Interprofessional Communication SBAR Module
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Overview

This is a classroom teaching plan/guideline for presentation to learners in any health profession and at any level. Interprofessional education (IPE) is defined as “occurring when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 2002). This is an example of IPE where both the learners and facilitators are from more than one discipline. This module was piloted with over 100 baccalaureate nursing students and 14 third year medical students. Therefore, the scenarios used for the small group session related more specifically to nurse-physician interactions. It is important that scenarios be adapted or developed specifically for the professions who are the learners. The evaluations from the students and the faculty participants were all excellent.

The teaching plan can be modified as desired. A powerpoint presentation, YouTube link to SBAR video depiction, sample scenarios, evaluation plan, handouts are provided. The powerpoint presentation was directed to nurse-physician audience and can be adapted for your learners/audience.

Teaching plan/guideline

Method:
The session includes a powerpoint presentation with background studies on communication and safety, overview of SBAR, a 5 minute YouTube video depiction of SBAR in practice, small group session to practice the SBAR technique using several scenarios, and a large group wrap up discussion. The eight scenarios provided below are adapted from the developed by Arizona Patient Safety Initiative toolkit: http://www.azhha.org/patient_safety/documents/SBARtoolkit_000.pdf

Health professional students have been identified in this session because hand-offs and communication skills are important for all clinicians to improve patient safety. Physicians and nurses have often experienced communication difficulties related to their different professional cultures, experiences, and expectations. Evidence has shown that standardized communication tools that are shared across professions improve communication and patient safety.

During this session, students will gain knowledge of one standardized communication tool (SBAR) and practice clinical hand-off communications. Health professional students will gain specific communication skills and a better understanding of each others’ expectations and concerns about patient hand-offs.

Students will take an adapted pre-test (developed by Arizona Patient Safety Initiative) at the beginning of class and a post-test and class evaluation at the end of the class (attached).

Please feel free to use all or portions of the session outlined. The powerpoint presentation can also be adapted for your target audience. Our pilot class consisted of nursing and medical students; thus the background section focused on studies related to physician nurse collaboration. We needed to explain “hand-offs” to our audience.
Learning Activity: Large group (45 minutes)

1. OPTIONAL: IN THE BACKGROUND PLAY THE SONG “COMMUNICATION” BY G LOVE AND SPECIAL SAUCE. LYRICS (PARTIAL) ARE PROVIDED IN THE PPT PRESENTATION. THE SONG CAN BE BURNED ONTO A CD AT ANY LOCAL MUSIC STORE. ARIZONA PATIENT SAFETY INITIATIVE TOOLKIT RECOMMENDED “I HEARD IT THROUGH THE GRAPEVINE”, OR “SOMETHING TO TALK ABOUT”.

2. Review the objectives of the class.

At the end of the session, participants will be able to:

1. Discuss the benefits of interprofessional communication and collaboration in enhancing patient care safety and outcomes.
2. Identify the SBAR method as an evidence based model.
3. Apply a communication technique using case scenarios.

3. Complete the pre-test.

4. Show power point presentation on SBAR (and YouTube SBAR 5 minutes). The total SBAR YouTube video is 7 minutes (fast forward to the scenarios and show the 2 scenarios since SBAR is described in the pp presentation); this will reduce video showing time to approximately 5 minutes.

5. After completing the background section of the power point presentation, begin small group activity. There is a slide on the pp presentation of the directions that can be kept on the screen for student clarification.

Learning Activity: Small group (20 minutes)

- Give handout of SBAR practice tool and pocket SBAR guide to each student. These handouts are available from the Arizona Patient Safety Initiative toolkit: http://www.azhha.org/patient_safety/documents/SBARtoolkit_000.pdf

- Students break into small groups to role play various scenarios. If more than one discipline, count off each discipline so that each small group is diverse.

- Scenarios provided are primarily specific to nurse – physician interaction. Depending upon the audience, develop scenarios that relate directly to hand-off situations between the health professionals in the audience. They can also be specialty focused if the audience is of one specialty group.

