



The picture is the 'Tower of Babel' and the analogy is about communication:  
The people in the world all had one language.

Then they built a city with a tower that would reach heaven and they wanted to make a name for themselves so they would not be scattered all over the earth. It may have been an act of defiance against God.

God came to see the people and the tower and in his wisdom realised that nothing they sought would be out of their reach so he confounded their speech and scattered them over the earth, hence the people could no longer understand each other.

# ISBAR IS...

- A **framework** to aid effective and concise communication
- What is **effective** communication?
- What is the **purpose**?

2

The introductory slides are to generate dialogue about the importance of communication and how communication in a hospital setting needs to be adaptable, and is more often than not, more direct than everyday language. It is a **tool** and a **skill** that needs developing, like auscultation or handwriting.

## Structure of session

- Introduction to communication + ISBAR
- Trigger videos
- Discussion
- Role play

“The single biggest problem in communication is the **illusion** that it has taken place.”

– George Bernard Shaw

- Why teach you to talk?
- Is it really teaching you to talk?
- ISBAR is a **tool** and a **skill**

- Can you think of examples where you have been misunderstood, or it took far too long to be understood?
- Have you seen it happen in hospital or on placement?
- Why? How?

6

Ask participants to think about situations they may have been in where communication was an issue

# ISBAR

- **I - Identify**
- **S - Situation**
- **B - Background**
- **A - Assessment**
- **R – Request**

7

For this slide it is worth doing a Google search for a video about ISBAR which you can play to the audience as a trigger for discussion.

# Identify

- What are the key pieces of information?



## I - Identify

- Identify **yourself** - name, position, location
- Identify **the person** you are talking to if not already done
- Identify the **patient** and unique ID number

9

In services with Multi sites it is important to state which ward AND facility you are calling from.

There are documented cases of senior medical registrars staff being called out and going to the WRONG hospital or phone calls being disconnected and no one knowing who they had been speaking to or where the call originated.

## I - Identify continued...

- Why give your name?
  - it is polite and professional to do so
- Why give your position?
  - helps the information receiver to know at what level to pitch their response/advice
- Why state where you are calling from?
  - the information receiver may work at multiple sites
- Why identify the person you are speaking to?
  - to make sure it is the appropriate person
- Why do you need their name?
  - to document in the notes for future reference
- Why identify the patient - name, age, sex, location?
  - helps identify the patient and helps the receiver to develop a mental picture of the patient

10

Slides 10-31: These are a more detailed explanation of the ISBAR acronym. Instructors are encouraged to prompt the learners for what they think would be useful or pertinent.

# Situation

- What are the key pieces of information?

## S - Situation Continued

Stating the **purpose** of the call at the **start of the conversation** helps the receiver **focus** their attention appropriately when listening to the story

## S - Situation

- Explanation of WHY you are calling

“I am calling you about a patient, Mr Jones\*. He is a 56 year old man, 2 days post hernia repair who has developed new atrial fibrillation with a blood pressure of 105/66. He looks pale and feels unwell. I would like you to come and assess this patient please”
- If urgent, make this clear at the start

“Mr Jones is a 56 year old man who is 2 days post hernia repair. He has gone into atrial fibrillation. He is stable at present with a blood pressure of 105/66 but he is normally hypertensive. He looks pale and feels unwell. I am concerned about him and would appreciate it if you could come and help us to stabilise him”

