



# Dialogue Around Respiratory Illness Treatment: Optimizing Communication with Parents

Rita Mangione-Smith, MD, MPH

Professor and Chief, Division of General Pediatrics & Hospital Medicine

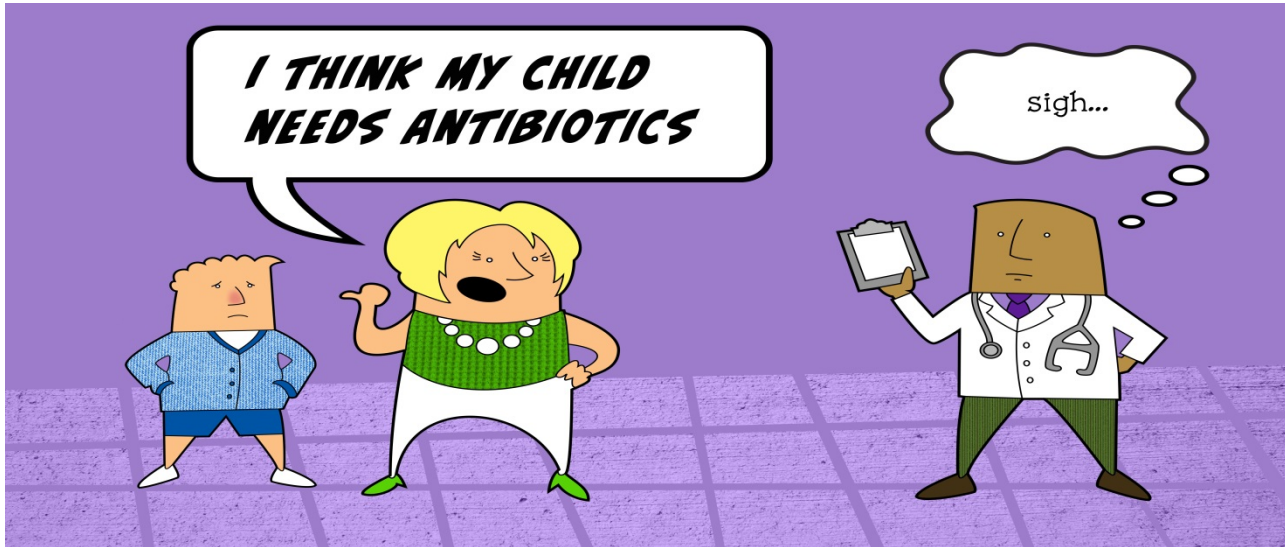
University of Washington , Department of Pediatrics



# Presentation Outline

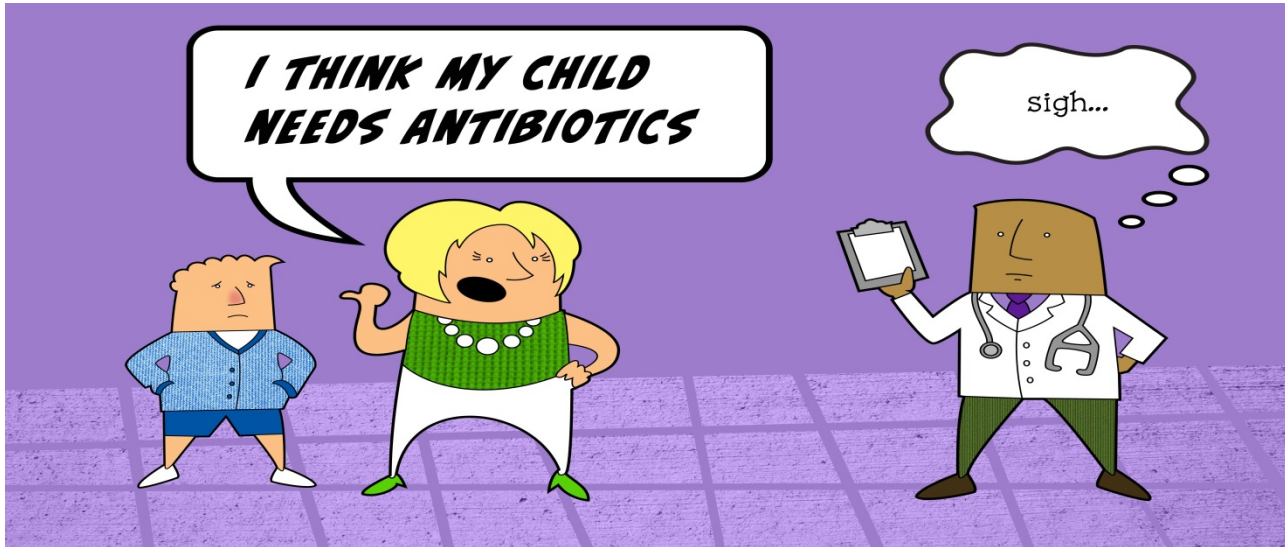
1. Briefly review what we know from prior research
2. Review and discuss video examples of key communication strategies
3. Questions and Answers

