Toronto Rehab
Everything Humanly Possible

Toronto Rehab is a teaching and research hospital affiliated with the University of Toronto.

SBAR:

A Shared Structure for Effective Team Communication

Adapted for Rehabilitation and Complex Continuing Care

An Implementation Toolkit

2nd Edition

Co-Funded by
The Toronto Rehabilitation Institute
and The Canadian Patient Safety Institute

SBAR ADAPTATION and TOOLKIT

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We would also like to acknowledge the work of Dr. Michael Leonard and his colleagues at Kaiser Permanente and the Institute for Healthcare Improvement in the United States upon which our adapted SBAR tool and Toolkit have been based.

Finally, thank you to the individuals whose combined creativity and expertise served to create the video scenarios.

ON THE CD

Introduction to the Toolkit
- Implementation Toolkit Document

Introduction to SBAR
- Adapted SBAR Tools (full, abbreviated, pocket card and poster size)
- SBAR Adaptation Focus Groups
- Focus Group Feedback Highlights
- Background Slides #1 & 2 (from IHI)

Stage I Education Sessions

Getting Ready Resources
- Pre-Session Reading List & Additional Reading Resources
- Adapted SBAR Tools

Education Session #1 Resources
- Slides with Notes #1
- Evaluation of Education Session #1

Education Session #2 Resources
- Slides with Notes #2
- Slides with Notes #1+2 (condensed)
- Facilitator Guide for Video Scenarios
- Video #1: Version A & B
- Video #2: Version A & B
- Facilitator Guide for Role Play Scenarios
- Instructions for Role Play Scenarios (with choice of six scenarios)
- Role Play Feedback Form
- Evaluation of Education Session #2

Education Session #3 Resources
- Facilitator Guide for Focus Group Discussion
- Confidence and Implementation Tracking Form

Stage II Implementation and Evaluation

Stage II Resources
- One-on-One Interview Questionnaire
- Confidence and Implementation Tracking Form
- Team Rounds Tracking Form

Contact

Using the CD: *Load the CD in your computer drive. If a startup window does not appear, open the file called* ***"home.html"*** *with your Internet browser software (formatted for Explorer 8 or Firefox 3.6). To view the variety of resources available on the CD, you will need Adobe Reader, MS PowerPoint and a media player that can play 'wmv' files (Windows Media Player).*

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More Information

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Or, visit Toronto Rehab's Website and search "SBAR" to download a copy of this Toolkit:

Website: www.torontorehab.com

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We invite you to use our material to implement SBAR in your organization. We ask that you acknowledge the source as follows:

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Preface

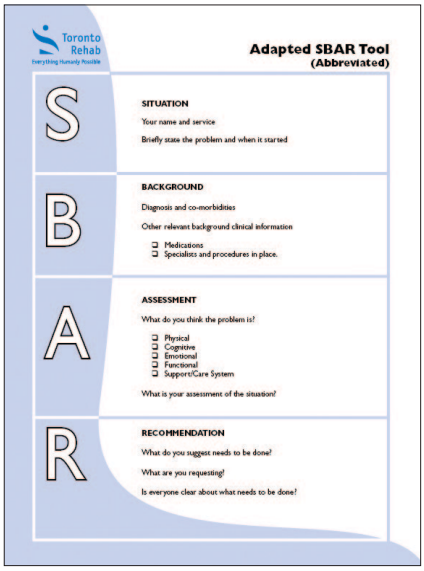
Communication failures have long been cited as the leading cause of inadvertent patient harm (Joint Commission on Accreditation of Health Care Organizations, 2005). Safe patient care in relation to effective team work and team communication is a growing area of study. One communication process, originally adapted for acute care by Dr. Michael Leonard and colleagues at Kaiser Permanente and the Institute for Healthcare Improvement, is known as **SBAR.** This method helps to structure team communication by prompting health care providers to clearly and succinctly articulate the **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation of an issue *(➲ Adapted SBAR Tool)*.

In order to develop better ways to improve effective teamwork and communication, and protect patients and families from inadvertent harm, the Toronto Rehabilitation Institute (Toronto Rehab) conducted two research studies that adapted, implemented and evaluated the SBAR tool for use in rehabilitation and complex continuing care (CCC). Jointly funded by the Canadian Patient Safety Institute (CPSI) and Toronto Rehab, these studies have broadened the understanding of how SBAR can be used to enhance effective communication among interprofessional health care teams.

The first pilot study, entitled ***Enhancing Effective Team Communication for Patient Safety***, was conducted by a team of researchers led by Dr. Karima Velji, Vice President, Patient Care and Chief Nursing Executive, Toronto Rehabilitation Institute and Dr. G. Ross Baker, Professor, Department of Health Policy, Management, and Evaluation, University of Toronto. This three-phase study involved:

1. Adapting the SBAR tool for a rehabilitation setting (using the feedback and suggestions from a series of focus groups with staff, patients and family members),
2. Implementing the adapted SBAR tool within Toronto Rehab's interprofessional Stroke Rehabilitation team over a six-month period (Boaro et al., 2010), and
3. Evaluating the effectiveness of the adapted SBAR tool related to team communication and patient safety culture, patient satisfaction, and safety reporting (Velji et al., 2008) *(➲ Introduction to SBAR)*.

Adapted SBAR Tool



Introduction to SBAR

- ❑ SBAR Adaptation Focus Groups (from Phase I)
- ❑ Focus Group Feedback Highlights (from Phase I)
- ❑ Background Slides #1 (from Institute for Healthcare Improvement)
- ❑ Background Slides #2 (from Institute for Healthcare Improvement)
- ❑ Adapted SBAR Tool (full)
- ❑ Adapted SBAR Tool (abbreviated)
- ❑ Adapted SBAR Tool (pocket card)
- ❑ Adapted SBAR Tool (poster)

The second study, entitled ***Using SBAR to Communicate Falls Risk and Management in Interprofessional Rehabilitation Teams***, focused on the specific priority issue of communicating *falls prevention and management* and was implemented on Toronto Rehab's Geriatric and Muskuloskeletal units.

Based on the results of these studies and implementation exercises, Toronto Rehab developed a Toolkit entitled ***SBAR: A Shared Structure for Effective Team Communication*** which models how clinicians, leaders and educators in rehabilitation and complex continuing care settings may wish to implement SBAR into their interprofessional teams. The **1st Edition** of the SBAR Toolkit released in 2007, contained the Toolkit document along with useful facilitator resources, and short demonstration videos. This **2nd Edition** builds on the original materials by providing new video scenarios, and an additional facilitator's guide.

Contents

"Effective team communication is the bedrock for safer care."

G. Ross Baker, PhD

Introduction and Purpose of the Toolkit

The purpose of the SBAR Toolkit is to offer practical strategies to assist organizations to implement a non-hierarchical, structured communication tool, and evaluate its uptake and use. This Toolkit is specifically tailored for interprofessional teams in a rehabilitation or complex continuing care setting that involve both clinical and non-clinical service providers (e.g. housekeeping and portering staff), as well as managers and leaders. The inclusion of a broad set of participants, together with full endorsement and support from organizational leaders, will help ensure a successful implementation.

The Toolkit (comprised of this document, a Resource CD and a Video DVD) provides all the materials you will need to facilitate **three education sessions** and **evaluation activities**. Throughout the document there are helpful prompts (➲) referring the facilitator to access preparation, teaching and evaluation resources from the discs.

More specifically, the **CD** (located inside the front cover), navigates like a website and features:

- ✓ Getting Ready Resources
- ✓ Presentation Slides with Notes for the Education Sessions
- ✓ Facilitator Guides with Lesson Plans and Teaching Points
- ✓ Role Play Scenarios
- ✓ Participant Handouts
- ✓ Tracking and Evaluation Forms
- ✓ One-on-One Interview Questionnaire
- ✓ Adapted SBAR Tools (full, abbreviated, pocket card, poster)
- ✓ Additional Background Information on SBAR

The **DVD** (located inside the back cover) contains two videos that demonstrate SBAR in action using *falls prevention and management* as a platform to highlight team communication in a clinical setting. For example, Video #1 entitled ***Team Rounds – Closing the Loop***, demonstrates a situation during clinical care rounds, while Video #2 entitled ***Stuck in the 'Hint and Hope' Model***, demonstrates a situation during a one-on-one discussion between two team members. Each video has two versions – **Version A** demonstrates ineffective communication and **Version B** demonstrates more effective communication using SBAR. These demonstration videos are meant to help generate group discussion before the team launches into the role playing exercises, which can be customized to address specific safety situations or organizational contexts.

