

MODULE 4:

SERVICE RECOVERY (RESPOND, RESOLVE AND RECOVER)

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PROGRAM FLOW

This program flow is designed to help facilitators lead a program using the material in this workbook and on the accompanying DVD. The following sample agenda helps you to structure a session featuring Professional PRIDE: A+ for HCAHPS and Patient Satisfaction, Module 4: Service Recovery.

- **Instructor's Guidelines** (*box on left*) provide specific, step-by-step instructions for running this program.
- **Descriptions** (*to right of Instructor's Guidelines boxes*) provide background to help you understand what will take place during each section of the program and questions to ask when facilitating discussion.

SECTION 1 LIVE: WELCOME BACK (TIME REQUIRED: 1:00)

INSTRUCTOR'S GUIDELINES:

- Welcome the group and perform introductions if necessary.
 - During this module participants will watch vignettes and presentations.
 - Interspersed will be interactive discussions and exercises to help apply these concepts.
- Press **PLAY** to move to the next section of the program.

Module 4 addresses the 3 R's of Service Recovery: **RESPOND, RESOLVE, and RECOVER**. Service Recovery ensures that patients receive a satisfactory experience, and return to your hospital for future healthcare needs.

SECTION 2 VIDEO: PREVIEW (TIME REQUIRED: 3:00)

INSTRUCTOR'S GUIDELINES:

This video presents a series of scenarios that introduce the concept of Service Recovery.

- Play DVD Section 2.

Service Recovery refers to the actions a healthcare provider takes in response to a patient complaint.

Research shows when an organization deals with problems effectively it promotes a positive reputation for excellent service.

SECTION 3 LIVE: MODULE 4 OBJECTIVES (TIME REQUIRED: 4:00)

INSTRUCTOR'S GUIDELINES:

- Review the learning objectives for the module (*refer to the slides right of box*).

Press **NEXT** to advance each slide.

- Facilitate group discussion on how these objectives relate to their experiences (*refer to discussion questions at bottom page*).

Press **PLAY** to move to the next section of the program.

Module 4 focuses on the process of service recovery and introduces strategies for dealing with patient complaints. Service recovery allows healthcare providers to recognize complaints as an opportunity to make things right and improve their patients' experiences.

This section explains the module objectives:

Slide 1: Module 4 Objectives

#1: Describe the concept of service recovery

- Discuss the impact of service failures in perinatal and neonatal settings
- Examine the long-term financial impact of dissatisfied patients
- Describe the service recovery paradox and apply it to the perinatal and neonatal setting

Slide 2: Module 4 Objectives

#2: Identify and describe the 5 dimensions of service quality and their relationship to patient satisfaction

- Tangibles
- Reliability
- Responsiveness
- Assurance
- Empathy

(Definition of terms are covered in Section 7)

Slide 3: Module 4 Objectives

#3: Describe the best practices for resolving patient complaints in perinatal and neonatal settings

- 3 R's of Service Recovery
 - Respond
 - Resolve
 - Recover

(Definition of terms are covered in Section 8)

GROUP DISCUSSION

Establish a basic understanding of the dynamic surrounding consumer dissatisfaction. Put yourself in the position of a customer in any consumer environment.

Think of a time/incident where you were dissatisfied with the product or service you received.

- Have you heard of Service Recovery?
- Have you used Service Recovery?
- Why were you unhappy?
- What did the person(s) delivering the product/service do to aggravate the situation?
- What did that person do to try to recover or resolve your dissatisfaction?

SECTION 4 VIDEO: BACKGROUND (TIME REQUIRED: 5:15)

INSTRUCTOR'S GUIDELINES:

This video illustrates the concepts and practices of service recovery.

- Play DVD Section 4.

This video demonstrates the difference between Service, Service Delivery, Service Failure, and Service Recovery.

Service — the clinical components of care that shapes a patients' experience.

Service Delivery — the organization and management of health services to ensure patients get the care they need, when they need it, in ways that are user-friendly, achieves the desired results and provides value.

Service Failure — when customer perceptions of the service they receive do not match their expectations.

Service Recovery — the actions a healthcare provider takes in response to a service failure.

