Nurses have always been a part of the diagnostic process, however, their roles are often marginalized as not “diagnostic.” We believe that if nurses are encouraged to practice to the full extent of their training, education, and experience and key barriers are removed, they will be perceived (and perceive themselves as integral diagnostic team members)

**BACKGROUND**

Nurses have always been a part of the diagnostic process, however, their roles are often marginalized as not “diagnostic.” We believe that if nurses are encouraged to practice to the full extent of their training, education, and experience and key barriers are removed, they will be perceived (and perceive themselves as integral diagnostic team members.)

**LEARNING OBJECTIVES**

1) Describe a framework for optimal nursing engagement in the diagnostic process through three interconnected spheres of role functioning: diagnostic triage, patient empowerment, and interprofessional teamwork 
2) Identify four barriers to full nurse engagement in diagnosis, and potential facilitators to each barrier

**SPHERES OF ROLE FUNCTIONING**

- **Diagnostic Triage:** Triage is already considered a nursing function, explicitly calling it diagnostic triage formalizes this nurse role as a diagnostic one and highlights the role of the nurse in identifying critical conditions including sepsis, pulmonary embolism 
- **Patient Empowerment:** Nurses already play key roles in patient education and engagement, nurses could empower patients to become active participants in the diagnostic process 
- **Interprofessional Teamwork:** Nurses can play crucial roles in closing the loop through care coordination and facilitating team communication to address missed diagnostic screening opportunities and failed reporting of diagnostic test results

**FRAMEWORK FOR NURSING ENGAGEMENT IN DIAGNOSIS**

A. Tripartite conceptual framework

- **Diagnostic Triage**
  - Full Nursing Engagement
  - Patient Empowerment
  - Interprofessional Teamwork

**BARRIERS AND FACILITATORS TO NURSE ENGAGEMENT IN DIAGNOSIS**

- **Culture**
  - Redefine medical “diagnostic triage” as part of the nursing scope of practice nationally
  - Seek consistent state laws and regulations defining scope of nursing practice

- **Education**
  - Create pre-licensure curricula for nursing engagement in diagnosis
  - Enhance communication through interprofessional & continuing education

- **Regulation**
  - Increase face-to-face interaction around diagnosis (rounds, M&M)
  - Leverage new payment models to increase nursing engagement in diagnosis

- **Operations**
  - Leverage new payment models to increase nursing engagement in diagnosis

**CONCLUSION**

Nurses have been a driving force behind major quality improvement and patient safety efforts, and must take part in helping lead efforts to reduce diagnostic error. Contributing to the diagnostic process is both in line with nurses’ competencies, roles and responsibilities and with nurses’ duty to provide safe, effective care. Healthcare leaders can work to change education, culture, operational logistics, and regulation and ultimately make each a facilitator to nurse engagement in medical diagnosis.