



CENTER FOR
STEWARDSHIP
IN MEDICINE

December 14, 2023

Agenda

- Whitney Hartlage, PharmD: *Antibiotic Harms*
- Alyssa Castillo, MD: *How to Disagree Better – Productive Conversations in AMS*

Antibiotic Harms

Whitney Hartlage, PharmD

How to Disagree Better: Productive Conversations in AMS

Alyssa Castillo, MD

Antimicrobial stewardship
requires initiating some
hard conversations!

Giving unsolicited feedback is hard!

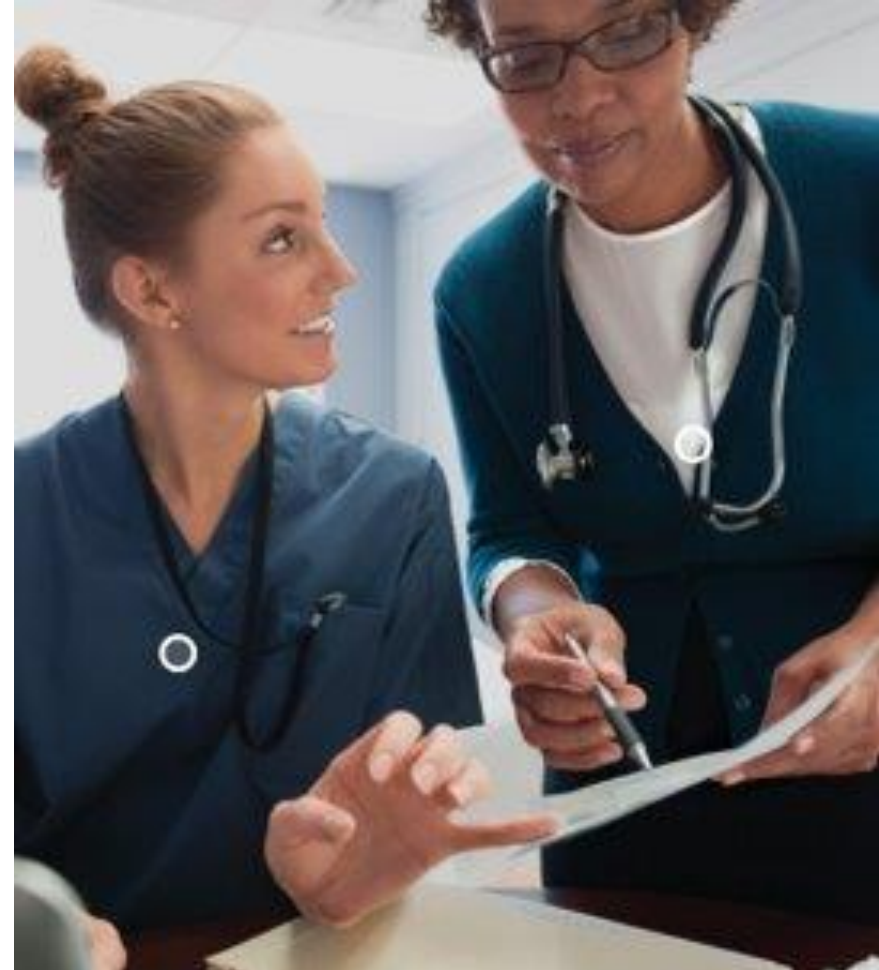
Especially when....

- Values are not aligned.
- There is a difference in training and expertise.
- Habits are deeply rooted.



What are qualities of a productive conversation?

- Non-confrontational and non-judgmental
- Direct and to-the-point (we're all busy!)
- Focused teaching on the root of the problem (no "mansplaining"!)



Fostering a Productive Conversation

1

- Advocacy

2

- Inquiry

3

- Listen

4

- Teach

Fostering a Productive Conversation

1

- Advocacy

Borrowed from Medical
Simulation Literature.
Goal = Psychological Safety!

2

- Inquiry

3

- Listen

4

- Teach

Advocacy-Inquiry

1

- Advocacy

2

Draw attention to a discrepancy
Stick to the facts

3

"I noticed..."
"I saw..."

4

Example Case: Advocacy

A 78yo patient with an indwelling foley is noted to have cloudy and malodorous urine. They have no fevers, leukocytosis, or abdominal/flank pain. You are the RN and are asked to collect a urinalysis and urine culture.

“I noticed this patient has a urine culture ordered, but they told me they have no urinary symptoms right now.”

Advocacy-Inquiry

1

- Advocacy

2

- Inquiry

3

Probe this discrepancy with an open-ended question

4

“Can you help me understand...?”
“Can you share more about...?”
“Can you teach me about...?”

