Patient/Family/Visitor Code of Conduct:

Strategies and Scripting Guideline

This appendix provides examples of strategies and sample scripting responses that may be helpful when a patient, family member or visitor is behaving or speaking in a disrespectful, discriminatory, disruptive, or harassing manner. Scripting may not fit every situation. Choose the scripting that best fits the individual situation as well as your own style/preference for how to respond.

Many strategies and scripts are included in this guideline and they are categorized by the type of unacceptable behavior. However, it is recommended that all scripts be reviewed as the statements may have applicability in addressing more than one type of behavior.

The strategies and scripting have been developed using a variety of sources including the literature (reference provided when applicable) and hospital resources including the Office of Patient Advocacy, Employee Assistance Program and the Office of Patient Experience.

Table of Contents

Strategies and scripting that may be helpful for a variety of situations:

- Sit or stand next to the workforce member who is the target of the inappropriate behavior to assure them that they are not alone, and to communicate clearly to the offending person where you stand on the issue.
- Breathe several times before speaking or responding.
- When speaking, use the first person, plural, "we," not "I" or "you" if you are able.
- Avoid searching for a diplomatic way to word something before saying it as this is demeaning of the other person, like they are simplistic and incapable of understanding complexity:
    - "Let me put this in a way you'd understand…."
    - "How shall I put this?"
- If the targeted workforce member wants to gain support from a colleague or leadership, examples of things to say include:
    - "Please hold for a moment" (when on the phone).
    - "You will have to excuse me for a moment" (to step away from an interaction).

Invite Deeper Conversations

- "Some people would see that as a (racist, sexist, homophobic, etc.) comment. Is that what you intended?"
- Play "innocent" and ask, "I don't get it. How is that funny?"
- As needed, give people the benefit of the doubt. Maybe you heard it differently or just didn't understand:
    - "I'm sorry. Can you say that again? I may have misheard you."
- "Is this something you would have said to a (choose the most appropriate term for the situation: white/Asian/Black/Hispanic, impoverished/affluent, heterosexual/homosexual/transgender, able-bodied) person?"
- "Tell me more about that."

Be Direct in Your Comments

- Take time to think about what you will say and make steady eye contact.
- "I find that (racist, sexist, homophobic, etc.) and I'm not okay with that. It's inappropriate."
- "You may not have meant to offend me, but you did. And this happens to (people of color, women, LGBTQ people, etc.) all the time. What exactly do you mean?"

Adapted from Wormeli, R. (2020). Specific, candid, and helpful responses to expressions of racism and bias. Association for Middle Level Education Magazine (https://www.amle.org/BrowsebyTopic/WhatsNew/WNDet/TabId/270/ArtMID/888/ArticleID/1145/Specific-Candid-and-Helpful-Responses-to-Expressions-of-Racism-and-Bias.aspx)

Strategies and scripting for addressing discriminatory requests or demands:

Establish a therapeutic relationship and explore the patient/family request/demand:

- "Help me understand why you don't want (person's name) to care for you?"
- "What are the things that you're concerned about?"
- "Tell me what you're afraid of."
- "Why? What concerns you?"
- "Mass General is a teaching hospital. This means that your care team members may have varying levels of experience but all are highly qualified to provide the care that you need.

Agree in truth or in principle with the statement:

- "You're right. You're different than me and what's important is that you're here seeking care and I'm here to help you."
- "You're right. You're different than me. I'd like to get to know you. Tell me what's important to you."
- "You're right, I may not have as much experience as (insert name/role); but I am part of their team and he/she/they has asked me to (examine you, see you, etc.) and provide needed care.

Redirect the conversation:

- "All MGH team members are very qualified. Our top priority is that you receive the best care and I know that our team members can provide that."
- "I recognize that this team may be different than what you anticipated. I also know you are very worried about (problem/person). With your help, I'd like to think about how we can (fix this problem) (help NAME feel better)."
- "Let's make sure we're focused on doing what's best for you."
- "I'm worried about you/your child. With your help, I would like to focus on how we can help you/him/her."

Ensure a safe environment for MGH workforce members:

- "We want to provide you with excellent care and believe that (name) is the right person to do so."
- "I would trust this physician/nurse/therapist etc. to care for my own child/family member."
- "I agree with this physician/nurse/therapist etc. What other questions do you have?"
- "MGH is a teaching hospital and we believe strongly that our team provides outstanding care thanks to participation from all of our team members."

- “We are here to help you as a team. We do not change (doctors, nurses, etc.) because of their (race, ethnicity, religion, etc.).”

Educate and reinforce behavioral expectations:

- “We will not tolerate you speaking to our staff/employees that way. Being a patient at MGH means treating people respectfully. If you cannot do that, we will have to make other arrangements for your care.”
- “MGH hires the best and brightest people to care for our patients regardless of their race, ethnicity, gender, sexual orientation, etc.”