Inside the Toolkit

Stage I: Education Sessions

- ✓ Education Session #1: Communication in Health Care and the SBAR Tool
- ✓ Education Session #2: Experiential-Based Learning with the Adapted SBAR Tool
- ✓ Education Session #3: SBAR Team Focus Group Discussion

Stage II: Implementation and Evaluation

- ✓ Putting SBAR into Practice and Evaluating the Process

SBAR Implementation Overview

Before Getting Started

Before you begin the education sessions and the implementation and evaluation components, be sure to complete the following activities:

- ✓ Obtain support and buy-in from organizational and clinical leaders
- ✓ Obtain baseline information on team communication and patient safety culture. For example, administer a patient safety culture survey (such as the Hospital Survey on Patient Safety Culture developed by the Agency for Healthcare Research and Quality at: www.ahrq.gov)
- ✓ Familiarize yourself with the SBAR readings and resources
- ✓ Familiarize yourself with the SBAR training process and adapt as needed to your setting
- ✓ Introduce the SBAR tool and the proposed training and implementation process to your clinical team
- ✓ Enroll participating staff into the training sessions (seek full interprofessional participation) including physicians as well as non-clinical and support staff
- ✓ Provide pre-session reading materials to participants

Before Getting Started

- ❑ Pre-Session Reading List & Additional Reading Resources
- ❑ Background Slides #1 & #2 (from the Institute of Healthcare Improvement)
- ❑ Adapted SBAR Tool (full, abbreviated, pocket card & poster)
- ❑ Education Session #1, #2 & #3 Resources
- ❑ Stage II Resources

Schedule at a Glance

Week One & Two

Stage I
Education Session #1 & #2

- ✓ *Education Session #1 Communication in Health Care and the SBAR Tool* (didactic session) (🕐 suggested time 1.5 hrs) ***(➲ Education Session #1 Resources)***
- ✓ *Education Session #2 Experiential-Based Learning with the Adapted SBAR Tool* (practice session) (🕐 suggested time 2.0 hrs) ***(➲ Education Session #2 Resources)***

** or combine Session #1 & #2 in a 2-hour session ***(➲ Slides with Notes #1+2 (condensed))***

- ✓ Participants begin to use SBAR

Week Four

Stage I
Education Session #3

- ✓ *Education Session #3 SBAR Team Focus Group Discussion* (🕐 suggested time 1.0 hr) ***(➲ Education Session #3 Resources)***
- ✓ Respond to any questions/difficulties expressed by participants in their initial experiences in using SBAR
- ✓ Seek feedback on ways to support implementation (e.g. signage, telephone prompts, team debriefs)

Ongoing over Six Months

Stage II
Implementation and Evaluation

- ✓ Monitor and evaluate implementation process using the forms provided ***(➲ Stage II Resources)***
- ✓ Audit each participant approximately one month after Education Session #2 and again at the end of the implementation period (e.g. at six months) ***(➲ Stage II Resources "One-on-One Interview Questionnaire" and "Confidence and Implementation Tracking Form")***
- ✓ Ongoing audit at rounds or team meetings (approximately every 2 weeks) to track usage, as well as enablers and barriers to use. ***(➲ Stage II Resources "Team Rounds Tracking Form")***
- ✓ Identify key champion(s) to encourage and reinforce team use of SBAR
- ✓ Offer ongoing training of new staff, volunteers and students
- ✓ Review participant feedback and evaluation
- ✓ Revise implementation processes as needed

Pre-Session Reading List & Additional Reading Resources

Participants are encouraged to review literature on communication errors in health care, as well as the SBAR tool prior to the session.

Pre-Session Reading List

Haig, K., Sutton, S., Whittington, J. (2006). SBAR: A shared mental model for improving communication between clinicians. *Journal on Quality and Patient Safety, 32,* 167-175.

Joint Commission Resources (2005). The SBAR technique: Improves communication, enhances patient safety. *Joint Commission Perspectives On Patient Safety, 5*, 1-2, 8.

Leonard, M., Graham, S., Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. *Quality Safety in Health Care, 13,* 85-90.

Velji, K., Baker, G.R., Fancott, C., Andreoli, A., Boaro, N., Tardif, G., Aimone, E., Sinclair, L. (2008). Effectiveness of an adapted SBAR communication tool for a rehabilitation setting. *Healthcare Quarterly, 11(Sp):* 72-79.

West, E. (2000). Organizational sources of safety and danger: Sociological contributions to the study of adverse events. *Quality in Health Care, 9,* 120-126.

Additional Reading Resources

Boaro, N., Fancott, C., Baker, G.R., Velji, K., Andreoli, A. (2010). Using SBAR to improve communication in interprofessional teams. *Journal of Interprofessional Care, 24(10):* 111-114.

Greenfield, L. (1999). Doctors and nurses: A troubled partnership. *Annals of Surgery, 230*, 279-288.

Gudykunst, W., Matsumoto, Y., Ting-Toomey, S., Nishida, T., Kwangsu, K., Heyman, S. (1996). The influence of cultural individualism-collectivism, self-construals, and individual values on communication styles across cultures. *Human Communication Research, 22*, 510-543.

Hardigan, P., Cohen, S. (1998). Comparison of personality styles between students enrolled in osteopathic medical, pharmacy, physical therapy, physician assistant, and occupational therapy programs. *Journal of American Osteopathic Association, 98*, 637-641.

Joint Commission Resources (2005). Implementing the SBAR technique. *Joint Commission Perspectives On Patient Safety, 6,* 8-12.

Lysack, C., McNevin, N., Dunleavy, K. (2001). Job choice and personality: A profile of Michigan occupational and physical therapists. *Journal of Allied Health, 30,* 75-82.

Miller, L. (2005). Patient safety and teamwork in Perinatal Care: Resources for clinicians. *Journal of Perinatal and Neonatal Nursing, 19*, 46-51.

Sutcliff, K., Lewton, E., Rosenthal, M. (2004). Communication failures: An insidious contributor to medical mishaps. *Academic Medicine, 79,* 186-194.

Thomas, E., Sexton, J., Helmreich, R. (2003). Discrepant attitudes about teamwork among critical care nurses and physicians. *Critical Care Medicine, 31*, 956-959.

Wachter, R.M., Shojania, K.G. (2004). *Internal bleeding: The truth behind America's terrifying epidemic of medical mistakes.* New York: Rugged Land.

