Using Story to Teach SBAR as a Crucial Conversation Skill to Improve Patient Safety

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Objectives

- Describe innovative online learning activity to teach critical communication using SBAR derived from a clinical story.

- Analyze outcomes to develop recommendations for academic and clinical educators to utilize effective efficient online skill development.

No conflict of interest.
Communication as key to safety

Health professionals must use critical language in communicating across the health care team.

Effective team communication is an essential attribute of the QSEN competency teamwork and collaboration.

We have insufficient evidence as to what and how to teach these competencies to promote safe quality care.

Knowing how to speak up is a critical communication skill.
Framework: Story as narrative pedagogy

Powerful change agent in developing a new mindset for healthcare quality and safety.

Applies experiential learning theory

Through reflection helps learners work within concrete situations (story) to apply what they know from previous situations

Provides context for applying new knowledge.
Crucial conversations: Tools for talking when stakes are high

Before, During, After

Three part model of constructing the conversation fits SBAR

Thinking about what you need, make it safe and clear, establish future action
Goals for Difficult conversations

- Overcome communication barriers
- Improve clarity: What do I want?
- Improve understanding:
  - What is the best outcome I could have?
- Reality check: What are my emotions?
  - What reactions do I fear?
- Enrich relationships

Reflect
Prepare
Set aside time
Purpose: Evaluate a story based education intervention to help learners know how to observe, identify, analyze and report gaps in practice situations

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<tr>
<th>AIMS</th>
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<tbody>
<tr>
<td>Understand how learners can use story in learning effective crucial communication about a critical event using ISBAR</td>
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<tr>
<td>assess effective team communication about a critical event using ISBAR</td>
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<td>examine the link between team communications using ISBAR and previous work experience.</td>
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Method (IRB exempt)

- Senior students’ online learning activity in Health Services Improvement Practicum
- Watched a 15 minute video theory burst on crucial team communication
- Brief review of SBAR (Situation, Background, Assessment, Recommendation)
  Listened to a 4 minute recorded story from the Story Care online collection of a critical clinical incident requiring physician communication
Part 2

- Completed a three part online exercise:
  - 1) composed an SBAR communication to another team member,
  - 2) completed an online self assessment 15 item checklist to rate how well their SBAR met stated criteria (Foronda et al, 2015)
  - 3) completed four reflective questions using a Likert scale about story as an instructional strategy and four demographic questions.
- Data analysis: descriptive statistics.
SBAR: select a point in the story to write an SBAR to another provider

- **SITUATION:** Caller, describe current situation, concerns, observation and what is happening now (news).

- **BACKGROUND:** Provide relevant background. Set the scene to interpret the situation above accurately.

- **ASSESSMENT:** What do you think the problem is? Interpret the situation and background information to make an educated conclusion about what is going on.

- **RECOMMENDATION:** What do you need? What do you recommend should be done to correct the current situation?
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 reread 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 ind, 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?”
Open ended questions:

- Surprise that SBAR required a high level of skill
- More opportunities to practice should be part of all nursing education
- Patient situations are complex and use of story helped to become more familiar with identifying the salient points for effective SBAR
- Learning crucial conversation useful in applying SBAR
- Self-assessed their own ISBAR with the 15 items.
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<tr>
<th>Check if SBAR component was included</th>
<th>yes</th>
<th>Inc</th>
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<tbody>
<tr>
<td><strong>(S) Situation: Caller to another provider, identifies self</strong></td>
<td>100%</td>
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<tr>
<td>• Patient’s name and age</td>
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<td>50%</td>
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<td>• Diagnosis of chief complaint</td>
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<td>• Reason for the call/problem</td>
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<tr>
<td>• (B) Background: Admission date</td>
<td>20%</td>
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<tr>
<td>• Relevant past medical history</td>
<td>70%</td>
<td></td>
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<tr>
<td>• Recent interventions for the patient</td>
<td>100%</td>
<td></td>
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<tr>
<td><strong>(A) Assessment: Relevant assessment data</strong></td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>• Vital signs</td>
<td>25%</td>
<td></td>
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<tr>
<td>• LOC/Behavior</td>
<td>28%</td>
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<tr>
<td><strong>(R) Recommendation: Explains urgency of actions</strong></td>
<td>60%</td>
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<tr>
<td>• Suggests potential reason for condition or suggests interventions</td>
<td>100%</td>
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<tr>
<td>• Repeats back all orders; clarifying if needed</td>
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## Likert Survey

85% of participants rated the use of story as satisfactory/very satisfactory,

86% reported they would be able to apply the concepts of crucial conversation to respond to other professionals,

87% could transfer the SBAR skill to other situations,

85% rated use of story as an effective teaching strategy compared to other methods.

Participants health related work experience ranged from 0 – 12 years but did not have a statistically significant link to their ISBAR scores.
Conclusions

- Communication is key to patient safety; applying principles of crucial conversation can improve SBAR quality.
- Education is a key strategy to increase awareness, knowledge, and skills for effective communication to improve patient outcomes.
- These results can begin to guide development of strategic learning activities that prepare learners for the dynamics of real world practice in a low stakes learning environment.
- Online approaches using story is an efficient and effective online approach for teaching skills.