

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Skill Regarding Management of Patients Admitted in Hospital Triage Setting Among the Staff Nurses at Era Hospital Lucknow

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ABSTRACT

Introduction: Most patients with life threatening or potential life threatening problems arrive at the hospital through the emergency department. Many more patients report to the emergency department for less urgent conditions also. Recognition of life threatening illness or injury is one of the most important aspects of emergency care. Before a diagnosis can be made, recognition of dangerous clinical signs and symptoms with initiation of interventions to reserve or prevent a crisis is essential. Triage consists of rapidly classifying the injured on the basis of the severity of their injuries and the likelihood of their survival with prompt medical intervention. The role of the triage nurse is central to the effective and efficient operation of the Emergency Department. The finite resources of the Emergency Department emphasize the need for timely and accurate triage decisions that ultimately underpin optimal health service delivery.

Objective: To assess the pre-test level of knowledge and skill regarding management of patient admitted in hospital triage setting among the staff nurses. **Method:** A study was conducted using quantitative approach to assess the effectiveness of structured teaching programme on knowledge and Skill regarding management of patients admitted in hospital triage setting among the staff nurses at Era Hospital, Lucknow. Pre Experimental research has been adopted. The conceptual framework utilized in this study was open system theory. The total sample size was 30.

KEYWORDS: Effectiveness, Knowledge, Triage, Staff Nurse

Before conducting the study written consent were obtained from the samples. Simple random sample technique was used. Data collection was done using structured observation checklist for skill and structured questionnaire for check knowledge.

Result: The data was obtained by structured questionnaire and checklist. Inform consent was taken from staff nurses for their knowledge assessment regarding triage setting followed by this structured questionnaire and checklist was given to the staff nurses. Pre- test scores Knowledge, 5(16.66%) were poor level of knowledge, 22(73.33%) were Average level of knowledge and 3(10%) were good level of knowledge. Post – test scores, 2(6.66%) were poor level of knowledge, 8(26.66%) were Average level of

knowledge and 20(66.66%) were good level of knowledge.

Pre- test scores skill, 23(76.66%) were poor level of skill, 5(16.66%) were Average level of skill and 2(6.66%) were good level of skill. Post – test scores of skill, 3(10%) were poor level of skill, 5(16.66%) were Average level of skill and 22(73.33%) were good level of skill.

CONCLUSION: Nurses who participated in this study demonstrated significant knowledge and skill deficits on patients triaging in the emergency departments of Era hospital that participated in the study. To correct this deficit and improve the knowledge and skill of these nurses, researcher

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conducted an structured teaching programme and significant changes were noticed in post –test.

INTRODUCTION

Triage is the keystone of organization of care in Emergency Centres (ECs) and it is a term used to describe the sorting of patients for treatment priority in ECs. Triage aims at promoting the safety of patients by ensuring that timing of care and resource allocation is requisite to the degree of illness or injury. Triage may result in determining the order and priority of emergency transport, or the transport destination for the patient. Triage is a complex process involving decision-making under uncertainty in an environment laden with emotion, driven by urgency and constrained by negotiation. The triage nurse in the EC is the first person that a patient encounters when presenting for emergency care in the department. Triage nurses' knowledge and experience have been cited as influential factors in triage decision-making. Many triage education programs are underpinned by the assumption that knowledge acquisition will result in improved triage decisions. Therefore the triage nurse's ability to make accurate clinical judgments about patient urgency and their need for intervention are essential to the delivery of safe and effective emergency care.

The number of patients presenting to emergency departments is intensifying, and this tendency is not likely to change. As emergency departments are struggling to cope with overcrowding there is a critical need for a valid, reliable triage acuity rating system in order to sort these incoming patients more rapidly and accurately.

NEED OF STUDY

The importance of this study is most patient with life threatening or potential life threatening problems arrive at the hospital through the emergency department. Recognition of life threatening illness or injury is one of the most important aspects of emergency care. The role of triage nurse in emergency department is to assign priority to patients based on their need for urgent care.

Triage is the central element of the delivery of care for the emergency situation in emergency department. The range and the breadth of presentation at any one time is a challenge to the practitioner. The hospital emergency department is one of the most important components of the health delivery system. Emergency Department world-wide are reportedly serving increasing members of patients who have a range problem of variables urgency, from life threatening to mild.

Clinical decisions made by triage nurses require complex cognitive process. The Triage Nurse must demonstrate the capacity for critical thinking in environments where available data is limited, incomplete or ambiguous. The quality and accuracy of triage decisions are central to appropriate clinical care. Along with the triage nurses, emergency physician and other health team members have the responsibility to provide immediate and prompt care to the patients who need urgent attention.

According to the Emergency nurses association (ENA), triage should be done by an experienced nurse with competency in triage. The nurse should accomplish the following during triage: take history appropriate to the severity of the complaint, obtain vital signs, and ask predetermined ED /hospital required screening question, and assign patient priority. Triage may be either focused or comprehensive. Comprehensive triage refers to taking a complete history, checking vital signs, determine allergies, and, where appropriate, performing a physical examination. Focused triage is generally used for more minor illness or injuries and includes a more limited history and screening prior to assessing patient's priority.

Hashem Rahmati, Mahboobeh Azmoon, et.al, (2012) Study was conducted on "To determine the effect of triage education based on emergency severity index on promoting the knowledge and performance of nurses and qualitative care of emergency department". It was quasi-interventional study, 50 staff nurses included and technician of emergency medicine .Data collection instruments included a questionnaire and performance assessment checklist was prepared. The result of the present study showed the triage education influences the practice and knowledge of nurses and improve the qualitative indices of emergency department. The research study shows that "first come, first treated", is not followed in triage.

So according to researcher emergency is a situation in which patient requires urgent and high quality medical and nursing care and to do so, nurses should have adequate knowledge regarding the hospital triage system.

So researcher personally viewed that, Emergency is a situation in which patient requires urgent and high quality medical and nursing care. Due to increased number of road traffic accidents, rapid industrialization, bioterrorism and other terroristic activities, natural and manmade disasters are fast increasing and which are to be complex in nature. As well as the researcher want to capture the lived experience of the patients admitted in the triage unit

of the emergency department, to collect information regarding the how the nurses categorization of patient, using colour code, provide treatment in triage setting. So the researcher felt to conduct this study in the triage setting of the emergency department to assess the knowledge and skill of the triage nurse in emergency department and to provide structure teaching programme, which will help in proper identification and allocation of the patients to their severity of the condition by the triage nurse and also improve the outcome.

