

SBAR Interdisciplinary Communication **Skilled Nursing**

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to coworkers or supervisors.

SSITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (nursing supervisor) this is (your name) calling to report that my patient, Mrs. L., has an elevated blood pressure this morning and admits to feeling very anxious.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mrs. L's blood pressure is 188/92 (R) up from 126/80, 186/90 (L). Her pulse has increased from 64 bpm (regular rate and rhythm) to 98 bpm (regular rate and rhythm). No other abnormal symptomatology evident during my assessment. The patient has verbalized that she is somewhat nervous and jumpy but denies any unusual activity or stress. She also has a history of panic attacks.

ASSSESSMENT – What do you think the problem is?

Example: She has elevated blood pressure and pulse and what appears to be a panic attack.

RECOMMENDATION – What would you do to correct the problem?

Example: I would like you to notify the physician of these findings and ask if we can have a social worker referral for an evaluation to r/o psychosocial issues that may be causing Mrs. L's suspected panic attacks. I would also like you to visit the patient in the a.m. to assess her vital signs. I will plan to call the physician tomorrow with our findings to see if he would like to schedule Mrs. L for an office visit.

SBAR Physician Communication **Skilled Nursing**

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to physicians.

SSITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: This is Nurse B from XYZ home health agency calling to report that my patient, Mrs. L, has an elevated blood pressure this morning. She also verbalizes that she feels very anxious.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: XYZ Home Health agency has been seeing Mrs. L for three weeks for care of a pressure ulcer. This is the first time her blood pressure has been elevated. Today her blood pressure is 188/92 (R); up from 126/80; 186/90 (L). Her pulse has increased from 64 bpm (regular rate and rhythm) to 98 bpm (regular rate and rhythm). No other abnormal symptomatology evident during my assessment. The patient has verbalized that she is nervous and jumpy but denies any unusual activity or stress. She also verbalizes that she has a history of panic attacks.

ASSSESSMENT – What do you think the problem is?

Example: She has elevated blood pressure and pulse.

RECOMMENDATION – What would you do to correct the problem?

Example: I can draw electrolytes and enzymes this morning and call you with the results. I am also requesting to have an order for a social worker to visit to r/o psychosocial issues. I will revisit Mrs. L tomorrow and contact you with our findings.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Nursing

Mr. S is a 78-year-old patient with CHF and HTN who lives with elderly wife. Today's vital signs were: T - 98.6, BP - 188/90, RR - 24. He is more SOB today as evidenced by an increased respiration rate and now SOB ambulating 8 feet (baseline ability - ambulate 20 feet). Lung sounds were previously clear, but today he has crackles in the posterior bilateral lower bases (1/3rd lung fields). He usually has +1 edema, but today it is now +2 and slightly pitting. Mr. S's wife forgot to weigh him for the last 3 days. He has now gained 6 lbs. over 4 days.

His current med regime includes: Digoxin, 0.125 mg, every day; Lasix, 20 mg, every day; Slow-K, 20 meq, every day; and Prinivil, 5 mg, every day. He has no standing/prn orders. You talked with his wife about his compliance with his medication regimen. She states her daughter pre-fills the medications once a week. Upon examining the pillbox, it appears that the medications were given as ordered. His diet recall was not much different than his normal 2 Gm Na diet, except for a ham dinner 2 days ago. His wife is anxious over his change in status. The nurse calls the physician with the update using SBAR format.

S

B

A

R

S

Dr. G, I am _____ from XYZ Home Care. I am calling about Mr. S, whose blood pressure, respirations and weight are elevated.

B

Mr. S, a 78-year-old patient, with diagnosis of CHF & HTN. BP has increased to 188/90, resp. to 24. SOB when ambulating 8 feet, previously SOB at 20 feet. Wgt increased 6#/4 days. Crackles in the posterior bilateral lower bases (1/3rd lung field). Compliant with medications. For the most part he is compliant with his 2 Gm Na diet, with the exception of eating ham for dinner two days ago.

A

Mr. S is experiencing fluid retention which may or may not have been exacerbated by the ham dinner.

R

I would like to give Mr. S a dose of IV Lasix now and then continue with his daily Lasix p.o. dose in the a.m. I will have his wife measure his urine output for the next 24 hours to assess his diuresis. I would like an order to visit in the a.m. to assess his respiratory status, and urine output. May I draw a stat K⁺ level? I will call you with the visit results in the a.m. The on-call nurse will call his wife in 2 hours to assess Mr. S's SOB and urine output. Mrs. S will be instructed on the s/s to watch for and to call if the patient's SOB worsens.

