

# SBAR FOR INCLUSIVE AND EQUITABLE PATIENT CARE

SBAR is a technique that is typically used to frame conversations between health care providers regarding a patient's condition and clinical status. SBAR in this circumstance is adapted to promote respectful and inclusive patient communication and care. It is important to recognize that each patient, couple, and family are unique. These sample SBARs are not all-inclusive.

## SBAR for Native American/American Indian/Alaska Native/Indigenous Patients

<b>SITUATION</b>	A care provider enters a patient's room to meet and establish care with their patient in a maternity care setting. The patient is a 30-year-old G5 P4 who is Lakota and Navajo and identifies as female. She is in early labor and was transferred from a rural hospital to a tertiary care center for pregnancy complications. She is accompanied by her support network, including her spouse, oldest two children, mother, father, sister, and aunt.
<b>BACKGROUND</b>	<p>What are some of the challenges that NA/AI/AN/Indigenous patients may encounter because of stigma, discrimination, and lack of cultural awareness when receiving care?</p> <ul style="list-style-type: none"><li>• NA/AI/AN/Indigenous women are two times more likely to die of pregnancy-related causes than White women (Peterson et al., 2019; CDC, 2023).</li><li>• There are 574 federally recognized American Indian tribes and Alaska Native entities across the United States (Sweeny, 2021), and approximately 40% of all NA/AI/AN/Indigenous people live in rural areas where access to adequate health care may be limited and poverty levels tend to be high (Kozhimannil et al. 2020).</li><li>• Patients receiving care in rural areas and/or neighborhoods with low socio-economic status tend to have higher rates of maternal morbidity and mortality, high risk of readmission, and longer hospitalization (Wang et al. 2020).</li><li>• NA/AI/AN/Indigenous women report mistreatment during maternity care, including a provider ignoring them and refusing requests for help. Patients who are mistreated may not feel comfortable participating in their care and may not share their concerns and questions (Mohamoud et al., 2023).</li><li>• Due to historical trauma, including but not limited to colonization, forced sterilization, infant separation policies, and forced acculturation, NA/AI/AN/Indigenous women may distrust health care professionals (CDC, 2022).</li></ul>
<b>ASSESSMENT</b>	<p>Based on what you know, which assessments are a top priority in establishing a positive relationship with this patient and her family?</p> <p>Self-Assessment:</p> <ul style="list-style-type: none"><li>• I will first engage in self-assessment to identify and recognize any personal bias.</li><li>• I will acknowledge how discrimination, social determinants, racism, and lack of cultural awareness affect care for NA/AI/AN/Indigenous patients.</li><li>• I will recognize personal and institutional barriers to delivering care and work to eliminate discrimination against NA/AI/AN/Indigenous patients.</li><li>• I am aware that there is vast cultural diversity across the 574 tribes as well as regional differences within each tribe's culture, language, and spiritual practices.</li><li>• I will display cultural humility and awareness in all interactions with this patient and their supportive network.</li></ul> <p>Patient Assessment:</p> <ul style="list-style-type: none"><li>• I will work to build trust and rapport with this patient and their family by including them in all care decisions. I will listen to this patient's concerns about having a new provider and health care team.</li><li>• I will ask the patient and family what cultural or spiritual practices they would like to include in their care and honor those choices throughout their hospital stay.</li><li>• I will recognize and accept that NA/AI/AN/Indigenous patients may present with a quiet and/or guarded demeanor. I will accept that some NA/AI/AN/Indigenous patients may feel uncomfortable or anxious with direct or prolonged eye contact.</li><li>• I will ask about their previous birth experiences, listen, and validate their concerns with compassion and respect using a trauma-informed approach.</li></ul>
<b>RECOMMENDATIONS</b>	<p>What actions can be taken to help this patient and their family feel heard and understood?</p> <ul style="list-style-type: none"><li>• I will include this patient and their family in all care decisions from admission to discharge.</li><li>• I will use third-person, passive language to depersonalize possible negative outcomes.</li><li>• I will validate their care needs and concerns, ensuring the interprofessional team understands their cultural preferences and provides individualized care and support.</li><li>• I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm.</li><li>• I will advocate for this patient if other caregivers do not follow these recommendations, express bias, or disregard the patient's requests.</li></ul>

## ACTIONS

- After hearing and documenting this patient's previous birth experience, I will reflect on what I can do to decrease discrimination and bias to ensure NA/AI/AN/Indigenous patients receive respectful, compassionate, and individualized care.
- I will strive to identify and address unit, hospital, and systems issues that impact the overall care provided for NA/AI/AN/Indigenous patients.

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