QUICK-E! PRO

Scripting

A Guide for Nurses

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Jo-Ann C. Byrne, RN, BS, MHSA
Frances Moore, RNC, BSN, MSA

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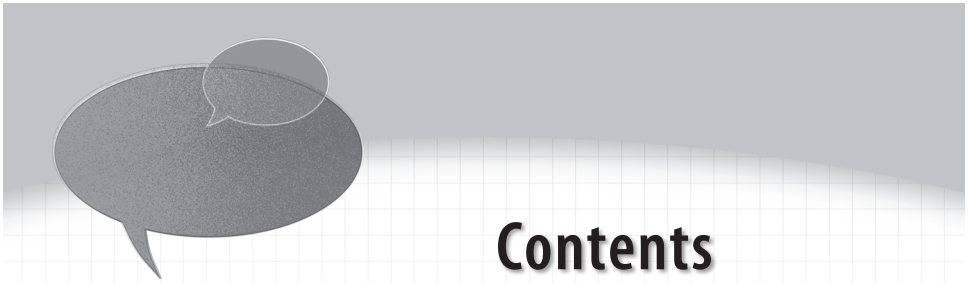

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Kathleen L. Garrison, MSN, RN

Kathleen L. Garrison, MSN, RN, has been a registered nurse for 28 years. She graduated in 1980 with her BSN from Fairfield (CT) University and earned her master's degree in nursing in 2005 from George Mason University in Fairfax, VA.

Since beginning her nursing career, Garrison has gained expertise and served in various roles in many specialties, including burns, critical care, home health, and emergency nursing.

Garrison is the clinical educator in the training and development department at Prince William Hospital in Manassas, VA. Throughout her career at Prince William, she has progressively climbed the ladder of responsibility, from staff RN to charge nurse to clinical nurse leader, and has functioned in a variety of management roles.

Garrison lives in Manassas with her husband, Jim; three children: Emily, Kaitlin, and Jimmy; and their bichon frisé, Jingle.

Jo-Ann C. Byrne, RN, BS, MHSA

Jo-Ann C. Byrne, RN, BS, MHSA, has more than 40 years of experience in healthcare. Her career began as an emergency department nurse and critical care educator. She has worked as a nurse, nurse manager, educator, and director of education in a variety of hospital settings.

Byrne is a former lieutenant in the U.S. Navy Nurse Corps and has held senior management and consultant positions at Booz Allen Hamilton and Deloitte Consulting Group.

Byrne is currently the director of education and organizational development at St. Vincent's Healthcare in Jacksonville, FL, where she oversees all education, training development, and implementation activities for the hospital system.

In June 2006, Byrne coauthored the book *The Successful Leadership Development Program: How to Build It and How to Keep It Going.*

Frances Moore, RNC, BSN, MSA

Frances Moore, RNC, BSN, MSA, is a nurse manager and clinical educator with more than 30 years of experience in healthcare. She has mentored many nurses as they develop their leadership skills in running a nursing unit and has set an example as an excellent clinician in neonatal ICU and mother-baby units.

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Acknowledgments

Kathleen L. Garrison, MSN, RN

It takes a special person to be a nurse. It does not matter what we specialize in; we are all special. In my nearly 30 years of nursing, I have met so many professionals who have unknowingly given a part of themselves to me. My portion of this book is dedicated to them. From my humble beginnings as a new graduate in the burn unit to my experiences in home health as a physician office nurse, as an ER nurse, and from my current peers and mentors in staff development and education, you have taught me a lot and it has been a pleasure to work alongside you. Wherever you are today, thank you.

Thanks also go out to my loving family. Without you, there is no purpose in my life. "Love you all more!"

And thank you to Mike, our editor, for another opportunity to be creative and share with my nursing community. "Is there anything else I can do for you? I have the time!"

Jo-Ann C. Byrne, RN, BS, MHSA

I've been a nurse for more than 40 years. Whether it was managing an ER, consulting with a client, or leading a seminar, much of the knowledge and skill I

rely on today came from discipline and solid training early in my career. Those first, formative years after nursing school were spent in the Navy Nurse Corps. The men and women with whom I served were some of the best in the world. My portion of this book is dedicated to them and those who continue to serve us today. I am eternally grateful.

To my family, much love. To my Papa, I miss you.

I owe the pleasure of this experience to Mike, our editor. Thank you for the opportunity. I look forward to more!

Frances Moore, RNC, BSN, MSA

First, I would like to thank Jo-Ann for offering me the opportunity to participate in creating this book with her. This was my first endeavor in the publishing world, and it has been a wonderful experience to work with dedicated nursing professionals like her and Kathy. It has been an exciting adventure, and I am ready to try it again!