- Advise students that:
  - they should take turns being the speaker and being the listener.
  - they can add information to the scenario if needed
• when speaking with SBAR, one does not have to actually say, “S – situation, “I am calling….
• practice SBAR sheets are handed out as a guide
• they should begin all communications with:
  o two identifiers in the process. For example, say “This report is about Bob Henry, DOB 2/24/60”
• they should end all communications with:
  o What questions do you have for me
  o “I am here until (insert time). If you have questions later on, call ext. and ask for me, (insert name).”

- Two faculty members should role play a scenario to model what students should be doing in the small group session.

- If more than one discipline is present, ask groups to take the first 2 or 3 minutes of the time provided to get to know each other.

**Learning Activity: Large group (20 minutes)**

**Large Group Discussion**

1. What was the process like using the SBAR technique?

2. What specifically did you learn about physician-nurse collaboration? [or health professional to health professional collaboration/communication]?

3. On the pre-test today, you were asked to share a personal example of interprofessional communication that could have been positive or negative. Ask students to share some of them now. Relate positive and negative examples to SBAR and improved communication techniques and how the examples improved or did not improve patient safety (or could have affected).

4. Earlier we asked some of the barriers and facilitators to effective communication, do you have any answers to add?

5. To summarize, there is not one standard mandate for hand-offs/communication among health professionals, yet JACHO requires every institution to have a standardized approach to hand-offs. Based on today’s session, how will you use SBAR in upcoming clinical rotations?

**Complete the session evaluation forms.**
SBAR Communication PRE TEST (no names required)

_____ Nursing student   _____ Medical student

Please circle true or false to the following statements:

1. True   False   When JCAHO studied the root causes of sentinel events, communication breakdown was #3.

2. True   False   SBAR is only appropriate in clinical conversations.

3. True   False   When conveying the “S” section of the SBAR communication, it should be as long as it takes to thoroughly communicate what you need.

4. True   False   JCAHO has a patient safety goal that specifies a hospital needs to have a standardized approach for hand-off communications.

5. True   False   Even though we are using SBAR, I still need to end my conversation with, “What questions do you have for me?”

6. True   False   I have never heard of the SBAR Communication Method

7. State one specific example below that you observed during your clinical experiences/rotations where communication between health professionals did affect or could have affected patient safety (could be positive or negative).
Session Evaluation and SBAR post-test (no names required)

_____ Nursing student  

_____ Medical student

What did you like best about this class?

Give specific examples of what could be included in future interprofessional sessions?

List two things that you learned in this session today:

1. 

2. 

Please circle true or false related to the following statements.

1. True  False  When JCAHO studied the root causes of sentinel events, communication breakdown was #3.

2. True  False  SBAR is only appropriate in clinical conversations.

3. True  False  When conveying the “S” section of the SBAR communication, it should be as long as it takes to thoroughly communicate what you need.

4. True  False  JCAHO has a patient safety goal that specifies a hospital needs to have a standardized approach for hand-off communications.

5. True  False  Even though we are using SBAR, I still need to end my conversation with, “What questions do you have for me?”

On a scale of 1 to 10 (with 1 not confident at all and 10 extremely confident), how confident are you that the SBAR process will improve patient safety?

Not confident  Somewhat Confident  Extremely Confident

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On a scale of 1 to 10 (with 1 not confident at all and 10 extremely confident), how confident are you that you will implement the SBAR process in the future?

Not confident  Somewhat Confident  Extremely Confident

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SBAR Communication ANSWER KEY developed by Arizona Patient Safety Initiative

1. True  False When JCAHO studied the root causes of sentinel events, communication breakdown was #3.

*False – it was the number one root cause identified, not just with JCAHO but in other studies as well.*

2. True  False SBAR is only appropriate in clinical conversations.

*False – SBAR is very flexible and can be used in non-clinical conversations, emails, business meetings, etc.*

3. True  False When conveying the “S” section of the SBAR communication, it should be as long as it takes to thoroughly communicate what you need.

