

Communicating With Patients and Families About Antibiotic Decisions



Patients want to feel **HEARD**¹⁻³

- Say: “What I am hearing you say is [repeat the main concerns].”
- Sit at eye level with the patient.
- Nod your head to indicate you are listening and acknowledging the concerns.
- When examining the patient, verbally state the pertinent negatives based on the review of symptoms. “The good news is your lungs sound clear and you are not wheezing.”
- When using a computer, position yourself and the computer to face the patient if possible. Let the patient know that if you are typing while he/she is speaking, it is only so that you can accurately document everything that you are being told. Look at the patient frequently in between typing.

Patients want their feelings **VALIDATED**¹⁻³

- Say: “I am glad you came in today.”
- Say: “I am sorry you are not feeling well.”
- Say: “It sounds like you are not feeling well. Let me see how I can help.”

Patients want something that will make them **FEEL BETTER**¹⁻³

- Say: “The good news is that you do not need an antibiotic.”
- Say: “Fortunately, you do not need an antibiotic; here are a few other things I can offer you to help you feel better.”
- Say: “We now know that sometimes antibiotics can actually cause more problems, like diarrhea or bad rashes. The good news is that we can discuss other options that can help you feel better.”
- Provide specific recommendations for symptom relief.

Patients want to know when they will **GET BETTER** and when to **RETURN** to medical attention¹⁻³

- Provide details about when the patient is expected to feel better.
- Provide specific guidance on when and where to return to medical attention.
- Request patients repeat the plan and when to return to medical care to avoid misunderstandings.
- Say: “Since you have bronchitis, you may continue to feel sick for the next 1–2 weeks, but the cough should gradually improve by 3 weeks. If your cough is not getting any better after 3 weeks or if you develop a temperature above 102 degrees Fahrenheit, shortness of breath, chest pain, blood in your sputum, confusion, or severe fatigue or weakness, please call the office. If you are feeling really ill, please go to the emergency department.”

References

1. Bensing J, Rimondini M, Visser A. What patients want. *Patient Educ Couns*. 2013 Mar;90(3):287-90. PMID: 23395286.
2. Szymczak JE, Keller SC, Linder JA. “I never get better without an antibiotic”: antibiotic appeals and how to respond. *Mayo Clin Proc*. 2021 Mar;96(3):543-6. PMID: 33673907.
3. Mangione-Smith R, Zhou C, Robinson JD, et al. Communication practices and antibiotic use for acute respiratory tract infections in children. *Ann Fam Med*. May-Jun 2015;13(3):221-7. PMID: 25964399.

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