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Home / Resources / Tools / SBAR Tool: Situation-Background-Assessment-Recommendation

Tools

Resources »
How to Improve »
Measures »
Changes »
Improvement Stories »
Tools
Publications »
IHI White Papers »
Audio and Video »
Case Studies »

SBAR Tool: Situation-Background-Assessment-Recommendation

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The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition.

S = Situation (a concise statement of the problem)

B = Background (pertinent and brief information related to the situation)

A = Assessment (analysis and considerations of options — what you found/think)

R = Recommendation (action requested/recommended — what you want)

SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones, requiring a clinician's immediate attention and action. It allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of patient safety.

Background
Michael Leonard, MD, Physician Leader for Patient Safety, along with colleagues Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado (Evergreen, Colorado, USA) developed this technique. The SBAR technique has been implemented widely at health systems such as Kaiser Permanente.

Directions
This tool has two components:

SBAR Guidelines ("Guidelines for Communicating with Physicians Using the SBAR Process"): Explains in detail how to implement the SBAR technique

SBAR Worksheet ("SBAR report to physician about a critical situation"): A worksheet/script that a provider can use to organize information in preparation for communicating with a physician about a critically ill patient

Both the worksheet and the guidelines use the physician team member as the example; however, they can be adapted for use with all other health professionals.

DOCUMENTS

📄 SBAR Tool: Situation-Background-Assessment-Recommendation

Related Literature

1. Spath PL (ed). Error Reduction in Health Care: A Systems Approach to Improving Patient Safety. San Francisco, California, USA: Jossey-Bass; 2000.

2. Wiener EL, Kanki BG, Helmreich RL. Cockpit Resource Management. San Diego, California, USA: Harcourt Brace; 1993.

3. Cook RI, Woods DD. Adapting to new technology in the operating room. Human Factors. 1996;38(4):593-613.

4. de Leval MR. Human factors and surgical outcomes: A Cartesian dream. Lancet. 1997;349(9053):723-725.

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DESC Script for Assertiveness

RESPONDING ASSERTIVELY USING A DESC RESPONSE:

Describes a behavior that has a negative impact on the speaker.

Example: "When you start shouting, I want to end the conversation immediately."

Expresses a feeling in response to the behavior.

Example: "I feel attacked and defensive."

Specifies the desired change in behavior.

Example: "I need you to tell me clearly and calmly what I'm doing to upset you so I can understand my role in this."

Or **S**pecifies the effect the behavior had on you and others.

Example: "Your shouting disrupts our co-workers and our ability to focus on our customers."

Consequences if the desired change does not occur (Note: Step 4 is not always possible or necessary and is not only a negative consequence).

Example: "or I will ignore you." or "so that we can work more collaboratively"

IDEAS FOR MAKING DESC RESPONSES MORE EFFECTIVE:

- Use "I" statements" – it says I have the problem and I want to fix it

- Be brief – avoid repetition or "kitchen-sinking" ("you also do this, this, and this wrong.")

- Use non-judgmental descriptions of behavior

- Avoid ascribing motives to behavior – we can't know why people act the way they do

- Avoid absolutes and exaggerations (always, never)

- Avoid name-calling

- Make sure your body language and voice tone support your verbal assertive message.

Agency for Healthcare Research and Quality

TeamSTEPPS for Office-Based Care Training Videos

The TeamSTEPPS for Office-Based Care course includes a variety of training videos. Some of these videos show the TeamSTEPPS tools at use in clinical situations within different medical offices. Other tools show the Practice Facilitator at work using TeamSTEPPS and coaching tools effectively in a medical office.

These tools are available throughout the classroom, online, and hybrid versions of the material.

- Paper Chain 1 Video; Paper Chain 2 Video (Download compressed videos, 560.8 MB).
- Poor Teamwork in a Office-Based Care Medical Office Video (Download compressed video, 274.6 MB).
- Good Teamwork: Communication Video (Download compressed video, 327.5 MB).
- Good Teamwork: Leadership Video (Download compressed video, 88 MB).
- Good Teamwork: Situation Monitoring Video (Download compressed video, 56 MB).
- Good Teamwork: Mutual Support Video (Download compressed video, 96 MB).
- Beginning the TS Journey Video (Download compressed video, 157.8 MB).
- An Issue of Time Video (Download compressed video, 17.6 MB).
- Having an Important Discussion on a Common Issue Video (Download compressed video, 34.4 MB).
- How To Dive Deeper Video (Download compressed video, 12.5 MB).
- How To Coach the DESC Script Video (Download compressed video, 72.8 MB).
- Coaching in the Moment Video (Download compressed video, 72.7 MB).

Return to TeamSTEPPS for Office-Based Care Index

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