

**ENHANCING COMMUNICATION BETWEEN
PATIENTS AND HEALTHCARE PROVIDERS:
SBAR3**

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INTRODUCTION

Seeking patients' perspectives is an important method of inquiry especially for developing interventions to enhance self-management of chronic conditions. Although focus groups and qualitative methods have provided the patients' perspective of barriers to communicating with physicians, (Gordon HS, Sharp LK, 2010; Adulv, Asplund, Gustaf Norbergh, 2010), there have been few reports of the patients' perspective on how they can better communicate with their health care provider. The purpose of this paper is to report the patients' perspective of effective healthcare encounter communication strategies and to propose a structured communication tool to enhance communication with their healthcare providers.

Background

The Chronic Care Model, a framework that has guided research to improve patient outcomes for the last 20 years, is a shift in approach to care that moves from a reactive acute-illness focus to a systems approach in which

patients are active in managing their care supported by the healthcare team (Bodenheimer et al., 2002; Wagner et al., 1996). The change from acute care to chronic care management is in response to the increasing incidence of diseases such as diabetes, hypertension and chronic lung disease. Integral to the successful management of these diseases are lifestyle changes and self-management. The foundation of the Chronic Care Model consists of an informed and activated patient, a prepared and proactive healthcare team, and a productive interaction and relationship between the patient and healthcare team..

Integral to the Chronic Care Model is the concept of self-management (Russel, 2010; Wagner, Austin, Davis, Hindmarsh, Schaefer, Bonomi, 2001). The core skills of self-management are problem solving, decision making, resource use, self-tailoring, taking action and building a partnership with a health care provider (Lorig, & Homan, 2003). This last skill, building a patient-provider partnership, requires a patient to actively acquire information, have confidence to optimize their involvement with their healthcare provider, and use effective communication skills such as building rapport, trust, active listening, language, and non-verbal behavior (Epstein & Street, 2007)(page 20 in Epstein, 2006). Unfortunately, there has been little attention given to empowering patients to improve this relationship that depends heavily on communication skills.

The literature on communication skills to enhance the patient and provider relationship has focused primarily on the enhancement of the provider skill set (Harrington, Noble, Newman, 2004). Provider skills that have been enhanced include communication skills (Fallowfield, 2002; Levinson, Lesser and Epstein, 2010) and cultural competence (Betancourt et al., 2003; Johnson et al., 2004; Stein, Frankel, Krupat, 2005). Manuals are available for improving healthcare professional communication in

cancer (Epstein & Street, PC communication in cancer care) and in inter-cultural communication (Campinha-Bacote, 2002). Medical and nursing schools have focused on teaching these skills by including them in the respective curriculums and adding communication specialists to the faculty (Thomas, Bertram and Johnson, 2009). Health care providers are educated on techniques to adjust their communication styles (from a biomedical to a patient centered approach) to meet the needs of individual patients (Swenson, Zettler, Lo 2006).

The science of communication among healthcare professionals has emerged as an important quality improvement strategy in the form of structured communication. (Leonard, Graham, Bonacum, 2004). Structured communication tools have been developed and tested that provide a common framework for healthcare professionals to use in order to flatten the hierarchy and ensure the transfer of important information between healthcare professionals (Haig, Sutton, Whittington, 2006) (see Table 1). One example of a widely used structured communication tool among health care professionals is the SBAR (Situation, Background, Assessment, and Recommendation) that was developed at Kaiser Permanente (Institute for Healthcare Improvement, 2006). The implementation of SBAR has resulted in improved provider-to-provider communication and is currently mandated by the Joint Commission's National Patient Safety Goals (Haig, Sutton, Whittington, 2006). SBAR consists of 1) the situation (S), a concise statement of the problem; 2) the background (B), a statement of the pertinent information related to the situation; 3) the assessment (A), a statement of your assessment of the problem; and 4) the recommendation (R), a statement of how to address the problem.