SECTION 5 LIVE: CONSEQUENCES OF SERVICE FAILURE (TIME REQUIRED: 5:00)

INSTRUCTOR'S GUIDELINES:

- Distribute *Handout #1 Consequences of Service Failure*.
- Use the slides and handout to describe the consequences of service failure.

Press the **NEXT** button to advance to the next slide.

- Facilitate a group discussion focusing on the consequences of customer dissatisfaction (*refer to discussion questions at end of Section 5*).

Press **PLAY** to move to the next section of the program.

The previous video identified how a service failure can occur when patients' perceptions do not meet their expectations. This section discusses the consequences of service failure, including customer complaints, bad word-of-mouth, and negative financial impact.

Slide 1: Consequences of Service Failure

Customer Complaints

Avenger - A dissatisfied patient who shares their negative experience

- Avengers share a negative experience with 12 people
- Those 12 people will share the story with 5 others
- One avenger sends out about 70 negative messages

Slide 2: Consequences of Service Failure

Grapevine Effect through Technology

Grapevine Effect - Patients use various communication channels to tell others about their negative experiences

- Social media is a powerful force for voicing complaints
- Websites rate physicians
- Organizations publish hospital ratings of patient experiences
- A complaint is no longer contained

Slide 3: Consequences of Service Failure

Loss of Patients

Financial impact of dissatisfied patients who do not return for future services

- Average hospital stay for Patient A = \$15,000
- Lifetime revenue lost if Patient A never returns = \$45,000
- Lifetime revenue lost if Patient A shares negative experience with 12 others = \$540,000

Slide 4: Consequences of Service Failure

Intangible Consequences

- Heightened emotions lead to anger and confrontation
- Increases stress

Slide 5: Consequences of Service Recovery

Customer Commendations

Evangelist - A satisfied patient who shares their positive experience

- Evangelists share a positive experience with 6 people
- Evangelists do not share their positive experiences as often as avengers communicate their negative impressions

GROUP DISCUSSION

- What do you tell others when you are dissatisfied as a consumer?
- As a healthcare patient/consumer have you ever experienced a service failure? What was your response?
- What are the consequences of service failure for a patient, for a nurse, for a hospital?

SECTION 6 VIDEO: CATERGORIES OF PATIENT EXPECTATIONS (AND THEIR RELATIONSHIP TO THE PATIENT EXPERIENCE) (TIME REQUIRED: 1:45)

INSTRUCTOR'S GUIDELINES:

This video examines service failure and unfulfilled expectations.

- Play DVD Section 6.

The quality of a patient's experience is shaped by their perceptions and expectations. Patients interpret quality based on an array of interactions: how effectively their doctors and nurses communicate, how well their pain is managed, how their questions are answered, and whether they have the information they need upon discharge.

SECTION 7 LIVE: FIVE DIMENSIONS OF SERVICE QUALITY – PATIENT EXPECTATIONS (TIME REQUIRED: 4:00)

INSTRUCTOR'S GUIDELINES:

- Distribute *Handout # 2 5 Dimensions of Service Quality - Patient Expectations*.
- Use slides to discuss the five categories of patient expectations.

Press **NEXT** to advance each slide.

- Facilitate a group discussion focusing on the significance of service quality and its impact on patient satisfaction. (*refer to discussion questions at bottom page*).

Press **PLAY** to move to next section of the program.

This section identifies and describes the 5 Dimensions of Service Quality and their relationship to patient expectations and the patient experience. These dimensions of quality outline strategies that healthcare providers and institutions can use to gain their patients' trust.

Slide 1:

5 Dimensions of Service Quality

Tangibles

- Patients form impressions of hospitals and healthcare organizations from its physical appearance
- Clean exam and patient rooms
- Efficient registration processes
- New magazines in waiting rooms
- Helps to promote confidence and trust

Slide 2:

5 Dimensions of Service Quality

Reliability

- Patients expect their healthcare provider to be dependable, consistent and accurate
- Patients expect to be cared for by conscientious and safety minded healthcare professionals

Slide 3:

5 Dimensions of Service Quality

Responsiveness

- Patients expect healthcare providers to respond to the needs of culturally diverse consumers
- Patients expect healthcare providers to help solve their problems promptly and effectively