OBJECTIVE:

- To assess the pre- test level of knowledge and skill regarding management of patient admitted in hospital triage setting among the staff nurses.
- To evaluate the effectiveness of structured teaching programme on knowledge and skill regarding management of patients admitted in triage system among the staff nurses.
- To find out the association between the pre- test score with selected demographic variables

HYPOTHESIS

- **H1:** There is a significant difference between pre -test and post -test knowledge scores regarding management of patients admitted in hospital triage setting among the staff nurses.
- **H2:** There is a significant association between post- test score and selected demographic variable.
- **H0:** There is a no significant difference between pre-test and post-test knowledge

OPERATIONAL DEFINITION

- **Assess:** meaning of evaluate or estimate the nature, or quality (**Oxford Dictionary**)
- In this study it refers to finding the level of knowledge and skill among staff nurse
- **Effectiveness:** It indicates to gain the knowledge as determined by significant. (**Oxford Dictionary**)
- In this study it measures the improvement score in post-test when compare with the pre-test score after exposing to structured teaching programme
- **Structured teaching programme:** It is a systematic teaching to impart knowledge or instruct someone as how to do something. (**Oxford Dictionary**)
- In this study it refers to a well-structured teaching instruction which include definition, types of triage system, method of triage system, importance of triage system and practicing triaging of patient in hospital

- **Knowledge:** Facts, information and skill require through experiences or education; the theoretical and practical understanding of a subject. (**Oxford Dictionary**)
- In this study it refers to the scores obtained by the nursing personnel in response to structured questionnaire.
- **Skill:** The ability to do something well-expertise (**Oxford dictionary**)
- In this study it refers to the Skill towards triage setting among staff nurses at Era Hospital, Lucknow

MATERIAL AND METHOD

Research Approach:

Quantitative research approach

Research Design:

Pre Experimental research design.

VARIABLES:

Dependent variable- In this study dependent variable was the management of patients admitted in hospital triage setting among the staff nurses at Era Hospital, Lucknow.”

Independent variable- In this study the independent variable was structured teaching program on triage setting.

POPULATION:

The population for this study, comprises of nursing staff working in Era Hospital, Lucknow

RESEARCH SETTING:

The study was conducted in Era Hospital, Lucknow.

SAMPLE:

Sample was consists of staff nurses those who have completed GNM/B.sc nursing P.BBSc. ANM course and working in a critical area at hospital and who were fulfilling inclusive criteria. .

SAMPLE SIZE:

Sample size consist of 30 staff nurses.

SAMPLE TECHNIQUE:

The sample of the study was selected by Simple Random Sample Technique

CRITERIA FOR SELECTION OF SAMPLE:

A. Inclusion criteria:

- Both male and female nursing staff
- Nursing staff who have completed GNM/B.Sc., PBBSc Nursing course.
- Nursing staffs who were willing to participate in the study.

B. Exclusive criteria:

- Nursing staff who were absent during data collection.
- Nursing staff who have completed MSc, A.N.M nursing course

DATA COLLECTION TOOL:

The researcher has collected data through structured questionnaire and checklist. It consists of 3 Parts:

- **PART I-** This tool was used to obtain the personal information of the subject i.e Age, Gender, Experience, working experience, Other training programme, Previous knowledge related to triage.
- **PART II-** Structured knowledge questionnaire was used to collect data to assess the knowledge level of staff nurses regarding management of patients admitted in triage setting.
- **PART III-** Structured checklist was used to assess the skill of staff nurses regarding management of patients admitted in triage setting

CONTENT VALIDITY & RELIABILITY OF THE TOOLS

➤ Validity

The content validity was checked by ten experts of various field.

➤ Reliability

The content reliability was checked by ten experts of various field of Era College of Nursing/Era University.

➤ Pilot study

In this study pilot study was conducted in Career Hospital and sample was 10% of the main sample.

DATA COLLECTION PROCEDURE

- After obtaining the permission from concerned hospital authorities and informed consent from

staff nurses who were working in triage setting Pilot Study was conducted.

- Data was collected from 30 staff nurses working at Era Hospital, Lucknow, Uttar Pradesh by simple random sample technique. Formal permission was obtained from official authorities of the selected hospital before approaching the subjects. A good rapport was established with the subjects before data collection. Written consent was taken from the subjects to before admitted in selected tool. They were assumed that their responses will be kept confidential and information will be used only for research purposes.

ETHICAL CONSIDERATION

1. Written permission will be obtained from Dean, Nursing Faculty, Era University.
2. Written permission will be obtained from the Ethical Committee, Era University.
3. Written permission will be obtained from the Nursing Superintendent, Era Hospital.
4. Written permission will be obtained from the Medical Superintendent, Era Hospital.
5. Written permission will be obtained from the In-charge of the emergency department and triage room for conducting the study.
6. Written permission will be obtained from the sample and the data will be kept confidential.

PLAN OF DATA ANALYSIS

- Descriptive and inferential statistics was used for data analysis. Analysed data was presented in the form of Mean, t-test, Chi square percentage and standard deviation.

RESULTS:

S. no.	Demographic data		Frequency(N)	Percentage (%)
1	Age in Year	21-25	17	56.66
		26-30	11	36.66
		31-35	2	6.66
		Above 35	0	0
		Total	30	100
2	Gender	Male	4	13.33
		Female	26	86.66
		Total	30	100
3	Educational Qualification	P.BBSc. Nursing	4	13.33
		B.Sc. Nursing	3	10
		G.N.M	23	76.66

		A.N.M	0	0
		Total	30	100
4	Working Experience(in year)	<5	25	83.33
		6-10	5	16.66
		11-15	0	0
		>15	0	0
		Total	30	100
5	Other Training Programme Related to triage	Attendant	16	53.33
		Not Attendant	14	46.66
		Total	30	100
6	Previous Knowledge Related to triage	Yes	25	83.33
		No	5	16.66
		Total	30	100

Table No.:- Findings on demographic characteristics of the subjects:

Table No. 1 revealed:

- Out of the thirty (30) participants, According to **Age**, 17 (56.66%) were from 21-25 years age group, 11 (36.66%) were from 26-30 years age group, 2 (6.66%) were from 31-35 years age group and 0 (0%) were above 35 years of age.
- According to **Gender** among 30 staff nurses, 26(86.66%) were female and 4(13.33%) were males.
- According to **Educational Qualification** among 30 staff nurses, 4 (13.33%) were P.B. B. Sc. Nursing, 3(10%) were B. Sc. Nursing, 23(76.66%) were G.N.M, 0(0%) were A.N.M.
- According to **Working Experience** among 30 staff nurses, 4(13.33%) were P. B. B. Sc. Nursing 3(10%) were B. Sc. Nursing, 23(76.66%) were G.N.M) and 0 (0%) were A.N.M.
- According to **working experience** among 30 staff nurses, 25(83.33%) were < 5year, 5(16.66%) were 6-10 year, 0(0%) were 11-15 year and 0(0%) were >15year.
- According to **other training programme related to triage** among 30 staff nurses, 16 (53.33%) were attendant, 14(46.66%) were not attendant.
- According to **previous knowledge related to triage**, 25(83.33%) were having previous knowledge and 5(16.66%) of the staff nurses were not having knowledge.

