

ENHANCEMENT OF PARENTAL SATISFACTION USING WAITING ROOM VIDEO EDUCATION MP Davis, WT Basco, MG Schmidt, PM Darden

BACKGROUND: Antibiotics are inappropriately used to treat uncomplicated upper respiratory infections in children, contributing to development of drug resistant bacteria. This ultimately results in increased morbidity, mortality, and health care costs. Physicians report that parental expectation for antibiotics frequently changes their prescribing rates. This study describes parental beliefs regarding need for antibiotics, and assesses the ability of an educational video to affect parental satisfaction with the physician visit as well as their expectation for antibiotics.

METHODS: Parents of 3 month to 5 year olds with cold symptoms including cough were solicited for our survey upon registration at the resident and faculty clinic at the Medical University of South Carolina. Our placebo controlled intervention was a three minute cartoon video produced to educate the public about inappropriate use of antibiotics for cold with cough. Control parents watched a safety education video. After the exposure and doctor/patient interview, participants' satisfaction and expectations were measured in families that did not receive antibiotics. In an effort to show a 15% point difference in parental satisfaction at 80% power, sample size required at least 27 individuals in each group. Differences in mean satisfaction scores were evaluated using the student's T-test, while a one-tailed Fisher's exact test was used to examine differences in whether or not expectations for antibiotics decreased.

RESULTS: Seventy-seven participants were enrolled, of which 22 did not receive antibiotics. Sixty-nine percent of all enrollees believed that a child with cold and cough for one week required antibiotics. Ninety-three percent believed adding fever to the scenario would warrant antibiotic use. Of those did not receive antibiotics, parents exposed to our educational intervention had satisfaction scores 5% greater than control participants (mean score 77.5 vs. 82.8, $P=0.294$). Only 11% of the participants in the control group had decreased expectation for antibiotics, whereas 29% of intervention parents reported this attitude change ($P=0.099$). Twenty-eight percent of parents admitted to giving their children antibiotics that were not prescribed for the illness they were treating.

CONCLUSIONS: A remarkably high percentage of parents perceive the need for antibiotics in their children with cold symptoms. This perception may lead to expectations which influence the prescribing patterns of pediatricians, and may also result in inappropriate use of antibiotics by parents acting without physician input. Our waiting room educational intervention shows promise as a tool that not only conveys important and relevant information, but also may secondarily affect parental expectations, and ultimately physician prescribing.