Slide 4:

5 Dimensions of Service Quality

Assurance

- Patients want to know their problem will be resolved in an efficient and acceptable way
- Patients want to be assured that their healthcare provider will do the right thing, at the right time in the right way

Slide 5:

5 Dimensions of Service Quality

Empathy

- Patients expect their healthcare provider to listen and be concerned about their care
- Patients want to feel their healthcare provider cares about their needs and feelings

GROUP DISCUSSION

Consider the 5 Dimensions of Service Quality

- What specific steps can you take to positively impact your patients' perceptions of service quality?
- How can patients' perceptions and expectations influence HCAHPS survey results?

SECTION 8 VIDEO: THE 3 R'S OF SERVICE RECOVERY – RESPOND, RESOLVE, RECOVER (TIME REQUIRED: 2:00)

INSTRUCTOR'S GUIDELINES:

The video discusses the 3-step process for handling a patient complaint or service failure: Respond, Resolve, Recover.

- Play DVD Section 8.

The previous section covered the importance of service quality in relation to patient expectations. This section discusses how the 3 R's of Service Recovery can help healthcare providers overcome service failures and improve their patients' overall level of satisfaction with them, their level of care, and the hospital.

3 R's of Service Recovery:

Respond:

- Acknowledge/apologize
- Listen, empathize, and ask open questions

Resolve:

- Fix the problem quickly and fairly

Recover:

- Offer atonement
- Follow up
- Remember your promises

NOTE: Sections 9 through 13 present examples of hospital experiences.

Before moving to the first video in the sequence distribute the HCAHPS Survey.

After viewing each video scenario, discuss the problem presented by the nurse using the supplied discussion questions. Reinforce the importance of the specific step in the service recovery process highlighted in each section.

After a brief discussion advance to the next portion of the video to view the resolution of the previous scene.

SECTION 9 VIDEO: SERVICE RECOVERY #1: RESPOND: ACKNOWLEDGE& APOLOGIZE (TIME REQUIRED: 2:15)

INSTRUCTOR'S GUIDELINES:

The video highlights a patient reaction to a nurse's slow response to a request and complaint.

- Once the scene ends, facilitate a brief group discussion on how the nurse should **RESPOND** (*refer to the group discussion questions on the right*).

Press **PLAY** to resume video.

The second portion of the video describes how to **RESPOND** by acknowledging and apologizing.

- Play DVD Section 9.

When a patient complains, the first thing healthcare providers need to do is accept the problem and offer an apology. Service recovery begins with this respectful acceptance.

GROUP DISCUSSION

Acknowledge/Apologize

- How would you **RESPOND** to the mother in this scenario?
- Regardless of the of the problem, what is the first thing that should have been said to the mother?
- What are the consequences of placing blame on someone else in a situation like this?

SECTION 10 VIDEO: SERVICE RECOVERY #2: RESPOND - LISTEN, EMPATHIZE, AND ASK OPEN QUESTIONS (TIME REQUIRED: 2:30)

INSTRUCTOR'S GUIDELINES:

The video shows patient confusion and frustration after their questions about their premature newborn son were not adequately answered.

- Once the scene ends, facilitate a brief group discussion on how the nurse should **RESPOND** (*refer to the group discussion questions on the right*).

Press **PLAY** to resume video

The second portion of the video describes how to **RESPOND** by listening, empathizing, and asking questions.

- Play DVD Section 10.

Part of an empathetic response is to focus all of your attention and listen. Patients want information, but they also need reassurance. Confidence and comfort emerge from words and actions.

GROUP DISCUSSION

Listen, Empathize, and Ask Open Questions

- What key behavior does the nurse demonstrate?
- What are the ways that nurses identify problems?
- Are all nurses good at identifying problems?
- What are the barriers to identifying problems?

SECTION 11 VIDEO: SERVICE RECOVERY #3: RESOLVE — FIX THE PROBLEM QUICKLY AND FAIRLY (TIME REQUIRED: 2:45)

INSTRUCTOR'S GUIDELINES:

The video shows a patient's dissatisfaction with a nurse from a previous shift.