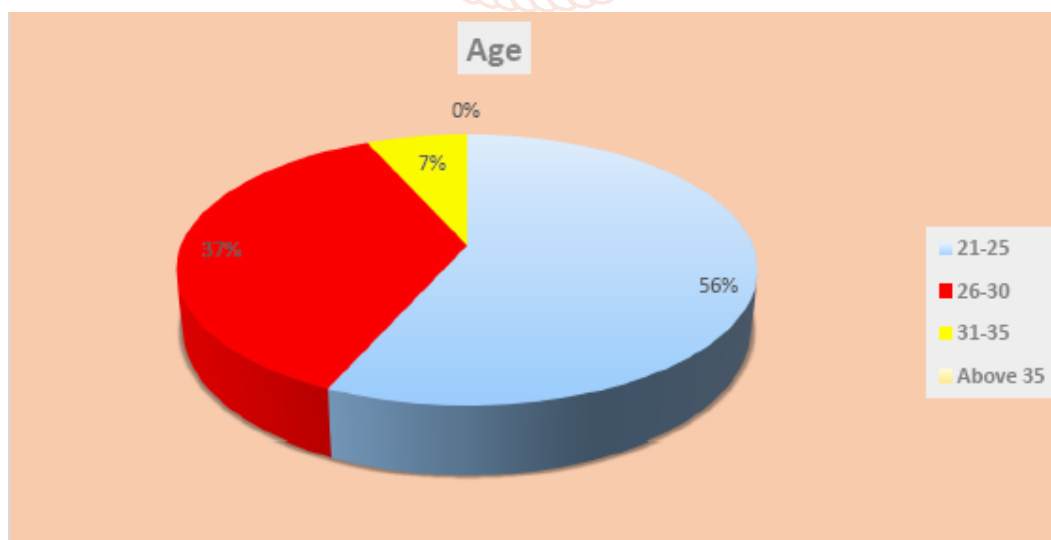


Fig No. 1: Pie chart showing percentage distribution of subjects according to Their age.

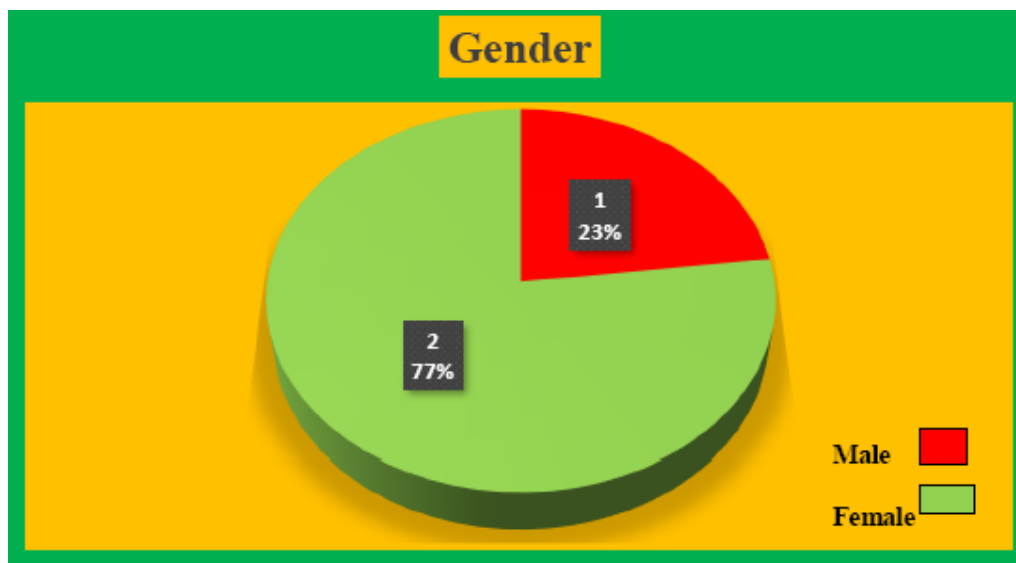


Fig No. 2: Pie chart showing frequency and percentage distribution of subjects according to their gender

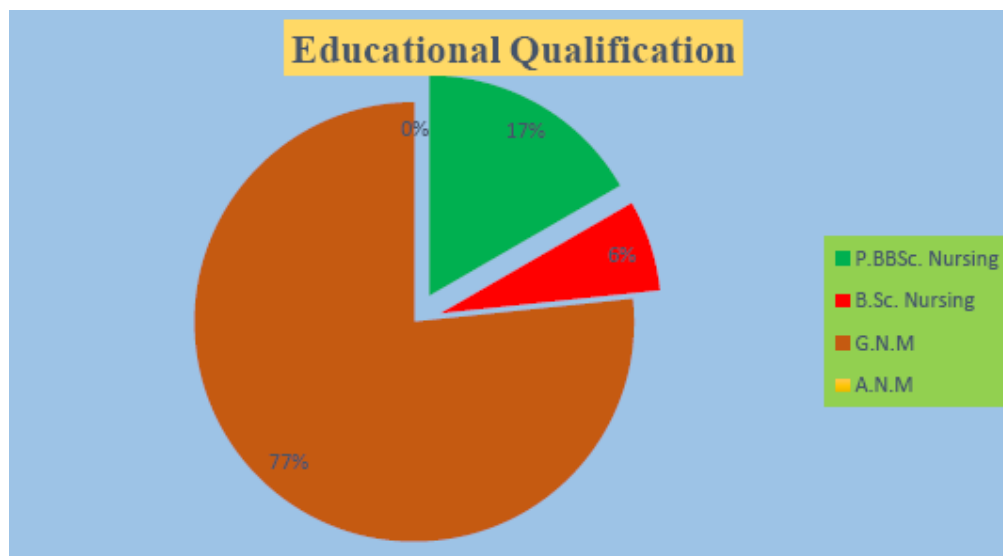


Fig No. 3: Pie chart showing percentage distribution of subjects according to their educational qualification



Fig No. 4: Pie diagram showing frequency distribution of subjects according to their working experience

