The SBAR Model

Idea In Short

Leaders, consultants and organizations that want faster, higher-quality decisions from verbal and written communication should adopt the SBAR (Situation, Background, Assessment, Recommendation) model as a standard communication protocol. SBAR originated in United States military operations in the mid-20th century, was later adapted for nuclear submarine command communication and was subsequently formalized for healthcare by Michael Leonard, Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado in the 1990s. 1A 2018 systematic review published in BMJ Open found moderate evidence that SBAR implementation improves patient safety outcomes, with eight of 26 measured outcomes showing statistically significant improvement across 11 studies — confirming that the model's communication discipline produces measurable operational results. 2The decision for any organization is direct: replace unstructured verbal briefings, ad hoc escalations and unfocused status updates with SBAR-formatted communication at every critical decision point. The return is faster decisions, fewer errors from ambiguous handovers and a communication culture that respects the recipient's cognitive load.

SBAR's trajectory from military protocol to mainstream management tool covers more than seven decades. The United States military developed the framework in the 1940s as a discipline for transmitting time-sensitive, operationally consequential information in high-stakes environments.3 Nuclear submarine operations gave the model its critical refinement: in an environment where communication errors carry catastrophic consequences and where information must cross hierarchical boundaries without distortion, structure is not a stylistic preference — it is a safety mechanism.

The transfer to healthcare in the 1990s was deliberate. Leonard, Bonacum and Graham recognized that the communication breakdown patterns inside hospitals — particularly the information asymmetry between nurses and physicians during handoffs and critical escalations — replicated the structural failure modes that SBAR had been designed to prevent in military contexts. Kaiser Permanente of Colorado adopted SBAR as an institutional

communication standard and subsequently shared it with the broader healthcare field through the Institute for Healthcare Improvement [IHI].4 The Agency for Healthcare Research and Quality [AHRQ] incorporated SBAR into its TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) program, giving the model its most substantial institutional backing.5

The model's cross-industry adoption — from military to medicine to aviation to corporate project management — reflects a property that domain-specific frameworks rarely possess: structural universality. The communication challenges SBAR addresses — hierarchy-induced information loss, incomplete context during escalation, absent recommendations from those with the clearest situational awareness — are not peculiar to any single industry. They are features of every complex organization that moves decisions upward through chains of command.

The Four Components

SBAR imposes a specific four-part sequence on any communication where a decision, action or authorization is required. The sequence is not arbitrary. Each component addresses a distinct information need of the recipient and prepares them for the component that follows.

Situation opens the communication with a single, direct statement of the current problem. The sender identifies themselves, their role and the specific issue requiring the recipient's attention.6 The Situation statement is calibrated for brevity — its function is to focus the recipient's attention and establish the urgency level before any context is provided. In executive communication, the Situation equivalent is the opening clause of a briefing, escalation memo or project status update: We have a contract renewal risk with our largest client, due for resolution by Friday.

Background provides the context necessary for the recipient to understand how the situation arose, without including information that does not directly inform the decision ahead.7 This component disciplines the sender to distinguish between relevant context and informational noise — a skill that most organizational communication violates systematically. Background answers the question: what does the recipient need to know about the history and circumstances of this situation to make a sound judgment? It does not answer the question: what do I know that might be tangentially related?

Assessment is where the sender moves from reporting to analyzing. The sender presents their interpretation of the situation — what they believe is happening, what risks or consequences are in play and what they think the situation means for the decision ahead.8 This is the component that most communication frameworks omit — and its omission is what forces decision-makers to draw their own interpretive conclusions from raw information, a process that introduces both delay and error. In organizational contexts, the Assessment is the analytical judgment of the person with the closest proximity to the problem. Suppressing that judgment in the name of just giving the facts wastes the most relevant analytical resource available to the decision-maker.

Recommendation completes the model with a specific, actionable request. The sender states what they believe should happen next — what decision they are seeking, what resource they need, what authorization they are requesting, or what action they recommend the recipient take.9 The Recommendation is the logical destination of the entire communication. Every prior component exists to make the Recommendation comprehensible and actionable. Communication that ends with a description of the situation — without a clear recommendation — puts the full cognitive burden of problem resolution on the recipient, defeats the purpose of escalation and creates the decision vacuum that most organizational bottlenecks occupy.

Why Structure Matters in Communication

The communication failure mode that SBAR addresses is not a failure of intent or intelligence — it is a failure of shared mental models. When a sender and a recipient approach the same situation with different frameworks for what information matters, in what order it should be presented and what the communication is supposed to produce, the communication fails even when all parties are operating in good faith.