- Once the scene ends, facilitate a brief group discussion on how the nurse should **RESOLVE** (*refer to the group discussion questions on the right*).

Press **PLAY** to resume video

The second portion of the video describes how to **RESOLVE** by fixing the problem.

- Play DVD Section 11.

The responsibility of the healthcare provider is to fix the problem quickly and fairly.

GROUP DISCUSSION

Fix the problem quickly and fairly

- Bad experiences happen. What can nurses do to assure their patients that their complaints will be addressed?
- If you could 'turn back the clock' what could the previous shift nurse have done to eliminate the patient's frustration?
- How can the nurse resolve the situation?

SECTION 12 VIDEO: SERVICE RECOVERY #4: RECOVER — OFFER ATONEMENT (TIME REQUIRED: 2:15)

INSTRUCTOR'S GUIDELINES:

The video shows a nurse manager speaking to a nurse about a complaint reported about her from a patient.

- Once the scene ends, facilitate a brief group discussion on how the nurse should **RECOVER** (*refer to the group discussion questions on the right*).

Press **PLAY** to resume video.

The second portion of the video describes how to **RECOVER** by offering atonement.

- Play DVD Section 12.

Offering atonement is more than an apology. It is the action we take as part of service recovery. It is a tangible offer to make up for what caused a patient's concern.

GROUP DISCUSSION

Offer Atonement

- What could have been done to prevent the father from being upset?
- What can the nurse do now to recover the situation and regain the father's trust?
- How can you overcome the feeling of "not enough time"?

SECTION 13 VIDEO: SERVICE RECOVERY #5: RECOVER — FOLLOW-UP AND REMEMBER YOUR PROMISES (TIME REQUIRED: 2:45)

INSTRUCTOR'S GUIDELINES:

The video shows a couple, who have just had their first baby and are hesitant to be discharged from the hospital.

- Once the scene ends, facilitate a brief group discussion on how the nurse should **RECOVER** (*refer to the group discussion questions on the right*).

Press **PLAY** to resume video

The second portion of the video describes how to **RECOVER** by following-up.

The last step in service recovery is to recover. This happens through fixing the problem and following up to ensure satisfaction.

GROUP DISCUSSION

Follow Up and Remember Your Promises

- How did the nurse assure the couple they were ready to be discharged?
- What steps can the nurse take to properly follow up?
- What HCAHPS Survey questions can be affected by service recovery?

SECTION 14 VIDEO: PREVIEW SERVICE RECOVERY — ROLE-PLAY (TIME REQUIRED: 1:00)

INSTRUCTOR'S GUIDELINES:

The video explains the Service Recovery Paradox and introduces the role-play exercise for Section 15.

- Play DVD Section 14.

Service Recovery Paradox states that with highly effective service recovery, a service failure offers a chance to achieve higher satisfaction ratings from customers than if the failure had never happened.

SECTION 15 LIVE: PREVIEW SERVICE RECOVERY — ROLE-PLAY (TIME REQUIRED: 10:00)

INSTRUCTOR'S GUIDELINES:

Distribute *Handout*

#3 Service Recovery Role-Play.

Conduct a role-play highlighting the service recovery model. Use participants' experiences or scenarios outlined on the right to set up each role-play. Urge participants to act out their parts as realistically as possible.

In small groups of three have two participants play the role of the **PATIENT** or **NURSE**. The third will play an **OBSERVER** (NOTE: *If the number of participants is limited you can break into groups of two and drop the observer*).

- The **PATIENT** should behave and react like patients that the participants work with everyday.
- The **NURSE** should use the service recovery to positively impact the situation.
- **OBSERVERS** should use the observation questions at the end of the handout to note the flow of the interaction.

Refer to the scenarios on the right and on the handout to help set up each role-play.

2 minutes/role-play

1 minute/observation

Repeat until every participant has played the **PATIENT** and the **NURSE** at least twice.

After participants begin the role-play press the **NEXT** button to move to the role-play observation slide.

- After 10-15 minutes bring the group together.
- Ask the **OBSERVERS** to share their conclusions and what they learned from the roles plays in their group.