Adapted from: Whitgob, E., Blankenburg, R., & Bogetz, A. (2016). The discriminatory patient and family: Strategies to address discrimination towards trainees. Academic Medicine, 91(11), S64-S69.

Strategies and scripting to help manage a disruptive patient/family member/visitor:

1) Maintain a collaborative approach to maximize patient control

- Avoid using absolute statements

Don't say (Fire Starters)	Do say (Fire Quenchers)
• "The only option is…" • "You should…" • "I can't…" • "I had nothing to do with that."	• "The possible choices are…" • "We suggest…" • "I wish I could. What I can do is…" • "I'm sorry that happened to you."

2) Verbal de-escalation techniques

- Be concise and keep it simple
- Be curious: Identify wants and feelings
  - "I want to understand why you are upset so that I can help."
- Be explicit about your concern: Listen carefully and provide feedback
  - "Tell me if I have this right. What I understand is…"
- Set limits in a respectful manner
  - "I want to help you, but I need you to calmly tell me your concerns."
- Offer options (distracting activity vs. medication)
- Agree with the patient: 3 ways to agree
  - Agree with the truth.
    - Patient: "You are keeping me a prisoner here!"
    - Response: "Yes, we are keeping you in the hospital for now. Let's talk about how you can be more comfortable."
  - Agree in principle.
    - Patient:"None of the doctors treat me with respect!"
    - Response: "Everyone should be treated with respect."
  - Agree with the odds.
    - Patient: "I don't want a feeding tube!"
    - Response: "There are other patients who do not like getting a feeding tube."
- Be transparent
  - "I'm going to walk with you."
  - "We need to stay on the floor."
  - "I am concerned about how upset you are."
  - "Your yelling is frightening."
- Be optimistic
  - Patient: "I want to get out of here."

    - Response: “We want that for you as well. We don’t want you to stay here any longer than is necessary.”
- Repetition: Use the “verbal loop”
    - Agree and validate the patient’s experience followed by what you want the patient to do.
        - “I understand how upset you are about being in the hospital. I would like you to take this medication to help you feel calmer.”
- Allow time to change behavior
    - Patients who initially are uncooperative will often become cooperative with additional time.
    - Consider making a request up to a dozen times

Adapted from: MGH Disruptive Patient Task Force

Telephone Etiquette, Protocols and Guidance

We only have one chance to make a first impression

Greeting

Use 4-part telephone greeting:

- ☐ Good morning / afternoon
- ☐ Introduce department
- ☐ Introduce self
- ☐ Offer assistance

"Good morning. Pediatric Urology. This is Sydney. How may I help you?"

Address caller by preferred title/surname, unless they request otherwise. ***(Ms./Mr./Dr)***

"Mr. Miller, your follow-up appointment is on April 23rd at 2:00 pm."

Hold Protocol

- ☐ Ask caller for permission before placing on hold – ***and wait for them to give it!***
- ☐ Explain purpose of hold
- ☐ Thank caller for holding
- ☐ Apologize for hold time

When you have time, share the reason for the hold, and expected duration:

"Ms. Lopez, would you mind if I place you on a brief hold while I check the status of your appointment? **(Wait for answer) –** ***"Thank you. It may take a few minutes."***

When you don't have time ***(calls holding, phone ringing, patient in front of you):***

"May I place you on a brief hold? **(Wait for patient to answer) –** ***Thank you."***

Call Transfer Protocol

- ☐ Explain reason you need to transfer and ask for permission – ***and wait for them to give it!***
- ☐ Provide number and extension of the phone where caller is being transferred
- ☐ ***Warm Transfer*** - Introduce call to the person receiving it before completing the transfer.
- ☐ Do not cold transfer (*aka* blind transfer)

Mrs. Taylor, I'm so sorry you have reached Dermatology, not Bulfinch Medical Group. I'd be happy to transfer you. If for some reason we get disconnected, you can reach them at 617-…"

Closing

Uses two-part telephone closing:

- ☐ Is there anything else I can do for you?
- ☐ Thank you for calling

Mr. Armstrong, is there anything else I can help you with today? (Wait for patient's response) Thank you for calling."

