Lippincott Clinical Leaders: SBAR Communication

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Lisa Bonsall: Hello, and welcome to our Lippincott Clinical Leaders podcast. My name is Lisa Bonsall. I'm the Senior Clinical Editor for Lippincott NursingCenter. Today I'm joined by Doctor Anne Dabrow Woods. Doctor Woods is Chief Nurse of Health Learning, Research and Practice here at Wolters Kluwer. Doctor Woods is also an acute care nurse practitioner for Penn Medicine and adjunct faculty at Drexel and Neumann Universities. Thank you so much, Anne, for being here with me today.

Anne Dabrow Woods: Thanks for having me, Lisa. I'm excited to talk about this topic.

Lisa Bonsall: Today we're going to talk about SBAR communication. Can you start out telling our audience what is SBAR and why is it so important?

Anne Dabrow Woods: Well, "SBAR" stands for Situation Background Assessment and Recommendation. And we actually started using SBAR communication in other industries besides healthcare. It actually started with the military and then went into the airline industry. And then we actually adopted it into the healthcare industry. We use SBAR because it provides us a structured, concise way to communicate that will help to elicit the response that we need to effectively care for our patients.

The key thing about using SBAR, even if it's in a really challenging or high stress situation, is try to be calm and remember you're the voice of the patient, and you need to be clear about what you're asking the provider or whomever you're speaking to. What do you want from them? What do you want their response to be?

Lisa Bonsall: Really great advice. Thank you, Anne. Can you break down the elements of SBAR, please?

Anne Dabrow Woods: Sure. So the first one is situation. And when we're looking at a situation, it's a concise statement of what the problem is. Key things you got to keep it brief right? Pretty much people do SBAR communication in about 30 seconds. So keep it brief. Describe what's happening.

Say what you're asking for and do you want the provider to come see the patient? So for instance if you had a patient that's having chest pain, what I would say to you if you were the provider is "I have this patient, they're X years old. They were admitted last night for chest pain. They're now having chest pain ten out of ten. And I called a rapid response."

Lisa Bonsall: Great example. Thank you. What's next.

Anne Dabrow Woods: The next thing is background. And this is again where sometimes people get a little bit too long-winded. And you want to keep this really, really tight and just talk about really what's pertinent to the situation. So brief information about what's going on in the situation, brief history of the present illness, talk about what is in their pertinent medical history.

So not everything but what's pertinent. So if you go back to the chest pain piece, it would be: the patient has a history of a myocardial infarction two years ago with stents. They have dyslipidemia and they have hypertension.

Lisa Bonsall: Okay. And so now the A for assessment.

Anne Dabrow Woods: So assessment is really important. It's really an analysis of the situation and what you as the nurse actually have seen with the patient. So it also includes the vital signs those signs and symptoms, any physical changes. So going back to chest pain example again you would say something like "the patient's pale, diaphoretic, short of breath. They're complaining of crushing chest pain that radiates down the left arm. I did 12-lead ECG and I have it for your review, and I gave them one single sublingual nitroglycerin, and the patient's still having chest pain." Those are the things that you would want to be really clear about. Also, when did those symptoms start and did anything happen to help improve or make those symptoms worse?

Lisa Bonsall: Okay, great. And finally the "R".

Anne Dabrow Woods: So the recommendation is what you as the clinician want from the provider or whomever you're speaking to. What do you want from them? What's the action that you're actually requesting? Do you want them to come see the patient if they're not currently at the bedside? Basically what you're trying to do is determine the plan.

So back to the chest pain situation. You would say something like, "Do you want me to give more sublingual nitroglycerin? What labs do you want drawn? Do you want troponin? Do you want a CK? Are there any other labs that you want and looking at based on the EKG and looking at the symptoms, do you want this patient to go to the cath lab or not? " So you're eliciting from them what is going to be the next step in the plan.

Lisa Bonsall: Thank you, Anne, for that. I think this information will be really helpful for our audience.

Anne Dabrow Woods: Well thank you, Lisa. Thanks for having me here today.

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