*False – it should take 8 seconds. This is the crucial reason you are calling, such as “our patient is Sally Jones, DOB 3/5/44 is having chest pain and shortness of breath.”*

4. True  False JCAHO has a patient safety goal that specifies a hospital needs to have a standardized approach for hand-off communications.

*True – it is NPSG2E and was developed because most avoidable patient safety errors have been attributed to communication breakdowns. SBAR can be used to enhance communications and hopefully, reduce avoidable errors.*

5. True  False Even though we are using SBAR, I still need to end my conversation with, “What questions do you have for me?”

*True – SBAR and all communication should be interactive between the speaker and the listener. The speaker should invite questions so they are confident that the listener heard the information and is comfortable with it.*
Jefferson InterProfessional Education Center

Case Scenarios

SCENARIO #1:

Bill Jones, DOB 2/3/42, was admitted 3 days ago with a diagnosis of congestive heart failure. Yesterday he was transferred from CICU to a hospital floor. This is your first day working with the patient and is the second day on the unit. The patient mentions to you how much better he is feeling since he had his breakfast (bacon) and his meal last night that was so tasty. He said that the bland food he had in CICU was awful. You notice that his AM weight is up 2 pounds from his weight when he was in CICU. His dietary order says “regular diet”. He has increased edema in his feet and his blood pressure is slightly elevated this AM (164/102) from last night’s pressure of 152/98.

Exercise:

You are the nurse calling the physician or the medical student discussing this with the nurse to avert any complications. You also feel that some Lasix is indicated because his blood pressure is rising, his weight is up, edema is occurring and there have been no diet or fluid restrictions. Use SBAR to convey this information.

SCENARIO #2:

Mary Smith, DOB 3-7-82, a healthy female gravida 1 para 0 patient has been admitted to the delivery room in active labor. She is at 39 weeks gestation. She has had excellent prenatal care and no complications. She is currently dilated to 6 cm, but her contractions have lessened in intensity and frequency. There are no signs of fetal distress. Her membranes ruptured 12 hours ago, so there is some urgency to keep her labor progressing in order to avoid a c-section.

Exercise:

You are the physician for Ms. Smith, and you need to communicate with her nurse to report her current status and your treatment and monitoring plan. You plan to start her on an oxytocin (Pitocin) drip to enhance her labor. This will require closer monitoring of the patient and fetus to ensure that labor is progressing well and that there are no fetal or maternal complications. You are particularly concerned about the risk of fetal arrhythmias or uterine hypertonicity. Use SBAR to convey this information to Ms. Smith’s nurse.

SCENARIO #3:

Ms. Brown, DOB 12/3/43, was admitted to the hospital from a retirement community where she has resided for the last 2 years. She apparently fell and sustained a right hip fracture. She had a right ORIF (Open Reduction Internal Fixation) surgery three days ago and has not been very compliant with deep breathing and coughing nor is she using the incentive spirometer except for when you ask her to. She was your patient yesterday and again today. This AM you noticed she appears paler than yesterday, her breath sounds are diminished in her left lower lung fields. Her temperature is 100.2 and a spot check of her oxygen saturations show 90%.

Exercise:

You are Ms. Brown’s nurse and want to call the physician about the subtle but apparent change in her condition. She is scheduled to be transferred to a SNF tomorrow and you think perhaps a respiratory complication may be developing. Use SBAR to convey this information to the physician.

SCENARIO #4:

Joey Black, DOB 10/31/03, is a 6 year old with a history of asthma. He is in the office for a well child visit, but his asthma has not been well controlled. He has wheezing on most days, which limits his physical activity. He is otherwise well. His mother has expressed some confusion about when to use his controller and rescue medications, and how to administer inhalers. Joey has not had a seasonal flu shot this year, and his mother has questions about why he needs so many vaccines – both seasonal flu and H1N1 immunizations have been recommended for him this year.

