

The SBAR Communication Technique

Teaching Nursing Students Professional Communication Skills

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The Joint Commission and Institute for Healthcare Improvement have mandated healthcare organizations to improve professional communication. Nursing students lack experience in communicating with physicians. As a result, recent graduates may not be prepared to meet the demands of professional communication to ensure patient safety. The authors discuss the SBAR (situation, background, assessment, recommendations) communication technique implemented during a 2-day simulation exercise that provided an organized logical sequence and improved communication and prepared graduates for transition to clinical practice.

Effective communication between nurses and physicians is extremely important to patient safety. Nurses are often overwhelmed by the complexity of patient care, increasing technology, emerging standards of care, and enforcement from regulatory agencies. Overstimulation may result in poor communication between healthcare team members. The Joint Commission reports that communication errors contribute to the majority of sentinel events reported.¹ Another report indicates medical errors to be the eighth leading cause of death in America.² The Joint Commission and the Institute for Healthcare Improvement recommend the SBAR (situation, background, assessment, recommendations) communication technique to improve communication and reduce medical errors.³

Nursing Students and Recent Graduate Nurses

Nursing students are traditionally prevented from receiving physician orders. As a result, recent graduates lack experience with interprofessional communication skills and are fearful of making mistakes. Omission of vital patient information including the patient's age, sex, race, and medical history is common when transferring information from one professional to another.⁴ Students and recent graduates are still developing vital communication skills, such as listening, assimilating, interpreting, gathering, and sharing information.⁵ However, healthcare organizational staff have an expectation that new graduates perform these communication skills safely and effectively, at the same time recognizing that these skills are most often learned "on the job."⁵ In addition, Anderson⁶ reported that nurses and

physicians experienced increased frustration with poor professional communication.

Faculty are challenged to find innovative strategies to improve communication skills among nursing students preparing them for safe practice as graduate nurses. The SBAR communication technique is a simple, brief, yet effective structured approach to transfer critical information.⁷ As management/leadership faculty, we successfully implemented the SBAR approach with a variety of strategies, improving both clinical practice preparation and communication competency of our senior nursing students.

SBAR—defined

The Joint Commission (1) describes the SBAR communication technique as the:

- Situation: what is the situation; why are you calling the physician?
- Background: what is the background information?
- Assessment: what is your assessment of the problem?
- Recommendation: how should the problem be corrected?

SBAR was developed by the military, adapted by the aviation industry, and adopted for use at Kaiser Permanente of Colorado.⁸ SBAR can be applied to almost all forms of communication between healthcare professionals and thus provides a standard framework to transfer important information. SBAR helps nursing students and recent graduate nurses organize their thoughts prior to calling physicians, during handoff to another nurse, and when transferring patients to other organizations or levels of care.⁹ Experienced nurses can also benefit from the SBAR technique to save time, reduce frustration, and improve overall communication.

How Does SBAR Work?

SBAR works by communicating what is happening at the present time (S = situation), providing a structure for

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background information (B = background), formulating the completed health assessment (A = assessment), and offering possible solutions (R = recommendations).¹⁰ The SBAR format provides a brief, organized, predictable flow for information improving critical thinking and communication skills.⁷

Barriers to Effective Communication

Multiple factors translate to poor, ineffective communication. Healthcare organizations are complex and have high noise levels due to the multitude of equipment and the continual hum of people. Researchers at The John Hopkins University found that high noise levels in hospitals increased the stress level for the employees and increased the risk for errors because information was not heard correctly.¹¹ Vijay¹² discovered that elevated noise levels contribute to employees' stress levels or may lead to depression and irritability in addition to increased medical errors related to the inability to concentrate. Noise was also found to interrupt a patients' healing process while negatively impacting the patient's hospital experience.¹³

Nurses and physicians are educated differently and communicate differently. In general, nurses are taught to be descriptive in their thought and spoken language. Physicians, on the other hand, are concise in thought and speak in shorter sentences and become impatient waiting for the point of the nurse's call.^{8,14} Not surprising, cultural differences, a diverse workforce, educational levels, stress, fear, and fatigue all contribute to communication failure and differences.⁵ Rosenstein and O' Daniel¹⁵ reported that nurses often expressed fear when calling physicians and frequently postponed calls, resulting in delayed patient care. Experienced nurses can recall feelings of fear and intimidation calling a physician for the first time. Inexperienced nurses may suffer from brain fog, forget to bring their notes, and respond inconsistently to physician questions.