Read the sample scenario and complete the SBAR. Then, look at the example. Discuss.

SBAR Interdisciplinary Communication Physical Therapy

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to co-workers or supervisors.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (rehab manager). This is _____, (physical therapist). I am calling about my patient, Mr. K, who is complaining of increased pain and redness of the right knee.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. K had a right total knee replacement (TKR) 13 days ago. Sutures were removed by nurse 3 days ago and the closed incision is open to air. Caregiver has not cleaned incision as directed by the nurse and therapist. Pain level has increased from a 3 to an 8 over the last 24 hours. Patient is using ice to knee appropriately and taking pain medications as ordered. There is an increased amount of edema in right knee from 1+ to a 2+, and incision is reddened and tender to touch. There is no drainage and no temperature. Pain and edema are interfering with ambulation and exercise program today.

ASSESSMENT – What do you think the problem is?

Example: Possible infection of surgical incision.

RECOMMENDATION – What would you do to correct the problem?

Example: PRN skilled nursing visit tomorrow to assess integrity of TKR incision and vital signs, esp. temperature and to reinforce instruction to family about incisional care and when to call with problems.

SBAR Physician Communication Physical Therapy

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to physicians.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: This is _____ a physical therapist from XYZ home health agency. I am calling about Mr. K, who is complaining of increased pain and redness of the right knee status post right TKR.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. K had a right total knee replacement (TKR) 13 days ago. Sutures were removed by nurse 3 days ago and the closed incision is open to air. Caregiver has not cleaned incision as directed by the nurse and therapist. Pain level has increased from a 3 to an 8 over the last 24 hours. Patient is using ice to knee appropriately and taking pain medications as ordered. There is an increased amount of edema in right knee from 1+ to a 2+, and incision is reddened and tender to touch. There is no drainage and no temperature. Pain and edema are interfering with ambulation and exercise program today.

ASSESSMENT – What do you think the problem is?

Example: Possible infection of surgical incision.

RECOMMENDATION – What would you do to correct the problem?

Example: May we have an order for a PRN skilled nursing visit for tomorrow to assess integrity of TKR incision and vital signs, esp. temperature and to reinforce instruction to family about incisional care. The nurse will call you tomorrow to report findings.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Physical Therapy

Mrs. J is a 78-year-old female. She lives in a one-story home with her elderly husband, who is also a patient receiving home care, and she is his primary caregiver. Mrs. J's past medical diagnosis is HTN. She has become increasingly unsteady on her feet within the last several weeks. A referral was made to PT to evaluate lower extremity strengthening and gait training. The physical therapist findings include: ambulates 15 – 20 feet using furniture and walls. Both ambulation and standing balance fair (-). Strength BLE 3+/5 & BUE 3+/5. No other gait abnormalities exist. Patient showers alone and there are no grab bars or any other personal safety equipment. A fall risk assessment evidences the patient scored as high risk. PT initiates call to the patient's physician using SBAR.

S

B

A

R

S

Dr. G, I am _____, a physical therapist at XYZ Home Care. I am calling about Mrs. J who was referred with weakness, and I am identifying her as a high risk for falling.

B

Mrs. J, a 78-year-old patient, lives at home with her elderly, ill husband. She scored at high risk on our falls risk assessment related to ambulating only with walls and furniture for support short distances; her balance is fair (-). She does not have any safety equipment in the bathroom (no grab bars). Her standing balance is fair. There are no other s/s at this time.

A

Patient has developed some leg weakness and has a balance issue that is putting her at risk for a fall.

R

Patient would benefit from orders for: physical therapy 2 – 3 x week x 4 weeks, a standard walker and a medical social worker referral to assess Mrs. J's declining condition, which may negatively impact her ability to care for her husband.

Read the sample scenario and complete the SBAR. Then, look example. Discuss.

SBAR Interdisciplinary Communication **Occupational Therapy**

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to co-workers or supervisors.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (rehab manager). This is _____, the occupational therapist (OT) calling about my patient, Mrs. K who is refusing a shower bath at this time.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mrs. K had an ORIF of the left femur from a fall in the home. Pins were removed and patient is now allowed to shower. Patient has refused actual shower and/or handheld shower unit. OT has instructed and performed dry transfers and practiced bathing activities using the tub transfer bench. OT has provided emotional and physical support. Mrs. K lives alone, is very anxious and fearful of falling. Ambulating 20 – 25 feet with std. walker and is being followed by physical therapy (PT). Balance in shower is fair to fair +. Patient scored high risk level on falls screening checklist. Education provided on falls prevention.