Westat, R., Sorra, J., Nieva, V. (2004). Hospital survey on patient safety culture. *Agency for Healthcare Research and Quality, Publication No. 04-0041*. Retrieved from: www.ahrq.gov/qual/hospculture/

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Adapted SBAR Tool

S

Describe
SITUATION

My name is ..... and I work ..... (*your service*)

I need to talk to you about:
- ❑ an urgent safety issue regarding ..... (*name of client*)
- ❑ a quality of care issue regarding ..... (*name of client*)

I need about ..... (*minutes*) to talk to you, if not now, when can we talk?
I need you to know about:
- ❑ changes to a patient status
- ❑ changes to treatment plan, procedures or protocols
- ❑ environmental/organizational issues related to patient care

B

Provide
BACKGROUND

Are you aware of ..... (*specific problem*)

The patient is ..... (*age*) and has a diagnosis of ..... (*diagnosis*) as well as ..... (*diagnosis*)

He/She was admitted on ..... (*date*) and is scheduled for discharge on ..... (*date*)

His/Her treatment plans related to this issue to date include ..... (*treatment*)

He/She is being monitored by ..... (*specialist*) and has appointments for ..... (*procedures*)

This patient/family/staff is requesting that ..... (*requests*)

A

Provide client
ASSESSMENT

I think the key underlying problem/concern is ..... (describe)

The key changes since the last assessment related to the specific concern are:

Person Level Changes
- ❑ Vital Signs/GI/ Cardio-Respiratory
- ❑ Neurological
- ❑ Musculoskeletal/Skin
- ❑ Pain
- ❑ Medications
- ❑ Psychosocial/Spiritual
- ❑ Sleep
- ❑ Cognitive/Mental Status/ Behavioural
- ❑ Nutrition/Hydration

Activity/Participation/Functional Changes
- ❑ ADL
- ❑ Transfers
- ❑ Home/Community Safety

Environmental Changes
- ❑ Organizational/Unit Protocols/ Processes
- ❑ Discharge Destination
- ❑ Social/Family Supports

R

Make
RECOMMENDATION

Based on this assessment, I request that:
- ❑ we discontinue/continue with .....
- ❑ we prepare for discharge OR extend discharge date
- ❑ you approve recommended changes to treatment plan/goals including .....
- ❑ you reassess the patient's .....
- ❑ the following tests/assessments be completed by .....
- ❑ the patient be transferred out to…/be moved to .....
- ❑ you inform other team members/family/patients about change in plans
- ❑ I recommend that we modify team protocols in the following ways .....

To be clear, we have agreed to… Are you ok with this plan?
- ❑ I would like to hear back from you by .....
- ❑ I will be in contact with you about this issue by .....

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Adapted SBAR Tool
(Abbreviated)

S

SITUATION

Your name and service

Briefly state the problem and when it started

B

BACKGROUND

Diagnosis and co-morbidities

Other relevant background clinical information

- ❑ Medications
- ❑ Specialists and procedures in place

A

ASSESSMENT

What do you think the problem is?

- ❑ Physical
- ❑ Cognitive
- ❑ Emotional
- ❑ Functional
- ❑ Support/Care System

What is your assessment of the situation?

R

RECOMMENDATION

What do you suggest needs to be done?

What are you requesting?

Is everyone clear about what needs to be done?

"The education sessions have helped us to become stronger as a team. SBAR forces us to communicate in a way that leads to a recommendation."

SBAR Participant (MD)

For your Consideration ~ Key Learnings from Stage 1

Upon reflection of the SBAR education process at Toronto Rehab, we suggest the following key learnings for future education sessions:

Physician Involvement: Given the schedule demands of team physicians, SBAR implementation projects might consider shorter training sessions for physicians who wish to participate, but may not be able to commit to multiple training sessions. Although interaction in a team is most desirable, educators may also wish to consider a dedicated physician-only training session.

Training Duration and Format: We encourage educators to implement the education sessions as suggested. We appreciate, however, that some groups may have less time to attend. In such instances, consider a combined session that condenses Education Sessions #1 and #2 and emphasizes the role play and practice components of SBAR *(➲ Slides with Notes #1+2 (condensed)).*

Targeted SBAR Use: The initial SBAR pilot project encouraged staff to use the structured communication process whenever they felt the need. This was suggested, as the project evaluators were interested in understanding when staff found the tool useful. Our second study focused the SBAR conversation around the specific priority issue of *falls prevention and management.* To make the SBAR educational process relevant to your practice environment, the didactic education session should highlight targeted communication scenarios where the SBAR process can be used. These targeted situations should be determined based on the specific communication needs of your team or unit.

New Staff Orientation: SBAR training should be offered as part of ongoing orientation to all new staff, volunteers and students.

STAGE 1 Education Sessions

EDUCATION SESSION #1
Communication in Health Care and the SBAR Tool

EDUCATION SESSION #2
Experiential-Based Learning with the Adapted SBAR Tool

EDUCATION SESSION #3
SBAR Team Focus Group Discussion

Lesson Plan for Education Session #1

Suggested Duration: 1.5 hours

	Activity	Time
1.	Introduce yourself and invite participants to introduce themselves. Consider having some form of introductory activity or "ice breaker" *(➲ Education Session #1 Resources "Slides with Notes #1")*	5 minutes
2.	Identify the learning objectives for the session	5 minutes
3.	Define, "What is the issue?" Cover the following points: – Communication, patient safety and quality of care – Experiences of participants with communication errors – Underlying causes of communication errors	50 minutes
4.	Respond to the communication challenge – introduce the SBAR process Cover the following points: – Background of the SBAR tool – Designing for human factors – Creating a learning environment – Revising the SBAR tool for your practice setting: - Context and reasons for using SBAR - Review and discussion	20 minutes
5.	Summarize the key learning points for the session	5 minutes
6.	Respond to questions and evaluate the session using the evaluation form provided *(➲ Education Session #1 Resources "Evaluation of Education Session #1")*	5 minutes

Communication in Health Care and the SBAR Tool

Education Session #1

The following section provides information for the facilitator who is leading Education Session #1. Suggested activities and time allotments are provided, but may need to be adjusted according to prior learning experiences and the needs of the group. It is highly recommended that the facilitator become familiar with the material prior to the session *(➲ "Getting Ready Resources" and "Education Session #1 Resources")*.

Learning Objectives

By the end of Education Session #1, participants should:

- ✓ be able to identify the nature and causes of communication breakdown within health care.
- ✓ be familiar with the SBAR tool and its effectiveness in preventing communication breakdown and promoting patient safety.

Facilitator Notes

This session is primarily didactic in nature. At this session you will provide detailed information related to the identified issues and current research in order to provide background to participants on the nature and causes of communication issues within health care. The SBAR process will be introduced as a structured tool that may help prevent communication breakdown.

You may wish to present the information using the presentation slides provided *(➲ Education Session #1 Resources "Slides with Notes #1")*.

Allocate some time to conduct a brief evaluation at the end of this session *(➲ Education Session #1 Resources "Evaluation of Education Session #1")*.

Materials Required for Education Session #1

- ❑ Getting Ready Resources
- ❑ Slides with Notes #1
- ❑ Evaluation of Education Session #1

Reminder

Also available is a condensed version of Education Session #1 and #2.

- ❑ Slides with Notes #1+2 (condensed)

"SBAR gives people a place to begin."

SBAR Participant (RN)

Summary of Presentation Slides for Education Session #1

SBAR Education Session #1

Overview & Objectives

Session #1

» To raise awareness of communication issues
» To identify SBAR as one response to team communication issues

Session #2

» To develop skill in using SBAR
» To identify strategies for implementing SBAR

Session #3 (SBAR Team Focus Group)

» To understand how SBAR is being used, in what contexts and by whom
» To gather insights on the usefulness and sustainability of the tool

Situating safety within a Just Culture

This discussion is understood within the goal to create a safety culture
Such a culture:

» emphasizes a systems approach to patient safety
» values the application of ongoing learning
» focuses on solution finding and evaluation processes

What is the issue?

Preventing Adverse Events...

which is any occurrence that diminishes quality of care or that is inconsistent with the stated goal of the health care organization which is to cure or alleviate health problems and to promote health. (West, 2000)

What is the root cause?

The overwhelming majority of adverse events involve communication errors.
(Leonard et al., 2004)

Understanding patient safety in rehab and CCC

» An externally funded research study was conducted with Toronto Rehab staff to understand:
  – what does patient safety mean within a rehab and complex continuing care environment?
  – what are the enablers of, or barriers to, patient safety within our settings?

Patient safety in Rehab and CCC

Patient population is unique and changing:

- Challenging populations
- Increasingly complex patient populations
- Balancing risk-taking and safety issues

Rehab's unique and on-going place in the continuum of care:

- Rehab is where the work begins
- Rehab never ends
- Transitions in care
- Infection control

Patient safety enablers and barriers

Teamwork
- Trust and respect
- Communication
- Leadership
- Inclusiveness

Resources
- Staffing
- Equipment and supplies
- Environment

Culture
- Leadership
- Hierarchical structures
- Communication
- Systems approach

Responsibility
- Organizational (e.g. structures and systems, managing change, corporate/individual program, staff safety)
- Individual

What is your experience?