Example Case: Advocacy

A 78yo patient with an indwelling foley is noted to have cloudy and malodorous urine. They have no fevers, leukocytosis, or abdominal/flank pain. You are the RN and are asked to collect a urinalysis and urine culture.

“I noticed this patient has a urine culture ordered, but they told me they have no urinary symptoms right now...”

...Can you share more about what triggered this urine culture?”

Advocacy-Inquiry

1

- Advocacy

2

- Inquiry

3

- Listen

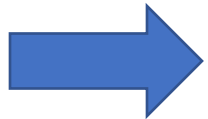
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Understand what frameworks underlie their assumptions – and identify how you can teach

Example Case: Listen

A 78yo patient with an indwelling foley is noted to have cloudy and malodorous urine. They have no fevers, leukocytosis, or abdominal/flank pain. You are the RN and are asked to collect a urinalysis and urine culture.

MD: "I think this is an early sign of urinary tract infection."



Framework error: Foul smelling urine \neq UTI

MD: "It's a pre-op UA; the patient is going for pacemaker tomorrow."



Framework error: Non-urologic surgery does not require screening/treatment of ASB

Advocacy-Inquiry

1

- Advocacy

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- Listen

4

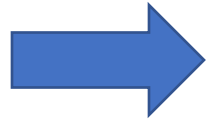
- Teach

Address the framework error

Share recommendations

Example Case: Teach

“I think this is an early sign of urinary tract infection.”



“I recently learned that foul-smelling urine is an unreliable indicator of infection in catheterized patients, and it more likely reflects their hydration status and urea concentration in the urine.”

- *I’d be happy to share the article I found* [sharing resources]
- *Perhaps we can monitor the patient to see if they develop other UTI symptoms* [suggest an alternate path forward]

Example Case: Teach

“It’s a pre-op UA; the patient is going for pacemaker tomorrow.”



Oh, I didn’t realize he was going to a procedure tomorrow! I recently reviewed the IDSA Guidelines and saw that pre-operative urine cultures to screen for ASB are recommended only for urologic surgeries.

- *I’d be happy to send you a link to the guideline [share resources]*
- *Even if this urine culture is positive, it would not need to be treated, so I’d suggest canceling it [suggest an alternate path forward]*

Questions before we practice?

1

- Advocacy

2

- Inquiry

3

- Listen

4

- Teach

Practice Case: Advocacy-Inquiry

A 92yo patient is brought to the ED with AMS. They have no fever, leukocytosis, abdominal pain, or dysuria. A urinalysis is notable only for +squamous cells and 2+ bacteria. Antibiotics are ordered.

**Imagine: You are the pharmacist reviewing the order.
What would you say?**

“I notice this patient is ordered for antibiotics, but the notes say their only symptom is confusion. Can you share more with me about how the decision was made to start antibiotics?”

Practice Case: Listen-Teach

A 92yo patient is brought to the ED with AMS. They have no fever, leukocytosis, abdominal pain, or dysuria. A urinalysis is notable only for +squamous cells and 2+ bacteria. Antibiotics are ordered.

"I am worried the patient's altered mental status is due to a UTI."

What is the framework error?

Practice Case: Listen-Teach

A 92yo patient is brought to the ED with AMS. They have no fever, leukocytosis, abdominal pain, or dysuria. A urinalysis is notable only for +squamous cells and 2+ bacteria. Antibiotics are ordered.

"I am worried the patient's altered mental status is due to a UTI."



- ***AMS in the elderly is rarely due to UTI if not associated with fever, WBC, or symptoms***
- ***It is safe to observe for 24-48h off of abx***
- ***There is a broad differential we don't want to miss!***

Practice Case: Listen-Teach

A 92yo patient is brought to the ED with AMS. They have no fever, leukocytosis, abdominal pain, or dysuria. A urinalysis is notable only for +squamous cells and 2+ bacteria. Antibiotics are ordered.

"I think the patient's AMS is probably due to polypharmacy, but the positive bacteria in the urinalysis means they have a UTI."

What is the framework error?

Practice Case: Listen-Teach

A 92yo patient is brought to the ED with AMS. They have no fever, leukocytosis, abdominal pain, or dysuria. A urinalysis is notable only for +squamous cells and 2+ bacteria. Antibiotics are ordered.

"I think the patient's AMS is probably due to polypharmacy, but the positive bacteria in the urinalysis means they have a UTI."