# What we know from prior research



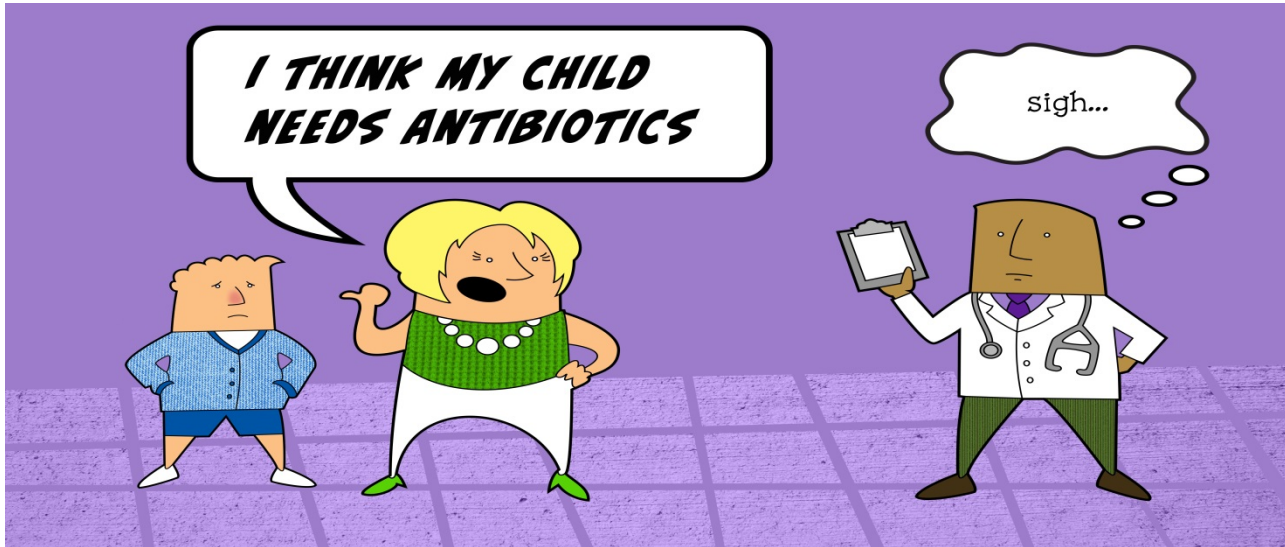
1. The way parents communicate during visits for their child's acute respiratory infection strongly influences whether we perceive them as wanting antibiotics for their child

# What we know from prior research



2. When we perceive that parents want antibiotics, we are more likely to prescribe even when the illness is most likely viral

# What we know from prior research



3. There are effective communication techniques that we can use to successfully manage this perceived pressure to prescribe and at the same time maintain satisfaction with care



# What does prior research tell us?

- Many parents expect antibiotics for their child's ARTI, but rarely directly ask for them
- Parents commonly use indirect communication practices that lead us to perceive them as expecting antibiotics
  - Managing those expectations to avoid unwarranted prescribing is important
- *Perceiving that the child's parent expects to receive antibiotics is a key driver of unwarranted prescribing*
- It's important to understand what parent communication practices drive us to perceive them as wanting antibiotics



