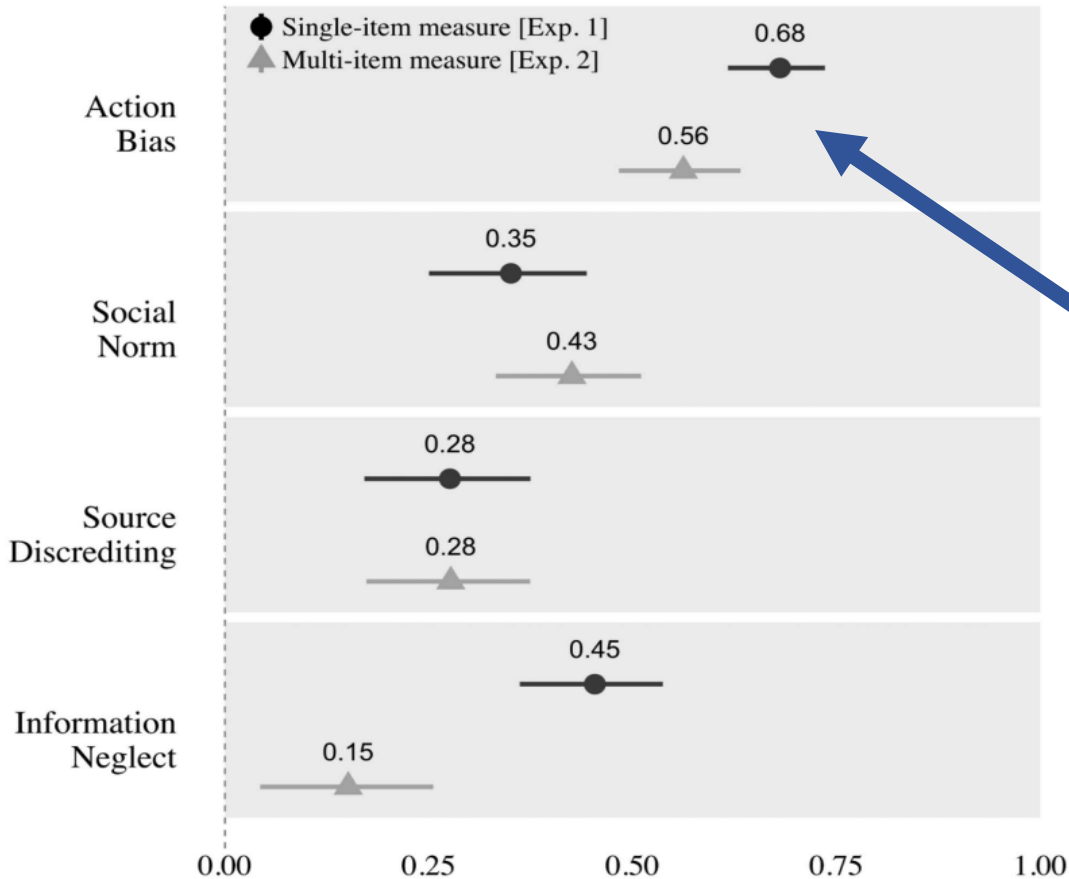
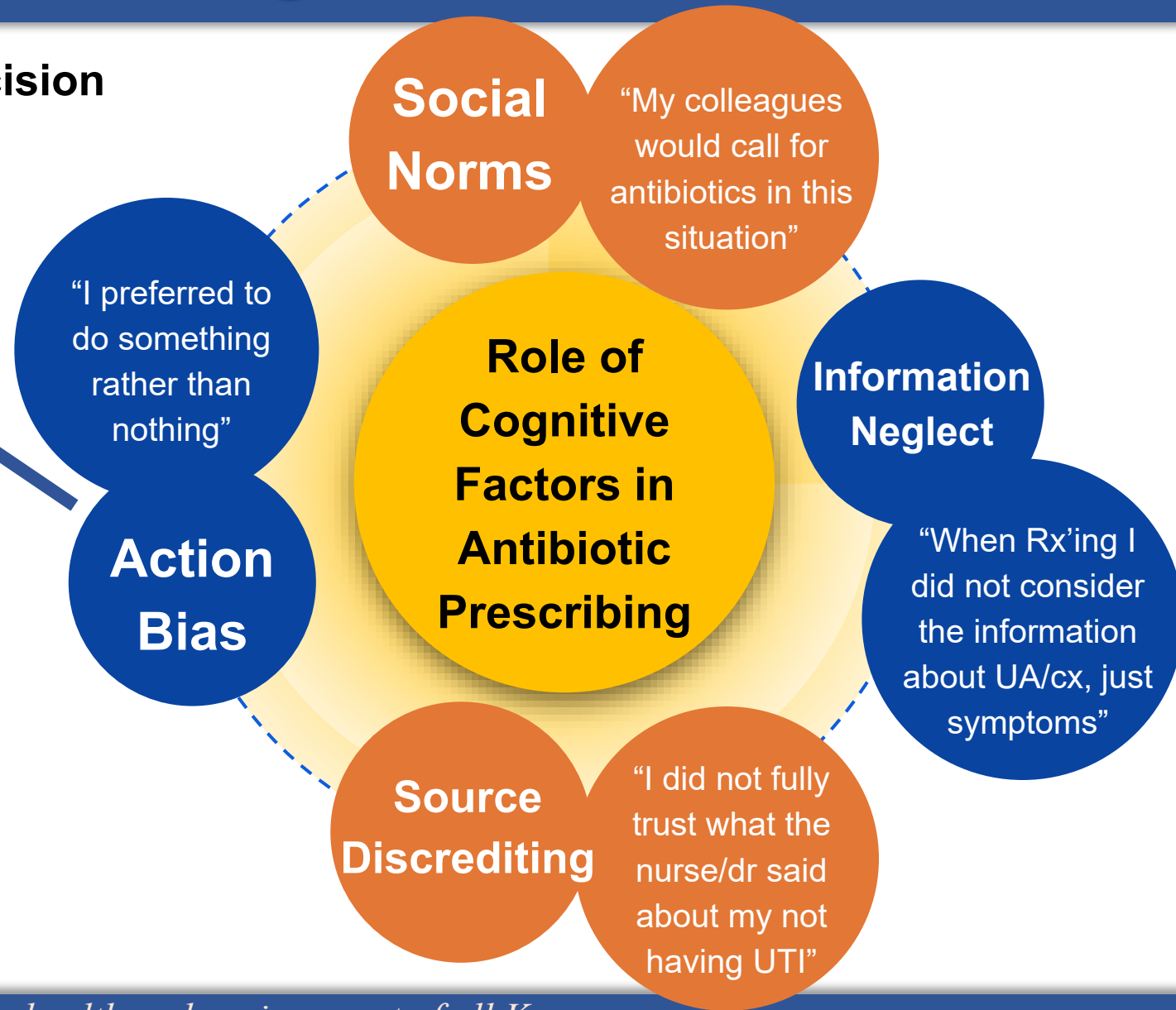