FACILITATOR: I would like to apply what we have learned. First, we know the goals of service recovery and the three-step model of **RESPOND, RESOLVE,** and **RECOVER.**

SCENARIO #1 — Follow-up:

The patient feels the nurse is not being responsive, specifically that the nurse is either not checking in on her often enough or not responding quickly to her calls.

MOTHER: Frustrated, angry; should express her disappointment in follow-up

NURSE: Busy; should be equipped with excuses and reasons for response

SCENARIO #2 — Not Bringing Baby to Mother Quickly Enough:

Mother is tired, worried and frustrated. During the previous shift, she had to wait a long time for the nurse to bring her baby. The mother has a lot of questions that she feels have not been answered. The nurse in this scenario has just come on shift and has to check in with all of her families, this specific mother seems to want a great deal of attention right now.

MOTHER: Disappointed with previous nurse, tired, worried (she has many questions)

NURSE: Busy, She feels rushed and needs to check in with all families at beginning of her shift

SCENARIO #3 — Lack of Discharge Instructions:

A nurse enters patient's room. Mother is worried and confused, she has just seen her baby's physician who had described several challenges that her premature infant faces in the first few days at home. Somewhat overwhelmed, the mother anxiously looks to someone for answers and for reassurance. Role-play participants should come up with terms and conditions to use in this encounter.

MOTHER: Worried, anxious. She doesn't clearly know how to communicate what she doesn't understand. She feels overwhelmed with information.

NURSE: Does not know this mother. Does not understand her concerns right away because she doesn't know what the doctor told her – she can refer to the patient chart, but most information gathering will be through asking open questions. Nurse failed to bridge the gap from hospital to home.

SCENARIO #4 — *Waiting:*

Angry mother complains about delays and waiting.

Select among any number of complaints then develop a scenario that presents the problem and offers the nurse an opportunity for service recovery.

Example Situations:

How long does it take to get a bed upon admission?

How long did Mom wait for ultrasound or a scheduled test?

Waiting for lactation consultant.

Waiting for a meal tray.

Waiting for test results.

Waiting to speak to a doctor or nurse practitioner.

- **MOTHER:** Angry, high expectations (maybe unrealistic)
- **NURSE:** Apologetic, busy

SECTION 16 VIDEO: CONCLUDE MODULE 4 AND PREVIEW MODULE 5 (TIME REQUIRED: 2:00)

INSTRUCTOR'S GUIDELINES:

This video summarizes what was covered in Module 4 and previews Module 5.

- Play DVD Section 16

Participants will view a video of the module recap and closing.

SECTION 17 LIVE: CONCLUSION

Invite the group to share any observations or comments. At the end of the program, thank the participants for their attention, conclude the session, and provide information regarding the acquisition of continue education certification.

MODULE 4 HANDOUT #1

CONSEQUENCES OF SERVICE FAILURE

Healthcare organizations provide frequent and complex services to patients each day. When situations are not handled with proper care it can create repercussions for the organization. Not meeting patient expectations can occur anytime during a particular experience or across multiple experiences within the same organization. Because first impressions are so powerful, a problem that takes place early in the process may weigh more heavily on the patient's mind than a problem that occurs later.

AVENGERS

A dissatisfied patient vows to never return to the same provider. This is the worst customer reaction for an organization because it also means the angry patient will tell others about the negative experience.

- Each avenger describes an unfortunate experience to at least 12 people.
- Each of those 12 then share the story with 5 or more people.
- On average, an avenger has an audience of about 72 people.

If 8 avengers each spread the news of their negative experiences to 12 others, each of whom tell 5 more people, then 576 people hear the negative word-of-mouth that only 8 patients actually experienced. A simpler calculation states that each dissatisfied patient circulates, either verbally or in writing, about 70 negative messages. (Hart, Heskett, and Sasser 1990.)

