LINGUA COPILOT MEDICAL

SBAR Practice Faculty Pack

Receiver scripts, session method and debrief tools live on the guide page; this pack holds the cards and checklists you print and complete.

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Contents: the policy card; three case cards (one per frame); the Escalation Call checklist; the Shift Handoff checklist; the two receiver tests; the two learner self-checks.

For: faculty running SBAR practice rounds in a classroom, skills lab or simulation session.

Not for: assessment of real handoffs or formal evaluation. The checklists are formative tools and have not been validated.

How to use it: complete the policy card once and a case card for each frame you run, from your own reviewed material. In the round, the observer marks each checklist item Done or Not done and writes what they heard. Read the evidence aloud in the debrief, not the marks.

POLICY CARD

One per institution, reused across frames. Complete from your hospital's or college's own policies.

Patient identifiers used locally: name plus which second identifier

Early-warning score in use, if any, and its response thresholds: score; urgent threshold; emergency threshold; who is informed at each

Who the nurse calls first for a deteriorating patient, and the escalation chain if there is no response or the response is refused: first contact; next step; emergency activation

Verbal-order and read-back policy: who may give and receive; what is repeated; how it is recorded

Critical-result policy: reporting window; from whom to whom; documentation elements

Bedside handoff policy: family presence; how undisclosed results are handled; the safety checks done at the bedside

CASE CARD - FRAME 1: A DETERIORATING PATIENT, AN EVENING PHONE CALL

Complete from your institution's own reviewed case.

Patient: name; age; second identifier; bed

Admission and day: diagnosis or procedure; day of stay

Relevant history and current medicines: the two or three items that change the decision, including anything that masks or causes the problem

Allergies

Last relevant result with its previous value

Baseline observations, earlier in the shift: time; values; score if used

Current observations: time; values; score if used; which threshold on your chart this crosses

The other findings that point the same way: two or three

Symptoms the patient reports

Distractor facts, true but not decision-changing: three to five (visitors, diet, therapy sessions, complaints)

The concern the nurse should state: the working problem, as a concern

The expected ask: review now, plus the question that forces a decision

The contingency, per the policy card: what the nurse does if the patient deteriorates before the doctor arrives

The receiver's orders after conceding: three to five time-specific actions, review plan and call-back requirements from the institution's reviewed case and policy, ending with the doctor's arrival time

CASE CARD - FRAME 2: A BEDSIDE SHIFT HANDOFF

Complete from your institution's own reviewed case.

Patient: name; age; second identifier; bed

Admission and day: diagnosis; day of stay; trajectory

Comorbidities and current medicines that matter today, including anything with a timing the oncoming nurse must know

Allergies (the bedside safety checks include the allergy band, so state them)

An event earlier in the admission that changes today's plan: what happened; why; what was done

Something being weaned or progressing

A risk being monitored: skin, falls, nutrition, or other

Lines and devices, with dates

Current observations

Pending today, each with an owner and a time: rounds; reviews; checks; changes

Contingencies, per your protocols: if the evening check is abnormal, what happens and who is told; if the observations change, when to call

The patient's stated wish about family presence

The family member's questions: discharge; a private word

Not for the bedside: a new finding the treating doctor has not yet discussed with the patient, and the ward rule that says who discusses it

CASE CARD - FRAME 3: A CRITICAL RESULT

Complete from your institution's own reviewed case.

Patient: name; age; second identifier; bed

Admission and day

The condition and, if applicable, the medicines that make this result more likely or more dangerous

The result: test; value flagged critical by your laboratory; sample time

The previous value and when

What the laboratory confirms about the sample: that the common spurious cause has been excluded

Current observations, normal

The concern the nurse should state

The expected ask: the immediate actions and decisions the case requires, per the institution's reviewed case and policy; the doctor to review this evening

The receiver's orders after conceding: time-specific actions, review plan and call-back requirements from the institution's reviewed case and policy

Critical-result policy elements from the policy card: window; to whom; documentation

ESCALATION CALL CHECKLIST (FRAMES 1 AND 3)

Scenario: _____ Date: _____

Caller: _____ Observer: _____ Receiver: _____ Attempt: 1 / 2

#	Behavior	Done / Not done	What I heard
1	Identifies self, role and unit, and the patient by name and the local second identifier		
2	States the reason for the call and the level of concern in the first two sentences		
3	Declares the call type: urgent, update, or advice		
4	Gives the baseline that makes the current numbers interpretable		
5	Includes the history, medicines, allergies and results that change the decision		
6	Leaves out what does not		
7	Reports current findings with the trend (and the early-warning score where used)		
8	States a clinical concern or working problem, even when uncertain		
9	Asks for a specific action		
10	States a time frame		
11	Agrees a contingency from the policy card		
12	Answers clarifying questions without losing the structure		
13	Holds the concern when dismissed and escalates by the policy card's chain		
14	Reads back every order and the plan, times included		
15	Documents per the policy card		

SHIFT HANDOFF CHECKLIST (FRAME 2)

Scenario: _____ Date: _____

Outgoing nurse: _____ Observer: _____ Oncoming nurse: _____ Attempt: 1 / 2

#	Behavior	Done / Not done	What I heard
1	Introduces the oncoming nurse; confirms who the patient wants present		
2	Identifies the patient by name and the local second identifier; states the day and trajectory in one sentence		
3	Includes the history, medicines, allergies and events that change today's care		
4	Leaves out what does not		
5	Reports current status with the trend		
6	States the risks being monitored		
7	Gives every pending item an owner and a time		
8	States what to watch and the contingency for each		
9	Does the safety checks on the policy card together		
10	Uses plain language and invites the patient to add or correct		
11	Defers undisclosed findings honestly and hands them over away from the bedside		
12	Answers the family member with a specific commitment and returns to the handoff		
13	The receiver summarizes the plan, and the summary matches		

THE RECEIVER'S TEST - ESCALATION CALL (FRAMES 1 AND 3)

Answered by the person who played the receiver.

Did I know how urgent this was from the opening? Yes / No

What did I still need to ask before I could decide?

Should the caller have covered it without being asked? Yes / No

THE RECEIVER'S TEST - SHIFT HANDOFF (FRAME 2)

Answered by the person who played the receiver.

Could I take over this patient's shift from the handoff alone? Yes / No

What did I still need to ask? Should the outgoing nurse have covered it? Yes / No

Do I know what to watch, and what to do if it changes? Yes / No

OVERALL (BOTH CHECKLISTS)

One thing that worked:

One change for the second attempt:

LEARNER SELF-CHECK - ESCALATION CALL

Complete this before anyone gives you feedback.

1. Did I say why I was calling before any history?
2. Did I say how worried I was, in words?
3. Which three facts did I choose to leave out?
4. Did I state my concern, or only the numbers?
5. What exactly did I ask for, and by when?
6. What did the receiver say back, and did I repeat it?
7. If the receiver had said "wait and watch", what would I have said?
8. What will I change on the next attempt?

LEARNER SELF-CHECK - SHIFT HANDOFF

Complete this before anyone gives you feedback.

1. Did I state today's priorities before the history?
2. Which three facts did I choose to leave out?
3. Did every pending item leave with an owner and a time?
4. What did I decide not to say at the bedside, and why?
5. What would the patient say they learned from the handoff?
6. Did the receiver's summary match my plan?
7. What will I change on the next attempt?