Exercise:

You are Joey’s family physician, and have just completed his physical exam. You would like him and his mother to receive additional information and education from the nurse educator who works in your practice. You need to communicate with
the nurse educator about the status of his asthma control, the patient and his mother’s understanding of managing his asthma medications. His mother also needs education about the seasonal flu and H1N1 vaccines so that she can make an informed decision about vaccinating Joey this fall. Use SBAR to convey this information to the nurse educator.

SCENARIO #5:

Jimmy Bell, DOB 2/2/85, a male was brought into the Emergency Department after sustaining gun-shot wounds to the left chest/abdomen. After a quick assessment and stabilization, Mr. Rowen was taken to the operating room, where the surgeons performed an exploratory laparotomy to determine the extent of the wounds. His diagnosis, post surgery, is s/p ex lap, spleenectomy, left thoracotomy, and placement of a left chest tube. Mr. Bell is extubated and taken to the post anesthesia care unit (PACU). During the first half-hour there is a decrease in left breath sounds and an increase (450cc) in sanguinous fluid in his chest tube evacuation device, and Mr. Bell awakens to name, but drifts off easily. His blood pressure is 90/60, heart rate 110 and respirations 28.

Exercise:
You are the intern or the nurse and need to inform the acute care nurse practitioner in the PACU about Mr. Bell’s rapid change in assessment. You think that the patient is in need of immediate attention from either the nurse practitioner or his physician. Use SBAR to convey this information to the acute care nurse practitioner.

SCENARIO #6:

Joan Willis, DOB 4-4-54, a female was brought to the hospital after “falling at home”. Ms Willis sustained a right radius/ulnar fracture, bruising, a laceration to her head, and brief loss of consciousness. She was admitted to the medical surgical observation unit over night. Her orders include hourly neurovascular checks and a repeat CT scan ordered for “in the morning”. Her son is also bringing in her medication list from home. During her last neurovascular check, she has become somewhat confused, a change from the previous hour’s assessment. Her son has arrived with her medication list. One of the medications that she regularly takes is Warfarin 6.2 mg. a day.

Exercise:
You are the nurse for Ms. Willis and you want to call her physician to report her recent change in assessment along with other pertinent information. She has a CT scan scheduled for “in the morning” and it is now 2AM. You feel the change in her assessment may be due to a possible intercranial hemorrhage due to the fall and her daily use of Warfarin. Use SBAR to convey to the physician these findings.

SCENARIO #7:

Agnes Gucci, DOB 4-5-86, a 23 yr old G3P2-0-0-2 arrived in the triage unit c/o of contractions q 3-4 mins. She is 39 weeks pregnant. She was placed on the fetal monitor with the external lead post explanation. She denies ROM or vaginal bleeding. Upon exam, she is VE 6cms/100%/+ 1. She is placed on the monitor and her call light is within reach. A few minutes later, Mrs. Gucci presses the call button after feeling a “big gush of water”. At this time you note the rhythm to show a late deceleration with variability that returns to baseline. The baseline fetal heart rate is 130 bpm.

Exercise:
You are concerned about Mrs. Gucci’s late deceleration and want to communicate that to her attending obstetrician. Use SBAR to convey this information.

SCENARIO #8:

Lonnie Rickles, DOB 9-3-2003, was admitted to the pediatric unit and is ready to be discharged. He is diagnosed with acute idiopathic thrombocytopenial purpura (ITP). Lonnie’s platelet count is 98,000, but he is still at risk for bleeding. Lonnie is an active child who sleeps on the top bed of his bunk bed. You know that ITP will require Lonnie’s home environment to be safe and some of his play activities may need to be curtailed.
Exercise:
As Lonnie’s intern or nurse, you ask the occupational therapist to educate Lonnie’s parents on steps that they can take to make Lonnie’s home environment safer and to introduce play activities that will not be of a danger to Lonnie. How could you use SBAR to relay this information to the occupational therapist?