Patient dialogue

A practical illustration of the elicit-provide-elicit method

EUROPEAN ANTIBIOTIC AWARENESS DAY
A European Health Initiative

In 2002 a scientific study[1] introduced a patient communications method that showed results in helping clinicians manage difficult consultations about antibiotic prescribing for acute respiratory infections.

The method, entitled "elicit-provide-elicit", is a patient centred method which is adaptable to a range of clinical situations. Recent clinical trials[2,3] show that the introduction of advanced communication skills based on this method in general practice allows primary care physicians to prescribe significantly less antibiotics while maintaining a high degree of patient satisfaction, without impacting patient recovery time and consultation times.

In addition, there is evidence that patient education can result in a reduction of re-consultation rates and antibiotic use for respiratory tract infections[4]. Using patient information materials during consultations can help sustain the prescribers' messages and increase patient compliance with the proposed management strategy in the longer term.

The suggested patient dialogue model below proposed a method that primary care prescribers can use with patients consulting for respiratory tract infections based on the elicit-provide-elicit model:

1) Elicit:

- Enquire about patient's concern about his/her illness
- Enquire about patient's expectations about management

2) Provide:

- Inform about the illness, including the fact that the patient's body will effectively overcome the illness on its own
- Inform about the pro's and con's regarding antibiotics and the risk of antibiotic resistance
- Give advice on self-management strategies
- Inform about the expected duration of the disease
- Inform about symptoms that would make re-consultation necessary

3) Elicit:

- Confirm that the patient has understood and is in agreement with the communicated strategy

The patient dialogue model below aims to provide guidance and support for primary care prescribers who have to resist patient pressure for antibiotics as well as to promote appropriate antibiotic use among patients.

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[1] Rollnick S, Kinnersley P, Butler C. Context-bound communication skills training: development of a new method. Med Educ 2002;36:377–83.
[2] 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.
[3] 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.
[4] 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.

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- Enquire about patient symptoms
- Obtain patient history
- Assess risk factors

- Relates history of present illness
- Describes past medical history & risk factors
- Lists recently used medications including antibiotics

- Discussion of patient illness and options for management plan

DO NOT PRESCRIBE ANTIBIOTICS

= Doctor

= Patient

PRESCRIBE ANTIBIOTICS

- Demands antibiotics

- Enquires about non-antibiotic treatments

- Provide information about antibiotic resistance, potential benefits and side-effects of antibiotics
- Advise not to take antibiotics without a medical prescription

- Advise patient on dose and duration of antibiotic course, and to notify doctor with any side effects
- Provide information about antibiotic resistance, importance of taking antibiotics correctly

- Advise on self-management strategies, e.g. symptomatic treatment

- Inform about expected course of illness, and to re-consult if symptoms persist or get worse

- Prompt further questions from patient to elicit concerns
- Confirm that patient has understood and agrees with management strategy

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