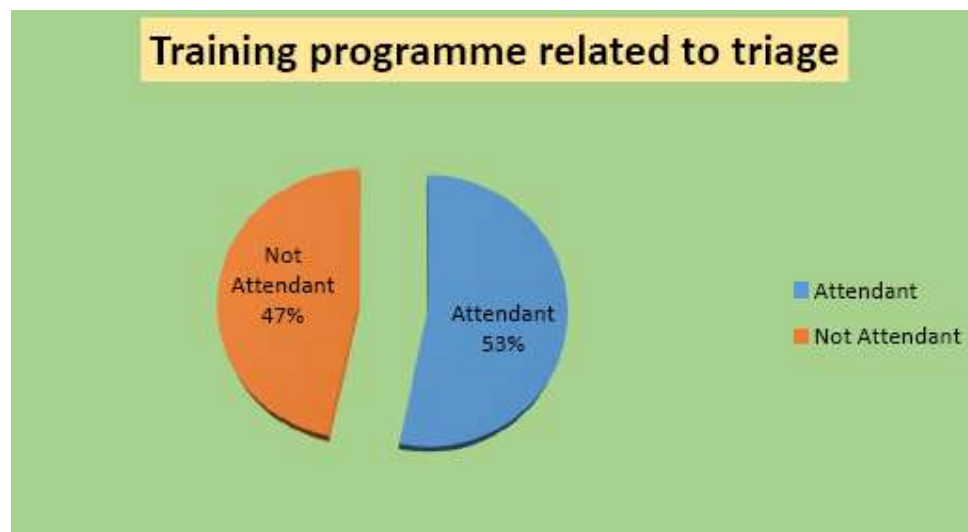


Fig No.5: Pie chart showing percentage distribution of subjects according to their training programme related to triage

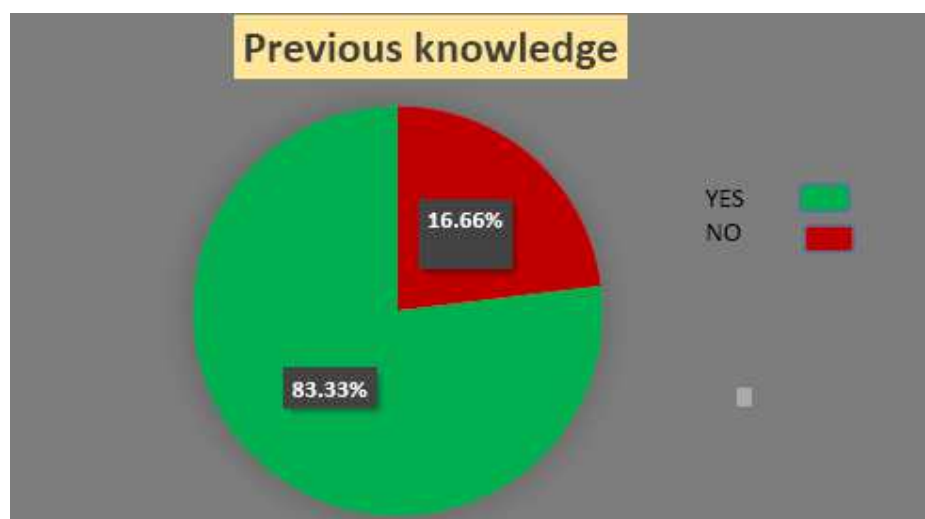


Fig No.6: Pie chart showing percentage distribution of subjects according to their previous knowledge related to triage

Objective 1: To assess the pre- test level of knowledge and skill regarding management of patient admitted in hospital triage setting among the staff nurses.

Section 2 (a): Frequency and percentage computation to describe the pre-test level of knowledge regarding management of patient admitted in hospital triage setting among the staff nurses.

Table No.2: Frequency and percentage computation to describe the pre-test level of knowledge
N=30

S.NO	Level of knowledge	Score	Pre-test	
			F	%
1	Poor	0-10	5	16.66
2	Average	11-20	22	73.33
3	Good	21-30	3	10
	Total	30	30	100%

Maximum Score= 30

Minimum Score= 0

Table No 2 revealed:

Pre- test level of knowledge: Among 30 staff nurses, 5(16.66%) were poor level of knowledge, 22(73.33%) were Average level of knowledge and 3(10%) were good level of knowledge.

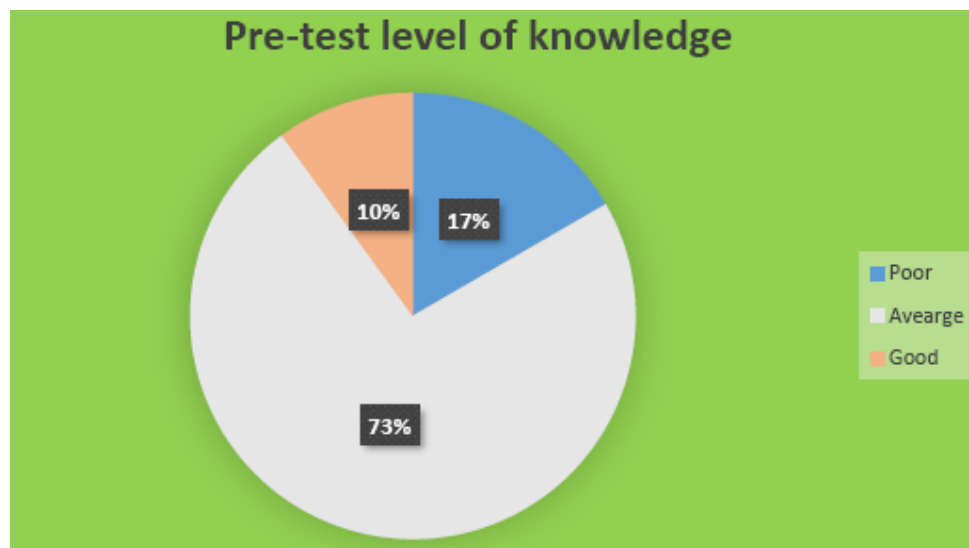


Fig No 8: Pie Chart showing pre-test level of knowledge regarding triage setting.

Section 2 (b): Frequency and percentage computation to describe the pre-test level of skill regarding management of patient admitted in hospital triage setting among the staff nurses.

