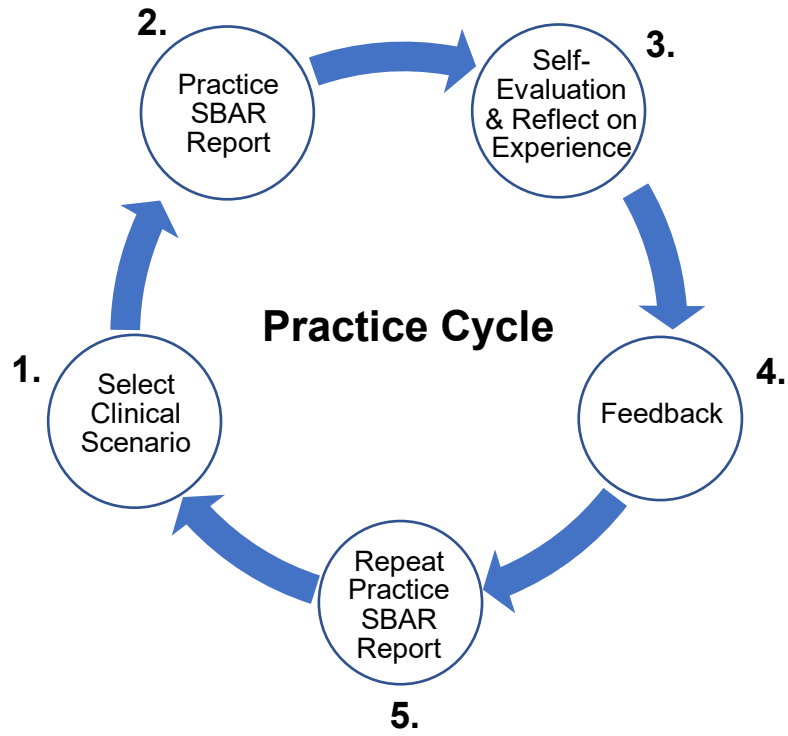


Supplemental Materials

Steps of the Scenario-Based SBAR Reporting Practice Cycle



SBAR Toolkit

Weblink to request download (permission obtained)

<https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/SBAR-Toolkit>

“The Courage to Make the Call”



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.



This story is about how a nurse questions a written physician order that doesn't seem to make sense clinically. The physician is contacted immediately and the order is changed preventing a medication error. It is a prime example of the value of cross monitoring.

Questions for Group Discussion and Personal Reflection:

- What can we learn from this story?
- How can we improve our ability to manage distractions, interruptions, and multitasking to prevent errors?
- What one thing can we do to improve mutual trust among the team so we always 'have each other's back' regardless of individual personalities?

Chad Carlson was riding his bicycle one morning in the dark when a car plowed into him at 30 miles an hour tossing him into the air, after which he hit the windshield. When the medics arrived, he was alive, but nearly every bone in his body was broken. Fortunately, he was wearing a helmet and was still conscious! While he was having difficulty breathing, unbeknownst to him or the medics, his left lung had been punctured.

Even the doctors didn't realize how bruised and damaged his lungs were from the impact. During surgery he went into respiratory distress and stopped breathing. His lung had collapsed. They were able to revive him and finish up placing a foot long screw in his femur, but postponed the remainder of the repairs. His lungs were in such dire shape that they moved him to the ICU and placed him on a ventilator at 100% and heavily sedated him to induce a coma until he could breathe on his own.

During the next two weeks they gradually reduced his ventilator until it reached 30%. At 7 PM Carol Moore, who was filling in that evening came by the nurse's station to go over her patients with Diane Sanders, the day nurse. Chad Carlson was the last patient in their rounds.

His wife, Robin, had been at the hospital 24/7 since the accident, but this night she decided it was safe enough to get some rest in her own bed. She had Diane promise they'd call her at any hour if there was a problem or change in his status.

Diane impulsively knocked on the door as the two of them came in. The first thing she did was check all the equipment to be certain everything was functioning properly. "This is our miracle patient. By all accounts he shouldn't have made it, but Dr. Jackson thinks we should have him off the ventilator by Friday."

Carol was looking over the chart, "I see here that the doctor wants to reduce his ventilator setting to 20% this evening, but . . ." Midsentence the code alarm sounded. Over the intercom came the announcement—it was one of their patients on the floor. Carol and Diane turned and ran to assist.

(continued on page 2)

“THE COURAGE TO MAKE THE CALL”

It was nearly 8:30 PM before things settled back down and the patient who coded was stabilized. Diane slipped out as soon as it was deemed safe, leaving Carol to pick up where they left off. She picked Chad's chart back up and re-read the notes. While the doctor had ordered a reduction in the ventilator, he simultaneously ordered an increase in a key medication from 15mg to 20mg. In her mind, something didn't add up. She called Diane on her cell. "Sorry to bother you, but I was looking over Mr. Carlson's chart. Did you know that Dr. Jackson's increasing his meds from 15 to 20mg?"

Diane paused trying to picture the chart in her mind. "That's not right. Are you sure?"

Carol was emphatic. "It's in black and white. What's odd is that he had reduced the med down to 15mg yesterday from 20 when they reduced the ventilator from 40 to 30%. Why would he be increasing it when we're going down further? What do you think we ought to do?"

Diane didn't hesitate. "I think we need to call Dr. Jackson."

Carol took a deep breath. "You know how he hates being interrupted at night, especially for minor things. He can be a real bear."

Diane responded, "Let him growl. I've got 3-way conferencing on this phone. What's his number? Let's get him on the line."

A minute later they had tracked him down. Diane took the lead. "Dr. Jackson, sorry to bother you, but we have a question about your orders for Chad Carlson."

He was irritated. "This better be good. I was just getting ready to read my kid a bedtime story."

"Well, your orders indicate a reduction in ventilator settings to 20% while at the same time increasing his meds from 15mg to 20mg. That didn't seem to make sense to us?"

There was a long pause on the other end of the line. He said, "You're sure that's what I wrote?" She replied, "Afraid so, Dr. Jackson."

There was another long pause as he attempted to retrace in his mind the afternoon, and see if he could think of what had distracted him to make such a significant error. He couldn't think of a thing. Taking a deep breath, he said, "You're right, that's not correct. Something must have distracted me. Great catch! It should be 10mg. Thanks. You did the right thing by calling."

Carol, the night nurse was gracious. "I thought that that's what happened, but figured I should just check with you to be doubly sure..."

Learner Self-Assessment SBAR Communication Checklist

Component	Items
Identify (self)	<input type="checkbox"/> Name <input type="checkbox"/> Position/Professional Title <input type="checkbox"/> Where he/she is calling from
Situation	<input type="checkbox"/> Patient by name and age <input type="checkbox"/> Diagnosis or chief complaint <input type="checkbox"/> Reason for the call/problem
Background & Assessment	<input type="checkbox"/> Relevant past medical history <input type="checkbox"/> Relevant assessment data <input type="checkbox"/> Recent interventions for the patient
Recommendation & Repeat	<input type="checkbox"/> Suggests potential reason for condition or suggests interventions <input type="checkbox"/> Provides timeframe/urgency for action <input type="checkbox"/> Repeats back all orders; clarifying if needed
Report Quality	<input type="checkbox"/> Correct Order/Sequence <input type="checkbox"/> Accurate data reported <input type="checkbox"/> Concise

Note. The content of this checklist was developed by Foronda et al. (In Press).

Self-Reflection Questions

Take a moment to reflect on the SBAR report that you just completed:

1. What do you think you did well in this report?
2. What do you think can be improved in this report and how can you improve it?

Citations and Supporting Work

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