Communication Strategies

Correlation for cognitive bias with the decision to take antibiotics



Sources: Thorpe A et al. J Exp Psychol Applied, 2020;26(3): 422-31.



Reframe the Inaction Message - Prescriber

- “Watch and wait”
- “Wait for cultures”
- “Cultures are negative there is nothing more to do”
- “UA had bacteria but given no symptoms, no need for treatment”
- “Start pain relief (e.g. Azo, pyridium, tylenol) and increase hydration”
- “Good news! UA is negative, lets address the factors that might have caused the frequency (caffeine)”
- “UA had bacteria which is common, but given you have no symptoms, let me know if develop symptoms of UTI (pain, urgency, frequency)”

Reframe the Inaction Message - Nurse

- “Likely not UTI, call back if symptoms change”
- “No need for UA given no symptoms”
- “Given symptoms inconsistent with UTI, I’m not calling the Doctor”
- “Likely the smelly urine is from foods you ate, stop that food and let us know if develop burning, urgency, pain”
- “Given symptoms inconsistent with UTI, I’m documenting smelly urine with lack of pain, urgency, frequency, fevers and no UA obtained”

Reframe the Inaction Message - Pharmacist

- “7 days is too long, but better safe than sorry”
- “Levofloxacin has an interaction with the patient’s other meds but the ordering provider is aware”
- “7 days is a longer course than our guidelines recommend, and we’ve been having problems with C.diff, do you mind if I change to 3 days?”
- “Levofloxacin interacts with their cardiac meds, an alternative based on our facility guidelines is nitrofurantoin which this E.coli is covered by”