13

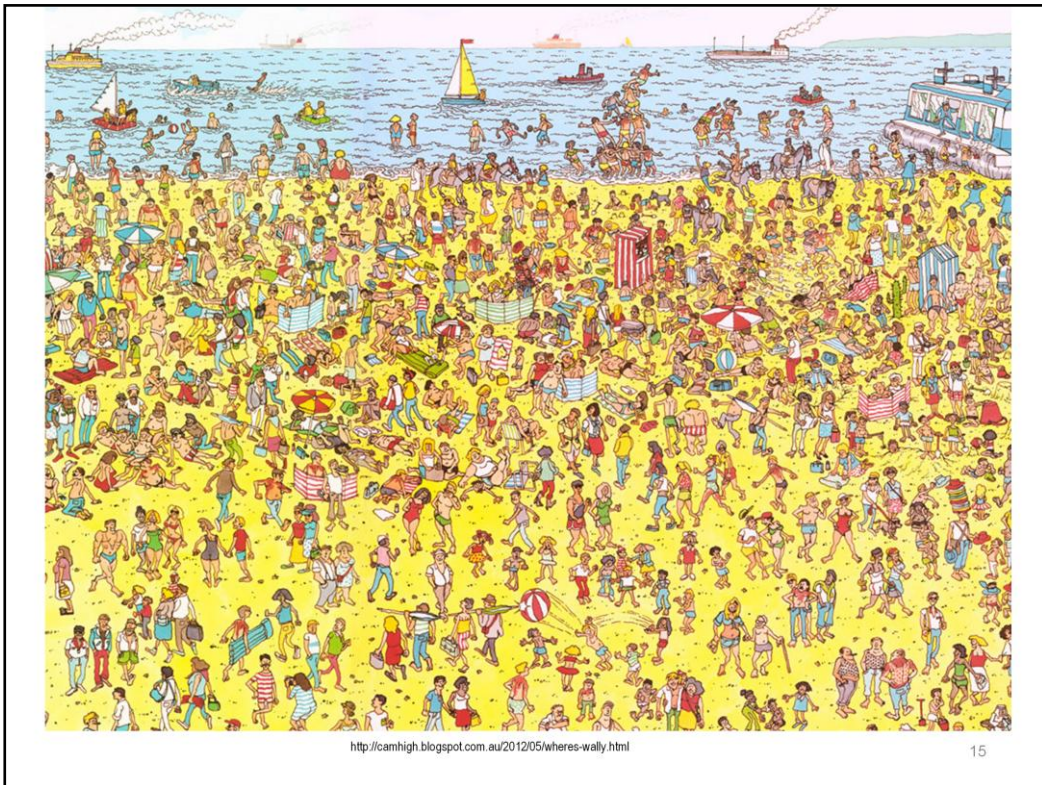
# Background

- What are the key pieces of information?

14

When both staff are using ISBAR it becomes a mutual assistance AND Learning / Teaching technique.

It enables the senior person to guide the junior person.



<http://camhigh.blogspot.com.au/2012/05/wheres-wally.html>

15

Where's Wally – this is to illustrate how hard it is to pick out the key message if it is lost in a sea of less relevant information

## B - Background

- Tell the story
- Provide **RELEVANT** information only. Deciding what is relevant is a skill that comes with experience
- Don't forget 'less is often more'
- Include aspects of history, examination, investigations and management where **relevant**

16



## B - Background Continued...

- The volume of information will depend on the situation
  - **Less**
    - if the receiver will see the patient themselves shortly. No background may be quite appropriate in this situation
    - if the receiver already knows the patient
  - **More**
    - if you are wanting management advice over the phone without the receiver seeing the patient
- The receiver can always fill any important gaps in your story with questions

# Assessment

What are the key pieces of information?

## A - Assessment

- State what you think is going on. Give **your interpretation** of the situation
- Don't leave the receiver to guess what you are thinking - tell them
- Stating the **obvious** is helpful here
- Include your degree of **certainty**

19

## A - Assessment cont...

“... the patient is febrile and I can’t find a source of infection”

“The patient has improved but I am concerned they have had a pulmonary embolus”

“The patient has acute coronary syndrome”

# Assessment

Your **responsibility** is not to have all the answers

BUT

Your **responsibility** is to have done what is  
reasonable

- You wouldn't ask a friend to come to dinner and then expect them to bring their own chairs and cutlery
- e.g. if you are making a referral and you have a concern about a cardiac condition, it would be reasonable to expect you have tried to read the ECG, or done one

# Request

- . What are the key pieces of information?

23

The request usually comes down to 2 options :

Please come and see the patient OR please give me management advice.

