

# How to overcome poor GP-CN communication by use of SBAR protocol

No registrations found.

<b>Ethical review</b>	Not applicable
<b>Status</b>	Suspended
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON28400

### Source

NTR

### Health condition

patient related communication  
primary care  
SBAR protocol  
selfefficacy  
patiënt communicatie  
eerste lijnszorg

## Sponsors and support

**Primary sponsor:** Radboud university medical center,  
Department of Geriatrics

**Source(s) of monetary or material Support:** ZonMw (number: 633300005)

## Intervention

## Outcome measures

### Primary outcome

CNs'selfefficacy

## **Secondary outcome**

GP's judgement

structure of telephone conversation

length of time

feasibility

## **Study description**

### **Background summary**

With the aging of the population, Primary care professionals, e.g. General Practitioners (GPs) and Community Nurses (CNs), often care for complex patient situations, and have to share relevant patient related information. We studied barriers and facilitators that are present in this communication. We found that in the CNs' communication style structure was lacking, causing distrust and irritation by many GPs. Use of the SBAR protocol in Hospital care led to better quality of patient care. In Dutch Primary care this protocol has not been used yet. We hypothesize that better structured communication by CNs leads to better patient care in Primary Care as well. For this purpose, we developed a SBAR training for Primary Care that will eventually result in CNs feeling more competent and better empowered. We already recruited 100 CNs in two weeks period of time, underlining the need for improvement felt by CNs. In the current phase, we are training the intervention group and we evaluate CN's selfefficacy. We also have tape recorded 40 telephone calls to gain better insight in communication patterns in daily practice. The RCT described in this document, will be used to assess whether use of the SBAR protocol will improve structured communication, will improve GPs judgment and reduce time of telephone calls.

Recruitment only in the Netherlands.

### **Study objective**

The use of SBAR by Community Nurses will improve their selfefficacy and empowerment.

### **Study design**

three time moments:

before the first training session

after the second training session

six weeks after the training session

### **Intervention**

CNs have to tape record at least two telephone calls with their GP

CNs have to follow a two day SBAR training

## **Contacts**

### **Public**

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## **Eligibility criteria**

### **Inclusion criteria**

Community nurses:

Trained at the MBO/HBO level

### **Exclusion criteria**

Nurses who work as dementia casemanagers

Nurse or cares trained at 3/3IG level

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Single blinded (masking used)
Control:	N/A , unknown

### Recruitment

NL	
Recruitment status:	Suspended
Start date (anticipated):	14-01-2017
Enrollment:	40
Type:	Anticipated

## Ethics review

Not applicable	
Application type:	Not applicable

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

### Register ID

NTR-new NL5869

NTR-old NTR6293

Other MEC Radboud University Nijmegen Medical Centre : 2016-2604

## Study results

### Summary results

Not available