



What to Say: Scripting for Challenging Situations (robo-nurse or right-on patient care)

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I have no conflicts of interest
and nothing to declare

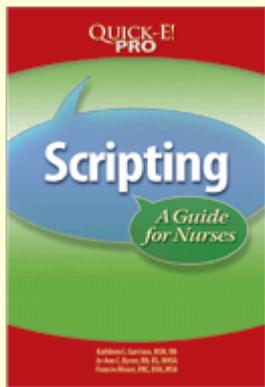


We are all familiar with scripting

- "If you don't like our service or the flight gets too long, we have 6 emergency exits--2 at the front, 2 over window doors, and 2 at the rear--signs over head--lights on the floor-- leave through those exits."
- "For those of you traveling with small children or anyone acting like a small child, please put on your own mask first..."



"If you are one of the .001 percent of the population that's never seen a seatbelt before..."



What is scripting?

- A communication tool that assures consistency, builds a plan of action, ensures that patients avoid negative experiences, and improves patient outcomes
- Identifies common situations and questions and provides appropriate answers in a caring and professional manner
- Is used to convey important information to patients

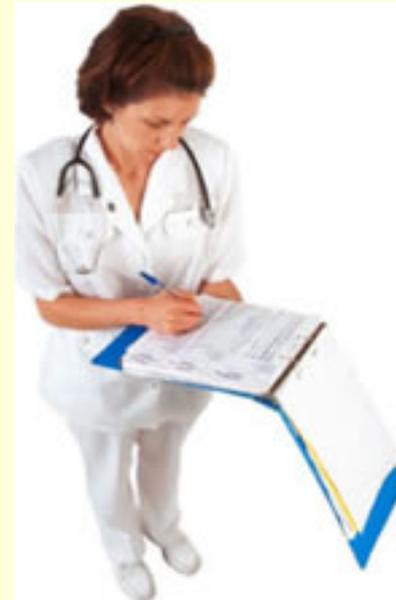
“How may I help you?”

- Scripting is frequently seen in the service industry to improve customer satisfaction
 - Hotels
 - McDonald’s, Burger King
 - Housekeeping
 - Airline industry
- Hospitals
 - To improve patient satisfaction
 - To improve safety



“Have a nice day”

- Enhances communication
- Ensures consistency in practice
- Arms health providers with tools to handle difficult situations and conversations with peers and patients



“This isn’t Walmart”

- Rote memorization and recitation of scripted phrases is not what good communication is all about
- Following a script or checklist of questions that are specifically developed for this patient population ensures that mothers are well prepared for their breastfeeding experience



Improving Patient Satisfaction Through the Consistent Use of Scripting by the Nursing Staff

Mustard, LW. JONA's Healthcare Law, Ethics, & Regulation:

September 2003 - Volume 5 - Issue 3 - pp 68-72

- One-sentence quotes from the patient used by the hospital caregivers to assure that patient needs are met and to address any shortcomings in care
- Or...”what are your goals for your hospital stay?”
- Or...”What are your goals for today?”
- Or... “Let’s set some goals for this feeding.”

Exhibit 1
VOICE OF THE PATIENT[®]
(PLEASE PRINT)

Patient Name _____
Patient ID# _____ Admission Date _____

FIRST DAY OF HOSPITALIZATION

1. What is most bothersome or troubling to you?
(One sentence quotation)
" _____ "

2. What hopes and desires do you have for this stay?
(One sentence quotation)
" _____ "

Nurse Signature Date Attending Physician Signature Date

DAY BEFORE DISCHARGE

3a. Do you feel your hopes and desires were met for this stay? Yes No
3b. Would you return? Yes No

4. What hospital improvements would be most gratifying to you? (one sentence quotation for each applicable category)

a. Convenience " _____ "

b. Communication " _____ "

c. Quality of Care " _____ "

d. Personal Caring " _____ "

e. Facility / Equipment " _____ "

General Comment (Experience) " _____ "

Nurse Signature Date Attending Physician Signature Date

“Scripting is stupid”

- “They can’t make me say stuff I don’t feel comfortable with.”
- “It’s just another way for them to tell us how to practice.”
- “I don’t need anyone telling me how to talk to patients.”
- “They just want better scores on Press Ganey surveys.”
- Better way may be to frame as “talking points”



Key messages at key times

- Assures that all pertinent information is conveyed to all patients
- Does not mean you cannot be spontaneous or adjust care to what is needed
- Assures (hopefully) that no one falls through the cracks
- Establishes a culture of excellence



Inconsistent Advice

- Mothers are especially frustrated by inconsistent advice about breastfeeding techniques and the tendency of some clinicians to quickly support the use of a bottle when feeding difficulties are present, sometimes even offering a bottle before the infant goes to breast (Mozingo, et al, 2000)

What mothers want is YOU!