Table no 3: Frequency and percentage computation to describe the pre-test level of skill N=30

S.NO	level of skill	Score	Pre-test	
			F	%
1	Poor	0-8	23	76.66
2	Average	9-16	5	16.66
3	Good	17-25	2	6.66
	Total	25	30	100%

Maximum Score= 25

Minimum Score= 0

Table No 3revealed

Pre- test level of skill: Among 30 staff nurses, 23(76.66%) were poor level of skill, 5(16.66%) were Average level of skill and 2(6.66%) were good level of skill

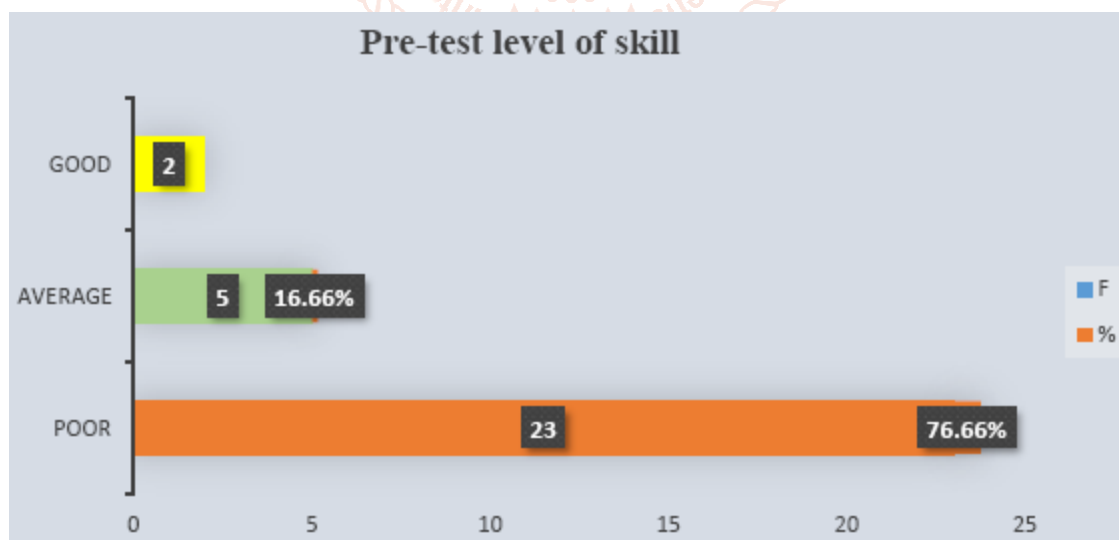


Fig No 9: Bar graph showing frequency and percentage of pre-test level of skill regarding triage setting.

Objective 2: To evaluate the effectiveness of structured teaching programme on knowledge and skill regarding management of patients admitted in triage system among the staff nurses.

Section-3 (a): Frequency and percentage computation to describe the post-test level of knowledge regarding management of patient admitted in hospital triage setting among the staff nurses.

Table No 4 revealed: Frequency and percentage computation to describe the post-test level of knowledge.

N=30

S. No.	Level of knowledge	Scoring key	Post- test	
			F	%
1	Poor	0-10	2	6.66%
2	Average	11-20	8	26.66%
3	Good	21-30	20	66.66%
	Total	30	30	100%

Maximum Score= 30

Minimum Score= 0

Table No 4 revealed:

Post-test scores: Among 30 staff nurses, 2(6.66%) were poor level of knowledge, 8(26.66%) were average of knowledge and 20(66.66%) were good level of knowledge.

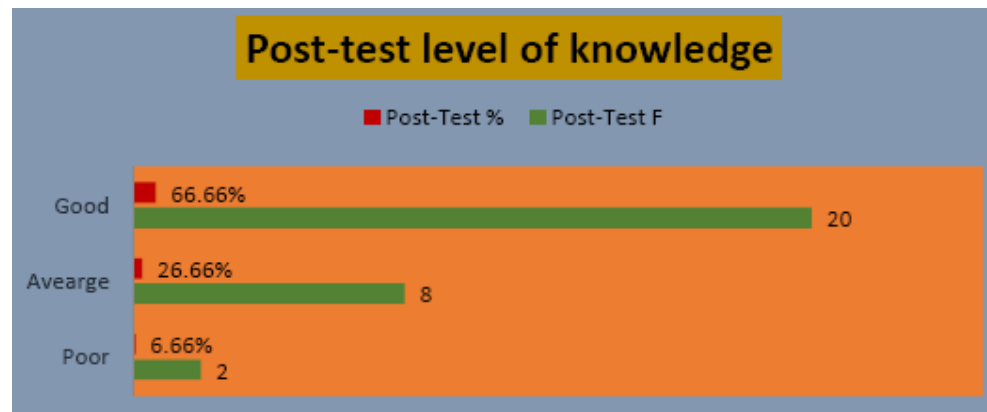


Fig No 10: Bar graph showing percentage frequency of post-test level of knowledge regarding triage setting.

Section-3 (b): Frequency and percentage computation to describe the post-test level of skill regarding management of patient admitted in hospital triage setting among the staff nurses.

Table No 5 Frequency and percentage computation to describe post-test level of skill

N=30

S.NO	Level of skill	Score	Post-test	
			F	%
1	Poor	0-8	3	10%
2	Average	9-16	5	16.66
3	Good	17-25	22	73.33%
	Total	25	30	100%

Maximum Score = 25

Minimum Score=0

Table No. 5 revealed:

Post-test score: Among 30 staff nurses, 3(10%) were poor level of skill, 5(16.66%) were average level of skill and 22(73.33%) were good level of skill

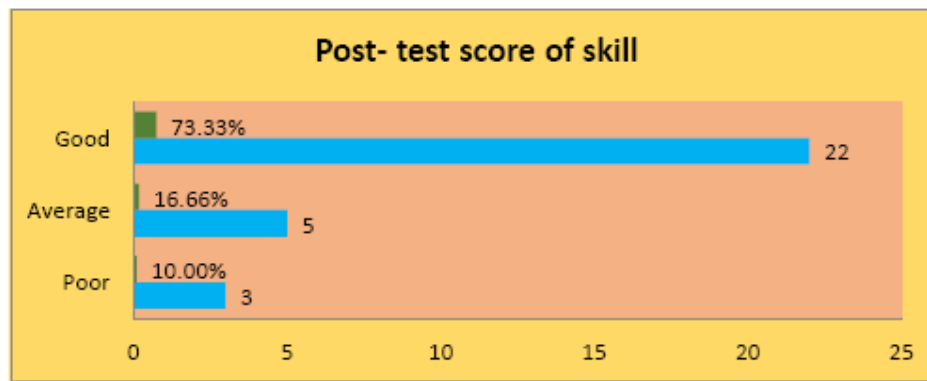


Fig No 11: Bar graph showing percentage and frequency of post- test score of skill regarding management of patients admitted in hospital triage setting among the staff nurses

Section-3(c): Comparing the pre-test and post-test level of knowledge regarding management of patients admitted in hospital triage setting among the staff nurses:

Table no 6: Comparing the pre-test and post-test level of knowledge.
N=30

S.NO	Level of knowledge	Mean	Mean %	t-test
1	Pre-test	13.66	45.53%	11.036
2	Post-test	20.8	69.33%	

Paired Samples Test

		Paired Differences					t	Df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair1	Post-test knowledge score- Pre-test knowledge score	7.000	3.474	.634	5.703	8.297	11.036	29	.000

Table No. 6 revealed:

Pre-test and post-test knowledge score mean is 7.000, standard deviation is 3.474, standard mean error is .634 and calculated t value is 11.036.

