FREE FACULTY RESOURCE – US-FIRST EDITION

SBAR Audio Handoff Discussion Pack

Four fixed fictional, synthetically voiced handoffs for listening, private judgment, discussion, and focused replay. No sign-up, score, AI feedback, or comparison with other users.

Open the audio pack

A simple facilitation loop

1. READ + LISTEN

Read the scenario card, then play the recording once without stopping.

2. JUDGE PRIVATELY

Each person marks five judgments before the group discusses them.

3. REVEAL + REPLAY

Use the discussion lens, name the evidence, then rehearse the narrow re-teaching target.

The five private judgments

1	Was the priority or reason for the call or handoff clear early?	Clear [ ] Needs discussion [ ] Not sure [ ]
2	Was the background limited to what the receiver needed?	Clear [ ] Needs discussion [ ] Not sure [ ]
3	Did the speaker state an assessment or concern, rather than only reporting facts?	Clear [ ] Needs discussion [ ] Not sure [ ]
4	Was the expected next step clear, including its urgency or by-when?	Clear [ ] Needs discussion [ ] Not sure [ ]
5	Did the receiver confirm who would do what and by when?	Clear [ ] Needs discussion [ ] Not sure [ ]

Clear: I heard enough evidence that this behavior was achieved. **Needs discussion:** I heard evidence that this behavior was incomplete or unclear. **Not sure:** I cannot decide from the recording or would need local context or policy.

Boundaries and timing

Allow about **10 minutes per case**, or about 40 minutes for all four. Recordings 1 to 3 keep the patient facts and participants constant. Recording 4 deliberately changes to shift handoff. The clinical facts describe one fictional patient and do not establish treatment, thresholds, or a universal escalation algorithm. Use local rapid-response criteria and policy. This is a formative discussion specimen, not a validated assessment or clinical guide.

Context note: The recordings use US-English voices and familiar US nursing terminology. Roles are adaptable to your institution. Interest in India, UK, and Australia editions can be registered on the web page.

Pack URL: https://medical.linguacopilot.in/guides/sbar-audio-handoff-discussion-pack

COVERING-PHYSICIAN CALL – 1:19

Recording 1

Disclosure: Fictional case. Synthetic voices.
Roles: Jamie Carter, bedside nurse | Dr. Alex Morgan, covering physician
Before playing: Listen once without stopping. Make your five private judgments before revealing the discussion lens.

Open this recording

SCENARIO CARD – READ BEFORE LISTENING

Elena Martinez, 68, is post-operative day 1 after abdominal surgery on 4 North.

It is 6:45 p.m. Jamie Carter, the bedside nurse, is calling covering physician Dr. Alex Morgan about Ms. Martinez in room 412. Her medical record number ends in 4821.

Ms. Martinez has a history of hypertension, and her usual blood pressure medication was held this morning. She was alert, oriented, and conversing normally earlier in the shift.

Jamie is concerned that the current change may represent deterioration. For this fictional exercise, the unit team has already identified the change as needing review by the covering physician.

Vital sign	2:00 p.m.	6:45 p.m.
Blood pressure	128/76 mmHg	**96/58 mmHg**
Heart rate	82/min	**112/min**
Respiratory rate	16/min	**22/min**
Oxygen saturation	97% on room air	**95% on room air**
Temperature	98.4 degrees Fahrenheit	**98.8 degrees Fahrenheit**

Current status: Ms. Martinez is now confused, feels clammy, and reports dizziness when she sits up.

PRIVATE CHECK – MARK BEFORE DISCUSSION

1. Was the priority or reason for the call or handoff clear early?
Clear [ ] Needs discussion [ ] Not sure [ ]

2. Was the background limited to what the receiver needed?
Clear [ ] Needs discussion [ ] Not sure [ ]

3. Did the speaker state an assessment or concern, rather than only reporting facts?
Clear [ ] Needs discussion [ ] Not sure [ ]

4. Was the expected next step clear, including its urgency or by-when?
Clear [ ] Needs discussion [ ] Not sure [ ]

5. Did the receiver confirm who would do what and by when?
Clear [ ] Needs discussion [ ] Not sure [ ]

Selections are private prompts, not a score. Name the words you heard before naming your judgment.

DISCUSSION LENS – CLEARLY IMPROVABLE – NOT AN ANSWER KEY

History Before Priority

What changes when complete background arrives before the reason for calling?

Jamie knows the patient, but the receiver hears history and an earlier vital-sign set before hearing what changed now.

0:00 – The opening block
Jamie demonstrates knowledge of the patient, but the current change has not yet been stated.
Discuss: At what exact phrase did you first understand why this call was happening now?