## R - Request

- State **what you want** from them

“We would be grateful for your opinion regarding the need for surgery”

“I need help urgently, are you able to come now? ... If not, who should I call?”

- Ask **questions**

“What would be the most appropriate antibiotic in this situation?”

“What are the priority tasks for me while you are on your way?”

24



## R - Request

- Ask them **what they want** from you

“Is there anything else you want me to look at?”

“Is there anything else I ought to consider?”

## Additional points...

- NB: What you say for **Situation** may be a concise summary of what you say for **Assessment** and **Request**. This repetition is helpful as it emphasises the key purpose of the referral
- Sometimes the receiver will lead the conversation – you can still use ISBAR as a guide
  - Don't forget, the receiver may not be familiar with ISBAR

26

ISBAR is a flexible tool

So the REQUEST may be also summarised in the SITUATION to attract attention

For example a request for a sleeping tablet is unlikely to require a full history

## Preparation for the call

- Preparation is vital - use ISBAR to prepare
- Make sure YOU are clear on the reason for referral before calling
- Write down your questions
- Document a written referral in the notes if this is the practice for formal referrals in your hospital or include in nursing notes
- Gather relevant patient details, notes, charts, ECGs, observations etc before making the call
- Have pen and paper on hand to write down names, numbers and instructions

27

## Some examples

- “Hi, I'm calling about Nola in bed 12. She's got a background of diabetes, asthma, right knee replacement, reflux, blood pressure, cholesterol, osteoarthritis, pneumonia, cholecystectomy. She was admitted with left sided pneumonia. She's complaining of chest pain and something's not right. When can you come? Thanks.”

28

Slides 28 onwards can be used as a group discussion on what constitutes a “good” and “bad” referral.

- I - "Hi, I'm the medical resident looking after Nola Smith in bed 12 on 1E.
- S - She's suffered from left sided chest pain that sounds ischaemic in nature for the last half an hour and I'm calling to see if you agree and if there's anything else I should do.
- B - She's eighty and was admitted with a left sided pneumonia but has multiple risk factors for coronary heart disease including diabetes, hypertension and hypercholesterolaemia.
- A - She's hypoxic on room air at 91% and slightly tachypnoeic with a respiratory rate of 24 but her other vitals are within normal limits. Notably she was not hypoxic on admission. Her examination is significant for bilateral crepitations, left greater than the right, and an elevated JVP.
- R - I have requested an ECG and cardiac enzymes and applied oxygen. Is there anything else I should do? Can you review the patient soon?"

- “Hi, I'm calling about Janet in bed 12. Her blood pressure is 105/56. What do you want me to do?”

- I - "Hi I'm the nurse looking after Janet Ying in bed 12 on 1E.
- S - I'm concerned she's lightheaded and her blood pressure has dropped to 105/53 after being about 150 systolic for the last two days.
- B - She's a 63 year old female who presented with pyelonephritis and has been treated with IV antibiotics.
- A - She is hypotensive 105/53, resps 22, heart rate 105 but her oxygen saturation is stable at 95%.
- R - I've tilted her bed and she's a bit better but I would like you to see her. Is there anything else I should do in the meantime?"

## A real life story – other uses for ISBAR?

- “yeah, hi, I was trying to buy something online and I got to a page asking me for my Mastercard SecureCode password which I've never used, and I tried the security questions to jog my memory but I couldn't retrieve the password either because I couldn't remember the security question answer either, and I tried a couple of different passwords and now I've been blocked cause I didn't get any of them right.”



## What do you think happened next?

- Identify - “Okay sir, what is your name and your account number?”
- Situation - “Your credit card got locked after incorrect password attempts?”
- Background - “Can I please have your date of birth, address?”
- Assessment - “I've reset your passwords and they are active now.”
- Request - “I need you to log in now and check it for me, and then assign yourself a new password.”

# References

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- Where's Wally 2012, Beattie's book blog, New Zealand 2012, viewed 22 August 2012, <http://beattiesbookblog.blogspot.com.au/2012/09/wheres-wally-its-25th-birthday.html>.
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