Table value for df- 29 at 0.5 significant is 2.05 and calculated t value is 11.036 hence the null hypothesis is rejected and calculated value is highly acceptable

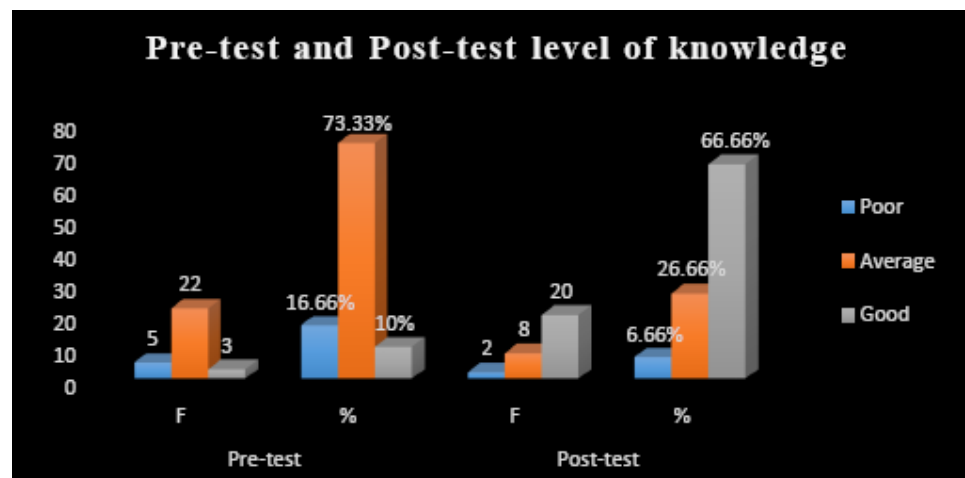


Fig No. 12 Bar diagram showing pre-test and post –test level of knowledge regarding management of patients admitted in hospital triage setting among the staff nurses.

Section 3 (d): Comparing the Pre-test and post- test level of skill regarding management of patients admitted in hospital triage setting among the staff nurses.

Table no.7: Comparison of the Pre-test and post- test level of skill.

S. No	Level of Skill	Mean	Mean %	t-test
1	Pre-test	7.33	24.43%	16.305
2	Post-test	18.1	60.33%	

Paired Samples Test

		Paired Differences					t	Df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post-test knowledge score- Pre-test knowledge score	10.767	3.617	.660	9.416	12.117	16.305	29	.000

Table No. 7 revealed:-

Pre-test and post-test skill score mean is 10.767, standard deviation is 3.617, standard mean error is .660 and calculated t value is 16.305.

Table value for df- 29 at 0.05 significant is 2.05 and calculated t value is 16.305 hence the null hypothesis is rejected and calculated value is highly acceptable.

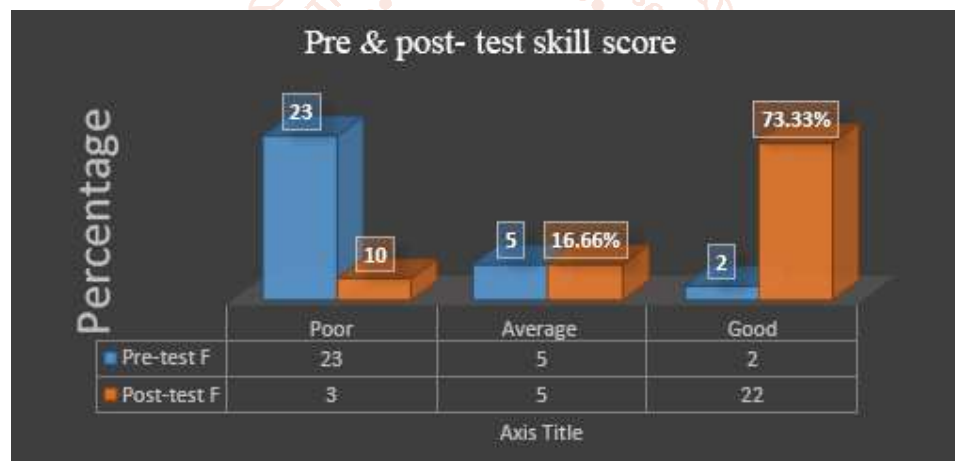


Fig No. 13:- Pre-test and post test score of skill regarding management of patients admitted in hospital triage setting among the staff nurses.

Objective3: To find out the association between the pre- test score with selected demographic variables.

Section-4 Findings related to association between the pre-test knowledge score with selected demographic variables.

A. Frequency, percentage and chi square value to define the association between the pre-test score with age.

Table no. 8: Association between the pre-test score with age.

Age	Poor	Average	Good	Chi sq.
21-25	4	13	0	11.408
26-30	1	6	3	
31-35	0	2	0	df=6
Above 35	0	0	0	

Table no. 8 revealed:-

The data presented in table no.8 reveals the association between selected demographic variables that is age and knowledge of staff nurses.