NHS England's SBAR Implementation and Training Guide describes this explicitly: SBAR helps prevent breakdowns in verbal and written communication by creating a shared mental model around all patient handovers and situations requiring escalation.10 That shared mental model is the mechanism through which SBAR's structural discipline converts into measurable safety and decision outcomes. When both parties know the sequence of information they will exchange, the sender organizes their communication around that sequence and the recipient calibrates their attention accordingly — reducing the cognitive work on both sides.

A 2012 study published in Joint Commission Journal on Quality and Patient Safety, examining SBAR implementation across a large multihospital health system of 156 nurses, found that 78.1 percent of physicians rated communications received in SBAR format as adequate for clinical decision-making. Of the physicians who rated their last communication as inadequate, 92.6 percent had not received that communication in SBAR format.11 That 92.6 percent figure is not a statistical nuance — it is a direct operational cost measurement of unstructured communication in high-stakes environments.

The SBARR Extension

A widely adopted extension of the original model adds a fifth component: Repeat-back [R]. This produces SBARR — Situation, Background, Assessment, Recommendation, Repeat-back. The Repeat-back requires the recipient to verbally confirm their understanding of the recommendation and their intended action before the communication closes.12

The Repeat-back addresses the final failure mode in structured communication: confirmation bias in the recipient. Even when a recommendation is clearly stated, the recipient may confirm their agreement without having fully processed the specific action implied. The Repeat-back closes the loop and creates a verbal record of mutual understanding — a mechanism borrowed from aviation checklist protocol and adapted to the conversational context SBAR operates in.

In organizational contexts outside healthcare, the Repeat-back maps onto meeting close-out protocols: To confirm, you will brief the board on the contract status by Thursday and propose the three-option framework we discussed. This confirmation step is structurally identical to the fifth component of SBARR and addresses the same communication failure mode — decisions that are made but not shared, or understood differently by sender and recipient.

Organizational Applications Beyond Healthcare

SBAR migrated from healthcare into corporate, government and consulting contexts as organizations recognized that its structural logic addresses communication failure modes that healthcare shares with any complex, hierarchical environment.

In project management, SBAR provides a standard format for project status escalations, risk

communications and steering committee briefings. The Green Dot Group, a project management consultancy, documents SBAR's value in project communication explicitly: by structuring status reports and escalations around all four components, project teams eliminate the ambiguity in escalation messages that forces senior stakeholders to request clarification before acting, reducing decision cycle time.13 In consulting, SBAR maps directly onto the logic of executive briefings. The American Society for Quality [ASQ] notes that SBAR can even replace an executive summary in a formal report because it provides focused and concise information.14

In technology and product organizations, SBAR structures incident response communication — the high-stakes, time-pressured escalations through which technology teams communicate system failures, security breaches or service outages to senior leaders who hold the authority to commit resources to resolution. The same structural disciplines that reduce adverse events in hospital handoffs reduce decision latency in technology incident response: a clear situation statement, relevant operational background, the technical team's assessment of root cause and severity and a specific recommendation for the response action required.

Implementation in Practice

Organizations deploy SBAR most effectively when they treat it as a learned communication discipline rather than a template to be filled in. The distinction matters. A template approach produces structured outputs but does not change the underlying communication behavior — senders will populate the four fields mechanically without developing the analytical judgment that each field demands. A discipline approach produces lasting behavioral change: senders learn to organize their thinking before communicating, recipients learn to expect and respond to the structure and the organization develops a communication culture with reduced friction at every decision interface.15

The 2012 multihospital implementation study identified three challenges that organizational adopters should anticipate: inconsistent uptake across organizational units, insufficient training of the audience receiving SBAR-formatted communications and a tendency to treat SBAR as a written format rather than a verbal discipline.16 The third challenge is particularly relevant in corporate settings. SBAR's structural power is greatest in verbal, real-time communication — the meeting room escalation, the executive phone call, the cross-functional handoff. Restricting its application to written memos misses the majority of high-

stakes communication occasions where its structure would deliver the greatest benefit.

For leadership development programs, SBAR provides a concrete and learnable communication framework that produces immediate, visible improvement in the quality of briefings, escalations and recommendations delivered by developing leaders. Its four-component structure teaches the discipline of analytical synthesis — the ability to move from situational description to causal interpretation to recommended action — which is the core communication competency that distinguishes effective leaders from those who simply convey information.

Summary

SBAR (Situation, Background, Assessment, Recommendation) is a structured communication framework originating in United States military operations in the 1940s, refined for nuclear submarine command and formalized for healthcare by Kaiser Permanente in the 1990s. Supported by a 2018 BMJ Open systematic review finding moderate evidence of improved safety outcomes, SBAR reduces communication breakdown in handoffs, escalations and critical briefings across healthcare, consulting, project management and technology organizations.