- Problematic communication situations?
- Problematic terms?

What underlies communication errors?

- Human Performance Limitations
- Interpersonal Dynamics
  - Hierarchical structures
  - Cultural differences
  - Gender differences
  - Disciplinary differences
  - Individual differences and filters
- Team Functioning and the Clinical Environment
  - Situational awareness
  - Learning environment
  - Communication processes/structures

(Greenfield, 1999; Haig et al., 2006; Wachter & Shojania, 2004; West, 2000)

- **Error and human performance limitations**
  - » Limited memory capacity
  - » Impact of stress
  - » Fatigue
  - » Multi-tasking limits

  (Leonard et al., 2004)

- **Interpersonal dynamics: Hierarchal power blocks to communication**
  - » Power structures may inhibit team members from sharing observations
  - » Individuals may discredit their own observations and suggestions
  - » Some perspectives and communication styles are privileged

  (West, 2000)

- **Interpersonal dynamics: Cultural influences on communication**
  - » Relationship to authority
  - » What does it mean to question?
  - » Direct vs. non-direct
  - » High context vs. low context

  (Gudykunst et al., 1996)

- **Interpersonal dynamics: Gender influences on communication**
  - » Accommodation vs. Assertion
  - » Multi-tasking abilities
  - » Others?

- **Interpersonal dynamics: Disciplinary differences**
  - » Medicine - Nursing
    - – Brief details vs. narrative or descriptive style
  - » OT - PT
    - – Judgers vs. perceivers
    - – Order vs. flexibility
  - » Pharmacy vs. others
    - – Focus on observable data
  - » Profession-specific "cognitive maps"
    - – Examples?

  (Haig et al., 2006; Hardigan & Cohen, 1998; Lysack et al., 2001)

Team functioning and the clinical environment

- Situational awareness
  - Multiple information sources with multiple players
  - Incomplete information
  - Rapid changes with clinical scenarios
- Ineffective communication structures
  - Hand-offs and transitions
  - Team rounds
- Limited time
- Ineffective response to errors?
  - "Non-learning environment"

In summary

- We bring different filters to our work. It is important to identify these differences and to develop a shared structure to support effective communication.
- Communication errors are a team and system issue.
- We need to create a culture that examines errors in light of interpersonal dynamics and communication structures.

The SBAR Approach: "Getting everyone into the same movie"

- Background
  - High reliability organizations
    - Airline industry
    - Emergency units
- Growing support for SBAR effectiveness *(Haig et al., 2006)*
- Gaps: Rehab and interprofessional teams

Responding to human factors: Critical tools and concepts

- Appropriate assertion
- Critical language
- Situational awareness
  - Red flags
- Create a learning environment
  - Debriefing
- Common debriefing model
  - SBAR

Assertion

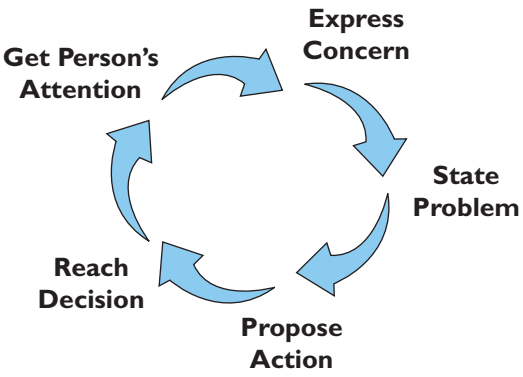
"Individuals speak up, and state their information with appropriate persistence until there is a clear resolution."

Why is it so hard to be assertive? Stuck in the "hint and hope" model

- Power differences
- Lack of common mental model
- Don't want to look stupid
- Not sure that you're right
- Others?

(West, 2000; Leonard et al., 2004)

Assertion Cycle



Assertion Cycle (Leonard et al., 2004)

Critical language

C - I'm **C**oncerned
U - I'm **U**ncomfortable
S - This is un**S**afe

"We have a serious problem, stop and listen to me!"

Situational awareness

- Maintain the big picture
  - quality of care
  - safety
- Think ahead and plan
- Discuss contingencies
- Tune into red flags

Red Flags

- Ambiguity
- Poor communication
- Confusion
- Trying something new under pressure
- Verbal violence
- Doesn't feel right
- Boredom
- Task saturation
- Being rushed
- Deviating from established norms

Create a learning environment: Debriefing

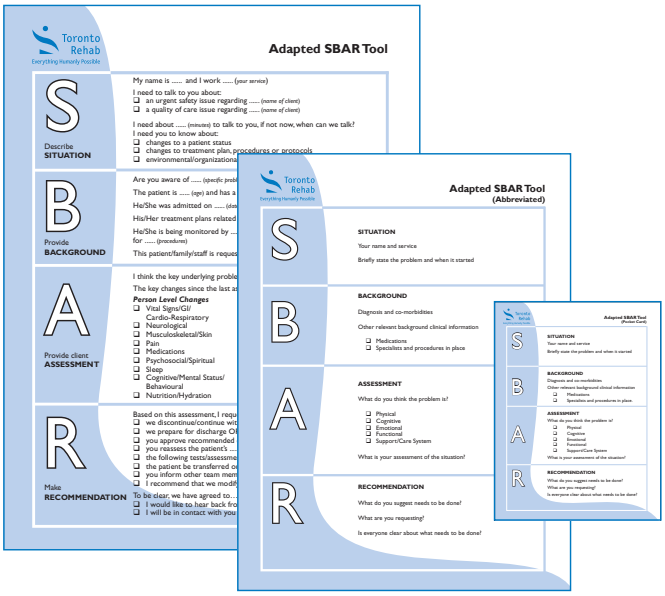
After an event, program or day, ask:

- What did the team do well?
- What were the challenges?
- What will the team do differently next time?

Example of a common error

- 75 yr old woman with a stroke and subluxed right shoulder
- Non-assertive patient unable to alert nurse to the issue
- One person assist bed to wheelchair
- New evening nurse on duty
- Inappropriate transfer leads to increase pain in shoulder; patient dissatisfied and becomes less trustful of her care team
- Nurse feels unclear as to the reasons for the patient's distrust and frustration
- System issues left unaddressed

Adapted SBAR Tool



SBAR Example

B) System Communication Issue

Situation: I am a new nurse on… It seems that I was not informed about the appropriate transfer approach for Mrs. X . Last night I may have caused her some pain when transferring.

Background: She has a right CVA with a subluxed shoulder. She is a non-assertive patient and doesn't like to make a fuss, so she did not speak up until I encouraged her.

Assessment: I think we have a problem with how transfer information is being communicated to new staff.

Recommendation: I think we need to discuss protocols to ensure proper transfers techniques for new staff and from shift to shift. At the next staff meeting, I would like to raise this issue for discussion.

Critical success factors from the Kaiser Permanente

- Visible support from senior management and clinical leadership
- Celebrate successes along the way
- Dissociate errors from clinical competency
- Teamwork training
- Team members responding without argument to requests for support
- Use of standardized/structured communication tools

When to use SBAR

- In time sensitive or critical situations
- When making treatment decisions and everyone needs to be tuned into the plan
- During phone calls to MDs and other team members
- During hand-offs and transitions in care
- When dealing with system and organizational problems
- When you need clarity

A Few Reminders

- Think out loud
- Close the loop with an action and accountability
- Be prepared with needed info before making a phone call
- Expect a response to your request for help
- Use critical language
- Support each other in using SBAR

"Good people are set to fail in bad systems; let's figure out how to keep everyone safe."