**How do parents *indirectly*  
communicate expectations for  
antibiotics?**



# Understanding Parent Communication

- Parent expectations for antibiotics affect how they communicate during visits
- One place where parents indirectly communicate their expectations for antibiotics is during the presentation of their child's problem
- One type of problem presentation a parent may use when they expect antibiotics is offering a Candidate Diagnosis



# Candidate Diagnosis Presentation

- The Candidate Diagnosis can be **explicit**:
  - The parent actually names a potential diagnosis:  
*“I’m really worried that she might be coming down with bronchitis..”*
- Or **implicit**:
  - The parent describes symptoms in a way that implies a particular diagnosis:  
*“The stuff coming out of her nose just won’t quit and it’s getting really thick and green.”*
  - The parent asserts that someone else in the family, or at school, has been diagnosed with a “sinus infection” or has “strep throat”:  
*“I’ve heard that a bunch of kids in his class have been out sick with strep throat.”*



# Candidate Diagnoses Signal the Need to Manage Expectations for Antibiotics

- A parent who uses a candidate diagnosis is **25% *more likely*** to expect antibiotics for their child
- There are communication practices you can use to successfully manage these expectations
- Making the case for your diagnosis is important
- How your treatment recommendations are structured is key



## **Key communication practices for managing parent expectations:**

- #1) Review your PE findings  
and**
- #2) Deliver a clear diagnosis**



# Making the case for your diagnosis is important

- When you perceive parents as expecting antibiotics for their child, you can decrease unwarranted prescribing by:

## #1) Reviewing your physical examination findings

*“His ears look good and his lungs sound great - so no ear infection or signs of pneumonia. His nose is pretty congested though and his throat is a little red, but nothing concerning for strep.”*

## #2) Delivering a clear diagnosis

*“So what we have here is a really bad cold.”*



## **Key communication practices for managing parent expectations:**

**#3) Use a two part negative/positive treatment recommendation**



# Treatment Recommendations: What does the Evidence tell us?

Two main ways that we tend to make treatment recommendations during visits for ARTI:

- 1) Negative treatment recommendations that 'rule out' the need for antibiotics:

*“This is just a cold, nothing an antibiotic will touch.”*

- 2) Positive treatment recommendations for symptom relief:

*“Raising the head of her bed will help with the drainage from her nose when she’s sleeping so she won’t cough so much.”*



# Treatment Recommendations: What does the evidence tell us?

- Parents generally expect to get advice on how their child's symptoms can be treated
  - Parents are frustrated when the provider ***only recommends that no treatment is needed***
- ***On their own, negative treatment recommendations*** increase parent questioning of the treatment plan
  - Shifting provider decision-making into provider-parent negotiation
  - Increasing the probability of unwarranted prescribing
- Parent questioning of the treatment plan
  - Extends the visit length, by forcing providers to re-explain why antibiotics are not needed



# Treatment Recommendations: What does the Evidence tell us?

- When combined, a negative treatment recommendation followed by a positive one:
  - Has the lowest association with unwarranted prescribing
  - Has the strongest association with higher parent satisfaction
  - Leads to shorter visit lengths
- A win-win outcome!
- How you structure your treatment recommendation is key
  - We recommend **always leading with a negative and ending with a positive treatment recommendation**





# How Treatment Recommendations are Structured is Key

- It's important not to provide an open space for parents to respond to the negative part of your treatment recommendation
- How can you prevent this from happening?
  - By using the following type of structure:
    - “**On the one hand** antibiotics won't help him get better” {negative treatment recommendation}
    - “**On the other hand**, there are lots of things you can do to help with his symptoms like giving him a teaspoonful of honey before bedtime to help with the cough....”  
{positive treatment recommendation}
- This structure decreases the likelihood parents will interrupt and question the negative recommendation



