 2025). Written case scenarios alone may not be an effective way to assess triage competency
- 82 (Jordi et al., 2015). As with education, multimodal evaluation methods are preferrable.
- 83 Additional considerations include the role and impact of artificial intelligence (AI) or machine learning
- 84 (ML) in triage acuity designation. Advantages of ML programs include the ability to integrate prompts
- and alerts while eliminating subjective contextual factors, external pressures, and biases (Ivanov et al.,
- 86 2021). The evidence on the accuracy of AI /ML systems is mixed. One study found an ML program to be
- 87 significantly more accurate than the triage nurses in assigning triage acuity (Ivanov et al., 2021). A
- 88 systematic review concluded that ML models are better at predicting significant outcomes like mortality,
- 89 need for critical care, and hospitalization than conventional triage scales (Sánchez-Salmerón et al., 2022).
- 20 Zaboli et al. (2024) noted a tendency for AI to over triage which could delay care for truly urgent patients
- and concluded that the reliability of AI is insufficient to replace the expertise of triage clinicians.
- 92 Combining AI or ML with a triage clinician's clinical judgment makes clinical prediction more robust
- 93 because it incorporates more data (Sánchez-Salmerón et al., 2022).
- 94 To maintain the quality, safety, and efficacy of care in emergency settings, competency in triage is
- essential. Experience, knowledge, and education are required to attain competency. Assessment of
- 96 ongoing competence is a fluid, dynamic process, with periodic reassessment of all clinicians who practice
- 97 in this high-risk role.
- 98

99 **Resources**

- 100 American College of Emergency Physicians. (2025). Policy Statement: Emergency Department Triage, A
- 101 Joint Policy Statement of the American College of Emergency Physicians & the Emergency Nurses
- 102 Association. https://www.ena.org
- 103 Emergency Nurses Association. (2022). ENA Triage Curriculum. Schaumberg, IL: Author.
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