Table value for df- 6 at 0.05 significant is 5.35 and calculated chi value is 11.408 hence the null hypothesis is rejected and calculated value is highly acceptable and is significant

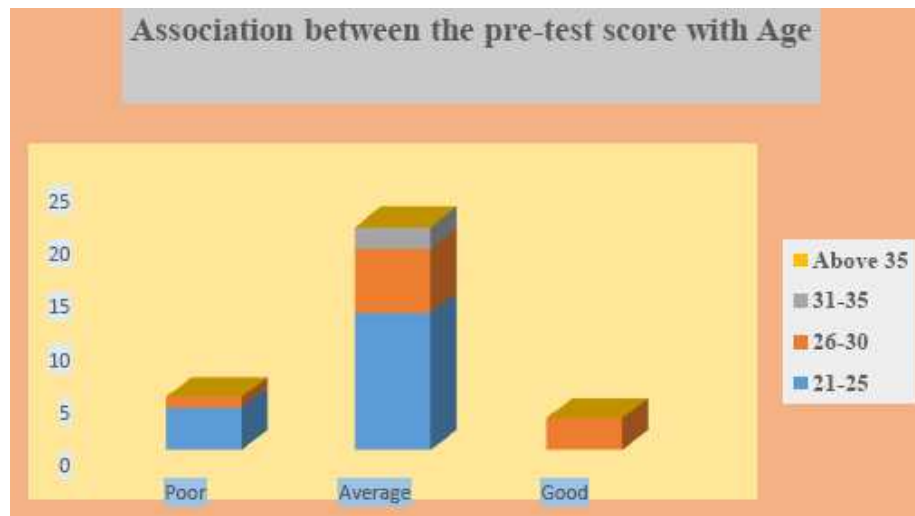


Fig No 14: Bar graph showing pre-test chi square value to define the association between the pre-test score with age.

B. Frequency, percentage and chi square value to define the association between the pre-test score with working experience.

Table no. 9. Association between the pre-test score with working experience

working experience(in Year)	Poor	Average	Good	chi sq
<5	5	19	1	6.171 df=2
6-10	1	2	2	
11-15	0	0	0	
>15	0	0	0	

Table no. 9 revealed:-

Table value for df- 2 at 0.05 significant is 5.99 and calculated chi value is 6.171 hence the null hypothesis is rejected and calculated value is acceptable and is significant.

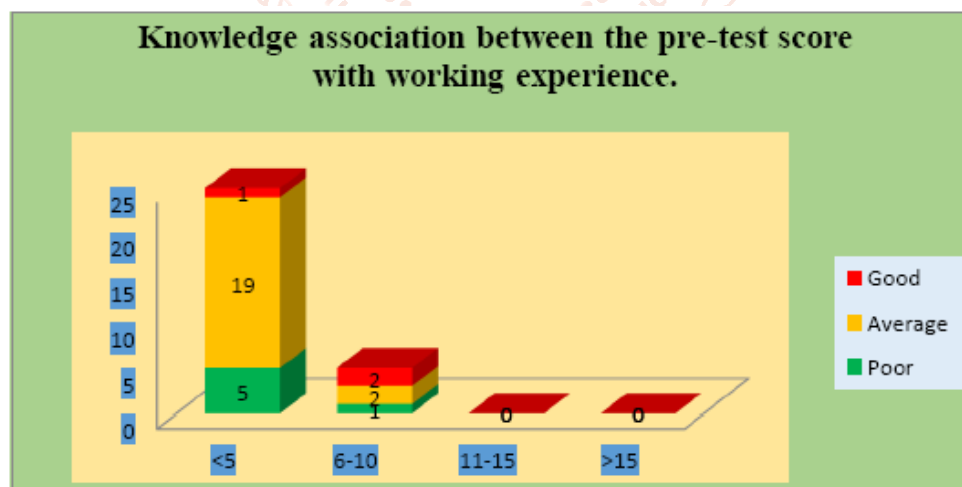


Fig No 15: Bar graph showing pre-test chi square value to define the association between with working experience.

C. Frequency, percentage and chi square value to define the association between the pre-test score with previous knowledge related to triage.

Table no.10: Association between the pre-test score with previous knowledge related to triage.

Previous knowledge related to triage	Poor	Average	Good	Chi Sq.
Yes	4	20	1	8.743
No	2	1	2	df=2

Table no. 10 revealed:-

Table value for df- 2 at 0.05 significant is 5.99 and calculated chi value is 8.743 hence the null hypothesis is rejected and calculated value is acceptable and is significant



Fig No 16: Bar graph showing pre-test chi square value to define the association between with previous knowledge related to triage

Section-5: Findings related to association between the pre-test skill score with selected demographic variables.

A. Frequency, percentage and chi square value to define the association between the pre-test score with age.

Table no.11: Association between the pre-test skill score with selected demographic variables.

Age	Poor	Average	Good	Chi sq.
21-25	16	1	0	12.507 df=4
26-30	6	4	1	
31-35	1	0	1	
above 35	0	0	0	

Table 11 revealed: -

Table value for df- 4 at 0.05 significant is 9.49 and calculated chi value is 12.507 hence the null hypothesis is rejected and calculated value is acceptable and is significant

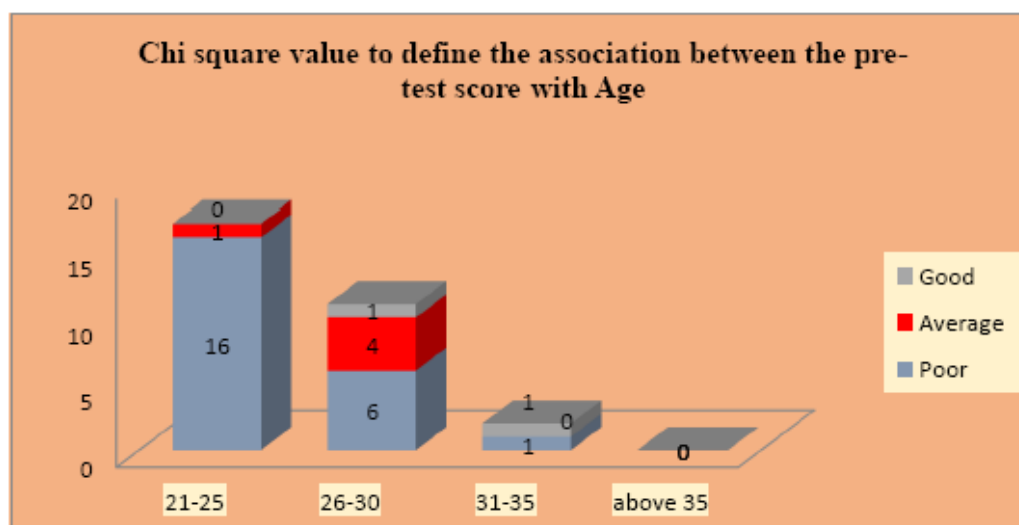


Fig No. 17: Bar graph showing chi square value to define the association between the pre-test score with Age

B. Frequency, percentage and chi square value to define the association between the pre-test score with working experience

Table 12: Association between the pre-test score with working experience

Working experience(in Year)	Poor	Average	Good	Chi sq.
<5	21	3	1	4.612 df=2
6-10	2	2	1	
11-15	0	0	0	
>15	0	0	0	

Table 12 revealed:-

Table value for df- 2 at 0.05 significant is 5.99 and calculated chi value is 4.612 hence the null hypothesis is accepted and calculated value is not acceptable and is not significant