GRAPEVINE EFFECT

Consider the influences consumer ratings have on restaurants and hotels. Word-of-mouth also known as the 'grapevine effect' can either stimulate business or drive customers away. For example, a patient who was unhappy with her stay at your hospital may take advantage of social media to voice her complaints. Many websites allow patients to evaluate their experiences with a doctor, group, or plan online and some have the capacity to include written comments. Several health plans also publish ratings of patient experiences as part of their online provider directories, and a few are starting to include anecdotal reports as well. (Hart, Heskett, and Sasser 1990)

FINANCIAL IMPACT

Negative word-of-mouth can cause expensive problems for any organization. Over time, the loss of revenue from a patient who opts to never to return and from potential customers who listened to the unhappy patient's badmouthing is tremendous. Because that dollar value is so high, hardly any effort to fix a service failure is too extreme. The long-term cost of patient dissatisfaction and negative word-of-mouth is usually much more than the expense of correcting a service failure immediately and appropriately.

Consider an average hospital bill for one stay is \$15,000. The average patient is admitted into a hospital three times over his or her lifetime. If a patient vows never to return to and has bad-mouthed the hospital, the lifetime revenue loss sustained by the hospital is \$45,000. If the patient is married and has two children, the lifetime family revenue loss rises to \$180,000. If the bad-mouthing damage is calculated based on the avenger patient (patient tells 12 others) the lifetime loss could reach \$540,000 ($\$45,000 \times 12$) at a minimum. (Sherman and Sherman 1998)

INTANGIBLE CONSEQUENCES

When a patient is dissatisfied, you and that patient are thrust into a stressful situation, one that could easily spin out of control. A patient or any customer does not necessarily want to fight, but emotions may create anger. These feelings can result in insult to either the provider or patient. Being forced into a showdown with a raging patient can be among the most stressful and frustrating moments of your day. That is where service recovery comes into play. It provides you with an opportunity to overcome a stressful situation and to instantly convert an unhappy patient into one that praises your service and becomes a loyal advocate for your organization.

EVANGELIST

Satisfied patients are considered to be evangelists. Evangelists do not talk about their positive experiences as widely as avengers do. Evangelists share their good stories with approximately 6 other people. (Hart, Heskett, and Sasser 1990)

MODULE 4 HANDOUT #2

5 DIMENSIONS OF SERVICE QUALITY— PATIENT EXPECTATIONS

Service quality has become a strategic priority for healthcare organizations. Today, more than ever, healthcare consumers expect quality service during their healthcare experience. This is especially true for hospital patients and their families. Meeting or exceeding patient expectations for service quality is one way that hospitals can distinguish themselves and stand out above their competition. HCAHPS survey items supplement the data hospitals currently collect to support improvements in internal customer services and quality-related activities. Service quality has become the difference between good and great hospitals. A widely accepted framework for evaluating service quality is the SERVQUAL Framework. This framework recognizes that the quality of service provided is based on multiple factors that occur over time.

5 DIMENSIONS OF SERVICE QUALITY

<i>Dimension</i>	<i>Definitions</i>
Tangibles	Tangibles refer to the physical appearance and cleanliness of the hospital, hospital grounds, and the appearance of the hospital staff. Patients form impressions of hospitals and healthcare organizations from its physical appearance. <i>(Example A patient notices dust on tables in the waiting area and out of date magazines.)</i>
Reliability	Reliability is the most important dimension of service for hospital patients and their families. Patients expect healthcare providers to be dependable, consistent, and accurate. More importantly, patients expect to be cared for by conscientious and safety-minded healthcare professionals. <i>(Example A patient presses her call button and expects the nurse to respond immediately.)</i>
Responsiveness	Patients expect healthcare providers to be able to address, respond and deliver prompt service; and to meet the needs of diverse consumers and as communities. <i>(Example A mother is unclear and uncertain about a procedure that will help her son. The nurse responds with simple terminology and clear instruction to help her understand and feel comfortable.)</i>
Assurance	Courtesy demonstrated by physicians, nurses, and healthcare workers leads to patient trust and confidence. Patients want to know their problems will be resolved in an efficient and acceptable way. They want to be assured that healthcare providers will do the right thing, at the right time, and in the right way. <i>(Example A patient complains that the night shift nurses are making too much noise while she tries to sleep. The nurse apologizes and assures the patient that she will bring the incident to the attention of the other nurses.)</i>
Empathy	An empathetic healthcare worker has an awareness of their patients' needs and feelings and takes action to meet these needs. When nurses and physicians demonstrate empathy by acknowledging and handling the problem/complaint in an efficient manner, customers are more likely to continue to return to the hospital for future needs. <i>(Example A husband and wife are nervous about delivery of their first baby. The nurse speaks in a caring tone and reassures them of the procedure.)</i>

Parsuraman, A., Zeithaml V.A., & Berry. 1985. A conceptual model of service quality and its IMPLICATION FOR FUTURE RESEARCH. JOURNAL OF MARKETING. 49, 41-50.