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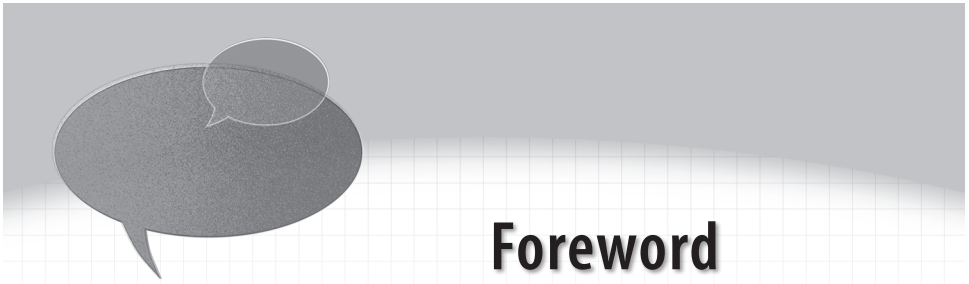


Foreword

It Is Time for Our Profession to Embrace Scripting

by Shelley Cohen, RN, BS, CEN

The nursing profession is constantly changing the way it delivers healthcare. On a daily basis, nurses assess, diagnose, plan, intervene, and evaluate outcomes of our patients. As our experiences and knowledge base grow and develop, new methods and models of care emerge that enhance our current practices. Going back to foundation principles, it is this very nursing theory that drives all we do for our patients.

Of the many tools nurses use to be effective, communication is clearly an essential one. It plays an integral role in our delivery of patient care. As a profession, nursing needs to embrace the concept of scripting as a way to enhance how we communicate.

Simply put, it is the prudent nurse that will recognize the value of scripting and embrace its acceptance in healthcare communication. Whether it is feeling better prepared prior to meeting with an angry family member or bringing confidence into your phone conversation with a provider, scripting is empowering. And with customer satisfaction remaining as a constant

indicator of quality care, guided comments and responses shift patient and family perceptions. In appreciating the positive effect scripting has had in venues outside of healthcare, such as aviation and other customer service programs, it is time for nursing to recognize its value.

Scripting affects consistency in practice and is not only related to how we perform tasks and procedures—it is also associated with how we communicate to the patient or family prior to carrying out these interventions. As we know, poor communication has been proven to lead to errors and risk within patient care.

Many nurses and nurse leaders do not understand the premise of scripting and have been incorrectly taught that it is about memorizing a statement. By providing an alternative method of communication, scripting empowers the nurse with options to respond to challenging or potentially risky scenarios. It's clear that we need autonomy in the profession, and we want to encourage nurses to use their positive attributes as they work with patients.

Let's take a look at two quick examples where scripting can be effective. The first example involves staff members who demonstrate unacceptable behaviors; nurse managers are often challenged by this situation. Despite warnings and threats of disciplinary action, the nurse leader may sometimes feel as though staff members are not listening. The use of scripting allows the manager to proactively prepare responses that demonstrate expectations and place accountability where it belongs. For example:

- **Common response:** "I am sorry you were late again and have to be placed on a second-level warning."
- **Scripted response:** "It is unfortunate you opted to be late again today. You are now on a second-level warning. My expectation is that you will not be late again this time period. If you are, you will be required to take

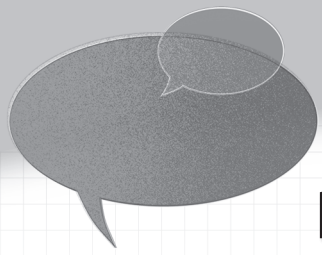
a day off without pay while being placed on a third-level warning. Do you have any questions?"

See the difference? Instead of simply providing a general, punitive reaction, the scripted response demonstrated expectations and called for accountability.

The second example involves staff members dealing with coworkers, patients, or families who are uncooperative or have unrealistic expectations. Left to communicate on their own, staff members struggle to find the right words or, at times, exacerbate the situation by using the wrong ones. For example:

- **Common scenario:** "Mary, I am running out for a quick smoke break. Will you watch my people?"
- **Common response:** "Sure. I guess."
- **Scripted responses:** "I can't, Mary. I have three procedures to do. You will need to find someone else," or, "I am actually taking a break right now, so I can't."

These scripted responses—and the collection of examples in the pages of this valuable resource—help us to demonstrate empathy and an understanding of the needs of our patients, families, and coworkers. By providing tools and resources that enhance our communication, we improve patient care and make our work environments healthier. And those goals, regardless of the enhancements and developments within healthcare, will never change.