0:30 – The receiver extracts the message
Dr. Morgan has to ask first for the change and then for Jamie's concern and request. The current set that finally arrives has blood pressure and heart rate only.
Discuss: Which question could have been unnecessary if the opening had led with the change and concern?

RE-TEACHING TARGET

Lead with why the call is happening now, then select background that helps the receiver act on that priority.

COMMUNICATION TENSION

Completeness can feel safe to the sender while making the priority harder for the receiver to find. The facts are not false. Their order is the issue.

Reasonable alternatives:

Some institutions require a particular identity or chart-verification sequence at the start. Separate required identification from the additional history and earlier vital signs that delay the current problem.

The current respiratory rate and oxygen saturation also changed from the 2:00 p.m. set, but neither is spoken and Dr. Morgan does not ask. Ask whether the receiver could act on this call without them, and whether that omission belongs to the sender, the receiver, or both.

FIVE-MINUTE REPLAY

1. Give pairs 60 seconds to rewrite Jamie's opening in no more than two sentences.

2. Require the patient, new change, one meaningful trend, Jamie's concern, and the requested time.

3. Read the revised opening aloud, then continue with the unchanged response and read-back.

4. Ask which receiver question is no longer needed.

COVERING-PHYSICIAN CALL – 1:15

Recording 2

Disclosure: Fictional case. Synthetic voices.
Roles: Jamie Carter, bedside nurse | Dr. Alex Morgan, covering physician
Before playing: Listen once without stopping. Make your five private judgments before revealing the discussion lens.

Open this recording

SCENARIO CARD – READ BEFORE LISTENING

Elena Martinez, 68, is post-operative day 1 after abdominal surgery on 4 North.

It is 6:45 p.m. Jamie Carter, the bedside nurse, is calling covering physician Dr. Alex Morgan about Ms. Martinez in room 412. Her medical record number ends in 4821.

Ms. Martinez has a history of hypertension, and her usual blood pressure medication was held this morning. She was alert, oriented, and conversing normally earlier in the shift.

Jamie is concerned that the current change may represent deterioration. For this fictional exercise, the unit team has already identified the change as needing review by the covering physician.

Vital sign	2:00 p.m.	6:45 p.m.
Blood pressure	128/76 mmHg	**96/58 mmHg**
Heart rate	82/min	**112/min**
Respiratory rate	16/min	**22/min**
Oxygen saturation	97% on room air	**95% on room air**
Temperature	98.4 degrees Fahrenheit	**98.8 degrees Fahrenheit**

Current status: Ms. Martinez is now confused, feels clammy, and reports dizziness when she sits up.

PRIVATE CHECK – MARK BEFORE DISCUSSION

1. Was the priority or reason for the call or handoff clear early?
Clear [ ] Needs discussion [ ] Not sure [ ]

2. Was the background limited to what the receiver needed?
Clear [ ] Needs discussion [ ] Not sure [ ]

3. Did the speaker state an assessment or concern, rather than only reporting facts?
Clear [ ] Needs discussion [ ] Not sure [ ]

4. Was the expected next step clear, including its urgency or by-when?
Clear [ ] Needs discussion [ ] Not sure [ ]

5. Did the receiver confirm who would do what and by when?
Clear [ ] Needs discussion [ ] Not sure [ ]

Selections are private prompts, not a score. Name the words you heard before naming your judgment.

DISCUSSION LENS – STRONG – NOT AN ANSWER KEY

Clear Escalation

The same clinical situation, communicated around priority, concern, action and closure.

The opening links the current change and the four vital-sign trends to concern and a time-bound request, then leaves background for the next turn.

0:00 – Priority before background
The listener receives the new problem, four vital-sign trends, concern, and requested time in the opening.
Discuss: Which words make this more than a list of changing vital signs?

0:51 – Action and read-back
The response identifies actions, owners, timing, and a call-sooner condition, followed by a read-back.
Discuss: What could be lost if Jamie replied only, 'Okay, thanks'?

RE-TEACHING TARGET

Link the current change to an explicit concern and a time-bound request, then close the loop on the agreed plan.

COMMUNICATION TENSION

A strong escalation must be concise without becoming cryptic. The opening carries enough evidence for action while leaving less urgent context for the next turn.

Reasonable alternatives:

Some educators may find the opening information-dense or prefer the full post-operative context before the request. Ask what they would move without delaying the reason for calling.

Dizziness and temperature are on the card but not spoken. Dizziness may help the receiver interpret the current change; both temperature readings are normal. Ask which omissions represent reasonable selection and which might matter to the receiver.