Evaluation of Skills Prior to SBAR Implementation

Faculty developed a 2-day simulation role-play experience and evaluated the communication, decision making, problem solving, organizing, time managing, and critical-thinking skills of senior nursing students to assess students' communication skills prior to their first management/leadership clinical experience. The first day consisted of reading and transcribing physician orders, reviewing incident reports, and evaluating actual narrative nursing notes. Students also participated in crisis management role-play and a group-scheduling exercise. Particular attention was given to physician orders and communication skills. Students were given the opportunity to interpret actual physician orders written specifically for the simulation exercise. The orders were obtained from volunteer physicians, physician assistants, and nurse practitioners. Many orders had errors either in dosing or improper abbreviation use and were difficult to read. Faculty evaluated the students' ability to find and report the errors. Students' communication skills were evaluated for clarity, scope or depth, organization of thoughts, and the ability to be concise and accurate when providing information to others during role-play.

On the second day, students assumed the charge nurse role. Emphasis was placed on effective communication

between faculty/physicians and other healthcare team members during the simulation role-play. Students were given specific practice scenarios, which required critical thinking, problem solving, decision making, and communication skills. Faculty assumed different roles, such as physicians, case managers, family members, and other nurses. Faculty also controlled the time and direction of the role-play. Students were required to call faculty/physicians to receive orders or to give a patient status report. This was accomplished by placing the students in mild to moderate stressful situations requiring multitasking, decision making, and problem solving to replicate a realistic hospital environment.

Faculty discovered students lacked appropriate knowledge of a logical, sequential communication process. We saw their fear through their facial expressions, delayed speech, and sweating when calls were placed to the physician. These same behaviors increased during the actual faculty/physician conversations. Students had difficulty organizing their thoughts, forgetting to state their identity, and forgetting to identify the patient or from where they were calling. Almost all students forgot to bring the patient's medical record with them to the telephone. They lacked appropriate knowledge of the patient's present condition and history and never offered recommendations to support the reason for their call.

When the faculty/physician asked questions regarding the patient's present condition or previous laboratory values, most students were unable to answer the questions effectively. Students' responses included, "I don't know, or I'll have to ask another nurse." The most common statement made by students to the faculty/physician was "I'll have to call you back." Many students demonstrated a flight of ideas and lacked an organized structure to their communication. Students were given immediate constructive feedback from faculty regarding their performance.

Once students began their hospital clinical experience, clinical faculty noticed that the experienced nurse paired with the student would automatically telephone the physician with the report or for a new order, then relayed the information to the student. This behavior did not change when physicians were physically present on the unit. Faculty then noted the student stood silent while the experienced nurse gave the physician report. Faculty realized students were being denied this important piece of the communication process. The lack of participation in the communication process decreased the opportunity for the student to improve the necessary skill.

Clinical managers serving as student preceptors during the management/leadership clinical rotations also expressed to clinical faculty the inability of students and recent graduates to effectively and safely communicate. Managers believed that poor communication led to increased medical errors and decreased quality of patient care. Because nursing students traditionally are not allowed to accept physician orders, it was apparent that we had to develop innovative teaching strategies to improve effective communication skills prior to graduation.

SBAR Application

Based on our observations of student performance during the previous semester's 2-day simulation role-play exercise without the SBAR communication technique being used and manager/preceptor feedback from the student's hospital

clinical rotation, it was apparent that we needed to address the student's lack of professional communication skills. The following semester we implemented, at the school's practice laboratory, the SBAR communication technique as part of the course lecture and simulation exercises to prepare students for use in the clinical area. A half-hour lecture was given on the use of the SBAR communication technique at the beginning of the first simulation day. Each student was given an SBAR reference guide to use during the remainder of the simulation exercises and for use during the clinical experience. The SBAR format was to be used for all communication between student/nurse and faculty/physician role-play. Faculty initially prompted students if they struggled during the simulation role-play exercise. As the students worked through various simulation exercises using SBAR, faculty noted increased confidence, decreased fear, and improved thought organization. As the day progressed, students learned from each other's mistakes and successes.