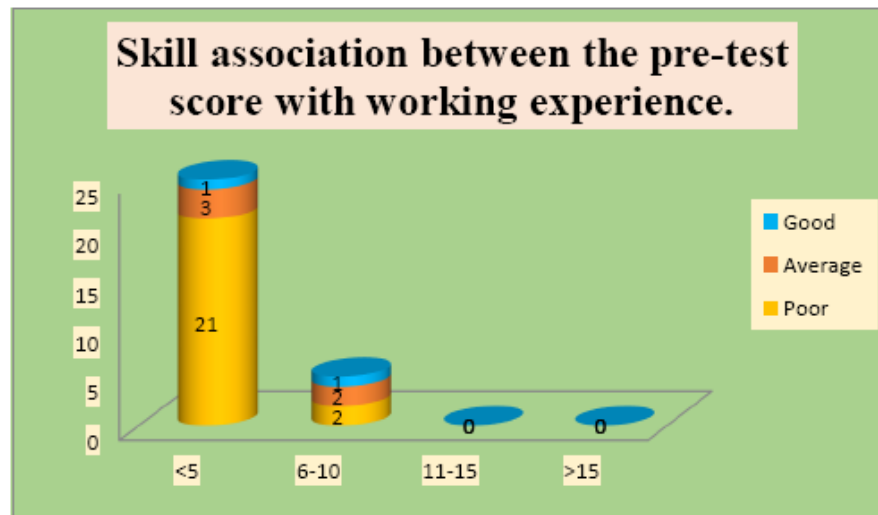


Fig No 18: Bar graph showing pre-test chi square value to define the association between the pre-test score with working experience.

C. Frequency, percentage and chi square value to define the association between the pre-test score with previous knowledge related to triage.

Table no. 13: Association between the pre-test score with previous knowledge related to triage

Previous knowledge related to triage	Poor	Average	Good	Chi Sq.
Yes	21	3	1	4.612
No	2	2	1	df=2

Table no. 13 revealed:-

Table value for df- 2 at 0.05 significant is 5.99 and calculated chi value is 4.612 hence the null hypothesis is accepted and calculated value is not acceptable and is not significant.

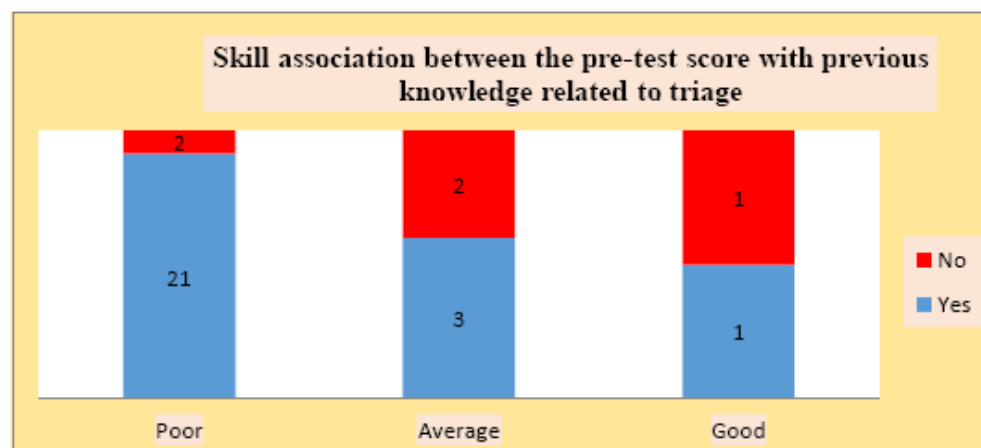


Fig No19: Bar graph showing pre-test chi square value to define the association between between the pre-test score with previous knowledge related to triage

DISCUSSION:

A. Discussion on the Findings related to the knowledge and skill regarding patients admitted in hospital triage setting among the staff nurses:

- Pre- test scores of knowledge, 5(16.66%) were poor level of knowledge, 22(73.33%) were Average level of knowledge and 3(10%) were good level of knowledge.
- Pre- test scores of skill, 23(76.66%) were poor level of skill, 5(16.66%) were Average level of skill and 2(6.66%) were good level of skill.

B. Discussion on the Findings related to effectiveness of planned teaching programme on knowledge and skill on triage.

- Pre- test scores: Among 30 staff nurses, 5(16.66%) were poor level of knowledge, 22(73.33%) were Average level of knowledge and 3(10%) were good level of knowledge.
- Post – test scores: Among 30 staff nurses, 2(6.66%) were poor level of knowledge, 8(26.66%) were Average level of knowledge and 20(66.66%) were good level of knowledge
- Pre- test scores of skill, 23(76.66%) were poor level of skill, 5(16.66%) were Average level of skill and 2(6.66%) were good level of skill.
- Post – test scores skill, 3(10%) were poor level of skill, 5(16.66%) were Average level of skill and 22(73.33%) were good level of skill.

C. Discussion on the Findings related to association between the pre-test knowledge score with selected demographic variables.

- The association between level of knowledge and the selected demographic variable was done using chi- Square formula the knowledge score the demographic variable such as age (chi-square=11.40, DF= 6).i.e non-significant
- The association between level of knowledge and the selected demographic variable was done using chi- Square the knowledge score the demographic variable such as working experience (chi-square=6.171, DF= 2) i.e highly significant.
- The association between level of knowledge and the selected demographic variable was done using chi- Square for formula .the knowledge score the demographic variable such as previous knowledge related to triage (chi-square=8.743, DF= 2) i.e significant.

D. Discussion on the Findings related to association between the pre-test skill score with selected demographic variables.

- The association between level of skill and the selected demographic variable was done using chi- Square formula the knowledge score the demographic variable such as age (chi-square=12.507, DF= 4).i.e significant.
- The association between level of knowledge and the selected demographic variable was done using chi- Square the knowledge score the demographic variable such as working experience (chi-square=4.612, DF= 2) i.e non- significant.
- The association between level of knowledge and the selected demographic variable was done using chi- Square for formula .the knowledge score the demographic variable such as previous knowledge related to triage (chi-square=4.612, DF= 2) i.e. Significant.

Recommendations:

Based on the findings of the study, the following recommendations are offered for future research.

- The same study could be undertaken in a larger sample where findings can be generalized.
- The same study can be conducted with multiple teaching learning methods as a comparative study.
- The study can be conducted to assess the effectiveness of any teaching and learning methods on knowledge and skill regarding triage setting.
- Study can be done to assess the factors affecting knowledge and skill regarding triage setting.

Conflict of interest – No

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