MODULE 4 HANDOUT #3

SERVICE RECOVERY ROLE-PLAY

The purpose of this exercise is to identify problem situations and consider methods for handling concerned patients and resolving complaints.

Instructions: Select one of the four provided role-plays or create one of your own to work through the service recovery model. Use your own experiences to act out your part as realistically as possible.

Break into small groups of three. Two of you will play the role of the **PATIENT** or **NURSE**. The third will play the part of an **OBSERVER**. (**NOTE:** If the number of participants is limited you can break into groups of two and drop the observer.)

- The **PATIENT** or **PARENT** should behave and react like the patients and parents that you work with everyday.
- The **NURSE** should use the service recovery model to positively impact the situation and improve that patient's satisfaction.
- **OBSERVERS** should use the observation questions at the end of this handout to note the flow of the interaction.

Repeat until each of you has played the **PATIENT** and the **NURSE** at least twice.

Time Required: 2 minutes/role-play; 1 minute/observation.

After 10-15 minutes has lapsed all groups will come together.

When playing the part of the **OBSERVER**, share your conclusions with the group following each role-play.

SCENARIO #1

Follow-up: The patient feels that the nurse is not being responsive, specifically that the nurse is either not checking in on her often enough or not responding quickly to her calls.

- **MOTHER:** Frustrated, angry; should express her disappointment in follow-up
- **NURSE:** Busy; should be equipped with excuses and reasons for response

SCENARIO #2

Not Bringing Baby to Mother Quickly Enough: Mother is tired, irritated, worried and frustrated.

During the previous shift, she had to wait a long time for the nurse to bring her baby. Mom also had a lot of questions that she didn't feel were being answered. The nurse in this scenario has just come on shift and has to check in with all of her families, while this specific mother seems to want a great deal of attention right now.

- **MOTHER:** Disappointed with previous nurse, tired, worried (she has many questions)
- **NURSE:** Busy, rushed – needs to check in with all families at beginning of shift

SCENARIO #3

Lack of Discharge Instructions: When nurse enters, mother is worried and confused. She has just seen her baby's doctor who has described several challenges that her premature infant faces in the first few days at home. Somewhat overwhelmed, the mother anxiously looks to someone for answers and for reassurance. Role-play participants should come up with terms and conditions to use in this encounter.

- **MOTHER:** Worried, anxious. She doesn't clearly know how to communicate what she doesn't understand. She feels overwhelmed with information.
- **NURSE:** Does not know this mother. Does not understand her concerns right away because she doesn't know what the doctor told her – she can refer to the patient chart, but most information gathering will be through probing the mother. Nurse failed to bridge the gap from hospital to home.

SCENARIO #4

Waiting: Angry mother complains about delays in waiting — select among any number of complaints then develop a scenario that presents the problem and offers the nurse an opportunity for service recovery — how long does it take to get a bed upon admission, how long did mom wait to get a bed upon admission, to get an ultrasound or schedule test, to see a lactation consultant, to get her meal tray, to see test results, or to speak with a doctor or NP.

- **MOTHER:** Angry, high expectations (maybe unrealistic)
- **NURSE:** Apologetic, busy

Observers evaluate the interaction based on the following questions:

OBSERVER

Question 1: What went wrong in this first scenario? What did the nurse do correctly?

OBSERVER

Question 2: What was the first mistake the nurse made when dealing with the patient complaint?

OBSERVER

Question 3: Did the nurse utilize the RESPOND, RESOLVE, RECOVER service recovery method? Was she successful?

OBSERVER

Question 4: What specifically did the nurse do to remedy the situation?

OBSERVER

Question 5: What could have been done differently?

OBSERVER

Question 6: If confronted with a similar situation on the job, how would you respond?