Patients don't have to go through training on how to be patients, they can just have health challenges. Further,

the range of challenges that patients experience cover a wide range of problems from acute infections to chronic health problems such as diabetes or hypertension to vague symptoms of chronic pain. Innovative structured communication tools to enhance the patient-side of communication are emerging. The Partnership for Clear Healthcare Communication at the National Patient Safety Foundation has proposed the “Ask Me 3 “(AM3) tool to improve communication between patient and healthcare provider (www.npsf.org/askme3/pchc). The AM3 educational program empowers patients and healthcare professionals to ensure that three questions have been answered during a visit: 1) What is my main problem? 2) What do I need to do? 3) Why is it important for me to do this? Evidence of the effectiveness of the AM3 is not conclusive. Although satisfaction with the AM3 tool is high (Michalopoulou, Falzarano, Arken & Rosenberg, 2010), use of the AM3 tool has little effect on communication between well-elderly patients and pharmacists (Mille, Abrams, mcClintock, Cantrell, et al, 2003) and did not increase the incident of clinic patients asking more questions in a large randomized trial (N=834) (Galliher, Post et. Al, 2010). After education on the AM3 tool in a Hispanic pediatric clinic, only 20% (N=393) of parents actually used the AM3 tool during their visit (Mika, Wood, Weiss, Trevino, 2007). Although the AM3 program is an important step in empowering patients using a structured communication tool, there is weak evidence of its effectiveness.

Table 1
Structure Communication Tools in Use in Healthcare

SBAR	S	Situation (concise statement of the problem)
	B	Background (pertinent information related to the situation)
	A	Assessment (assessment of the problem)
	R	Recommendation (how to address the problem)
Ask Me 3	1	What is my main problem?
	2	What do I need to do?
	3	Why is it important for me to do this?

Empowerment of patients to improve communication with healthcare providers is an important component in ensuing self-management of chronic conditions (McCorkle, et. al., 2011). Understanding the patients' perspectives is an important next step to the development of innovative structured communication tools to enhance self-management of chronic disease. Therefore, this paper : (1) reports from the patients' perspective what communication strategies they use to improve communication during healthcare encounters and (2) proposes the use of a structured communication tool to enhance the patient-provider relationship.

METHODS

Analysis of qualitative data obtained from a community-participatory research project was described previously (Clochesy, Gittner, Hickman, Floersch & Carten). This paper focuses on the strategies identified by the participants that they used to enhance their interactions with healthcare providers in order to get the most out of the scheduled visit.

RESULTS

The original intent of the focus group discussions was to elicit participants' experiences that reflected the barriers to effective communication during healthcare visits. Patient's conversations included strategies on how to handle difficult healthcare situations and what to do to achieve positive health outcomes. Although the original intent was to understand barriers, the participants shifted to sharing strategies on how to overcome these barriers and get the most out of their health care visit. As the discussions moved to these practical strategies, excitement in the room increased and other participants began taking notes. Although the identification of strategies on how to get the most out of their healthcare visit was not the original intent of the focus groups, the research team was intrigued by the enthusiasm of the participants in sharing each other's strategies.

The strategies identified by participants were consistent with self-management theory specifically related to patient-provider communication and building relationships. The research team after reviewing the transcripts noted that participants identified skills that worked for them. Themes that emerged were strategies that were similar to the SBAR, the structured communication tool used among healthcare professionals to improve

communication.

In the traditional SBAR framework, “S” represents the ‘situation’. During the focus groups, participants identified that taking the time to tell their Story was very important during the healthcare visit. The importance of telling their story was highlighted by the following statement by a participant commenting about an experience with a physician, who she perceived ignored her concerns, “I feel like the doctors that I go to, either don’t have enough time and they won’t listen to my story, or they don’t have enough time to address the issue so I make sure I get my story told.” Another participant shared that, “When they [healthcare providers] pay attention to my story, we have a better understanding.”

The second SBAR strategy is background “B” and participants identified that Bringing Background information to a visit was important. Bringing their background was reflected in a comment by a participant who stated, “My brother was smart, and he kept everything inside a folder so they could see what he was taking and what treatments he had received.” Another participant shared “I have a little book, you know just a journal book in order to keep track of prescriptions and medical history”, and another said “I keep me a book where I put in my medications... and when I'm coming in here and I write it down. If I didn't have that much knowledge about myself anything could happen". The belief that bringing background information about themselves to a visit with a healthcare provider was perceived to be an integral component to an effective patient-provider relationship.