- What mothers need is your time!
 - Positioning, latch, suck, swallow
 - Remaining with the mother for feedings
 - Reassurance, positive affect, concern, and positive attitude
- Non-supportive behavior
 - Indifferent, minimal assistance, invasive
 - Too busy, lack of follow-up, rushed
 - Inappropriate assessment, conflicting advice
 - No assistance within first hour, use of formula to solve problems, lack of problem solving skills



Assuring positive first experiences

- Self-efficacy is the mother's belief that she will be able to organize and carry out the actions necessary to breastfeed her infant
- Successful breastfeeding enhances self-efficacy



Scripting for the basics

“Let’s make sure that you and xxx know just what to do to get breastfeeding off to a good start. We are going to go over positioning, latching-on, sucking, and swallowing.”

“Even though breastfeeding is natural, mothers and babies need to learn how to do this together and I will show you how.”

Suggested measures

- Help mothers assume a comfortable position
- If using ventral position for the infant, lower the bed to a 30° angle
- Assist mother to position baby in ventral, clutch or cross cradle position
- Have baby approach the breast from below with nose level with nipple
- Check that baby is swallowing and that mother can identify this



Goals and evaluation for the basics

- Mother's position is comfortable
- Mother demonstrates effective baby positioning
- Baby can latch and suck without discomfort to the mother
- Baby demonstrates swallowing with every 1-3 sucks
- Mother can verbalize when baby is swallowing
- Mother knows what to expect and understands physiology of lactation

What mothers need to know prior to discharge becomes the teaching script

- I can position my baby correctly at both breasts
- It does not hurt once the baby starts sucking
- The baby can latch to each breast
- I can tell when the baby is swallowing milk
- I know how many times in 24 hours to feed the baby
- I know how to hand express my milk
- I know how long to feed the baby on each side
- I know when it is time to feed my baby
- I know the five feeding cues to use if my baby is sleepy
- I know how many diapers baby should have each day
- I know how to tell if my baby is jaundiced

What Mothers Need to Know Prior to Discharge

- I know how to tell if a disposable diaper is wet
- I know how much weight baby should gain weekly
- I know that artificial nipples and pacifiers can confuse my baby and have been shown other ways to feed him
- Someone will visit me a day or two after I get home, or....
- I will see my pediatrician or family doctor in two days
- I know when and who to call for help with nursing

Scripting for problems

Lucile Packard Children's Hospital (LPCCH)

- Identified nine sub-groups, which are at risk for lactation failure
- Suggested proactive measures which should begin on the first day (to-do list)
- Suggested script to be used to inform the mother of the reason for these steps, while fostering a positive approach.



Scripting for problems

- Each shift, each mother-infant dyad will be assessed for risk factors, and a plan of care will be tailored to address their current, individual issues. Those at higher risk will receive an escalated level of support
- <http://newborns.stanford.edu/Breastfeeding/PMGs.html>
- Cesarean section mothers
- Mothers with multiples
- Infants who have not latched or nursed effectively for 12 hours
- Mothers of NICU infants
- Infants supplemented more than once in 24 hours
- Infants <38 weeks or <6lb
- Infants with 10% birth weight loss
- Mothers who have had breast surgery
- Mothers with a history of breastfeeding failure

“I want to do both” (LPCH)

- “We have learned that the very best thing for your baby (and for you, too!) is if you can give your baby nothing but your own milk as long as possible.”
- “Good for you for providing your baby with your wonderful breastmilk. If you really think it will be necessary to give him other foods, it would be best if you wait as long as possible before you do that.”
- “The doctors who care for your baby suggest you try to provide only breastmilk until your baby is about six months old. All the benefits of your milk are less if you add cow milk to his diet too soon.”

“I want to do both” (con’t) (LPCH)

- Many mothers choose to both breast and bottle feed, and this is very doable, once your breasts produce lots of milk and your baby has become an “A” student at the breast. To reach your goal, first “turn on” your breasts by breastfeeding, hand expression or pumping. Teach your baby that the BEST nipples in town are yours, not a bottle; the BEST food in town is at “Mom’s, not from cow milk”. Once this is accomplished, back-up bottles are an easy next step. This way, you keep your plans to breast and bottle feed AND keep your options open.”

