

A “Script” for the Doctor rather than a ‘script for antibiotics

Evidence-Based Communication to Reduce Antibiotic Overuse and Reassure Patients

In 2002, a scientific study introduced “**the elicit-provide-elicite method**” to help deal with requests for antibiotics for acute viral respiratory infectionsⁱ.

In clinical trials, this type of communication helped physicians to significantly reduce antibiotic prescribing while maintaining patient satisfaction. It resulted in NO INCREASE in patient recovery time or consultation time^{ii,iii}.

Patient education can lead to fewer office visits and less antibiotic use for respiratory tract infections^{iv}. Using patient information materials strengthens your message and increases compliance with the strategy.

What Do You Say?

Physicians face patient pressure for antibiotics, but want to promote appropriate antibiotic use among patients.

1) Elicit:	Example
Inquire about patient’s concern about his/her illness	What do you think is going on? (e.g. afraid it is pneumonia)
Inquire about patient’s expectations about management	What did you want to have happen at this visit?
2) Provide information:	Example
Inform about the illness, including the fact that the patient’s body will effectively overcome the illness on its own	Your illness has the characteristics of a viral infection, so antibiotics will do nothing to help you recover, and they do not prevent complications.
Inform about the pros and cons of antibiotic use and the risk of antibiotic resistance	Antibiotic use can result in the bacteria you carry being resistant to antibiotics for a prolonged time (at least three months) and those bacteria can spread to at-risk people in the community. You are more likely to have an antibiotic side effect such as rash or diarrhea than to be helped by an antibiotic right now, based on your symptoms.
Give advice on self-management strategies	I have a handout* here to help you manage your symptoms, and we can discuss warning signs that you might need to be reassessed.
3) Elicit:	Example
Confirm advice and management	So, you understand that we won’t give you an antibiotic today? I don’t think it will help, but if you develop any of the concerning symptoms on the list we will have to reassess you. Do you have any questions?

* The Prescription Pad provides information on symptomatic relief for viral illness. Request free printed copies or download the sheets from http://antibioticawareness.ca/?page_id=58

“Script” References:

- ⁱ Rollnick S, Kinnersley P, Butler C. Context-bound communication skills training: development of a new method. *Med Educ* 2002;36:377–83.
- ⁱⁱ Cals JW, Butler CC, Hopstaken RM, Hood K, Dinant GJ. Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial, *BMJ*. 2009 May 5;338:b1374. doi: 10.1136/bmj.b1374.
- ⁱⁱⁱ Cals JW, Scheppers NA, Hopstaken RM, Hood K, Dinant GJ, Goettsch H, Butler CC. Evidence based management of acute bronchitis; sustained competence of enhanced communication skills acquisition in general practice, *Patient Educ Couns*. 2007 Nov;68(3):270-8. Epub 2007 Aug 21.
- ^{iv} Francis NA, Hood K, Simpson S, Wood F, Nuttall J, Butler CC. The effect of using an interactive booklet on childhood respiratory tract infections in consultations: study protocol for a cluster randomised controlled trial in primary care, *BMC Fam Pract*. 2008 Apr 24;9:23.

Feedback:

This is a tool under development, and your feedback will help us refine it. Please take the opportunity to fill out this evaluation and send your comments by email (nccid@icid.com) or fax (204-946-0927).

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is helpful to get an example of communication style and content in patient scenarios					
The content of this tool is additive to other tools					
The dialogue is appropriately respectful to patients and providers					
Additional comments to improve this tool:					