Dr. Mike Leonard

Evaluation of Education Session #1

Date: _____ Profession: _____

Please complete the following statements

1. **The information presented contained:**
   - ❑ too much detail
   - ❑ an appropriate amount of detail
   - ❑ not enough detail

2. **The presentation was:**
   - ❑ very helpful
   - ❑ somewhat helpful
   - ❑ not at all helpful

3. **The length of time of the presentation was:**
   - ❑ too long
   - ❑ appropriate
   - ❑ too short

4. **The relevance of this presentation is:**
   - ❑ directly applicable to my practice
   - ❑ indirectly applicable to my practice
   - ❑ of general interest to me
   - ❑ not applicable to me or my practice

Please rank your presenter

5. **How well did the presenter:**

	Very little	Somewhat			Very high
	1	2	3	4	5
a) show enthusiasm?					
b) demonstrate sufficient knowledge?					
c) present in a clear and well organized manner?					
d) meet the outlined learning objectives?					
e) encourage interaction among participants?					
Comments:					

6. **How could Education Session #1 be improved?**

Thank you for completing this evaluation form!

Lesson Plan for Education Session #2

Suggested Duration: 2 hours

	Activity	Time
1.	Re-introduce yourself and provide a brief review of Education Session #1 *(➲ Education Session #2 Resources "Slides with Notes #2")*	5 minutes
2.	Identify the learning objectives for the session	5 minutes
3.	Facilitate the Video Scenarios and Role Play Scenarios: **Step 1:** Watch Video Scenarios *(➲ DVD)* and facilitate a discussion using the Questions provided in the Facilitator's Guide *(➲ Education Session #2 Resources "Facilitator Guide for Video Scenarios")* **Step 2:** Role Play the Scenarios (Participant Demonstrations) – Participants are divided into small groups and role play three scenarios allowing 15 minutes each – Ask the Observer to provide feedback using the form provided *(➲ Education Session #2 Resources "Facilitator Guide for Role Play Scenarios", "Instructions for Role Play Scenarios" (with choice of six scenarios) and "Role Play Feedback Form")* – Consider switching groups after each scenario in order to take advantage of interdisciplinary expertise and to change the group dynamic	75 minutes
	Step 3: Discuss the small groups' experiences relating to the challenges and perceived benefits of using the SBAR tool (record comments on a flip chart) – Request feedback on the format and content of the SBAR tool – Request feedback on the challenges they experienced using the SBAR tool – Discuss how to improve SBAR skills at the individual and team level – Discuss the 'critical language' the team is going to use when initiating SBAR (e.g. "This is an SBAR moment")	
4.	Apply SBAR to practice. Discuss how to implement, evaluate and give permission to use – Summarize main points brought out through role plays – Discuss when/where the adapted SBAR tool may be used – Discuss other examples of how participants see SBAR in practice	30 minutes
5.	Evaluate Education Session #2 using the Evaluation form provided *(➲ Education Session #2 Resources "Evaluation of Education Session #2")*	5 minutes

Experiential-Based Learning with the Adapted SBAR Tool

Education Session #2

The following section provides information for the facilitator leading Education Session #2. Suggested activities and time allotments are provided, but may need to be adjusted according to the prior learning experiences and needs of the group.

Learning Objectives

Following this session, participants should:

- ✓ develop skills on how to use the SBAR tool through video scenarios, role playing and case studies.
- ✓ identify strategies for the implementation and sustainability of SBAR within their clinical environment.
- ✓ help to identify practical and feasible methods of evaluating SBAR use, including tracking processes.

Facilitator Notes

This session primarily involves an experiential learning approach to using SBAR. During this session, participants will develop familiarity with using the SBAR tool through video discussion and role playing scenarios.

Show participants the two Video Scenarios demonstrating ineffective and more effective communication, and then engage them in a facilitated discussion. *(➲ DVD)*. If possible, an extra facilitator would be beneficial to assist with the interactive discussions, as well as the role playing exercises that follow *(➲ Education Session #2 Resources "Facilitator Guide for Video Scenarios")*.

Divide participants into small groups (ideally into groups of three) and invite them to role play three (or more) safety scenarios using the SBAR approach. Allow approximately 15 minutes for each scenario. The case studies for role playing are based on scenarios that are typical to a clinical rehabilitation environment. Some also emphasize *falls prevention and management*. Feel free to develop your own relevant clinical scenarios appropriate to your own setting.

Provide participants with instructions and a list of role play scenarios, along with a Feedback form *(➲ Education Session #2 Resources "Facilitator Guide for Role Play Scenarios" (with choice of six scenarios), "Instructions for Role Play Scenarios" and "Role Play Feedback Form")*. Encourage participants to provide feedback to each other on their use of the SBAR tool. Circulate among the groups and facilitate as necessary to help bring out the key messages for each scenario.

Materials Required for Education Session #2

- ❑ Slides with Notes #2
- ❑ Facilitator Guide for Video Scenarios
- ❑ Facilitator Guide for Role Play Scenarios
- ❑ Instructions for Role Play Scenarios (with choice of six scenarios)
- ❑ Role Play Feedback Form
- ❑ Evaluation of Education Session #2
- ❑ Video #1, Version A & B
- ❑ Video #2, Version A & B

Reminder

Also available is a condensed version of Education Session #1 and #2.

- ❑ Slides with Notes #1+2 (condensed)

"SBAR helps me feel more confident in my role and helps to build relationships with my co-workers."

SBAR Participant (OT)

Allocate some time to conduct a brief evaluation at the end of this session using the Evaluation Form provided *(➲ Education Session #2 Resources "Evaluation of Education Session #2")*.

Summary of Presentation Slides for Education Session #2

SBAR Education Session #2

Objectives

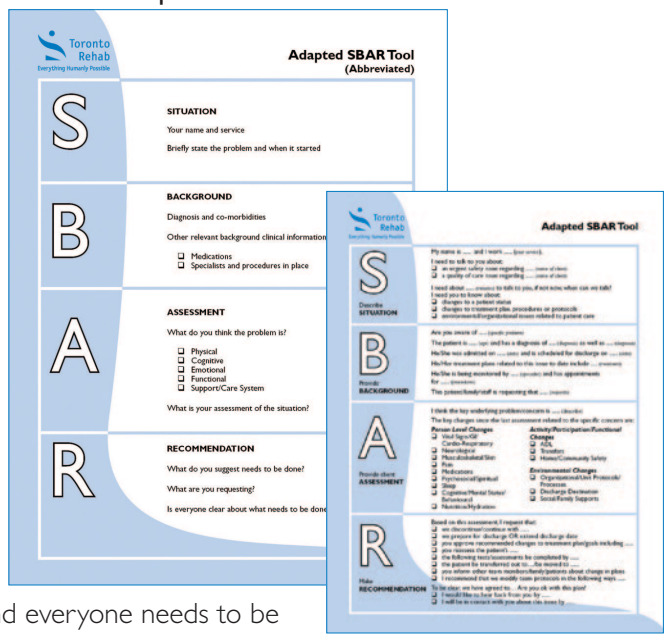
1. To become familiar with using the SBAR tool
2. To determine next steps in implementing the SBAR tool
3. To help develop the implementation tracking process

Overview

1. Video scenarios and discussion
2. Participants role play
   - Three different safety situations
   - Small group feedback
3. Large group discussion
   - Feedback on experience
4. How to implement with team
   - Tracking the process
5. Evaluation

Adapted SBAR Tool

Adapted SBAR Tool



When to use SBAR

- In time sensitive or critical situations
- When making treatment decisions and everyone needs to be tuned into the plan
- During phone calls to MDs or other team members
- During hand-offs and transitions in care
- When dealing with system and organizational problems
- When you need clarity

A Few Reminders

- Think out loud
- Close the loop with an action and accountability
- Be prepared with needed info before making a phone call
- Expect a response to your request for help
- Use critical language
- Support each other in using SBAR

Facilitator Guide for Video Scenarios

Video #1: "Team Rounds – Closing the Loop"

This video highlights that health care is a complex and dynamic environment where even experienced and well-intentioned clinicians make mistakes. It also emphasizes that while clinicians are often good at providing the clinical context and background of a safety issue, they are often quite poor at 'closing the loop' and providing accountabilities for action.

