



Co-Lead

ABOUT THIS MODULE



**COMMUNICATING AT SAFETY-
CRITICAL MOMENTS USING ISBAR**

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What is the goal of this module?

This module will familiarise teams with ISBAR and ISBAR₃, which enable the communication of information at safety-critical moments in a focused and structured way.

What is the collective leadership focus of this module?

- **Shared mental models and shared understanding**
- **Cooperation and coordination between members**
- **Engagement of all team members**

What areas of team behaviour does this module focus on?

- **Coordination and effective team working**
- **Cooperation between team members**
- **Cross-monitoring**

Who is this module for?

This module is for team members providing care to patients where there may be changeovers of staff or where responsibilities are transferred from one team member to another, e.g. between shifts.



What is the patient safety impact of this module?

Poor communication at safety-critical moments can undermine team performance.¹ ISBAR and ISBAR₃ are nationally-recommended tools² that provide a structure for teams to communicate important safety information at times when timely and correct information transfer is vital, such as during clinical handover.³

References

1. Lingard L. Productive Complications: Emergent Ideas in Team Communication and Patient Safety. 2012. Healthcare Quarterly 15 (Special Issue):18-23.doi:10.12927/hcq.2012.22846
2. National Clinical Effectiveness Committee. National Clinical Guideline No. 11: Clinical Handover in Acute and Children's Hospital Services. 2015. Department of Health.
3. Marshall S, Harrison J, Flanagan B. The teaching of a structured tool improves the clarity and content of interprofessional clinical communication. Qual Saf Health Care. 2009 Apr;18(2):137-40. doi: 10.1136/qshc.2007.025247.



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SESSION OUTLINE



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SESSION OVERVIEW

- Purpose:** This session will introduce a tool to help optimise patient care by improving communication and teamwork skills at safety critical moments (e.g. patient deterioration and clinical handover).
- Timing:** 60 min.
- Setup:** Information > Group exercise > Video > Familiarisation > Facilitated discussion > Feedback
- Outcomes:** The team will be familiar with using tools that facilitate more focused communication between team members to deliver information in a structured and effective way.
- Facilitators:** 1-2 team members to facilitate; 1 team member to act as flipchart scribe to record ideas, discussion points, and outputs.

ADVANCE PREPARATION

- Equipment:** Flipcharts, markers, pens, paper, post-it notes.
- Materials:** Printed outcome template and handouts on ISBAR and ISBAR₃.
- Room:** Configure for round table discussion or small groups for larger teams.
- Attendees:** If some team members cannot attend due to geographic location, they may participate remotely via teleconference. In this case, materials should be shared in advance via email.



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START OF SESSION

1) Introduction (5 min.)

Welcome and re-cap on Co-Lead (aims, sharing of leadership across team, etc.) and give introductions if new people in attendance, and update the team on goal progress.

Highlight the relevance of today's topic to practice: "Without effective communication, competent individuals form an incompetent team" (Lingard 2012). The ISBAR tool has been associated with improved transfer of information and overall clarity and organisation of communication (Marshall et al. 2009). ISBAR is the nationally recommended communication tool in all cases of escalation of patient care while ISBAR₃ is nationally recommended for conducting effective clinical handover (National Clinical Guideline No. 1 and No.11, National Clinical Effectiveness Committee, Department of Health, 2013 and 2015).

Note that the aim of this session is to provide a tool to help optimise patient care by improving communication and teamwork skills at safety critical moments (e.g. patient deterioration and clinical handover).

2) Icebreaker (5 min.)

Everyone should sit/stand in a semicircle, close enough that whispering is possible. One facilitator begins the game by whispering the phrase: A dog named Teddy ran through the spruce forest. He was chasing 3 geese that were also being followed by a skulk of red foxes. Each person whispers the phrase to their neighbour until it reaches the end. The last person says the phrase out loud for everyone to hear. Note how much the phrase changed from the beginning of the circle.

3) Group exercise (10 min.)

Ask the team to split into pairs. Ask all team members to take one minute of personal reflection to choose a patient they are caring for. With the colleague sitting next to them ask team members to take on the role of either providing handover or receiving the information. Team members should not use any handover sheets to aid the process. (*Note ask team members to anonymise the patients' names by using the pseudonyms Joe Bloggs/Jane Doe).

When the individual providing the handover is finished, they should reflect on what was difficult about giving the information and both individuals should discuss possible aspects of care missed. The pairs should then swap roles and repeat the exercise.

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4) Video (5 min.)

As a team watch the following video: **Video – ISBAR patient safety**

<https://www.youtube.com/watch?v=h0Ol6CiJAZw>

5) Learning about ISBAR, ISBAR₃ and the Safety Pause (20 min.)

Distribute the handouts on ISBAR and ISBAR₃. First go through each of the letters of ISBAR stating what they stand for and highlight how this tool is used in all cases of escalation of patient care in conjunction with the Early Warning Score systems. Facilitators can demonstrate the use of ISBAR by working through an example for the team

Next discuss the ISBAR₃ tool by going through each letter again and stating its purpose (conducting effective clinical handover). This tool slightly differs from ISBAR as it emphasises a two-way process of communication with inclusion of additional components: Read-back and Risk.

Ask all team members to split into pairs again and repeat the earlier group exercise using the ISBAR₃ tool with the same patient handover.



6) Facilitated discussion (15 min.)

Facilitators should lead a group discussion and ask the team for feedback about their experience repeating the exercise with a more structured format (did communication improve? were there any benefits to using the tools?). Facilitators can use the additional prompts below to help generate further discussion. One facilitator should summarise the discussion using the template provided.

Some questions for the team:

- Do we use ISBAR and ISBAR₃ within the team? If not, should we?
- When will we incorporate its use; face-to-face, telephone, written communication?
- National Clinical Guideline No.11 suggests that teams tailor the ISBAR₃ to the needs of the department. Can we add to the framework to better suit our team's needs (e.g. include infection status, social circumstances, Waterlow score)?
- National Clinical Guideline No.11 encourages healthcare organisations to implement interdisciplinary clinical handover where possible? Would this be beneficial/feasible to implement within our team?
- How can we promote/improve the use of ISBAR, and ISBAR₃ in communicating clinical handover?

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7) Close of session (5 min.)

Facilitators should give brief feedback on the session if time allows.
Facilitator summary notes should be retained by one individual to maintain record of discussion.





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HANDOUTS



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QUESTION	SUGGESTED AT THE INTERVENTION SESSION
Do we use these communication tools (ISBAR, ISBAR3,) as a team? > Should we?	
When should we use each communication tool (face-to-face, telephone, written communication)?	
Can we adapt/alter the ISBAR3 framework to suit our needs as a team?	
Is it feasible to have interdisciplinary clinical handover? > If so, how can this be structured > If not, why is this not achievable?	
How can we improve the use of ISBAR in communicating safety critical information?	