Guidance for Challenging Conversations *(Phone/In-Person/Virtual)*

Set the Stage

- ☐ **Greet others with a smile and pleasant tone of voice.**
- ☐ **Establish eye contact.**
- ☐ **Use positive facial expressions.**
- ☐ **Focus on the problem, not the person.**
- ☐ **Avoid eye rolling, sighing, impatience, defensiveness, anger, and blaming others.**

Anticipate what patients may say – *But let them say it!*

The Conversation

1. Give your full attention to the person, limit distractions and ***LISTEN.***
2. Give patient a chance to vent – Listen actively; jot down key points, and be patient.
3. When they pause, share the key points you heard – Ask if it is correct.
   "Thank you, Ms. Dunbar, I heard (1), (2) and (3). Did I understand that correctly?"
4. To clarify, try to ask closed-ended questions *("Yes/No" are the expected answers)*
5. Set expectations, especially with duration.
   "I'll check with the nurse now. It should take about 5 minutes."
6. Present Options/Choices.
   "It may take more than a few minutes. Would you prefer to stay on hold or have me call you as soon as I have the information?
7. Stay focused on purpose of the call, and redirecting from side conversations
   "Yes, Mr. Bartlett. We had snow here, too. How may I help you today?"
8. Find ways to end the conversation on a positive note.
   "Ms. Cohen, your appointment is scheduled for Wednesday, March 31 at 9:00 am. We look forward to seeing you."
9. Plan to have go-to-strategies for ending a long-winded call
   "Thank you for sharing this with us. We will see you on March 25th.

Fire Starters

Some starter phrases are more likely to start an emotional fire than a good conversation! Here are examples, along with better choices that convey the same information, without the heat:

Fire Starters	Instead try …
It's the policy…	*The reason we…*
But…	*And…*
I don't know.	*I can find out for you.*
We can only do…	*I will see if we can…*
The only day and time is…	*The best option may be…*
That is not true…	*I can understand why you might feel…*

Scripting for Supporting a Targeted Workforce Member

The following are some tips and scripting to help provide support to the workforce member who is the target of disrespectful, discriminatory, disruptive and/or harassing behavior.

Creating a safe environment is important; it is best to find a private area and appropriate time to have this conversation. Ensure that you are able to be fully present for the conversation and actively listen to the workforce member. Allow them to share their experience without interruption. Some tips:

- Don't interrupt or rush the conversation
- Take what they say seriously
- Encourage them to explain
- If they need time to think, try and sit patiently with the silence
- If they get angry or upset, stay calm and don't take it personally
- Acknowledge the emotions and/or pain without assuming how they feel.
- Believe their story. Don't ask a lot of questions.
- Avoid "blaming" questions:
  - Why did you…?
  - Why didn't you…?

Seek Permission:

The targeted workforce member may reach out for help, but if not, it is a good idea to seek their permission to have the conversation and discuss how best to support them. Don't try to force the conversation – it is their choice to discuss the interaction that occurred. Sample statements:

- "I (saw/heard) what happened to you. I wanted to check in with you to see how you are. Would you like to talk about what happened?"

- "I (saw/heard) what happened to you. I'm very sorry that the (patient/family/visitor) treated you in this way. I want to help – do you want to talk about what happened?"

Validate and Create Safety:

It is best to acknowledge and validate their feelings, regardless of your opinions. Stress that what occurred was wrong and not their fault. Do not say anything that implies that the workforce member is being too sensitive or blowing the interaction out of proportion. Refrain from saying things like "If I were you, I would have…" Sample statements:

- "That sounds awful. It must have been very hard for you to experience this."

- "What was it like for you?"
- "I'm glad you feel comfortable talking to me about what happened. You can tell me as much or as little as you want."
- If they start to talk but then want to stop, let them know, "I imagine it can be hard to talk about it. I'm open to talking when you feel more comfortable. No pressure."

Support Their Preferred Course of Action:

It is important to allow the targeted workforce member to make their own decisions about how, when and if to address the interaction that occurred. Ask them how they would like to handle the situation. If you know, share with them what their options are. If you don't, offer to help them find out what courses of action they could take. Once they have decided how they want to move forward, support them- regardless of your own opinion on how they should act.

- "How can I best support you?"
- "Where do you think we can go from here?"
- "What would be a good first step we can take?"
- "What do you need from me? How can I help?"
- "I have some ideas about what we can do. Would you like to hear them?"
- "I'm so sorry that this happened to you. No one should ever have to experience that. I want to help. What can I do to support you?"
- "Do you have support?"
- "Have you talked about your experience with someone?"
- "Would you like help locating more or different types of support?"
- It's also okay to say, "I'm not sure of what resources are out there, but I can help you find out."

Check-In

Check in and see how they are coping with this experience and if there are additional ways in which you can support them.

- "I wanted to check in with you to see how you were doing."

- “You had said you were going to (insert appropriate word/s here). Have you been able to do so?”

- “Would you like me to (insert appropriate word/s here)?

- “I am willing to help in any way I can.”

Take Care of Yourself, Too.

Notice if this situation stirs anything up in you, such as such as personal trauma, and think about what you need. Reach out for support.