

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 Women, Pregnant, and Postpartum People with Limited English Proficiency (LEP)

SITUATION	A care provider enters a clinic room to meet and establish a relationship with their patient in a maternal-fetal medicine office. She presents for genetic testing for a concerning finding on 20-week ultrasound. The patient is a 21-year-old G1 P0 woman who self-identifies as Hispanic and female. Her primary language is Spanish, and she states that she understands minimal English. She also has a history of Type 2 diabetes. The patient is accompanied by her boyfriend and mother. She appears to be anxious and frightened.
BACKGROUND	<p>What are some challenges patients and their families with limited English proficiency (LEP) may face when receiving health care?</p> <ul style="list-style-type: none">• Federal and state legislation and regulatory bodies such as the Joint Commission require translation services to ensure the needs of individuals with LEP are met in health care settings that accept federal funding (Taira et al., 2019).• According to the United States (U.S.) Census Bureau, anyone above the age of five who reported speaking English less than "very well" is classified as having LEP. There are approximately 25.1 million individuals inhabiting the U.S. that are considered to have LEP (Zong, 2015).• Attitudes, beliefs, and the quality of interpretation resources available to the LEP population may exacerbate communication barriers and are associated with increased frequency of medical errors, readmission rates, length of stay, and isolation felt by the patient and their families (Howell et al., 2018).• Health care interactions can be both positive and negative; however, several factors can influence the provision of and access to Respectful Maternity Care (RMC), including the level of provider awareness and acceptance of patients' cultural differences, life experiences, and ability to communicate effectively (de Peralta et al., 2019).• Disparities in health care are exacerbated when English is not the primary language of the patient (Howell et al., 2018).• Cultural awareness includes committing to cross-cultural care while being able to understand our own biases and prejudices towards people who are different (Shorey & Downe, 2021).• Care providers should utilize culturally responsive interventions to help mitigate structural barriers that diverse communities may experience when accessing health care services (Meléndez Guevara et al., 2020).
ASSESSMENT	<p>Based on what I know about my patient, which assessments are a top priority in establishing a positive relationship with this patient and their family?</p> <p>Self-assessment:</p> <ul style="list-style-type: none">• I will first engage in a self-assessment to identify and recognize any personal bias that I may have.• I will reflect on how language barriers add another layer of vulnerability and can impact disparities in care and outcomes.• I will reflect on how language and culture are linked. I may need to do additional research to increase my own knowledge about other practices, languages, and resource availability.• I will understand personal and institutional barriers to delivering care and how to eliminate discrimination and bias in people with LEP. <p>Patient Assessment:</p> <ul style="list-style-type: none">• I will work to build trust and rapport with this patient and their family by engaging with medically approved interpretation services.• I will ask which translation interpretation modality (in person, virtual) the patient and family members prefer.• I will ask if there are any customs that they plan to bring forth in their birthing experience and be respectful of those customs.• I will ask about this patient's or their partner's previous obstetrical or medical experience/ history, listen, and validate their concerns with compassion and respect using a trauma-informed approach.
RECOMMENDATIONS	<p>What actions can be taken to help this patient and their partner feel heard and understood?</p> <ul style="list-style-type: none">• I will include this patient and their partner in all care decisions from admission through discharge.• I will establish a communication modality that the patient prefers and continue to use it throughout their hospital stay. I will ensure the patient is fully informed and demonstrates a clear understanding before consent is signed.• I will validate their care needs and concerns, ensuring the interprofessional team understands their preferences to deliver individualized care and support.• I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm.• I will avoid assumptions about cultural practices and English proficiency.• If there is a mistake in my communications, I will apologize and adapt my communication strategies as needed.

ACTIONS

- After hearing and documenting this patient's previous experiences, I will reflect on the experience to determine what I can do to decrease discrimination and bias and ensure that they receive respectful, informed, and compassionate care.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work, specifically those that impact the ability to communicate effectively with people with LEP.

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