



Talking to Prescribers via Pharmacy Scripting

Verbal communication between prescribers and pharmacists is often on the phone. During this process, three types of interactions could happen: assertive (recommended), passive and aggressive (not recommended). Review the scenarios below, keeping in mind the goal of communication is achieving the best outcome for the patient. Thus, it should not be a battle, but rather a collaborative conversation. The following scenarios demonstrate an example conversation discussing the dose and duration of Ciprofloxacin. Pay close attention to the communication techniques used in each scenario.

Assertive Behavior (Recommended)

Prescriber: Hello, this is Dr. Goodman speaking.

Pharmacist: Hello Dr. Goodman, this is Suzy White, a pharmacist with ABC Community Pharmacy. The reason I am calling you today is to discuss an antibiotic prescription I have received for your patient, Mrs. Smith. Her date of birth is January 18, 1988. She is here in the pharmacy now. She explained to me that she was in your office yesterday regarding her sinusitis. She shared with me that she has only had the symptoms for three days I assume you know, per the recent guidelines, it is advised to perform watchful waiting or delayed prescribing if antibiotics are prescribed for these types of conditions.

Prescriber: You do bring up a valid point. I was not aware her symptoms were only three days so far.

Pharmacist: I am sure you are aware of the recent Antibiotic Stewardship efforts going on in our community. These efforts have been in place within the hospital setting for a number of years to decrease the over use of antibiotics. Recently, there have been efforts in place to assist outpatient locations such as clinics, urgent cares, emergency rooms and community pharmacies in these efforts. We here at ABC Community Pharmacy feel very strongly we can take part in this initiative and help further the inpatient work from the outpatient community pharmacy perspective. I feel she is an appropriate candidate for the delayed prescribing. If you would like, I can provide her with a few informative handouts on how to help improve her current symptoms with over-the-counter items such as decongestants, humidification, nasal flush, and pain relievers. If these don't relieve the symptoms in 10 days, we could fill the prescription. What do you think?

Prescriber: I think that would be a fine idea. Can you hold her prescription should she need to pick it up later?

Pharmacist: That is a perfect idea; however, I do want to clarify this prescription with you. The dosage appears higher than normal and the duration appears longer than normal. Let me read you the prescription "Ciprofloxacin 1000mg every 12 hours for 14 days". Typically, Ciprofloxacin is prescribed 500mg every 12 hours for 10 days. Would you like me to adjust the prescription?

Prescriber: Oh my, yes please. I have been so busy lately and that is a definite typo. Thank you for being so helpful and catching this. Yes, please change it to Ciprofloxacin 500mg every 12 hours for 10 days. I really appreciate your help today. Tell Mrs. Smith if she needs anything else, or feels worse before the 10 days have passed, to call my office.

Pharmacist: I will update the prescription and relay the message to Mrs. Smith. Let me read the prescription back to you to ensure I have everything correct.

Prescriber: Sure go ahead.

continued



Assertive Behavior (continued)

Pharmacist: This prescription is for Mrs. Smith, date of birth January 18, 1988. The prescription is for Ciprofloxacin 500mg every 12 hours for 10 days. She cannot to pick up the prescription prior to 10 days or unless we hear from you or your office sooner. I will assist her with symptom management in the meantime.

Prescriber: That sounds wonderful and thank you again for taking such good care of Mrs. Smith. Have a wonderful day.

Pharmacist: You are more than welcome. Thank you Dr. Goodman, you have a great day too!
(Pharmacist hangs up to end the phone call.)

In this Example

At the end, the patient's best outcome was achieved because both the pharmacist and the prescriber were assertive and spoke their points in a respectful way. Their messages were clear, direct, open and honest. They acknowledged each other's opinions. Their conversation allowed them to compile a clear, concise care plan for Mrs. Smith.

All communication was done in an atmosphere of concern and mutual respect. Assertive behavior allows negotiation through which positive outcomes can be achieved. It is difficult to maintain assertive behavior in practice. Confidence comes from planning and knowing what to talk about, and how you will say it. Be prepared and use references to research the problem before speaking with the prescriber. Planning the interview will help to get the message across clearly and assertively.