Faculty then reinforced the SBAR technique in the classroom through case study role-play and during hospital clinical experience. To implement the SBAR technique in the classroom, students were given a case study and paired to role-play physicians and nurses. SBAR was also threaded throughout specific management/leadership topics such as safety, quality management, time management, and critical thought, which demonstrated how a failure to communication had an impact on quality of care. The clinical faculty reinforced the use of SBAR while making clinical rounds with

students and preceptors. Preceptors were encouraged to allow students to give the handoff report and discuss patient's plan of care with physicians using the SBAR technique.

Role-Play Application Case Study

Figure 1 illustrates the case study used by the students to apply the SBAR communication principles in the classroom. Students read the case study, and pairs of student groups role-played the nurse and physician. Faculty moved around the classroom, listened to student's interactions, and provided feedback.

Students were instructed to answer the following questions using the SBAR communication technique: what information does the physician need regarding the current situation (S = situation)? What was Mrs Burton's background or medical history (B = background)? What information will the physician need from the health assessment (A = assessment)? And what are the appropriate recommendations (R = recommendation)?

Review of Appropriate Case Study Response

While the students were engaged in the classroom role-play, we listened to the responses students gave to each other to ensure they included the appropriate SBAR response criteria. Following the role-play exercise, the students received an appropriate SBAR response guide document to serve as a reference.

Jim, a registered nurse, begins his shift by completing an assessment on Mrs. Burton, a 72-year-old patient, who had an unexplained fall at her home the day before. A neighbor found Mrs. Burton on the floor of her kitchen and called 9-1-1. She was transported to the emergency department (ED) by ambulance and, subsequently, admitted for observation to the 4 West Medical unit around 10 pm. X-rays showed no bone fractures and the head CAT scan was negative. While alert and oriented, Mrs. Burton had no memory of the recent fall.

"How are you feeling this afternoon Mrs. Burton?" asked Jim. "Oh, I'm not sure; I just don't feel very well right now," she replied. "Are you in any pain right now?" Jim questioned. "No," she replied. "Why are you holding your head? Do you have a headache?" Jim continued. "I do, and the light is hurting my eyes. I am a little dizzy too," she stated with her eyes closed. "I'm going to take your blood pressure now," Jim said while placing the cuff on her arm. Her vital signs were B/P 220/120, P 109, and R 24. Jim also noted Mrs. Burton was slightly diaphoretic. The previous vital signs were B/P160/90, P 98, and R16 on admission to the ED at approximately 6 pm. At 10:15 pm B/P 180/100, P 102, and R 18 were recorded. Jim noted at 7:30 am Mrs. Burton's B/P was 186/110, P 100, and R 22.

The ED physician had not ordered any hypertensive medication. "Your blood pressure and pulse are elevated. I am going to call your physician," Jim related to Mrs. Burton. "Do you recall if you have ever had an elevated blood pressure before?" he asked her. "One time about a month ago, I had my blood pressure taken at a health fair. I remember the nurse told me to call my doctor when I got home because my blood pressure was too high, but I forgot to do it," she responded. "I am going to place a call to your physician now and let her know about the changes in your blood pressure. I'll be back in a few minutes. If you start to feel any worse pull your call light," he instructed.

Figure 1. Role-play scenario.

Appropriate SBAR Response Guide

S = Situation:

Dr Hall, this is Jim Jones, RN, calling from the 4 west medical floor at Mountain View Hospital. I am calling about Mrs Burton in room 403. Her condition has changed, and I wanted to update you with her current medical status. I just assessed her personally; she is complaining of a headache, experiencing photosensitivity, and dizziness. The most recent blood pressure is 220/120, pulse 120, and her respiratory rate is 24. There has been a steady increase in her vital signs since her admission. The vital signs were BP160/90, P 98, and R16 on admission to the floor; BP 180/100, P 102, and R 18 at 10:15 last night around 10 PM, and at 7:30 this AM they were 186/110, P 100, and R 22. She is also diaphoretic and holding her head between her hands. She is also complaining of being dizzy.

B = background:

Apparently, last month, she had an episode of hypertension noted at a health fair. She was unable to tell me what her blood pressure was at the time, but the nurse who took it told her it was quite elevated. She had been instructed to notify her physician, but she failed to follow through. She was admitted last night around 10 PM through the ED for an unexplained fall at home the day before. She does not take any medication.

