# Critical Conversations:
## Using the SBAR Communication Tool to Prevent Medication Errors
Part 1 Training Participant Quiz

**This quiz will be monitored. A score of 80% is required to pass the training.**

**Grand Garden Medical Center**

**Staff Name: _____ Date: _____**

**Department: _____ Supervisor: _____**

**This participant quiz must be submitted to your supervisor, no later than: _____**

## Section 1: Knowledge and Understanding (10 points)

**Instructions:** Circle the correct answer for each multiple choice or true/false question.

**1. What is the main goal of using SBAR in healthcare communication?**

a) to complete documentation faster
b) to create detailed care plans
c) to ensure clear, concise, and structured communication
d) to provide emotional support to patients

**2. Which component of SBAR includes your professional judgment about the situation?**

a) situation
b) recommendation
c) background
d) assessment

**3. Which of the following would be <u>least</u> appropriate in the "Assessment" section?**

a) "Blood pressure is dropping despite IV fluids."
b) "She likely has an infection due to fever and elevated WBC."
c) "The patient has new confusion, different from baseline."
d) "We should increase the pain medication dosage to alleviate the pain."

**4. Which is the best description of the "Background" component?**

a) focuses on what's currently happening
b) includes your recommendation for next steps
c) provides relevant medical context and history
d) summarizes the patient's lab values

**5. Which of the following would be least appropriate in the "Situation" section?**

a) “The patient is experiencing chest pain.”
b) “The patient’s heart rate is elevated.”
c) “I think we should run more tests.”
d) “He’s short of breath and diaphoretic.”

## Section 2: Application Scenario (12 Points)

**Instructions:** Read the scenario below and answer the following questions.

### Scenario

During a night shift, Nurse A handed off a patient to Nurse B, stating the patient was “doing fine” but leaving out a recent medication change and changes in vital signs.

Nurse B was delayed in checking the chart and assessing the patient due to multiple high-acuity demands. When she did assess the patient, she found hypotension and bradycardia. Unaware of the medication change, she delayed notifying the provider, and the patient required emergency intervention.

**1. Which components of SBAR were missing or incomplete during the handoff from Nurse A to Nurse B? (2 pt)**

_____
_____
_____
_____

**2. How could using the SBAR tool have changed the outcome of this situation? Explain how using the tool might have led to earlier intervention for this patient. (2 pt)**

_____
_____
_____
_____

**3. What specific information should Nurse A have included in the “Background” section of SBAR? (2 pt)**

_____
_____
_____
_____

**4. What should Nurse B's "Assessment" and "Recommendation" have included once she discovered abnormal vital signs? (2 pt)**

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_____
_____
_____

**5. If you were Nurse B in this situation, how would you use SBAR to communicate with the provider after discovering the abnormal vitals? Outline a brief SBAR response. (5 pts)**

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