The third SBAR strategy is assessment. Comments that emerged focused around taking the time to make an assessment of what you want and need and to ask for what you want. This was the “A” of the structured communication tool. Participants who reported getting what they needed from an encounter with a healthcare

provider stated they weren't afraid to speak up or Ask for What They Needed. In most cases, participants commented that they were often not asked by healthcare providers, "what did they want or need in terms of their healthcare?" One woman commented, "I can remember a doctor who took offense to my questioning what was being done, but nonetheless I still got the answers from him and the medical care that I needed to get from him." Others talked about being their own or someone else's advocate and asking for what they needed. "I do ask a lot of questions. . . and it's not to put a doctor. . . on the spot, but it's for my own understanding. . . I want to make sure I fully understand why that is, or I want a second opinion, and I'm not afraid to ask." Another commented "if you're not hospital literate, take somebody with you that can understand the jargon, or you can end up in a whole different ball game or a whole different situation, and I've been there."

The last SBAR strategy is recommendation "R". Participants commented on the importance of reviewing the healthcare provider recommendations "R1". Reviewing the recommendations that included a treatment plan with the provider was necessary to assure that they were getting everything taken care of during the visit. One participant stated "before I leave that visit, I say to the doctor, oh excuse me, I don't understand this, can you tell me again what you want me to do". This step is important to make sure that everything was taken care of during the visit.

The next recommendation strategy was making sure that the provider recommendation was 'Right' for them (R2). As one participant stated "before I leave the doctor's office, I think it is important for them to know if what they are telling me to do will work for me or not. Like once they told me I was going to have to take four pills at different times of the day, and I said, I am not going to be able to remember all of those pills....and then they gave me a

prescription for something else.” The participants who shared the strategy, “right for me”, were assessing if the recommendations and plan would work for them. A male patient with chronic migraines said "I've seen it happen too many times. . . 'Cause I know what I want, I know what I need, and if they try to give me anything other than that, then we have a problem." Another example was the comment “what may work for somebody else may not be, you know, suitable for me, so you have to consider this.” Another example: “I told my doctor that the last time I took that pill I gained 20 pounds and stopped taking it....so I am not going to start it up again. So the doctor gave me something else and it is working good.”

The last strategy shared by the participants regarding the healthcare providers' recommendation was the importance of Repeating the treatment plan at the end of the visit (R3). One comment that reflected the importance of repeating the plan was “I have a dentist who says to me - Now tell me what you are going to do when you get home? After I tell him, then he says if I got it or not. I like this 'cause then we know we are on the same page.” One participant commented, “They [healthcare providers] gave me more medication for my blood pressure, I asked the doctor- does this new pill replace my old medication? or is this just more?” This participant's comments suggest the importance of knowing and understanding what the healthcare professional prescribed.

DISCUSSION

A fundamental component of the self-management paradigm driving chronic illness care is building a partnership with the healthcare provider. Our analysis found that patients have important ideas on how to build a partnership and have strategies that they use to optimize their healthcare encounter. While analyzing the focus group

experience, the researchers realized that participants' were sharing strategies (tips) they used to get the most out of their healthcare visits. In the self-management model, the participants identified what information, skills and confidence level were needed to optimize their active involvement with their healthcare team. The strategies identified by the focus group participants were similar to the healthcare delivery SBAR strategy; 1) "S" share your story about what is going on with you, 2) "B" bring your background information with you so that the healthcare provider understands your past, 3) "A" ask for what you want or need from the healthcare encounter, and 4) "R1" review the recommendations to assess if they are "R2 "right for me," and then "R3" repeat the recommendations or plan to assure understanding.