## **Key communication practices for managing parent expectations:**

**#4) Providing a contingency plan**

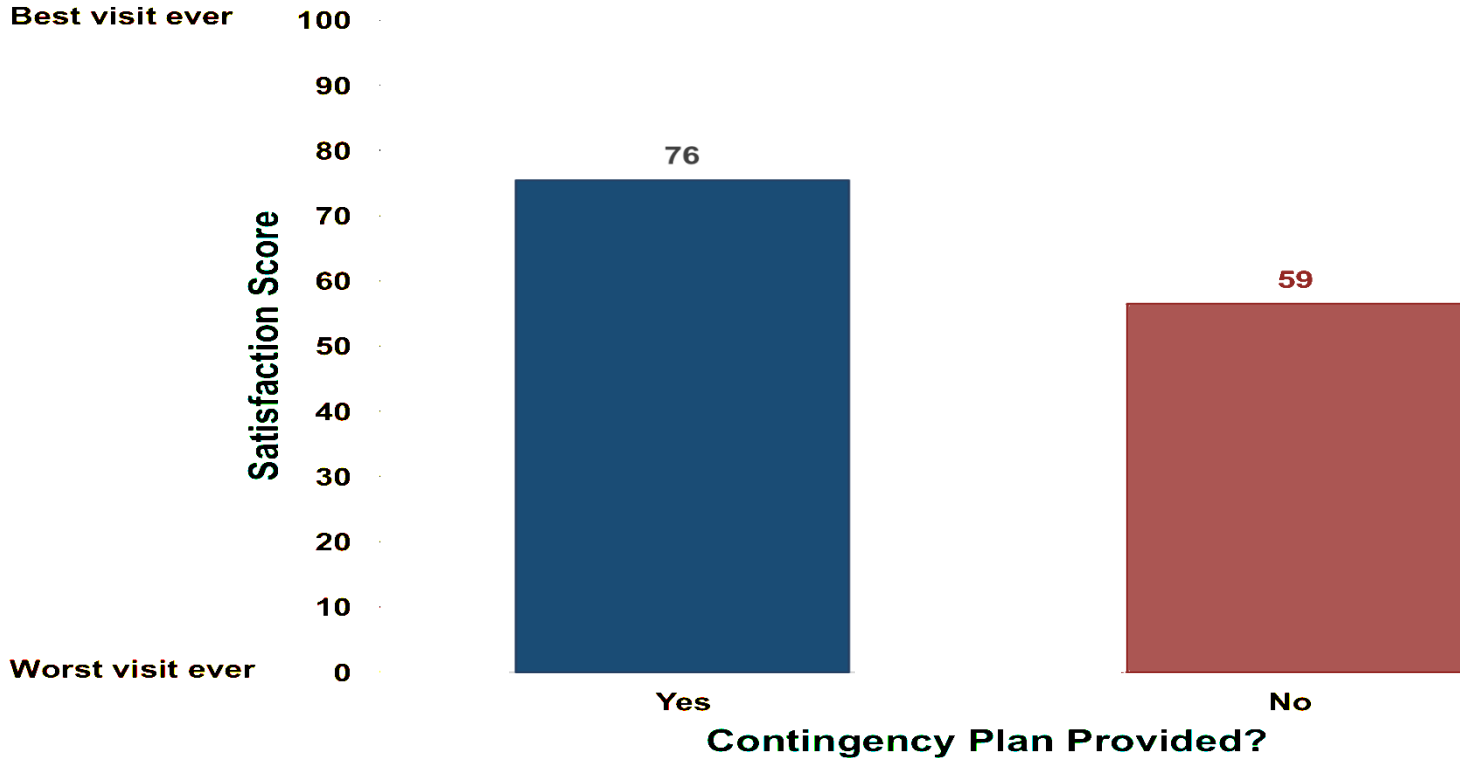


# Provider Communication and Parent Satisfaction

Parents are more satisfied with their child's visit when the provider outlines a Contingency Plan

- *Contingency Plans* involve indicating that if the child doesn't improve in the next few days, the parent should re-contact you and the treatment plan may change
- Re-contact can be via telephone or a return visit
  - *“Definitely call me if she starts having high fevers or is having a hard time catching her breath. I don't expect that to happen, but that's what you should watch for.”*

