

“SBAR as Though Your Life Depended on It”

As you listen to and read the story, underline the things that you think the team members did well, and circle the things you think that could lead to errors. Also, think about the questions below as you listen.



Having a structured format for giving reports between clinical staff members leads to increased efficiency and enhanced safety. SBAR (Situation, Background, Assessment, Recommendation) can be easily learned, readily applied, and will lead to more accurate, professional, and mistake-free communications.

Questions for Group Discussion and Personal Reflection:

- What can we learn from this story?
- In what situations on our unit would it be appropriate to use the TeamSTEPPS SBAR tool?
- What would be the barriers to using SBAR on our unit??

Dr. Sheila Cowan, Infectious Disease Specialist, was scanning her email late one afternoon after a day that had started all too early. As she half-listened to her voice messages, the last one caught her ear. It was from Henry Sikes, a nurse in the ED. At first she didn't pay much attention, but as the message rambled on she started trying to decipher just what it was he was requesting.

“Dr. Cowan, this is Henry Sikes in the ED. I think we might need your help on something. I've got a patient down here, and believe me, she and her family are a piece of work. It doesn't seem like anything we do is good enough. The patient, the daughter, she's on my all-time non-compliant list. But I thought I should give you a heads up. It may not be important, but she's been running a fever of 102 and her parents indicated that she had been at a party with someone who had recently returned from West Africa. We gave her a protective mask, but she won't use it. Half the time when I come into her room she's got it off. Anyway, her family members are also causing problems by not wearing their masks when we enter the room either. So, I was wondering if you could swing by for some compliance help with infection control?”

The phone beeped. “That is your last message. Goodbye.”

Sheila shook her head in disbelief, “Wow, that was as clear as mud, and seriously, they need me to help them get the patient and family to wear a mask?” she said out loud. As her irritation fueled the desire to call him right back, she paused. She'd done that one before, and knew that in the long run she'd end up with a nurse who'd never call her for help again, regardless of how critical the situation. Grabbing her things, she headed down to the ED.

Ten minutes later, Dr. Cowan turned the corner after exiting the elevator and approached the nurse's station in the ED. Mimi, the unit secretary greeted her. “Afternoon Dr. Cowan.”

“How are you Mimi?”

Mimi giggled, “Couldn't be better.”

Dr. Cowan attempted to smile. “The world could use more people like you.” Mimi blushed.

“Thanks Dr. Cowan.”

Dr. Cowan got down to business. “Know where I can find Henry Sikes?”

“Oh, he's back in #9,” Mimi replied.

Continued on page 2

“SBAR as Though Your Life Depended on It”

“Thanks.” Dr. Cowan turned and headed down the hall. Henry looked up from the computer monitor in the corner where he was charting.

“Hello Henry,” Dr. Cowan started. “Got a moment to chat about your message?” as she pulled up a chair.

“Sure,” replied Henry. “I’m sorry. I know I have a tendency to just ramble on and on and on. My bad.”

Dr. Cowan was gracious, as she held up her thumb and forefinger about a quarter inch apart. “Have you ever taken a class on SBAR Henry?”

He shook his head.

“Well, it’s a real simple rule of thumb when conveying information, and in most cases it’s all you need to do when you leave someone a message. Just tell me 4 things: the situation, like what’s going on with the patient in a short sentence or two. Then give me a little clinical background. After that, I want to know your assessment. What do you think the problem is? Finally, I need to know what you recommend. So, can you try and SBAR the message you left me earlier today?”

“OK, got it,” Henry replied. “We had a family from Mali in here. Their 9-year old daughter was running a high fever, deep chest coughs, complained of body aches, and occasional nosebleeds. It looked like a bad case of the flu but without any sinus congestion, although she did have some blood from her nares. They said she had started feeling bad shortly after their grandparents returned to Mali from visiting them for a week.”

“Go on,” said Dr. Cowan, now listening with extreme intensity.

“The patient would not wear a mask. The family would not wear their masks. They would not use tissues or other disposables to wipe saliva, blood, and mucus away from the patient’s mouth and nose. They were totally non-compliant.”

Realizing the patient and family were a serious potential risk for Ebola, Dr. Cowan interrupted Henry. “Where is the patient and family right now?”

Henry responded, “They went AMA and left an hour ago refusing to have the ED team continue to treat her.”

Dr. Cowan was dumbstruck. She reached for her cell and dialed the CMO who answered on the first ring. “Sarah, this is Sheila Cowan. We’ve got a situation here in the ED. Our team has been exposed to a patient who potentially has Ebola, and the patient has left AMA. Not realizing the full story and patient risks, the team did not take the precautions outlined by the CDC. We are going to need to get ahold of this family and institute CDC protocols including all precautions necessary for potentially exposed staff.”