Context

Five members of an interprofessional stroke rehabilitation team, involving a physiotherapist (PT), occupational therapist (OT), nurse (RN), social worker (SW), and speech language pathologist (SLP) are discussing Mrs. Holmes during weekly patient care rounds. Mrs. Holmes is requesting to go home on her first weekend pass since her stroke five weeks ago. It is Tuesday morning.

Version A: The SW who is cognizant of time, shifts the discussion to Mrs. Holmes. It is immediately evident that each team member has important information and key actions that need to be resolved before Mrs. Holmes can safely go home for the weekend. The PT is concerned about her patient's mobility and stair safety, and reminds the group that Mrs. Holmes has fallen recently. The OT interrupts with his concern that she is unsafe in the shower, and wonders if anyone has contacted her husband yet. The SW quickly responds, but then asks about Mrs. Holmes' pain. The SLP switches the conversation completely and asks if anyone else has noticed how tired she is during the day. Somewhat irritated, the PT re-asserts that without assistance, Mrs. Holmes is at risk of falling. The PT is again disregarded, this time by the RN who picks up on the SLP's question, and wonders if Mrs. Holmes' fatigue is related to her medications. She reminds the group that the pharmacist is away this week, but there is a new pharmacist providing coverage to the unit. The SW tries to bring the team to consensus, but a frustrated OT says, *"Stop! Let's SBAR this"*.

Version B: The team makes a second attempt at dealing with the multi-faceted issues of helping Mrs. Holmes safely go home for the weekend. Using SBAR, the clinicians concisely and clearly summarize a large amount of information in a way that is less disjointed and much more respectful. This Version emphasizes that communication does not need to be perfect to be accountable; it also emphasizes action through the recommendations voiced by team members. In this way, SBAR can be effective in bridging differences, tuning staff into each other's concerns, and 'getting everyone into the same movie'.

Facilitating Video #1

Key Teaching Moments

Critical language: Adopting critical language within the culture of a health care team means, *"We have a problem here. Stop and listen to me"*. The ability to get everyone to stop and listen is critical for safe care. This team has adopted its own agreed-upon critical language or communication phrase. This phrase helped the team avoid the natural tendency to speak indirectly or to continue down a path where there is little accountability. The critical language chosen by this team is, *"Let's SBAR this"*.

Human performance limitations: Stress, fatigue, distractions and limited ability to multi-task, ensure that even experienced teams can make mistakes. This video involves multiple information sources from multiple people, incomplete information, and limited time. For this team, SBAR provides the structure it needs to form a well understood plan that reduces the chances of human performance limitations that can contribute to communication breakdown.

Facilitated Discussion (15 Minutes)

1. Introduce the CONTEXT of Video #1
2. Play Video #1 – Version A, then pause the video
3. Pose the following questions to help the group analyze what they saw:
    a. In Version A, what makes these team members ineffective communicators? For example, did they listen to each other? Were they respectful? How did they handle multiple sources of information?
    b. What could have been done differently?
    c. Have you ever been on either side of a similar conversation?
    d. What is the role of critical language or communications phrases for this team?
4. Resume Video #1 and play Version B
5. Summarize the TEACHING MOMENTS by posing the following questions:
    a. What are some of the differences in individual and team communication styles between Version A and Version B?
    b. Having watched the video, what are some of the challenges of using SBAR?
    c. Can you think of clinical examples of when SBAR may or may not be appropriate to use?
6. Conclude Video #1

Facilitator Guide for Video Scenarios (Cont'd)

Video # 2: "Stuck in the 'Hint and Hope' Model"

This scenario highlights the fact that many clinicians struggle to provide an assessment of an issue with specific recommendations for action. Perceived power hierarchies and lack of assertiveness are two reasons for this. By featuring a novice and an expert, this video demonstrates the impact that succinct and relevant communication can have on increasing confidence and minimizing the 'hint and hope' model.

Context
Later that same day, John who is providing pharmacy coverage to the unit, approaches Dr. McCarthy the staff physician. He is following up on the concern raised during team rounds about the possible link between Mrs. Holmes' medication and her falls.

Version A: As John approaches Dr. McCarthy, the physician is paged and is clearly distracted. John asks for "a second" of her time, which they both know will be much longer. He also forgets to introduce himself. John's intentions are good; however, his communication approach is lengthy and unprepared. He makes two valuable suggestions: 1) to change Mrs. Holmes' medication to one that is less fatiguing and 2) to meet with the patient and family to discuss these changes. But John makes these suggestions indirectly and nothing is resolved. He feels frustrated, disempowered and disappointed with the outcome.

Version B: John introduces himself, and clearly and concisely articulates each element of the SBAR tool. He sounds more confident as he provides his assessment and recommendation for action. Dr. McCarthy responds positively, and despite being busy, seems engaged in the outcome.

Facilitating Video #2

Key Teaching Moments
Situational awareness: In Version A, John sees Dr. McCarthy approaching, seizes the moment and asks her for "a second" of her time. They both know that their conversation will be much longer and his approach suggests a lack of respect for her busy schedule. In Version B John says, *"I need three minutes of your time"*. Not only is this more realistic, but he has created situational awareness: *"If you can, I need you to stop and listen to me"*.

Relevant and succinct information: SBAR offers a way to concisely communicate important information in a predictable structure. Not only is there familiarity in how people communicate, it also helps develop critical thinking skills. The first time John approaches Dr. McCarthy, he has not fully thought through what he wants to achieve through his conversation. As a result, his message comes across haphazard and unplanned. In Version B, John has collected his thoughts and provides a clear assessment of the problem and what he thinks is an appropriate response. This recommendation may not ultimately be the answer, but there is value in defining the situation.

Communication goes two ways: This scenario emphasizes that communication is a two-way street, with both a giver and receiver of information. In Version A, neither clinician is tuned into each other. Here, John is well-intentioned though unprepared and lacking in clarity. The physician is clearly frustrated with John's lack of succinctness, however, she makes no attempt to clarify the situation. In Version B, we see that Dr. McCarthy acts as an "SBAR coach" and asks for the information she needs from John to help make a good decision.

Facilitated Discussion (15 Minutes)

1. Introduce the CONTEXT of Video #2
2. Play Video #2 – Version A, then pause the video
3. Pose the following questions to help the group analyze what they saw:
   a. What were some of the reasons why the exchange between John and Dr. McCarthy was so ineffective?
   b. To what extent did hierarchical barriers and lack of assertiveness impact communication between the two clinicians?
   c. Have you ever been on either side of a similar conversation?
4. Resume Video #2 and play Version B
5. Summarize the TEACHING MOMENTS by posing the following questions:
   a. What role does SBAR play in helping John become more confident and assertive?
   b. Does this issue pose a safety concern that requires immediate action? Why or why not?
   c. To what extent was Dr. McCarthy an "SBAR coach"? Is this approach effective?
6. Conclude Video #2

Facilitator Guide for Role Play Scenarios

Divide participants into small groups (ideally groups of three). Ask group participants to choose three of the following six safety scenarios for 15 minutes each:

Scenario#1 Infection Control

Scenario#2 Safe Transfers

Scenario#3 Discharge Dilemmas

Scenario#4 Initial Assessment

Scenario#5 Change in Status

Scenario#6 Transitions in Care

Scenarios #1 to #3 focus on patient safety more broadly; Scenarios #4 to #6 emphasize *falls prevention and management.*

Review the two handouts to be given to participants regarding roll play instructions and feedback *(➲ Education Session #2 Resources "Instructions for Role Play Scenarios" and "Role Play Feedback Form")*.

Ask participants to role play using SBAR to gain experience with the process and structure of the tool. If time permits, ask participants to role play without using SBAR to compare the differences and similarities of how they may have approached the situation.

Circulate among the groups while they are role playing and offer the following observations (if they are not raised by the participants themselves):

- how thoughts become organized for discussion
- how communication becomes organized (or disorganized) when discussing complex issues
- how it feels to use SBAR – confidence, clarity, conciseness
- how to use critical language, be assertive, and raise red flags
- how recommendations and follow-through become part of the conversation
- how building in accountability to the discussion, "closes the loop"
- how SBAR can reduce hierarchical barriers
- how body language and non-verbal cues are part of communicating
- how you are perceived when speaking in person vs. over the telephone

To end the session, bring the group together and provide a summary of key points highlighted through the role play scenarios (as listed above).