“Sure you can do both, and here’s how”

- Let’s put together a plan for doing both
- Let’s look at why and if you need to give bottles and what to put in them
- First, we need to get breastfeeding off to a good start by only breastfeeding for the first 4 weeks so baby does not get confused between the two
- This makes sure that you have a good milk supply and the baby is gaining weight
- Then.....

Suggested measures for Cesareans (LPCH)

- Reestablish the connection of the un-bathed infant with his/her mother within the first post-partum hour and offer hands-on assistance with the first breastfeeding, if needed. Explain to the mother that scent and touch are the key imprinting senses for early feeds, and bathing can come later.
- Provide skin-to-skin contact, as much as possible, especially during the first day, and focus the teaching on attachment, effective suckling and increasing milk production
- Teach the mothers to manually express colostrum into a teaspoon as often as possible (at least with each breastfeeding session) and feed this to her infant.
- On day 2, add pumping if the infant is too sleepy to attach and nurse effectively. The frequency should be 8 times every 24 hours, with no more than a 5 hours interval at night.

Suggested script (LPCH)

- “Even though you have exactly the amount of colostrum your baby needs now, for these first couple of days, we have learned that babies born by C-section may require a little more help to learn how to latch on and nurse effectively. By offering your baby frequent tastes of your colostrum, and stimulating your breasts by manual expression to “phone in your order for Day 3”, we can make sure that by the time you go home, your production will be higher. This will make it easier for your baby to learn just how to breastfeed and get a full feeding.”
- “I know you are recovering from surgery right now, but it is important for your breasts to get the message to make lots of milk for your baby. Be sure to keep your baby with you all the time, and have your (husband, mother, partner) and the nurses help you with feedings both day and night.”

“Every time I put him down, he cries”



- This can be so frustrating and I can see why you would want to give a bottle
- Let's put baby to breast and see what we can find
- I'm going to check to see if he is swallowing
- Sometimes babies suck a lot but don't swallow
- Let's look how we can get more colostrum/milk into baby
- I'm going to write out a feeding plan for you

“I want to sleep tonight. Take the baby back to the nursery”

- It looks like you are really tired
- Did you have a lot of visitors?
- Our experience has been that mothers don't actually get more sleep when their baby is in the nursery
- I can show you how to get more sleep during the day and how to feed the baby more effectively so he sleeps longer at night
- It's important to keep him with you so your milk can protect him from the germs in the hospital

Late preterm infant

“My baby isn’t premature, he’s just little”

- “Your baby may look full term but he is not quite mature in terms of his ability to breastfeed.”
- “Late preterm babies tend to be sleepy, fall asleep at the breast before they get enough, not suck very strongly.”
- “I will show you how to get more milk into baby.”
- “Here is a feeding plan for your stay with us.”

In-hospital feeding plan

Place baby skin to skin on your chest

Watch for rapid eye movements under the eyelids

Feed your baby frequently

- within 1 hour after birth
- once every hour for the next 3 to 4 hours
- every 2 to 3 hours until 12 hours of age
- at least 8 times each 24 hours during the hospital stay

Move baby to breast when baby shows feeding cues

- Sucking movements of the mouth and tongue
- Rapid eye movements under the eyelids
- Hand-to-mouth movements
- Body movements
- Small sounds

Make sure you know how to tell when your baby is swallowing

- baby's jaw drops and holds for a second
- you hear a "ca" sound
- you feel a drawing action on the areola and see it move towards your baby's mouth
- you hear the baby swallow
- you feel the swallow when you place a finger on the baby's throat
- your nurse hears the swallow when a stethoscope is placed on the baby's throat

Use alternate massage if your baby doesn't swallow after every 1 to 3 sucks.

Massage and squeeze the breast each time she stops between sucks. This helps get more colostrum into her and keeps her sucking longer.

If your baby does not swallow when at the breast, hand express colostrum into a teaspoon and spoon feed 2 teaspoons to your baby using the above guidelines



White board in room for feeding plan each day—another form of scripting

- Day 1
 - Feed 8-12x in 24 hours on cue
 - Feeding cues
 - Hand express colostrum and spoon feed if not latching
- Day 2
 - All day buffet!



Resources

- [Lucile Packard Hospital/Stanford](#)

<http://newborns.stanford.edu/Breastfeeding/PMGs.html>

- Illinois Breastfeeding Blueprint

http://www.ilbreastfeedingblueprint.org/pages/scripting_for_staff/54.php

- Triangle Breastfeeding Alliance

http://www.pqcnc.org/documents/milkwellldoc/PQCNC_ScriptingRelatedBreastfeeding.pdf

- Texas 10 Step Program

<http://texastenstep.org/wp-content/uploads/2011/12/Helping%20Nurses%20Help%20Moms.pdf>