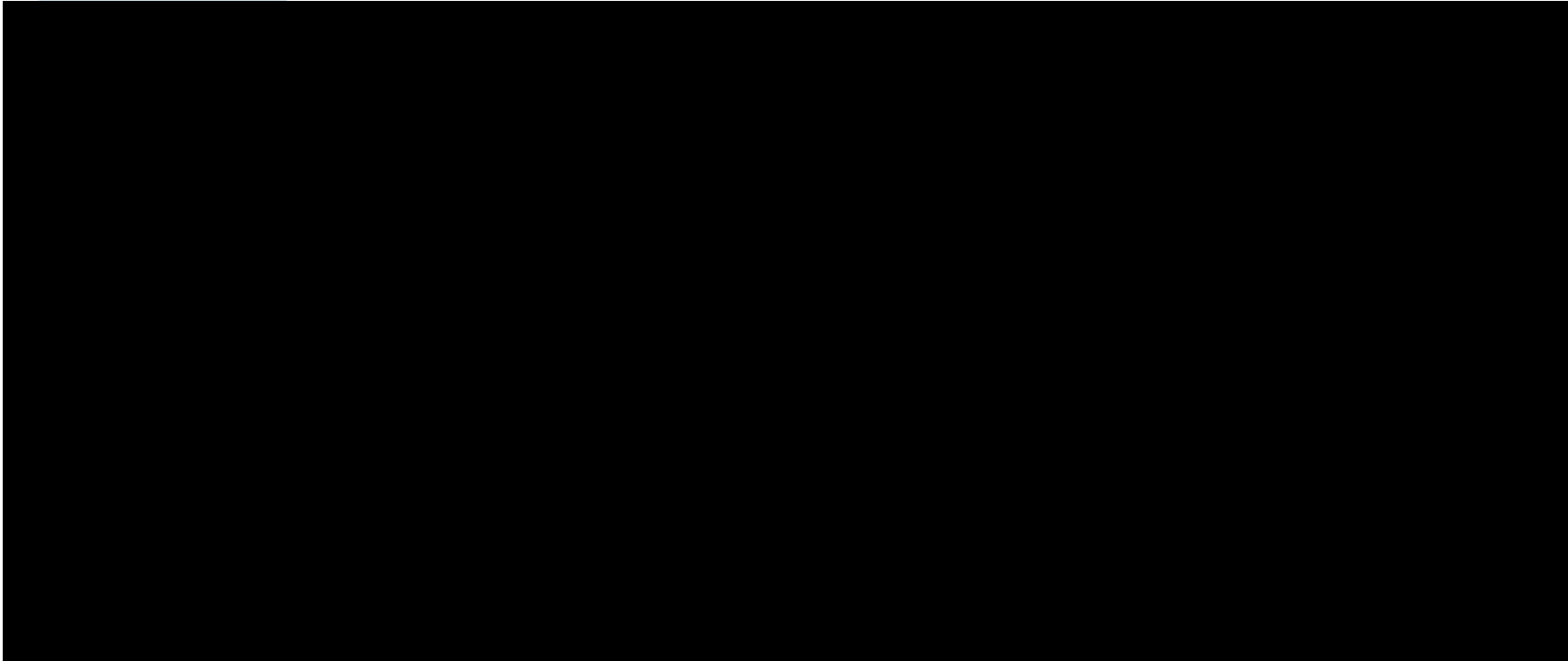
# When You Don't Provide Antibiotics Contingency Plans Increase Satisfaction with Care





## Video Example #1:

**What happens when you only give a negative treatment recommendation?**



# Video Example 1: What happens when you only give negative treatment recommendations?

DOC: So he's got a virus.



Vague diagnosis

# Video Example 1: What happens when you only give negative treatment recommendations?

DOC: So he's got a virus. **Not much we can do about that.**



Only provides a Negative Treatment Recommendation



# Video Example 1: What happens when you only give negative treatment recommendations?

**DOC:** So he's got a virus. Not much we can do about that.

**MOM:** But don't you think it might be bronchitis? His cough is so chesty.



**Mom challenges the treatment plan  
by questioning the diagnosis**

# Video Example 1: What happens when you only give negative treatment recommendations?

DOC: So he's got a virus. Not much we can do about that.

MOM: But don't you think it might be bronchitis? His cough is so chesty.

DOC: **Even if it is, antibiotics won't help. You just have to wait it out.**



**Doctor hears candidate diagnosis  
as an indirect request for antibiotics  
&  
Provides a second, stand-alone  
Negative Treatment Recommendation**

# Video Example 1: What happens when you only give negative treatment recommendations?

DOC: So he's got a virus. Not much we can do about that.