Instructions for Role Play Scenarios

In groups of three, you will have the opportunity to practice using the SBAR process. You will be asked to play the role of various team members, so try to step out of your own professional role. Imagine how you would interact, and what you would be concerned about if you had to, "walk in another professional's shoes". The point of this exercise is to practice the SBAR process, so don't be concerned with the accuracy of your clinical expertise or language. Feel free to make up the details!

You will be asked to role play three different safety scenarios of your choice. Each member of the group will also have the chance to be the 'Observer', and provide feedback using the ***"Role Play Feedback Form"*** to guide your comments. Allow about 10 minutes to role play the scenario and about 5 minutes for feedback and discussion (total of 15 minutes each). Notice how it feels to use SBAR and how it feels when someone is using the SBAR process with you. Be prepared to share your thoughts with the larger group.

General Patient Safety Scenarios

Scenario 1: Infection Control

The players: A housekeeping staff member speaking to a nurse.

The situation: There is a patient with the flu on your unit. Staff have been briefed regarding precautions and standard procedures for care. You are a member of the housekeeping staff, and are concerned because you know that the patient tends to wander, particularly at night when mildly disoriented.

The communication issue: Communicate your concern to the nursing staff. Make suggestions on how to ensure that all staff know about, and understand strategies to maintain, optimal infection control standards.

Scenario 2: Safe Transfers

The players: A therapist (from any rehab discipline) speaking to a nurse.

The situation: You have been working with a patient who has been progressing well in therapy. You feel that the patient can now manage a one-person transfer. Your recommendations have been charted and discussed in rounds; however, you notice that staff continue to use a mechanical lift with this patient. You feel that this is working against the aims of therapy.

The communication issue: You are unclear why staff are not following through on the recommended transfer strategy. You need to communicate the reasons behind the recommended transfer technique. You also want to ensure the consistent use of transfer protocols across shifts and disciplines.

Scenario 3: Discharge Dilemmas

The players: A part-time social worker speaking with a team leader/manager.

The situation: You work on the unit part time and are not always able to attend rounds. You have been working with a patient who you have just found out is being discharged before the end of the week. You are very concerned about this as you have just spoken to the patient's spouse who has become ill and whose judgment and ability to care for the patient at home is questionable. You have also learned that the spouse has delayed plans for bathroom equipment to be installed. This equipment will be necessary for the patient to return home safely. You are frustrated as you feel that similar situations have occurred in the past where patients are returning to unsafe home situations, but you have not been successful in communicating this to the team.

The communication issue: You need to alert the team leader/manager regarding the need for an extended discharge, but you also need to seek help from the team in finding ways to prevent similar situations from happening in the future.

Patient Falls Safety Scenarios

Scenario 4: Initial Assessment

The players: Nurse speaking to a physiotherapist.

The situation: Mr. A is a 75 year-old gentleman who has been admitted with right wrist and distal tibia-fibula and ankle fractures. Currently he has an external fixator on his wrist and wears a cast boot. He is non-weight bearing through both of his injury sites. Mr. A has a history of alcohol use and is diabetic and was residing in a men's shelter prior to his accident. His community case worker describes him as, "very loud at times – especially when things are not going well in his opinion, or if he has had too much to drink. He likes taking risks and he will take them". The acute care hospital reports that Mr. A was found attempting to ambulate on two legs to the bathroom on a number of occasions while in their care.

The communication issue: You want to communicate Mr. A's behaviour status to the PT, and his potential risk for falls as a result.

Scenario 5: Change in Status

The players: Nurse/therapist speaking to a physician.

The situation: Mrs. B is a 50 year-old woman who sustained multiple thoracic and lumbar fractures due to severe osteoporosis. She wears a TLSO (thoracic lumbar sacral orthosis) brace whenever she is upright and ambulating. Recently, Mrs. B. reported, "I'm having a lot of numbness and tingling in my legs and my legs have no power like before". As a result of this change in status you are concerned that she is at an increased fall risk from her initial falls assessment. Mrs. B is a very motivated woman who continues to attempt to transfer and to walk by herself. Yesterday she reported to her nurse that, "I nearly fell in my room but I caught myself just in time. I'm okay, but my daughter told me to tell you".

The communication issue: You want to report the change in status to the physician and discuss interventions that may be required.

Scenario 6: Transitions in Care

The players: Social worker on the team speaking to an occupational therapist.

The situation: Mr. C is a 65 year-old gentleman who has recently had quadruple by-pass surgery. He suffers from post-operative delirium and is in acute renal failure; he also has bilateral drop foot that has not yet been diagnosed. You also know that Mr. C had a history of falls while in acute care. At the time of admission to your unit, you are unsure of his mental capacity and are concerned about his decision-making capabilities.

The communication issue: You want to report the change in status to the OT and discuss interventions that may be required.

Role Play Feedback Form

The **Observer** should consider the following six aspects of effective communication when providing feedback. Wherever possible, provide constructive suggestions on how to effectively use the SBAR process.

1. Was assertiveness conveyed? Identify examples and propose improvements.

2. Was the level of detail sufficient? Identify examples and propose improvements.

3. Did the "responder" convey active listening? Identify examples and propose improvements.

4. Were all portions of the SBAR incorporated? Identify missing content that would have benefited the interaction.

5. What communication styles or filters were demonstrated and how did they impact the interaction?

6. Did SBAR make a difference to this communication scenario? Why or why not?

Evaluation of Education Session #2

Date: _____ Profession: _____

1. **The learning exercises were:**

   ❑ very helpful ❑ somewhat helpful ❑ not at all helpful

2. **The length of time of the presentation was:**

   ❑ too long ❑ appropriate ❑ too short

3. **How well did the presenter:**

	Very little	Somewhat			Very high
	1	2	3	4	5
a) show enthusiasm?					
b) demonstrate sufficient knowledge?					
c) present in a clear and well organized manner?					
d) meet the outlined learning objectives?					
e) encourage interaction among participants?					

Comments:

4. **How could Education Session #2 be improved?**

5. **What did you like about these education sessions?**

6. **Are you unclear on anything covered in the education sessions? Explain.**

7. **How will you change your practice as a result of these education sessions?**

   1.

   2.

   3.

8. **On a scale of 1 to 10, how confident are you that the SBAR process will be successful on your unit?**

1 2 3 4 5 6 7 8 9 10

Not at all confident — Somewhat confident — Extremely confident

Thank you for completing this evaluation form!

Lesson Plan for Education Session #3

Suggested Duration: 1 hour
(Could be held as a working lunch session)

	Activity	Time
1.	Welcome participants	5 minutes
2.	Review scenarios where SBAR was utilized by whom and in what context *(➲ Education Session #3 Resources "Facilitator Guide for Focus Group Discussion")*: – Discuss the challenges that staff (clinical and non-clinical) faced when using the SBAR process – Discuss the clinical environment – Discuss/confirm critical SBAR language used by the team (note on a flip chart)	25 minutes
3.	Discuss how SBAR implementation processes could be promoted and sustained: – Invite participants to recommend ways to support its use and sustainability – Come to consensus about where to place prompts/reminders on the clinical unit *(➲ Getting Ready Resources "Adapted SBAR Tool" pocket card and poster)*	25 minutes
4.	Evaluate participants' confidence in their use of SBAR and the process used to implement the tool *(➲ Education Session #3 Resources "Confidence and Implementation Tracking Form")*	5 minutes

SBAR Team Focus Group Discussion

Education Session #3

The following section provides information for the facilitator leading the focus group discussion as part of Education Session#3. Suggested activities and time allotments are provided, but may need to be adjusted according to the prior learning experiences and needs of the group.

Learning Objectives

Following this session, participants should:

- ✓ have practical experience using the SBAR process in different situations and with different clinical groups.
- ✓ discuss enablers of, and barriers to, using the SBAR process.
- ✓ provide insights into the use and sustainability of the SBAR process in their teams and work environment.

