ANTIBIOTIC PRESCRIPTION IN PRIMARY CARE:
COMPARATIVE PERSPECTIVES

We are pleased to announce the following public lectures.

Monday, September 16:
10:00 – 10:15 Opening of symposium. (Engelska parken 6-0022)

10:15 – 12:00 Intervening with CA #2. John Heritage, professor emeritus, Department of Sociology, University of California, Los Angeles and Honorary Doctor, Faculty of Languages, Uppsala University. (Engelska parken 6-0022)

Several years ago, we published a paper on interventions based on CA methods (Robinson and Heritage 2014). While the paper sketched some of the desiderata for such interventions, it lacked a concrete example of what such an intervention would look like in practice. The present paper reports on such an intervention focused on training clinicians with the aim of reducing antibiotic prescribing in paediatric primary care. The intervention involved 56 providers and data from 78,628 office visits by 29,333 patients. We focus on the CA evidence on which the intervention was based, the process of its creation and implementation, and its outcomes on physician behaviour.


Tuesday, September 17:
9:15 – 10:45 ‘Safety-netting’ in acute paediatric medical visits: Recommending a contingent course of action. Rebecca Barnes, Senior Research Fellow in Applied Conversation Analysis, School of Social and Community Medicine, University of Bristol. (Engelska parken 16-0043)

‘Safety-netting’ is talk by practitioners that describes what patients or caregivers might do in the event of worsening or continuing illness. This study explores some dimensions of safety-netting in acute paediatric medical visits and it’s role in managing ‘no problem’ diagnoses. Analysing 59 recorded consultations (51 video, 8 audio-only) between primary care practitioners and caregivers of children presenting with acute cough, most safety-netting talk was observed post-dagnosis, as part of treatment planning activity. Safety-netting was most commonly delivered as a contingent recommendation in the form of a conditional plus directive for future action (‘If X then (do) Y’). Conditionals were problem-focused, recipient-designed and commonly employed rhetorical devices such as listing or contrast structures facilitating extended turns-at-talk. Within the conditional
framing, alternative future states of affairs could be invoked from a neutral epistemic stance on the practitioner’s part. Directives were often requests for future action where the caregiver was the ‘understood’ agent. Alternatively, practitioners invoked a more distributed formulation of agency - request plus offer - where both parties shared accountability for the contingent action. The analysis also sheds light on wider issues at stake: management of caregiver / patient anxiety; caregiver legitimacy around help-seeking; practitioner willingness to give further assistance; and caregiver entitlement to medical services. Data are in British English.

11:15 – 12:00 Near-patient tests as grounds for recommending treatment in Swedish Primary Care. Anna Lindström, professor of language and social interaction, Department of Linguistics and Philology, Uppsala University. (Engelska parken 16-0043)

Treatment recommendations have attracted considerable interest within Conversation Analytic research (Stivers & Barnes, 2017). In this presentation I examine treatment recommendations in Swedish doctor-patient consultations where prescription of antibiotics can be relevant. The data is drawn from the Uppsala University Interaction Corpus: Primary Care corpus of video recordings of acute primary care consultations with patients with symptoms of upper respiratory infection. I will explore how near patient tests (i.e. the C-reactive protein test and the Rapid Streptococcal Antigen Detection test) shape treatment recommendations (Lindell, 2018). Preliminary analysis suggests that the way tests are introduced and implemented within the temporal unfolding of the consultation and how test results are conveyed constitute the test result as the primary evidential ground for recommending a particular treatment. In contrast to other national health contexts, near-patient tests are widely used as a diagnostic tool for patients presenting with respiratory infection symptoms in Swedish primary care (Neumark, Brudin & Molstad, 2010). The findings of this study are thus relevant for national health care contexts where policy makers are considering introducing near-patient testing on a wider scale. Given that biomedical tests are increasingly used for a broad range of medical conditions, this study is also relevant beyond the clinical context of respiratory infections by shedding light on the balance between voice of the life-world and the voice of medicine as well as the deontic and epistemic aspects of treatment recommendations.


Wednesday, September 18:

9:15 – 10:45  Understanding Antibiotic Prescribing Patterns in Out-of-Hours Primary Care.
Rebecca Barnes, Senior Research Fellow in Applied Conversation Analysis, School of Social and Community Medicine, University of Bristol. (Universitetshuset, Uhus1)

Despite a rise in general antimicrobial stewardship programmes there is evidence that antibiotic prescribing rates in out-of-hours settings are increasing. We know that communication plays a significant role in prescribing decisions in-hours; and that training promoting clear communication about symptoms and treatment in-hours has shown some success. Our aim is to understand the management of common infections out-of-hours from an organisational and sociological perspective. A review of current research evidence, clinical guidelines and training materials for antibiotic prescribing has been completed. We are now collecting data from two large out-of-hours providers serving populations in the South and West of England. Our dataset includes audio-recorded clinician advice calls; video-recorded primary care centre visits; video-recorded home visits; field notes; case records; surveys; and interviews. All patient groups and caregivers seeking help out-of-hours for common infections (respiratory, ear, urinary tract, skin etc.) are being included in the study. Clinicians recruited to-date include GPs, advanced nurse practitioners and emergency care practitioners. Data collection will continue until December 2019. Conversation analytic, statistical and ethnographic methods will be combined to understand communication patterns influencing antibiotic outcomes. The study findings will be used to support the development of enhanced communication training drawing on real examples to guide practitioners’ prescribing behaviours. This collaborative study brings together social science expertise from the UK National Institute for Health Research, School for Primary Care Research Conversation Analysis Working Group, clinical academics, clinicians, patients, and out-of-hours service providers.

11:15 – 12:00  Taking the temperature: Initial observations on temperature measurement in acute primary care.
Klara Bertils, doctoral student, Uppsala Antibiotic Center and the Department of Linguistics and Philology, Uppsala University. (Universitetshuset, Uhus1)

Results of tests and measurements are used throughout the medical consultation to build the case for diagnosis and treatment recommendation (Lindell 2018). Prior studies indicate that the participants’ epistemic and deontic positions influence the design of talk on testing (Pomerantz & Rintel 2004; Kurhila & Lehtimaja 2018). Using conversation analysis, this presentation explores the social underpinnings of temperature measurement in patients presenting with respiratory tract infections. In contrast to other routine testing (e.g. oxygen saturation, C-reactive protein), patients can measure their body temperature at home prior to the medical consultation. Patients may thus know their temperature and be familiar with interpreting temperature readings. Furthermore, body temperature is not only a set value, but also a sensation: patients may feel a fever. This suggests that patients may have a greater epistemic authority in temperature measurement than in other clinical testing. Data consists of 100 video-recorded Swedish acute primary care visits including 90 cases of temperature measurement. Preliminary analysis suggests that patients recurrently act as and are treated as knowledgeable about their body temperature. Patients may be asked if they have taken their temperature, volunteer an interpretation of a numeric test result, and challenge a non-fever result.
References


The symposium is hosted by the Uppsala Antibiotic Center research project *Antibiotic prescription in Swedish primary care consultations* and funded by Kungliga Humanistiska Vetenskapssamfundet.

All interested are welcome!

Please consult the Uppsala Antibiotic Center web site (uac.uu.se) for program updates.

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