



Co-Lead

## ABOUT THIS MODULE



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



## COMMUNICATING AT SAFETY-CRITICAL MOMENTS USING ISBAR

### What is the goal of this module?

This module will familiarise teams with ISBAR and ISBAR<sub>3</sub>, 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.<sup>1</sup> ISBAR and ISBAR<sub>3</sub> are nationally-recommended tools<sup>2</sup> 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.<sup>3</sup>

### 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 team member to facilitate; 1 team member to act as a scribe to record ideas, discussion points, and outputs.

### ADVANCE PREPARATION

- Equipment:** Laptop/phone, internet connection, a quiet space, pen and paper.
- Materials:** Email OUTCOME TEMPLATE and IBAR and ISBAR<sub>3</sub> HANDOUT documents to your team members in advance.
- Room:** Zoom (Premium Account for security) or Skype.
- Attendees:** All team members and available stakeholders should be invited to participate remotely via teleconference. If they are unable to attend, they may be asked to pre-submit suggestions improving communication and teamwork skills at safety critical moments. In such cases, session materials should be shared in advance via email.





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### START OF SESSION

#### 1) Introduction (5 min.)

Welcome and recap of Co-Lead (aims, sharing of leadership across team, etc.), give introductions if new people are in attendance and update the team on progress on previous session outputs.

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 ISBAR<sub>3</sub> is nationally recommended for conducting effective clinical handover (National Clinical Guideline No. 1 and No.11, National Clinical Effectiveness Committee, Department of Health, 2013).

Explain 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 (patient deterioration and clinical handover).

#### 2) Icebreaker (5 min.)

For this activity, the facilitator should conduct a quick "virtual Pictionary" icebreaker. The facilitator should ask participants to draw an object in 40 seconds and then ask them to show their picture through the camera. Note how the same object is interpreted/drawn differently by different team members highlighting the importance of communication.

#### 3) Group exercise (10 min.)

Split the group into pairs using "breakout rooms" functionality of zoom. Ask all team members to take one minute of personal reflection to choose a patient they are caring for. One team member "provides handover" of their chosen patient and their partner receives the information. Team members should not use any handover sheets to aid the process. (\*Ask team members to anonymise the patients' names by using the pseudonyms Joe Bloggs/Jane Doe).

When the individual providing the handover is finished, the pair should reflect on what was difficult about giving the information and discuss possible aspects of care that were 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=h00l6CiJAZw>

### 5) Learning about ISBAR, ISBAR<sub>3</sub> and the Safety Pause (20 min.)

Display the handouts on ISBAR and ISBAR<sub>3</sub> using screensharing. 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 ISBAR<sub>3</sub> 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.

Split team into pairs again and repeat the earlier group exercise using the ISBAR<sub>3</sub> tool for the same patient handover.



### 6) Facilitated discussion (15 min.)

Facilitator 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. Facilitator should summarise the discussion using the template provided.

#### Some questions for the team:

- Do we use ISBAR and ISBAR<sub>3</sub> 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 ISBAR<sub>3</sub> to the needs of the department. Can we adapt 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 ISBAR<sub>3</sub> in communicating clinical handover?

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## SESSION OUTLINE (contd.)



### COMMUNICATING AT SAFETY-CRITICAL MOMENTS USING ISBAR

#### 7) Close of session (5 min.)

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