Passive Behavior (Not Recommended)

Prescriber: Hello, this is Dr. Goodman speaking.

Pharmacist: I am so sorry to trouble you, Dr. Goodman. This is Suzy White, a pharmacist with ABC Community Pharmacy. I wanted to speak to you about your patient, Mrs. Smith, who was in your office yesterday regarding her sinusitis. You prescribed Ciprofloxacin 1000mg every 12 hours for 14 days. I was just reviewing the recent guidelines, you already probably know it is not really recommended to give antibiotics for chronic sinusitis but instead to follow a watchful waiting or delayed prescribing procedure. After reviewing this prescription, I also noticed the dosage is a little too high and the duration is a little too long.

Prescriber: Actually, based on her assessment and test results show the condition is serious. Therefore, I have decided to prescribe the Ciprofloxacin.

Pharmacist: Oh. If that is the case then I am so sorry to bother you. Thank you for your time.
(Pharmacist hangs up to end the phone call.)

In this Example

The pharmacist's behavior was passive. We can notice that from her weak, hesitant voice and from the apologetic phrases she used, like "I am so sorry to trouble you." She also did not get the medication dosage clarified. The pharmacist tried to avoid conflict, thus the patient's best outcome was not achieved.



Aggressive Behavior (Not Recommended)

Prescriber:	Hello, this is Dr. Goodman speaking.
Pharmacist:	Hello Dr. Goodman, this is Suzy White speaking, a pharmacist with ABC Community Pharmacy. I wanted to speak to you about your patient, Mrs. Smith, who was in your office yesterday regarding her sinusitis. You just prescribed Ciprofloxacin 1000mg every 12 hours for 14 days. I assume you know, per the recent guidelines, it is recommended to perform watchful waiting or delayed prescribing when prescribing antibiotics for these types of conditions. Also, I need to clarify the dosage and duration of this prescription.
Prescriber:	Really? Okay.
Pharmacist:	Okay then. You should also know that, per the patient, she has not tried any additional over-the-counter medications or treatments to attempt to relieve her symptoms. Would you like her to try some over-the-counter regimens? I have several patient instruction sheets to provide her and assist with this.
Prescriber:	Actually, I do not believe in those over-the-counter regimens. Antibiotics are the only thing that actually works.
Pharmacist:	As far as, I know many people are able to manage chronic sinusitis with humidification, nasal spray or flushing, decongestants, and over the counter pain medication. They will get the same benefit and avoiding long-term complications, especially <i>Clostridium difficile</i> infection.
Prescriber:	Okay, enough. Are we done here? I do not need a lecture.
Pharmacist:	No, if you are demanding she be on the prescription then I need to clarify it, because it is wrong. The current prescription reads Ciprofloxacin 1000 mg every 12 hours for 14 days. Current guidelines indicate if antibiotics are ordered, it should be for Ciprofloxacin 500 mg every 12 hours for 10 days. I will just adjust the prescription to the current recommendations but I need your approval.
Prescriber:	No, no, no! I have to remind you that it is my decision, so do not waste my time.
Pharmacist:	Fine. <i>(Pharmacist hangs up to end the phone call.)</i>

In this Example

The pharmacist was aggressive because:

- The tone of voice was loud and overbearing.
- The phrases conveyed messages which were:
 - Pharmacist: "You should know...", "As far as I know..." expressing accusatory language.
 - Pharmacist: "I assume you know..." expressing lack of ownership of responsibility.
 - Pharmacist: "Do whatever you want..." expressing lack of co-ownership.

Some of the word choices used by both parties were rude, accusatory and created a tense conversation with the hidden message of assuming lack of ownership/knowledge. Both parties were also very aggressive in their stance on this subject; the information could have been shared in a much calmer format. Each of them expressed their opinion without considering the needs and feelings of others. Unfortunately, the best outcome for the patient was not achieved.

References

- *A Tool to Teach Communication Skills to Pharmacy Students* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2508725/>
- *Understanding the Determinants of Antimicrobial Prescribing within Hospitals: The Role of "Prescribing EtiWhitette"* <https://www.ncbi.nlm.nih.gov/pubmed/23572483>

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