- ***A good urine specimen has less than 5 squames – this sample is likely contaminated.***
- ***Asymptomatic bacteriuria is common— especially in the elderly—and doesn't require treatment***

In summary:

1

- Advocacy

2

- Inquiry

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- Listen

4

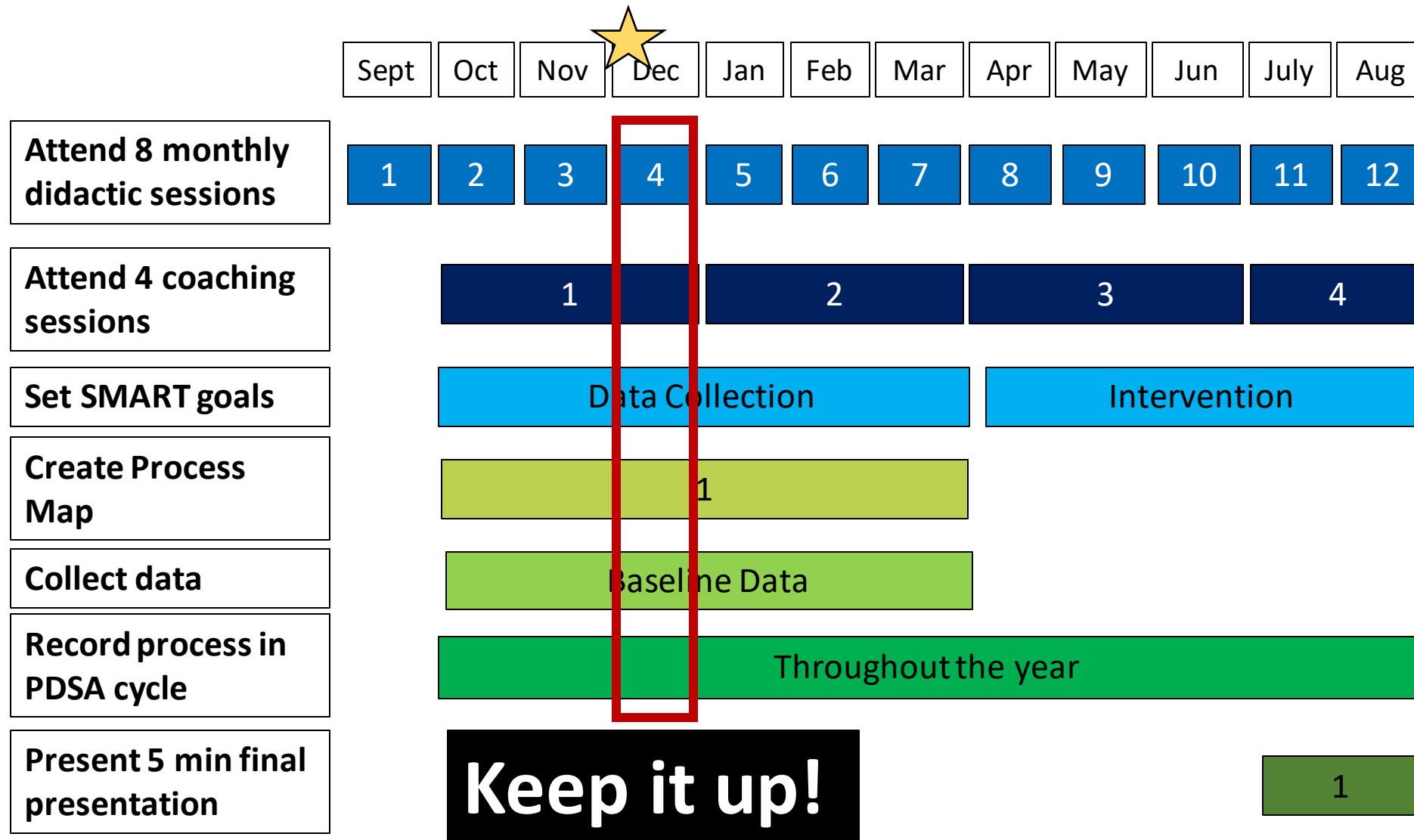
- Teach

Other ideas?

- Has anyone used tactics like the advocacy-inquiry method? If so, how did it go?
- Are there other strategies that have worked well for you in the past?

Wrap-Up

Where are we?



Homework: Plan & Do

Data Phase	Case Goal	Progress Goal	Start Date	Last Submission Date
Baseline	≥30 cases	1-2 cases/week <u>or</u> 5 cases/month	10/5/2023	3/31/2024

- ☐ Continue collecting & submitting data
- ☐ Finalize your first SMART Goal (focus: data collection or process mapping)
- ☐ Sign up for your second coaching session
 - Review your SMART goal
 - Preview topics to come: Process Mapping & PDSA Cycles

Scott's Thoughts



On the best approach to productive conversations in AMS:

“Would I rather be feared or loved? Easy. Both. I want people to be afraid of how much they love me.” - Michael Scott

Next Session: Thursday, January 11

Process Mapping – Zahra Kassamali-Escobar, PharmD

Deeper Dive into ASB Cases – Chloe Bryson-Cahn, MD

Happy Holidays!

Questions? Email me!

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