INTRODUCTION

Reacquaint Yourself with Scripting

Scripting is a tool. It is designed to give you, the nurse, guidelines for handling given situations more effectively.

Scripting is almost as old as nursing. Think back to your first few weeks of Nursing 101. Do you remember that first bed bath? Every step was laid out—scripted—for you: what you would do, what you would observe, what you would report as a result of your observations. All of it was to assist you in picking up subtle changes in your patient's status. When you learned to administer medications, you learned the "Five Rights." This script helped to decrease the chance that you would make a medication error.

So, as you can see, scripting isn't new.

During the past 10 years, we have been hearing and reading much more about scripting in journals, at professional conferences, and on the Internet. The concept is definitely not without its controversy.

The service industry became enamored with scripting many years ago. Just look at franchises such as McDonald's, Burger King, and Starbucks. Hotels are another big scripting industry. Staff members say "My pleasure" and "Is there anything else I can do for you?" hundreds of times on a daily basis.

Healthcare officially started scripting in housekeeping (environmental services) to improve customer satisfaction scores. Cue cards like the example in Figure 1 were handed out, and training sessions were held to instruct staff members on the attitude, tone of voice, and demeanor that should accompany the words.

Figure 1 **Cue card example**

Entering room:
Good morning. I'm _____, and I am here to clean your room.
Is there anything special you would like me to do?
I want to provide you excellent service.

Leaving room:
I'm finished cleaning your room. If any housekeeping issues come up, just call the number (8000) on this card (hold up tent card). I hope I have provided you with excellent service.

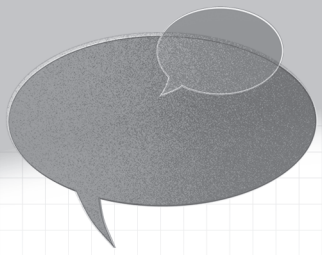
End with one of these:
God bless you./I'll keep you in my prayers (if appropriate).
I'll keep you in my thoughts. I hope today goes well for you.

The majority of these initiatives were driven by customer and patient satisfaction scores. As patient satisfaction scores began to take center stage, scripting spread to other areas of our organizations, such as telephone operators, registration staff members, and nursing. This book will focus on the nursing angle and show how scripting can be used in a variety of scenarios and situations.

Quick Highlight: Throughout, be on the lookout for "quick highlights" that will drive home some of the most crucial points in the book.

In the next eight chapters, we'll explore how scripting can help you in your daily interactions with peers, physicians, and patients. And we'll show how it can be empowering.

First, though, let's take a look at the controversial side of scripting and the value it can bring to your nursing life.



CHAPTER 1

The Value of Scripting

Learning Objectives

After reading this chapter, you will be able to:

- Define scripting
- Identify two communication models often used in nursing
- List the components of SBAR

> "The exchange may feel unnatural, even awkward. But scripted talk is more than just an annoying quirk of the modern service economy. It represents a deep form of managerial control—a regimentation of the labor process so total that it extends even to speech."
>
> —Adria Scharf, as quoted in *Dollars & Sense: The Magazine of Economic Justice.*

Although this is only one person's opinion, the perspective is unfortunately shared by many.

Nursing unions picked up the perspective and a headline in the April 2006 *Massachusetts Nurse Newsletter* read, "Newton-Wellesley RNs Oppose Wal-Martinization of Nursing Practice." The article went on to say, "We are NOT Stepford RNs. As professional nurses, how we communicate with our patients and what we say to them is our professional prerogative based on the needs of

the patient and the preservation of an appropriate therapeutic relationship" (Massachusetts Nurses Association).

A third opinion states, "Nurses are now mandated to script to patients ... they want to convince people that it will reduce falls and injuries. Safe staffing will reduce falls and injuries!" (Safestaffing.info). Although staffing levels have been discussed from California to New York for a very long time, scripting has never been suggested as a solution to safe staffing.

Scripting *is* used to help nurses communicate important information to patients and to calm patients' fears. Controversial, yes, but when implemented and practiced, scripting is a very valuable tool.

Furthermore, research has shown that scripting dramatically increases the patient's perception of delivered care quality (Ryan and Wojiciechowski 2003). Florida's Winter Haven Hospital provides a more specific example. After using scripting in the radiology department for only 60 days in 2006, a survey revealed that quality of care scores increased by 2%, obtaining results scores jumped by 10%, and recommended to return scores increased by 9% (*Radiology Management* 2007).

So what exactly is scripting?

Merriam-Webster's defines scripting as:

1. To prepare a script for or from
2. To provide carefully considered details for (as a plan of action)

This is exactly what scripting is used for: to be sure we have a *plan*. Not just any plan, but a plan of action that will, to the best of our ability, ensure that patients have good experiences and positive outcomes.