ASSESSMENT – What do you think the problem is?

Example: Patient is too anxious and afraid of falling at this time, which is creating an unsafe environment. Not ready for OT at this time.

RECOMMENDATION – What would you do to correct the problem? *Example: Obtain a home health aide order for 2 – 3 weeks to allow PT to improve strength, balance and confidence. PT to notify OT when patient is steady enough and is willing to begin to work on shower bathing. Skilled nursing/medical social worker to evaluate patient's anxiety and emotional status. All disciplines to continue teaching falls prevention program to patient and family.*

SBAR Physician Communication **Occupational Therapy**

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to physicians.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Faxed OT Evaluation of Mr. K. Requesting home health aide order.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mrs. K had an ORIF of the left femur from a fall in the home. Pins were removed and patient is now allowed to shower. Patient has refused actual shower and/or handheld shower unit. OT has instructed and performed dry transfers and practiced bathing activities using the tub transfer bench. OT has provided emotional and physical support. Mrs. K lives alone, is very anxious and fearful of falling. Ambulating 20 – 25 feet with std. walker and is being followed by physical therapy (PT). Balance in shower is fair to fair +. Patient scored high risk level on falls screening checklist. Education provided on falls prevention.

ASSESSMENT – What do you think the problem is?

Example: Patient is too anxious and afraid of falling at this time, which is creating an unsafe environment. Not ready for further OT visits at this time

RECOMMENDATION – What would you do to correct the problem?

Example; May we have order for home health aide for 2 – 3 weeks and allow PT to improve strength, balance and confidence. PT to notify OT when patient is steady enough and is willing to begin to work on shower bathing. Skilled nursing/medical social worker to evaluate patient's anxiety and emotional status. All disciplines to continue teaching falls prevention program to patient and family.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Occupational Therapy

Mr. W is a 69-year-old patient with CVA 5 years ago with right latent hemiplegia. Skilled nursing (SN) was referred to see patient due to an open wound on right thumb from contracture of the right hand. SN initiated appropriate wound care and obtained an order for an OT evaluation. OT's findings include: right hand contracture, fist-like, with pressure being applied to mid thumb joint from the index finger. Right wrist drop was also noted. The patient is unable to grip with his right hand. There is good circulation to the hand without other reddened areas at this time. The patient is at high risk for more breakdown. Caregiver denies having a splint or cone for patient. OT wants to fabricate a cock-up splint for the right hand and to see the patient according to the following schedule - 3x/week x 2 weeks; 2x/week x 2 weeks. The OT visits will involve teaching the caregiver a massage and exercise program to prevent skin breakdown. OT has contacted the patient's physician regarding his plan for the patient.

S

B

A

R

S

Dr. G, I am _____, the occupational therapist at XYZ Home Care. I am calling about Mr. W's residual right hand contracture and hand drop causing an open wound.

B

Mr. W is your 69-year-old patient with a history of CVA with residual right hemiplegia, right hand contracture and right wrist drop. The home care nurse initiated wound care to open area right middle thumb joint. There is good circulation to right hand. Patient does not have a splint or a cone for prevention.

A

Pressure and poor positioning of right wrist caused on open wound on right middle thumb.

R

OT would like to see patient 3x/week x 2 weeks; 2x/week x 2 weeks to fabricate a cock-up splint right hand, teach the caregiver a massage and exercise program to prevent skin breakdown.

Read the sample scenario and complete the SBAR. Then, look at the example. Discuss.

SBAR Interdisciplinary Communication Speech Therapy

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to co-workers or supervisors.

SSITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (nursing manager). This is _____, (speech therapist). I evaluated our patient, Mr. W, today for difficulty swallowing.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. W has a hx of CVA and has developed occasional choking on thin liquids. Educated patient and family regarding dysphagia, the chin tuck technique, use of thickening agents to achieve a “honey” consistency, feed patient in upright position (90 degrees) and signs and symptoms of aspiration. A patient education sheet on dysphagia and s/s aspiration was left in the patients’ folder in the home.

ASSSESSMENT – What do you think the problem is?

Example: Patient exhibits difficulty with airway closure for safe swallowing. Patient is at risk for aspiration.

RECOMMENDATION – What would you do to correct the problem?