The specific strategies shared by participants during the focus groups were simple and appeared effective. The participants stated that sharing their story (S) was a key to success. This strategy appeared to activate the participants and engage them in the healthcare encounter. Activation has been referred to as the ability to negotiate and transfer power and authority from practitioner to the patient (Petersson, Springett, blomqvist, 2009). The act of "sharing your story" is a powerful strategy to state the issue in addition to including the interplay among language, environment and personal experience (Skott, 2001). In short, sharing your story goes beyond sharing your problem. Sharing your story is an innovative technique that has not been identified or published in the literature on improving patient-provider communication. Prior interventions to improve communication between patients and physicians have focused on teaching patients to ask questions, raise concern, request clarification, and check understanding (Harrington, 2004). Although asking questions is an important component of the patient-provider partnership, other dimensions of this partnership are left

out. Sharing the patients' story might be the missing piece as it promotes mutual trust and feeling respected by the healthcare team (Lipkin, 1996; Skott, 2001).

Bringing background information has been identified as an important component in self-management. Background information has been studied in the form of symptom diaries (Schumacher, Koresawa, West, et al. 2002), blood pressure home monitoring (Verberk, Kroon, Kessels, 2005), weight management (Mattila et al, 2010), glucose monitoring and pain management (Baos, Ester, et. Al, 2005). Other strategies identified by participants were that they asked for what they wanted and reviewed the recommendations to make sure it was right for them and repeated the plan. These are important components to self management in that they assist the patient to understand the plan and tailor it to meet their needs. Prior research on interventions to improve communication with physicians included requesting clarification and checking understanding (Harrington, 2004) but did not prompt patients to assess whether or not the treatment plan was right for them. Prior studies focused on communication delivery and did not consider the content of the recommendation. Not considering if the recommendation is right for the patient may be the reason why prior work on improving patient-provider communication did not have the long-term benefit of improving disease outcomes. The addition of the self-management concept of tailoring the plan has been shown to lead to better adherence with the plan (Hibbard, Greene, Tusler, 2009). Oths (1994) found that chiropractic encounters had a structured communication exchange (explanatory to experiential) that not only fostered information exchange but provided a forum of the patient to understand the therapy, 'buy in' and determine if they can maintain the treatment at home (Oths, 1994).

Relevance to Clinical Practice

The SBAR3 is a simple structured communication tool to enhance self-management specifically related to building partnerships. An SBAR3 pocket card (Table 2) can be used by the patient (and provider) as a way to standardize communication and to ensure that the patients' needs are met. The patient-oriented SBAR3 communication tool includes the Ask Me 3 questions, yet it goes beyond them to help patients partner with the healthcare provider and ensure that the treatment plan is developed and agreed upon by both the patient and provider. In addition, because the SBAR3 was identified by patients, it may serve to activate and empower patients to integrate self-management of their chronic condition into their daily activities.

Table 2
Patient-focused SBAR3 to enhance communication during health care encounters

S	Share your story
B	Bring your background
A	Ask for what you want or need
R1	Review the plan
R2	Reflect on whether it is right for you
R 2	Repeat the plan

Contribution to Game Development

The cognitive and behavioral strategy, SBAR3 is taught at the beginning of the initial level of the eSMART-HD game. At higher levels, users have the

opportunity to review the SBAR3 video if they choose. Each step of the SBAR process is reinforced by the coach (avatar). When game users are provided with a list of potential responses in the interactions with the virtual provider, the appropriate S, B, A or R is highlighted visually on the computer screen as a cue to where users are in the process. When users select a choice that represents the appropriate step, the appropriate SBAR image displayed on the screen bounces up and down to provide reinforcement of the appropriate selection(s) and a summary of the users' performance using SBAR3 is provided at the end of the game with suggestions for their next encounter.

CONCLUSION

The patient oriented SBAR3 is a structured communication tool that is modeled from the provider-to-provider communication tool SBAR and may serve to enhance patient-to-provider communication. Use of a structured communication tool such as the SBAR3 provides a framework to share mental models and to ensure that conversation includes important content. Effective communication leads to higher patient satisfaction, less malpractice claims, (Levinson, Roter, Mullooly, Dull, Frankel, 1997), better self management of health conditions (Kaplan, Greenfield, Ware, 1989; Zolnierek, DiMatteo, 2009), and reduced health disparities (IOM report Unequal treatment confronting racial and ethnic disparities in health care, Volume 1 Smedley, B; Stith, A; Nelson, A 2003).

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