Guidelines for Communicating with Physicians Using the SBAR Process

1. Use the following modalities according to physician preference, if known. Wait no longer than five minutes between attempts.
1. Direct page (if known)
2. Physician's Call Service
3. During weekdays, the physician's office directly
4. On weekends and after hours during the week, physician's home phone
5. Cell phone
Before assuming that the physician you are attempting to reach is not responding, utilize all modalities. For emergent situations, use appropriate resident service as needed to ensure safe patient care.

2. Prior to calling the physician, follow these steps:
   • Have I seen and assessed the patient myself before calling?
   • Has the situation been discussed with resource nurse or preceptor?
   • Review the chart for appropriate physician to call.
   • Know the admitting diagnosis and date of admission.
   • Have I read the most recent MD progress notes and notes from the nurse who worked the shift ahead of me?
   • Have available the following when speaking with the physician:
     • Patient's chart
     • List of current medications, allergies, IV fluids, and labs
     • Most recent vital signs
     • Reporting lab results: provide the date and time test was done and results of previous tests for comparison
     • Code status

3. When calling the physician, follow the SBAR process:
   (S) Situation: What is the situation you are calling about?
       • Identify self, unit, patient, room number.
       • Briefly state the problem, what is it, when it happened or started, and how severe.
   (B) Background: Pertinent background information related to the situation could include the following:
       • The admitting diagnosis and date of admission
       • List of current medications, allergies, IV fluids, and labs
       • Most recent vital signs
       • Lab results: provide the date and time test was done and results of previous tests for comparison
       • Other clinical information
       • Code status
   (A) Assessment: What is the nurse's assessment of the situation?
   (R) Recommendation: What is the nurse's recommendation or what does he/she want?
   Examples:
       • Notification that patient has been admitted
       • Patient needs to be seen now
       • Order change

4. Document the change in the patient's condition and physician notification.

This SBAR tool was developed by Kaiser Permanente. Please feel free to use and reproduce these materials in the spirit of patient safety, and please retain this footer in the spirit of appropriate recognition.
La Salle University

One Minute Safety Checklist

Checklist:

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Prioritization of Concerns and POC:

1.  

2.  

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5/08 Clinical QSEN Web Site: K. Amer, PhD, RN, DePaul University, 2007
Secret Tip on how to talk to physicians and fellow employees to really help our patients: Use SBAR

All of us at one point have experienced frustration while talking to a physician or a fellow worker about a patient care issue. Have you gotten the sense the person receiving the message was not really listening to you at all and had their own idea of what they wanted, regardless of your plan?

This is not an uncommon occurrence. In fact it happens on a regular basis each day but it doesn’t have to any more. A simple communication method already exists and is being introduced throughout the Capital Service Area that helps physicians and staff to listen better, understand each other and work better together to help serve our patients.

What is the Communication Model?
The model is commonly known as SBAR or Situation, Background, Assessment and Recommendation and is designed to improve listening.

When do you use it?
SBAR can be utilized whenever you have a request of a physician or fellow worker.

How do you use it?
Say you are a health care worker and you want to get some help from a nurse or need a physician to provide guidance on a patient care issue. You know what you would like to recommend and you have all of the background information. Here is what you do:

State the SITUATION
Your situation should be described in one sentence. For example, “Dr. Smith, I have a patient of yours that is here on the wrong day for his appointment and would still like to be seen.”

Give BACKGROUND Information
State the details of the situation you have obtained by researching the problem.
For example: The patient arrived to day at 11 am.
His appointment is really for 11 tomorrow.
Patient comes from over 40 miles away.
Patient cannot drive a friend brought him.
Patient is willing to wait to be seen today.
I have looked at your appointments and you have
several slots available.
I have looked at your hall partner's schedule and he
has a few slots open also.

Give your ASSESSMENT
Assess the situation and tell the physician what you think should be done.

For example: The patient is traveling from a long distance.
I don't know if it was our mistake or the patient.
I think we should see him today.

Give your RECOMMENDATION
A recommendation is where you advise the physician what your method would
be for solving the problem. It may or may not be accepted by the physician but is
a starting point to discuss solutions.

For example: I think he should be seen at your afternoon
appointment time.

Why does SBAR work?

- When you use this method, both you and the other person are on the same
  page to think through a problem.
- You are proactively giving the listener data that they would be requesting
  anyway if they were going to try to solve the problem.
- You save them time by researching options
- You keep them from having guess by giving them a recommendation.
- Doctors already know how to use this method. They use a similar method
  known as SOAP when they speak doctor to doctor about patient care issues.

So what are you waiting for? You can use SBAR right now and watch yourself
become more productive and less frustrated as you communicate with others.

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