A = assessment:

I am concerned about the combination of the blood pressure episode last month at the health fair; the steady increase in her vital signs since admission, the current

headache, complainant of being dizzy, and now being diaphoretic along with the photosensitivity may all indicate hypertension with the potential for a future CVA.

R = recommendation:

Would you consider ordering an antihypertensive medication at this time and establishing a target blood pressure as future call orders? As a standard nursing measure, I will be checking Mrs Burton's vital signs every 2 hours for the next 24 hours. Based on her future medical state, we can determine how closely to monitor her after the next 24-hour period. Would you like for me to call you with an update on her progress after the next assessment in 2 hours?

Conclusion. As the semester progressed, we witnessed improved communication, increased confidence, and organized information as students became more familiar with using the SBAR communication technique. We recognize that when students graduate, they may become overwhelmed with their new role responsibilities and may forget important steps in the professional communication process. Figure 2 illustrates important considerations prior to making calls to physicians and was given as an additional reference document to help students with professional communication after graduation. We did not formally evaluate the communication skills of this group of students prior to or after the SBAR technique was implemented; however, a formal evaluation will be conducted for future students.

The implementation of the SBAR communication technique during the 2-day simulation exercise, reinforced in the classroom with a case study role-play and during the students' hospital clinical experience, provided an organized logical sequence to improve the communication skills of

- Ensure you are calling the correct on-call physician after office is closed.
- The nurse assigned to the patient should always complete the health assessment.
- Consider discussing the patient problem with other nurses on your unit prior to calling the physician. The experienced nurse may have additional insight into the patient issue, and provide suggestions.
- Prior to placing the call to the physician review the patient's date of admission and admitting diagnosis.
- It is important to bring the patient's personal medical and medication record with you when answering the physician's return call. If using a computerized medical record program be sure to have the appropriate screen available for your immediate viewing.
- Review the patient's personal medical record to determine if medication reconciliation occurred upon admission.
- Complete a quick review of the patient's recent laboratory, radiation and other medical test results.
- Consider reviewing the physician's progress notes.

Figure 2. Important considerations before calling physicians.

senior nursing students. The SBAR technique encourages students to organize information quickly and concisely, which then allows physicians to make clinical judgments based on the concrete information that the nurses provide. The SBAR technique assisted students to better organize critical information. Both faculty and clinical staff saw that students had improved confidence and critical thoughts and made better decisions. In addition, the students' ability to identify and solve problems continued to improve over time as they used the SBAR communication technique. Based on our experience, the SBAR communication technique gives students a tool with the potential to improve their transition from academia to clinical practice.

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New Guidelines for Management of ST-Elevation Myocardial Infarction (STEMI)

The American Heart Association (AHA) and the American College of Cardiology (ACC) have recently released updated recommendations for patients presenting with ST-elevation myocardial infarction. The need for fast action is the primary message of these revised recommendations since permanent heart damage is known to occur if blood flow is not restored within twenty minutes of the onset of symptoms.

The new guidelines provide four specific decision making criteria to determine if thrombolytics or stents should be used with patients presenting with STEMI: 1) the time that has passed since the onset of symptoms; 2) the risk of death; 3) the risk of intracranial hemorrhage with thrombolytic use and; 3) how much time is needed to get the patient to a cardiac catheterization lab for stent insertion.

The guidelines also recommend the daily use of aspirin and beta blockers. ACE inhibitors are strongly recommended. If intolerance to ACE inhibitors is a concern, angiotensin receptor blockers are recommended.

Statin drugs are advised on discharge for those with low-density lipoprotein levels (LDL) greater than or equal to 100 mg/dl. Sidney Smith, Co-Chair of the Task Force noted that this guideline is more aggressive than the original "Adult treatment III goal recommended by the National Cholesterol Education Panel". Smith continues to note that aggressively lowering the LDL improves the patient outcomes in large clinical trials of statin drugs.

Nurses in emergency rooms or in other immediate care facilities need to be aware of these guidelines. Providing the correct assessment data can make a critical difference in time of treatment, appropriateness of treatment, the extent of myocardial damage, and even survival. Full guidelines are available at <http://circ.ahajournals.org/cgi/content/full/112/12/e154>.

Source: American Heart Association. March 26, 2009. Emergency Medicine Cardiac Research and Education Group (EMCERG). Available at http://www.emcereg.org/news_events/news/articledetails.html?RecID=89. Accessed March 26, 2009.