Utilizing SBAR to Improve Communication and Teamwork

Jenifer Coxson

Dixie State University
Utilizing Communication Techniques to Improve Teamwork

**Relationship-Based Care and Teamwork**

Health care does not occur in a vacuum, with each discipline acting alone and interventions occurring independently. Rather, there are many dynamic factors that are constantly interacting and influencing each other. Perhaps the most important dynamic elements of healthcare are the human providers. Each person, with their corresponding discipline, can have a great effect on the health of a patient. However, for optimal health care outcomes these different providers need to function as a team and work together.

Unfortunately health care providers don’t always function as a cohesive team, which results in poor service and patient care. One of the primary reasons for this disjointed approach to care is the lack of communication and cooperation among professionals (Smith, 2014). Furthermore, Koloroutis (2012) suggests that conflicts among caregivers could evolve into toxic patterns which could completely undermine effective care.

Koloroutis (2012) continues on to say that health care teams exist to care for the patient, and are central to relationship-based care. Moreover, effective interdisciplinary collaboration and coordination are achieved through communication. Therefore, it can be determined that communication is essential for effective relationship-based care, and should be an utmost priority.

**Communication Project Description**

Communication happens every day, in nearly every situation. However, although communication is happening, it isn’t always effective (Brindley & Reynolds, 2011). George Bernard Shaw, renowned playwright, journalist, and winner of the Nobel Prize, one said, “The single biggest problem in communication is the illusion that it has taken place.”
Perhaps the best way to facilitate effective communication is the use of a standardized communication model. The Joint Commission, the organization that accredits health care programs for the United States, endorses the use of standardized communication models for communication between health care team members. The model that the Joint Commission uses for communication is SBAR, an acronym standing for Situation, Background, Assessment, and Recommendation (Labson, 2013).

Ongoing education is a significant factor in the implementation of relationship-based care (Woolley, et al., 2012). In an effort to improve communication and foster teamwork among team members, it was determined that the nurses on the Medical/Surgical floor, the Ortho/Neuro floor, and the Pediatrics floor at Timpanogos Regional Hospital should all be instructed in the use of SBAR. This leadership and education task was assigned as a project for NURS 4040. The scope of the project was to include research regarding the history and effectiveness of SBAR, construction of a multimedia presentation, facilitation of multiple educational sessions for the presentation of materials, and reinforcement of teaching through a hands-on learning experience where simulation and practice were utilized.

**Project Implementation**

**Research Regarding SBAR**

SBAR was originally developed by the United States Navy as a means of communication between nuclear submarines. It was then adopted by the aviation industry, before coming to health care. Kaiser Permanente of Colorado was the first health care to utilize this communication model, implementing it in their rapid response teams (Wikipedia, 2015).

The use of SBAR in health care communications has proven effective. According to Guhde (2014), it has promoted discussion between disciplines, and led to improved clinical
judgment and decision making. In addition to these finding, the use of SBAR has increased consistency in interdisciplinary collaboration and improved efficiency (Cornell, Gervis, Yates, & Vardaman, 2014).

**Multimedia Presentation**

A multimedia presentation was constructed, using multiple mediums for maximum learning avenues. The presentation consisted of a power point slide show which contained written information regarding the discussion. It also contained a video clip with visual and audio components. Finally, the presentation also had printed handouts for note taking and future reference. The presentation was centered on the four elements of SBAR, which are Situation, Background, Assessment, and Recommendation. A brief synopsis of each element is described below.

**Situation.** This identifies what is happening right now. Health care providers should give a short, concise statement describing the situation at hand. Examples could include “my patient is having difficulty breathing” or “the patient is complaining of chest pain”.

**Background.** This identifies how the patient arrived at this situation. A pertinent health history, along with a brief synopsis of recent treatment should be included here.

**Assessment.** This identifies that patient’s condition or status. When conveying information about patient assessment, health care providers should include current vital signs, mental status, and pain levels, as well as changes from baseline.

**Recommendation.** At this point in the communication, the person initiating the communication conveys suggestions or recommendations for further treatment. This can include lab or diagnostic tests, medications, or simply a request for the provider to come and assess the patient personally.
Educational Sessions

Nine sessions of this training were offered on three different days to accommodate the large number of participants. To first get attention and create a positive atmosphere, music was playing as participants entered the classroom. The song “In The Navy” by the Village People was utilized for its upbeat nature, as well as a nod to the origins of SBAR. The participants were then given a pretest to assess current knowledge of communication needs, techniques, and the SBAR model. Following the pretest, the power point presentation was shared. This opened the opportunity for discussion between class members regarding the topics covered. Next a video clip was viewed, which reinforced the topics covered in the power point presentation.

Simulation and Practice

In a study by Chaharsoughi, Ahrari, & Alikhah (2014), it was found that role playing and simulation were more effective tools in teaching SBAR than traditional lecturing. Therefore, at the conclusion of the traditional lecture and power point presentation, students were led in a simulation activity. Each participant randomly selected a hypothetical patient situation that had been previously prepared, and presented it to the group. The other participants then identified appropriate communication responses, utilizing each element of SBAR. All participants were required to support their answers with rationales and explanations.

Conclusion

At the conclusion of the nine presentation sessions, feedback from the hospital administration was received regarding the teaching project. They expressed delight and satisfaction with the efforts that were made, as well as the quality of the materials presented.

A follow up activity was also initiated. Hospital supervisors and charge nurses were tasked with performing random audits of interdisciplinary communications, to see if the teaching
was effective, and the SBAR model was being utilized. The audit criteria was six audits per week, for three months. These audits are still ongoing. Additionally, health care team members for disciplines outside of nursing are being surveyed to assess whether teamwork and coworker relationships are improving. This is also ongoing.
References