MOM: But don't you think it might be bronchitis? His cough is so chesty.

DOC: Even if it is, antibiotics won't help. You just have to wait it out.

**MOM: Hmm. That's interesting. Whenever I have bronchitis going on, my doctor prescribes an antibiotic. So I'm a little surprised to hear you say that.**



**Mom continues to question/challenge the treatment plan**

# Video Example 1: What happens when you only give negative treatment recommendations?

DOC: So he's got a virus. Not much we can do about that.

MOM: But don't you think it might be bronchitis? His cough is so chesty.

DOC: Even if it is, antibiotics won't help. You just have to wait it out.

MOM: Hmm. That's interesting. Whenever I have bronchitis going on, my doctor prescribes an antibiotic. So I'm a little surprised to hear you say that.

DOC: Well it can be a different process in adults, but even for adults, antibiotics really don't help.

MOM: So there isn't anything we can do to help with this terrible cough? I mean he really isn't sleeping very well.



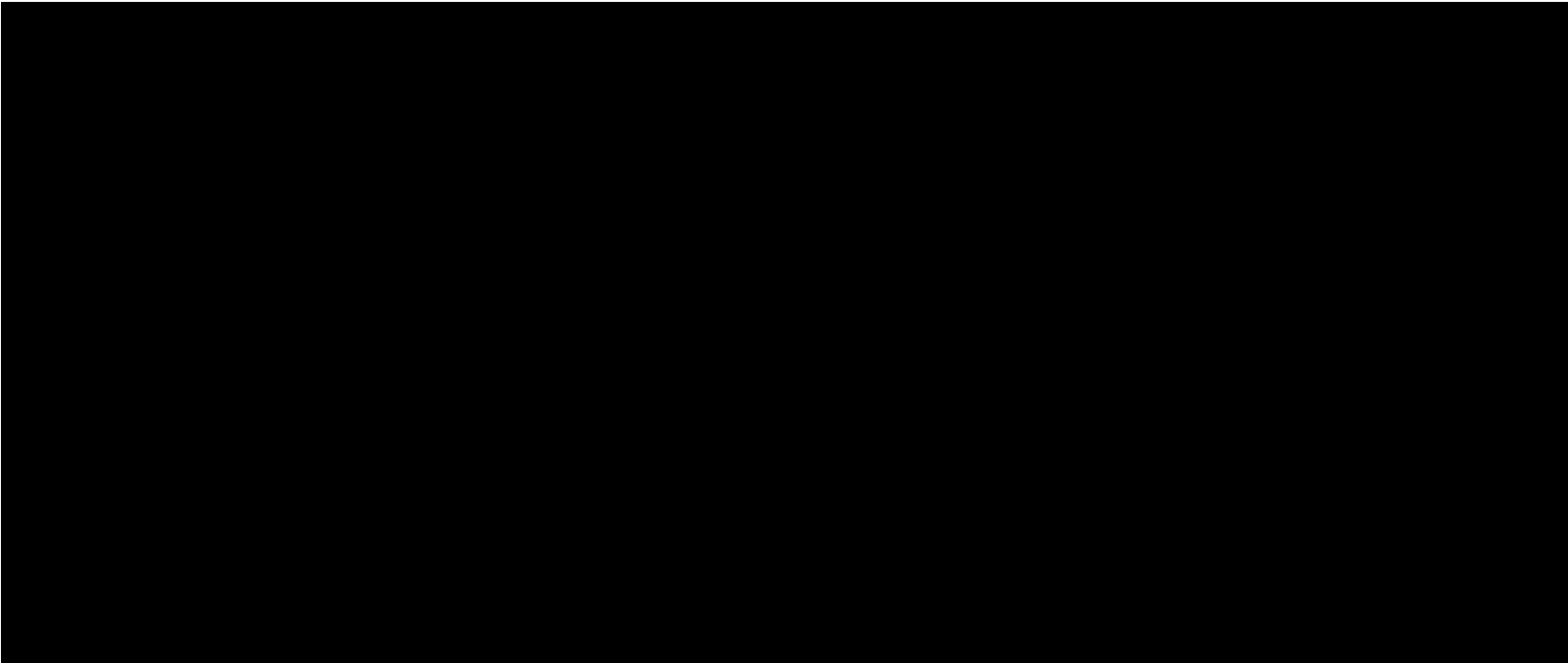
**This cycle continues and escalates:**

- 1. Wastes time**
- 2. Leads to negotiation**
- 3. Leaves parents dissatisfied**