In *The Patient Access Director's Handbook*, Wolfskill and Lipka write, "Scripting involves identifying common situations, activities, and questions … and teaching staff how to answer appropriately to project the caring, professional image of a staff member" (Wolfskill and Lipka 2008). They go on to say that the most difficult part of the process is developing the responses.

A quick look at communication models

In nursing across the country, you will find a multitude of communication models. Some models have been homegrown and work very well; others have been developed, written about, and marketed with great success. One model developed by the Studer Group that is often mentioned is AIDET (acknowledge, introduce, duration, explanation, and thank you). AIDET guides the speaker through the critical elements of a conversation, which the Studer Group refers to as the "Five Fundamentals of Service." Let's take a closer look in Figure 2.

Figure 2 **AIDET**

Acknowledges the patient	Smile and make eye contact Call the patient by his or her last name
Introduces self	Your name, role, and what you're going to do Why you're qualified to do it
Duration of the task or test	Length of time: process, procedure, waiting, etc.
Explanation	What's next, what tools you're using, who's coming, what you're doing, and why
Thanks the patient	A stronger sense of involvement "We're glad you chose us"

This conversational style allows you to clearly communicate with anyone while including key pieces of information designed to specifically gain trust, increase compliance, and improve the clinical experience.

Another model that has emerged in scripting communities is SBAR (situation, background, assessment, and recommendation). Many, upon hearing the acronym, associate it with nurse-physician interactions. SBAR is widely used for this level of communication, and physicians and nurses agree it has merit. Staff members have learned that communication with physicians is more successful when the nurse has the right information before he or she makes the phone call. We'll discuss this in greater detail in Chapter 4.

More globally, SBAR can create a shared model for transfer of information regardless of the recipients, as in the following example:

- Situation: What is happening?
- Background: What circumstances led to this?
- Assessment: What do you think the problem is?
- Recommendation: What do you want to do?

Figure 3 provides two templates, one filled in and one blank, that you can use to help insert SBAR into your daily practice.

Figure 3 **SBAR sheet**

S ***Situation*** 8–12 seconds	**This is (your name) from unit _____, and I am calling about:** _____. (List two identifiers such as patient name & DOB) **The problem I am calling about is:** (briefly state the problem—what it is, when it started, and how severe)
B ***Background*** Set the context for this urgent problem	**Admitted for:** _____ **Pertinent history:** _____ **Pertinent labs/test results:** _____ **Current therapy:** (pertinent meds, IVF, treatments, monitoring, etc.) _____ **Current VS: BP ___/___ HR ___ RR ___ Sats ___% Temp ___ °F** **Other clinical info:**
A ***Assessment***	**This is what I think the problem is:** (assessment of what is happening)
R ***Recommend***	**I suggest or request that you:** (say what you would like to see done) **Labs/imaging?** CXR, ABG, EKG, CBC, COAGS, cultures, BMP? **Possible consults:** _____ **Is a higher level of care needed?** Telemetry, ICU, etc. What questions do you have for me? My name is _____. I am here until _____ and can be reached at Ext. _____.

Source: Arizona Hospital and Healthcare Association SBAR Toolkit. Used with permission.

Figure 3 **SBAR sheet (cont.)**

S ***Situation*** 8–12 seconds	
B ***Background*** Set the context for this urgent problem	
A ***Assessment***	
R ***Recommend***	What questions do you have for me? My name is _____. I am here until _____ and can be reached at Ext. _____.

Source: Arizona Hospital and Healthcare Association SBAR Toolkit. Used with permission.

A note to nursing leaders

We all know that strong communication skills contribute to excellence in customer service. Consistency in communication is just as important. If you're thinking about scripting, even on a small scale to start, here are some things to keep in mind:

- Almost every patient interaction can be scripted. The more information you can provide for staff members, the more confident they will feel.
- Be consistent. Everyone needs to be saying the same things.
- Scripts serve as guides. Ensure that essential words and language are included, but let staff members develop the scripts in their own language. If the scripts feel and sound natural, staff members will use them.
- Hold training sessions to communicate the goal of scripting. Role-playing is a great way for staff members to develop a comfort level with scripts. If there are staff members who still feel a bit stiff about the process, encourage them to practice.

We should remember that, in many instances, staff members have already created scripts for themselves. Very often, those scripts do not contain the messages we want delivered. The wrong things are said to patients every day.

Quick Highlight: To ensure that your message is clear and consistent and to avoid potential misunderstandings, consider scripting.

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