Example: Skilled nursing (SN) to reinforce ST teaching, use of “Thick-it,” and s/s to notify agency or physician. ST to request order for modified barium swallow study, dysphagia therapy, and patient/caregiver education.

SBAR Physician Communication Speech Therapy

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to physicians.

SSITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: This is the speech therapist from XYZ home health agency calling with my evaluation of Mr. W, who was admitted to home care services this week. A speech therapy evaluation was ordered.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. W has a hx of CVA and has developed occasional choking on thin liquids. Educated patient and family regarding dysphagia, the chin tuck technique, use of thickening agents to achieve a “honey” consistency, feed patient in upright position (90 degrees) and signs and symptoms of aspiration. A patient education sheet on dysphagia and s/s aspiration was left in the patients’ folder in the home.

ASSSESSMENT – What do you think the problem is?

Example: Patient exhibits difficulty with airway closure for safe swallowing. Patient is at risk for aspiration.

RECOMMENDATION – What would you do to correct the problem?

Example: Further speech therapy is indicated at this time. ST requests order for modified barium swallow study, dysphagia therapy, and patient/caregiver education. Further treatment orders will be requested following completion of the modified barium swallow study.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Speech Therapy

Mrs. A, a 74-year-old who had a CVA 7 weeks ago, has residual mild weakness of right side. She has been on home care services for the past week. PT and SN are currently involved. Both are having a difficult time getting Mrs. A. to follow directions and find her speech hard to understand, especially when she uses a long sentence. Speech therapy was asked to evaluate Mrs. A. The assessment found Mrs. A could feed herself a heart healthy diet with no observable s/s of dysphagia. She exhibits mild-moderate dysarthria and moderate receptive aphasia. She follows directions best when given simple commands less than four words in length. She has a history of speaking with a fast rate. Listeners understand her best now when she uses simple sentences and speaks slowly and clearly. Voice quality is within normal limits for her age and sex. There is no known hearing loss. She lives at home with her spouse who is hard of hearing. The speech therapist will contact the physician with the aforementioned findings using the SBAR format.

S

B

A

R

S

Dr. G, I am _____, a speech therapist from XYZ Home Care. I am calling about Mrs. A, who was referred for a speech language assessment.

B

Mrs. A is your 74-year-old patient who had a CVA 7 weeks ago. She had some residual mild weakness of right side from the CVA. Her family and the home health staff find her speech hard to understand, especially when she uses long utterances. They have also observed that she has trouble following directions.

A

Mrs. A exhibits mild-moderate dysarthria with mild receptive aphasia. She performs best when given simple commands of less than four words in length. Listeners find it easier to understand her speech when she uses shorter sentences and slows down the rate of her speech. She has no observable s/s of dysphagia. There is no known hearing loss.

R

Speech therapy to follow for receptive language therapy, rate reduction, dysarthria therapy and home program development 3 times a week for 4 weeks.

Read the sample scenario and complete the SBAR. Then, look at the example. Discuss.

SBAR Interdisciplinary Communication Medical Social Worker (MSW)

Use the following SBAR steps to communicate issues, problems or opportunities for improvement to coworkers or supervisors.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (nursing manager). This is _____, the medical social worker. I was consulted to see our patient, Mr. O, related to medication non-compliance, diet and possible financial issues.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. O was admitted for diabetes management two weeks ago. Patient's blood sugar remains above 200, even with medication adjustments. Diabetic educator saw patient and will be following up with patient this week. Patient has been only taking his blood sugar pills once a day to try to stretch them out until he gets his check in two weeks.

ASSESSMENT – What do you think the problem is?

Example: MSW found that he does have financial hardship with oral medications and with buying sugar-free foods. Mr. O does qualify for additional medical and financial assistance.

RECOMMENDATION – What would you do to correct the problem?

Example: Referral made to local food bank and community network to help provide him immediate food assistance. I will contact physician to complete necessary form. Contacted niece, who will purchase the additional medications needed, until financial assistance is in place. Nursing to follow with patient's niece and evaluate his medication regimen with pharmacist and physician for possible consolidation of medications. SN needs to remind the patient to follow through with the medial assistance office.

SBAR Physician Communication Medical Social Worker (MSW)

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to physicians.

SITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: This is _____, the medical social worker for XYZ home health agency. Medical social worker was consulted to see Mr. O, related to medication non-compliance, diet and financial issues. Mr. O qualifies for financial assistance but I will need you to complete the form that I am faxing.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example: Mr. O was admitted for diabetes management two weeks ago. Patient's blood sugars remain above 200, even with medication adjustments. Diabetic educator saw patient and will be following up with patient this week. Patient has been only taking his blood sugar pills once a day to try to stretch them out until he gets his check in two weeks.