## Video Example #2:

**What happens when you start with a negative recommendation and end with a positive one?**



## Video Example 3:

What happens when you start with a negative recommendation and end with a positive one?

**DOC:** So it looks like he has a yucky cold.



Doctor gives a clear  
diagnosis

## Video Example 3:

What happens when you start with a negative recommendation and end with a positive one?

**DOC:** So it looks like he has a yucky cold. On the one hand, there's no medicine that'll make it go away. Having yellow-green mucous doesn't mean he has a bacterial infection, so antibiotics won't help.



**Negative Treatment Recommendation**



## Video Example 3:

What happens when you start with a negative recommendation and end with a positive one?

**DOC:** So it looks like he has a yucky cold. **On the one hand,** there's no medicine that'll make it go away. Having yellow-green mucous doesn't mean he has a bacterial infection, so antibiotics won't help.

**Begins with “On the one hand...”, which foreshadows more is coming and prevents interruption**

## Video Example 3:

What happens when you start with a negative recommendation and end with a positive one?

**DOC:** So it looks like he has a yucky cold. On the one hand, there's no medicine that'll make it go away. Having yellow-green mucous doesn't mean he has a bacterial infection, so antibiotics won't help. **On the other hand, there are a bunch of things you can do to make him feel better.**



**Continues by foreshadowing  
positive treatment recommendation**

## Video Example 3:

What happens when you start with a negative recommendation and end with a positive one?

DOC: So it looks like he has a yucky cold. On the one hand, there's no medicine that'll make it go away. Having yellow-green mucous doesn't mean he has a bacterial infection, so antibiotics won't help. On the other hand, there are a bunch of things you can do to make him feel better.

DAD: **Okay**



**Note that Dad waits for more**

## Video Example 3:

**What happens when you start with a negative recommendation and end with a positive one?**

**DOC:** So it looks like he has a yucky cold. On the one hand, there's no medicine that'll make it go away. Having yellow-green mucous doesn't mean he has a bacterial infection, so antibiotics won't help. On the other hand, there are a bunch of things you can do to make him feel better.

**DAD:** Okay

**DOC:** First thing is lots of rest and lots of fluids. Raising his head at night can help drain his congestion, so you might give him another pillow. You can also run a humidifier in his bedroom at night, which can help loosen his congestion. And a teaspoon of honey can help his cough.



**Positive treatment recommendation**

## Video Example 3:

### What happens when you start with a negative recommendation and end with a positive one?

**DOC:** So it looks like he has a yucky cold. On the one hand, there's no medicine that'll make it go away. Having yellow-green mucous doesn't mean he has a bacterial infection, so antibiotics won't help. On the other hand, there are a bunch of things you can do to make him feel better.

**DAD:** Okay

**DOC:** First thing is lots of rest and lots of fluids. Raising his head at night can help drain his congestion, so you might give him another pillow. You can also run a humidifier in his bedroom at night, which can help loosen his congestion. And a teaspoon of honey can help his cough.

**DAD:** **Alright** ← **Dad Accepts; no further pursuit**



## **Putting it all together: What we recommend**



# How Treatment Recommendations are Structured is Key!

- **What we recommend:**
  - Keep in mind that the treatment recommendation is one package comprising 4 key parts
  - If a parent expects antibiotics and you determine they are unnecessary, you should structure your treatment recommendation so that it includes the following components:
    - 1) Review PE findings to make the case for your diagnosis
    - 2) Deliver the diagnosis
    - 3) Deliver a 2-part treatment recommendation:
      - ***Negative recommendation followed by a Positive one***
      - Use the “**On the one hand...On the other hand**” structure
    - 4) Provide a contingency plan



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