FIVE-MINUTE REPLAY

1. Ask pairs to remove one detail from the opening without weakening priority, concern, or requested timing.

2. Have them explain what information the receiver still needs next.

3. Read the edited opening and Dr. Morgan's response aloud.

4. Finish with an exact read-back of owner, action, and time.

COVERING-PHYSICIAN CALL – 1:14

Recording 3

Disclosure: Fictional case. Synthetic voices.
Roles: Jamie Carter, bedside nurse | Dr. Alex Morgan, covering physician
Before playing: Listen once without stopping. Make your five private judgments before revealing the discussion lens.

Open this recording

SCENARIO CARD – READ BEFORE LISTENING

Elena Martinez, 68, is post-operative day 1 after abdominal surgery on 4 North.

It is 6:45 p.m. Jamie Carter, the bedside nurse, is calling covering physician Dr. Alex Morgan about Ms. Martinez in room 412. Her medical record number ends in 4821.

Ms. Martinez has a history of hypertension, and her usual blood pressure medication was held this morning. She was alert, oriented, and conversing normally earlier in the shift.

Jamie is concerned that the current change may represent deterioration. For this fictional exercise, the unit team has already identified the change as needing review by the covering physician.

Vital sign	2:00 p.m.	6:45 p.m.
Blood pressure	128/76 mmHg	**96/58 mmHg**
Heart rate	82/min	**112/min**
Respiratory rate	16/min	**22/min**
Oxygen saturation	97% on room air	**95% on room air**
Temperature	98.4 degrees Fahrenheit	**98.8 degrees Fahrenheit**

Current status: Ms. Martinez is now confused, feels clammy, and reports dizziness when she sits up.

PRIVATE CHECK – MARK BEFORE DISCUSSION

1. Was the priority or reason for the call or handoff clear early?
Clear [ ] Needs discussion [ ] Not sure [ ]

2. Was the background limited to what the receiver needed?
Clear [ ] Needs discussion [ ] Not sure [ ]

3. Did the speaker state an assessment or concern, rather than only reporting facts?
Clear [ ] Needs discussion [ ] Not sure [ ]

4. Was the expected next step clear, including its urgency or by-when?
Clear [ ] Needs discussion [ ] Not sure [ ]

5. Did the receiver confirm who would do what and by when?
Clear [ ] Needs discussion [ ] Not sure [ ]

Selections are private prompts, not a score. Name the words you heard before naming your judgment.

DISCUSSION LENS – GENUINELY DEBATABLE – NOT AN ANSWER KEY

Structure Under Interruption

Does an interrupted call remain effective when the nurse adapts and resets?

Jamie answers the receiver's questions out of the planned order, then independently returns to the concern and request.

0:18 – The interruption and response
Dr. Morgan cuts off the background and asks for the current and earlier blood pressure and heart rate. Jamie gives those, then adds age, hypertension, the held medication, and dizziness. Neither speaker raises the respiratory rate or oxygen saturation, which also changed.
Discuss: Is answering the receiver's priority a loss of structure, or effective adaptation?

0:42 – The self-initiated reset
After a neutral acknowledgment, Jamie returns to the reason for calling without another prompt.
Discuss: Does the reset recover the structure, or did the concern still arrive too late?

RE-TEACHING TARGET

After an interruption, use a short verbal reset that returns the exchange to the concern and requested action.

COMMUNICATION TENSION

SBAR can support a shared mental model without requiring four uninterrupted blocks. The debate is whether the self-initiated reset makes the interrupted call functionally complete.

Reasonable alternatives:

Functional reading: Jamie identifies the current problem, answers the questions, resets, and closes the loop.

Stricter reading: the concern and request arrive only after two questions and extra background, so priority was not clear early enough, and the changed respiratory rate and saturation never reach the receiver.

FIVE-MINUTE REPLAY

1. Read the transcript as written.

2. Replay it without Jamie's reset, so the concern and request do not arrive unless Dr. Morgan asks.

3. Move the interruption until after Jamie's concern statement and ask whether the background judgment changes.

4. Have each pair state the evidence standard they applied to the first judgment.

NURSE-TO-NURSE SHIFT HANDOFF – 0:56

Recording 4

Disclosure: Fictional case. Synthetic voices.
Roles: Jamie Carter, off-going nurse | Taylor Brooks, oncoming nurse
Before playing: Listen once without stopping. Make your five private judgments before revealing the discussion lens.

Open this recording

SCENARIO CARD – READ BEFORE LISTENING

Elena Martinez, 68, is post-operative day 1 after abdominal surgery on 4 North.

It is just before 6:50 p.m., shortly before the 7:00 p.m. shift change. Jamie Carter, the off-going nurse, is handing Ms. Martinez in room 412 over to oncoming nurse Taylor Brooks. Her medical record number ends in 4821.