ASSESSMENT – What do you think the problem is?

Example: MSW found that he does have financial hardship with oral medications and with buying sugar-free foods. Mr. O does qualify for additional medical and financial assistance.

RECOMMENDATION – What would you do to correct the problem?

Example: The drug company has an assistance program. Please complete the required form that has been faxed to your office. Also, referral made to local food bank and community network to help provide him immediate food assistance. MSW contacted the patient's niece, who will purchase the additional medications needed, until financial assistance is in place.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Medical Social Worker

Mrs. W is a 72-year-old with CHF, diabetes, HTN and renal insufficiency. Currently she is ordered 10 different medications, but the nurse feels the patient is having difficulty adhering to medication regimen. Also, there was little food found in the home. MSW's evaluation includes: Patient receives Social Security of XX dollars a month, and her expenses include rent, utilities, etc. plus her approximated medicine co-payments are more than her monthly income. Patient admits that she has to skip medications because she cannot afford to get them refilled. The MSW finds the patient eligible for some of the state and community programs, since her income is below poverty level. The patient is interested in applying for benefits. Appropriate referrals will be made, but it will take time to process them. The MSW calls a case conference with the primary nurse. The MSW also contacts the physician to ask for appropriate paperwork for the state referrals and reviews Mrs. W's medication list for the purpose of reducing or consolidating any of her medications. The MSW will send the appropriate state paperwork to the physician for his completion. A complete medication list and the SBAR communication will be faxed to the physician.

S

B

A

R

S

Dr. G, I am _____, the medical social worker from XYZ Home Care. Mrs. W is not taking her medications correctly and is having financial difficulties.

B

She is a 72-year-old with CHF, diabetes, HTN and renal insufficiency. Currently she is ordered 10 different medications. Her Social Security income does not meet her monthly expenses (rent, utilities, medication co-pays, etc.) and there is little food in the home. She does meet the poverty level for some state and community programs, but it will take time to make referrals and be approved.

A

Mrs. W is not taking her medications as ordered related to financial issues. She does qualify for medical assistance and additional community programs to which she is agreeable.

R

Please have the attached referral forms completed by Dr. G as soon as possible, and send to this address (XXX) to initiate referral. Dr. G will need to review her medication list (attached) to see if any medication reduction or reconciliations could occur to assist with financial savings while waiting for referrals to be processed.

Read the sample scenario and complete the SBAR. Then, look at the example. Discuss.

SBAR Interdisciplinary Communication Example: Home Health Aide

Use the following SBAR steps to communicate issues, problems or opportunities for improvement to coworkers or supervisors.

SBAR can be applied to both written and verbal communications.

SSITUATION – State what is happening at the present time that has warranted the SBAR communication.

Example: Hi (nursing supervisor). This is _____, the home health aide, and I am calling to report that my patient, Mr. L, is more short of breath today.

BACKGROUND – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Example : Mr. L became short of breath when he walked to the bathroom and during his shower. His wife is concerned and said that he has not been watching his salt and is eating what he wants.

ASSASSESSMENT – What do you think the problem is?

Example: He is more short of breath, and he is not following his diet.

RECOMMENDATION – What would you do to correct the problem?

Example: Have the nurse make a visit or phone call to Mr. L.

SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

Home Health Aide

The home health aide visits Mrs. E twice a week for bathing. When the aide assists Mrs. E to the bathroom today, she notices that the patient became increasingly short of breath. When she asks Mrs. E about the increase in her shortness of breath, Mrs. E responded by saying that it started last night. This morning when she weighed herself she noticed that she was two lbs. heavier. The aide sat Mrs. E on the chair and called the patient's primary nurse to find out what she should do. SBAR was used to communicate clearly and effectively.

S

B

A

R

S

Hi (nurse) this is _____ the home health aide. I am at Mrs. E's house and she is experiencing more shortness of breath (SOB) when walking today.

B

When I walked Mrs. E to the bathroom for her bath she had SOB which she didn't have on Monday (today is Wednesday). Mrs. E also verbalized that she weighs two lbs. more than yesterday. I also noticed that her ankles are swollen. If I press on the swollen area and remove my finger you can see the indentation.

A

I think that she is retaining fluid.

R

I think that a nurse needs to see Mrs. E.

Read the sample scenario and complete the SBAR. Then, look example. Discuss.