Facilitator Notes

This session should be held approximately three weeks following Education Session #2. The intent is to provide participants with an informal group environment to discuss experiences in implementing the SBAR process and raise any questions or concerns regarding its use.

Divide participants into small groups (10 people or so) and encourage them to provide feedback to assist in identifying areas for developing/promoting an implementation plan for their specific environment.

Familiarize yourself with the discussion guide which outlines a series of questions to facilitate discussion *(➲ Education Session #3 Resources "Facilitator Guide for Focus Group Discussion")*.

Record the discussions (you may need a 'scribe') and communicate a summary of this feedback and agreed-upon changes to the entire team to ensure a consistent message, as you move forward with implementation.

Materials Required for Education Session #3

- ❑ Facilitator Guide for Focus Group Discussion
- ❑ Confidence and Implementation Tracking Form

"I like SBAR because it makes everyone human and equal. It validates people, which is great for teamwork."

SBAR Participant (PT)

Facilitator Guide for Focus Group Discussion

1. In what situations have you used the SBAR tool? (list on board/flip chart)
   - » Who was involved? Which clinical professions?
   - » Focus questions on their rationale for using the SBAR tool in these specific contexts

2. What has been your experience in using the SBAR process?
   - » Positive
   - » Negative
   - » Impact on communication
   - » Impact on quality of care/patient safety
   - » Experience of having the SBAR used on you

3. In what situations did you choose *not* to use the SBAR process, and why?

4. What was the most useful way we promoted SBAR and prompted you to use it?
   - » Reminders
   - » Visual prompts
   - » Team meetings
   - » Other

5. What suggestions do you have for increasing the use of the SBAR tool in your practice setting? What are the enablers of, and barriers to, implementation?

For your Consideration ~ Key Learnings from Stage II

Upon reflection of our SBAR implementation and evaluation at Toronto Rehab, we suggest the following key learnings for future consideration:

Learning-in-Action Process: Our evaluation of the SBAR process reflected an action-learning process in which new ideas are integrated in an ongoing and iterative process. Staff provided suggestions on how to further modify the implementation phase and we incorporated these ideas wherever possible. The tracking process also served as a prompt to staff to continue to use the SBAR tool.

Use of Reminder Tools: Staff members have found the following prompts helpful:

- small SBAR pocket cards that can be attached to staff ID cards
- a unit SBAR binder as a learning resource
- SBAR posters and signage displayed in prominent areas (e.g. conference and meeting rooms, next to telephone areas)
- SBAR telephone pads

(➲ "Adapted SBAR Tool" full, abbreviated, pocket card and poster)

Engaging Key Champions: Supported and successful implementation requires dedicated staff champions. Teams may want to designate their own SBAR champions to ensure the ongoing use of the tool. In our projects, champions naturally emerged from within the study teams. In addition, an overall project coordinator may be useful to ensure that all aspects of the implementation plan and evaluation are completed.

Costs: Be sure to consider implementation evaluation costs (including, project coordinator to monitor SBAR use, data entry, reminder tools, working lunches) in the overall project budget.

STAGE II Implementation and Evaluation

When to use SBAR

- ✓ *In time sensitive or critical situations*
- ✓ *When making treatment plan decisions and everyone needs to be tuned into the plan*
- ✓ *During phone calls to MDs and other team members*
- ✓ *During hand-offs and transitions in care*
- ✓ *When dealing with system and organizational problems*
- ✓ *When you need clarity*

Stage II Implementation and Evaluation		Ongoing throughout Implementation Phase
	Activity	**Time**
1.	Conduct One-on-One Interviews with participants pre- and post-implementation *(➲ Stage II Resources "One-on-One Interview Questionnaire")* Assess Confidence and Implementation (this can be done at the time of the One-on-One Interviews) *(➲ Stage II Resources "Confidence and Implementation Tracking Form")*.	15 min per participant
2.	Track SBAR during Team Rounds 1-2 times per month at a pre-arranged time *(➲ Stage II Resources "Team Rounds Tracking Form")*	5 min

Putting SBAR into Practice and Evaluating the Process

The process evaluation involves a tracking process that aims to:

- ✓ Reduce undue burden on staff time and integrate into regular work hours.
- ✓ Obtain a combination of quantitative and qualitative information about how teams are using SBAR.
- ✓ Be as rigorous as possible, given resource constraints.

The tracking process seeks to answer the following questions:

1. Is the SBAR tool being used by staff?
2. Which professions are using the SBAR tool?
3. When is the SBAR tool being used? For what communication issues?
4. What is the experience of using the SBAR process in terms of impact on communication and practice?
5. What can we learn about effectively implementing the SBAR process? What are the enablers of, and barriers to its use? What, if any, approaches have been suggested or applied to address these barriers?

The process evaluation involves three different means of gathering information, including:

1. Conducting a One-on-One Interview Questionnaire *(➲ Stage II Resources "One-on-One Interview Questionnaire").* This questionnaire can be used to guide one-on-one oral audits with all team members. Suggested timelines to complete the interviews are four weeks following Education Session #2, and again at the end of the implementation period (e.g. at six months). Ideally, all staff should be audited on their perceptions of the SBAR tool and process, and how they are (or are not) using the tool.

2. Assessing Confidence and Tracking Implementation *(➲ Stage II Resources "Confidence and Implementation Tracking Form").* This is done at the time of the individual one-on-one interview questionnaire.

3. Administering a Tracking Form at Team Rounds *(➲ Stage II Resources "Team Rounds Tracking Form").* A key team champion or the project coordinator may attend weekly team rounds at a pre-arranged time (e.g. one to two times per month) to gather information from the team members regarding their use of the adapted SBAR tool and process.

Materials Required for Stage II

- ❑ One-on-One Interview Questionnaire
- ❑ Confidence and Implementation Tracking Form
- ❑ Team Rounds Tracking Form

One-on-One Interview Questionnaire

Date: _____ Profession: _____

1. Have you used the SBAR process this week?

   ❑ Yes ❑ No

   If yes, how many times have you used it?

   ❑ Once ❑ 6-9

   ❑ 2-5 ❑ >10

   ❑ If no, why not?

   _____

2. In what situations have you used the SBAR process and with what profession? Please comment on your experience in terms of benefits/usefulness/frustrations/difficulties.

3. How useful was the SBAR process in facilitating your communication with other team members or patients?

1	2	3	4	5
Not at all	Minimally	Somewhat	Quite	Very

4. How did you perceive the response of the person listening to you when you used SBAR?

Confidence and Implementation Tracking Form

Date: _____ Profession: _____

Which SBAR Education Session(s) did you attend? (tick all that apply)

❑ Session #1 ❑ Session #2

1. On a scale of 1 to 10, how confident are you that the SBAR process will be successful on your unit?

1	2	3	4	5	6	7	8	9	10
Not at all confident				Somewhat confident					Extremely confident

2. In your opinion, what would assist the SBAR process to be more successful?

3. On a scale of 1 to 10, how confident are you in using the SBAR tool and process in your practice?

1	2	3	4	5	6	7	8	9	10
Not at all confident				Somewhat confident					Extremely confident

4. In your opinion, what would assist you to be more confident in the use of the SBAR tool?

Team Rounds Tracking Form

Date: _____ No. of People Attending Rounds: _____

1. In the past 7 days, how many people have used SBAR? (show of hands)

2. For those of you who have used it, approximately how many times have you used it in the past week? Please indicate profession.

e.g., Nursing - 4 times

3. Please provide examples of the kind of communication situations in which you used it and with which profession.

4. Do you have any general comments about your experience? Were you satisfied with the results?

"Good people are set to fail in bad systems; let's figure out how to keep everyone safe."

Dr. Mike Leonard

ON THE DVD

Videos

Video #1 "Team Rounds - Closing the Loop"
- Version A
- Version B

Video #2 "Stuck in the 'Hint and Hope' Model"
- Version A
- Version B

Video Scenarios

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S Situation

B Background

A Assessment

R Recommendation

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