Ms. Martinez has a history of hypertension, and her usual blood pressure medication was held this morning. She was alert, oriented, and conversing normally earlier in the shift.

Jamie is concerned that the current change may represent deterioration. For this fictional exercise, the unit team has already identified the change as needing review by covering physician Dr. Alex Morgan.

Vital sign	2:00 p.m.	6:45 p.m.
Blood pressure	128/76 mmHg	**96/58 mmHg**
Heart rate	82/min	**112/min**
Respiratory rate	16/min	**22/min**
Oxygen saturation	97% on room air	**95% on room air**
Temperature	98.4 degrees Fahrenheit	**98.8 degrees Fahrenheit**

Current status: Ms. Martinez is now confused, feels clammy, and reports dizziness when she sits up.

Already pending:
- Dr. Morgan is on the way and has agreed to assess Ms. Martinez at the bedside by 7:00 p.m.
- A complete vital-sign set is due at 6:50 p.m.
- The responsible nurse is to remain with her and call Dr. Morgan sooner if she becomes less responsive or her blood pressure falls further.

PRIVATE CHECK – MARK BEFORE DISCUSSION

1. Was the priority or reason for the call or handoff clear early?
Clear [ ] Needs discussion [ ] Not sure [ ]

2. Was the background limited to what the receiver needed?
Clear [ ] Needs discussion [ ] Not sure [ ]

3. Did the speaker state an assessment or concern, rather than only reporting facts?
Clear [ ] Needs discussion [ ] Not sure [ ]

4. Was the expected next step clear, including its urgency or by-when?
Clear [ ] Needs discussion [ ] Not sure [ ]

5. Did the receiver confirm who would do what and by when?
Clear [ ] Needs discussion [ ] Not sure [ ]

Selections are private prompts, not a score. Name the words you heard before naming your judgment.

DISCUSSION LENS – CLEARLY IMPROVABLE – NOT AN ANSWER KEY

The Ownerless Shift Handoff

The tasks and times are audible, but has responsibility actually transferred?

The current priority and pending actions are understandable, but neither nurse explicitly transfers or accepts each time-sensitive responsibility.

0:24 – Pending work without a named owner
Jamie says the plan is for 'someone' to stay until the oncoming nurse takes over while speaking directly to Taylor, the oncoming nurse.
Discuss: Who is the oncoming nurse in this conversation, and which pending actions could both nurses still assume the other person will do?

0:41 – A friendly but vague acceptance
'I'll keep an eye on her' sounds cooperative, and the conversation closes. Neither nurse states the complete current vital-sign set, so the changed respiratory rate and oxygen saturation are not handed over.
Discuss: What responsibility has Taylor explicitly accepted, and what remains uncertain?

RE-TEACHING TARGET

Close a shift handoff with explicit transfer and acceptance of each time-sensitive action.

COMMUNICATION TENSION

A handoff can contain all the right tasks while still failing to transfer responsibility. Friendly acknowledgment is not always closed-loop acceptance.

A reasonable alternative:
In a familiar team, 'I'll keep an eye on her' may be understood locally as acceptance of care. Ask whether that interpretation remains unambiguous for a float nurse, new staff member, or distracted receiver.

FIVE-MINUTE REPLAY

1. Keep the opening and Taylor's question unchanged.

2. Rewrite only the pending-work turn and Taylor's response so each action has an owner and time.

3. Require Taylor to summarize what Taylor has accepted before Jamie closes.

4. Replay both endings and identify the words that make responsibility observable.

REUSABLE FACILITATOR SHEET

Listen. Judge. Discuss. Replay.

Use this sheet with one of the four recordings or with an institution-reviewed handoff of your own. Keep judgments private until everyone has marked a response.

Pack URL: https://medical.linguacopilot.in/guides/sbar-audio-handoff-discussion-pack

Case or recording: _____ Date: _____

Participants or group: _____

Private judgment	Clear	Needs discussion	Not sure	Words or moment that support your view
Was the priority or reason for the call or handoff clear early?	[ ]	[ ]	[ ]	
Was the background limited to what the receiver needed?	[ ]	[ ]	[ ]	
Did the speaker state an assessment or concern, rather than only reporting facts?	[ ]	[ ]	[ ]	
Was the expected next step clear, including its urgency or by-when?	[ ]	[ ]	[ ]	
Did the receiver confirm who would do what and by when?	[ ]	[ ]	[ ]	

Where did judgments differ, and which exact words produced the difference?

What is the narrowest communication behavior to re-teach?

What will participants change in the replay?

Reminder: This sheet supports formative communication discussion. It is not a validated assessment or a substitute for local clinical and escalation policy.