How should we script conversations with patients?

“Scripting” in healthcare describes specific phrases that caregivers use to increase patients’ understanding of the care, improve perceptions of the hospital, communicate reasons behind actions, etc. Quint Studer often talks about “key words at key times,” which are simply mini-scripts. Examples include saying, “for your privacy” to patients when pulling a curtain and, “I have time” after asking if there’s anything else we can do.

Scripting acts as a baseline for communication and employs clear triggers for when it is appropriate to use. In those ways, scripting is a type of checklist. Atul Gawande, author of The Checklist Manifesto: How to Get Things Right (2009), promotes checklists as a way to raise the bar on performance. He writes, “They provide a kind of cognitive net. They catch mental flaws inherent in all of us - flaws of memory and attention and thoroughness” (p. 48). While scripting may sound unnecessary to the high performers in our organizations who are expert communicators with patients and colleagues, we cannot assume our middle and low performers are doing and saying what our high performers are doing and saying. Scripting helps standardize the care provided by all caregivers.

Many healthcare professionals shy away from scripting in fear they might sound robotic, rehearsed, and inauthentic. Gawande notes, “The fear people have about the idea of adherence to protocol is rigidity. They imagine mindless automatons, heads down in a checklist, incapable of looking out their windshield and coping with the real world in front of them. But what you find, when a checklist is well made, is exactly the opposite” (p. 177). Similarly, scripting is not about acting like “Robot RNs” or “Stepford Docs” - it’s about accepting that when we all meet a minimum standard for communication, patient care improves.

In no way does scripting replace impromptu conversation with patients or the need to think on our feet. In complex environments with unique patients, improvising will always play a big role. Scripts simply free us from the obligation to innovate at every single patient encounter. In this way, scripting does not restrict employees, but empowers them with a tool and the flexibility to customize the tool based on the situation.

To patients, proper scripting doesn’t sound like scripting; it sounds like great service. So how do we create authentic scripts that don’t sound like scripts? Through studying high performers, we have learned that there is no perfect formula when it comes to scripting tactics, but here are seven tips to consider:

1. ***Seek input on what to say from those who have to say it.*** Many units that struggle with scripting have not had much control over the script. Top-down “say this” direction often results in saying nothing. During development, leadership should seek input from front-line employees who are charged with using the scripts and encourage front-line innovation, customization, and improvement.

2. ***Clarify triggers.*** Ambiguity is the enemy to implementation and compliance. Explain *when* scripts should be used and *who* should be using them. "When the patient arrives, we will say…" is not a clear trigger. A patient "arriving" could mean driving to the parking garage, arriving at the lobby, arriving at the desk, going to her room, etc. Moreover, "we" is not specific. Define who, specifically, is charged with engaging in the communication.

3. ***Practice.*** Just because something looks good on paper doesn't mean it will sound great in reality. Before rolling out scripts broadly, it's helpful to have some dry-runs. Engage in role-playing and practice the scripts in hypothetical situations. Experiment using them with a small number of patients. Practice allows us to work out the kinks, and puts the script in a top-of-mind place for employees.

4. ***Audit scripts.*** Despite our best efforts at developing great scripts that communicate clearly and effectively, we can't assume people are using them. Assess the frequency and quality of scripting through observation and conversations with staff. Ask employees how the scripts could be improved and to share examples of best practices.

5. ***Consider non-verbal cues.*** Scripting typically refers to what words to use and when, but words are only a part of effective communication. Scripts reap few benefits if they are not delivered in a way that is genuine. Gestures, posture, facial expressions, etc. all impact the message we are trying to convey.

6. ***Consider scripts a tool, not the goal.*** There are varying degrees of "doing" something. We can do something for the sake of a checkmark, or we can do it in a way that demonstrates to our patients we care about them. The end goal is not for an organization to be scripted. The end goal is not even to improve our patient perception scores. The end goal is to give patients compassionate and healing experiences.

7. ***Remember the patient.*** Gawande tells a story of an airline pilot in a highly complex situation who looks at a checklist which, at the top, reads "Fly the plane!" He reports that during certain types of situations, pilots become so focused on the checklist, they forget about the most basic part of their job – flying the plane. In the same way, we cannot forget, even in complex situations with specific scripts, to connect with the patient – the most fundamental part of our job.

Sources:

Gawande, A. 2009. *The Checklist Manifesto: How to Get Things Right*. Metropolitan Books, New York.

Quint Studer. https://www.studergroup.com/