



18 January 2022

Productive Conversations in AMS: Garnering Physician Buy-In

Alyssa Castillo, MD

*Antimicrobial stewardship
requires initiating some
hard conversations!*



Giving unsolicited feedback is hard!

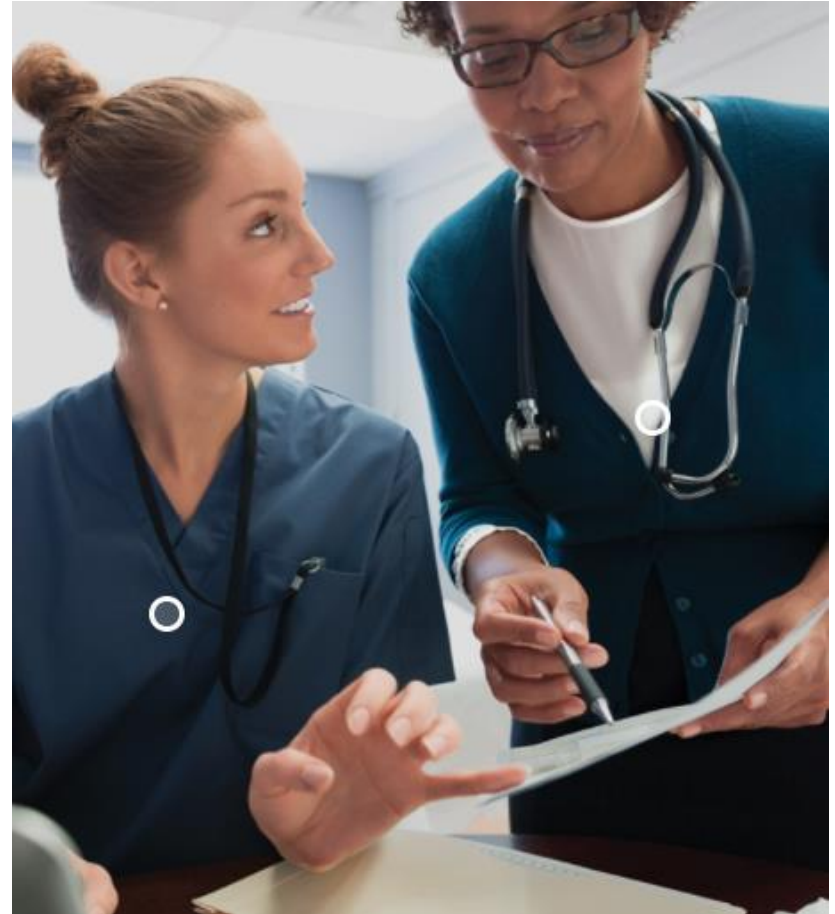
Especially when...

- 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

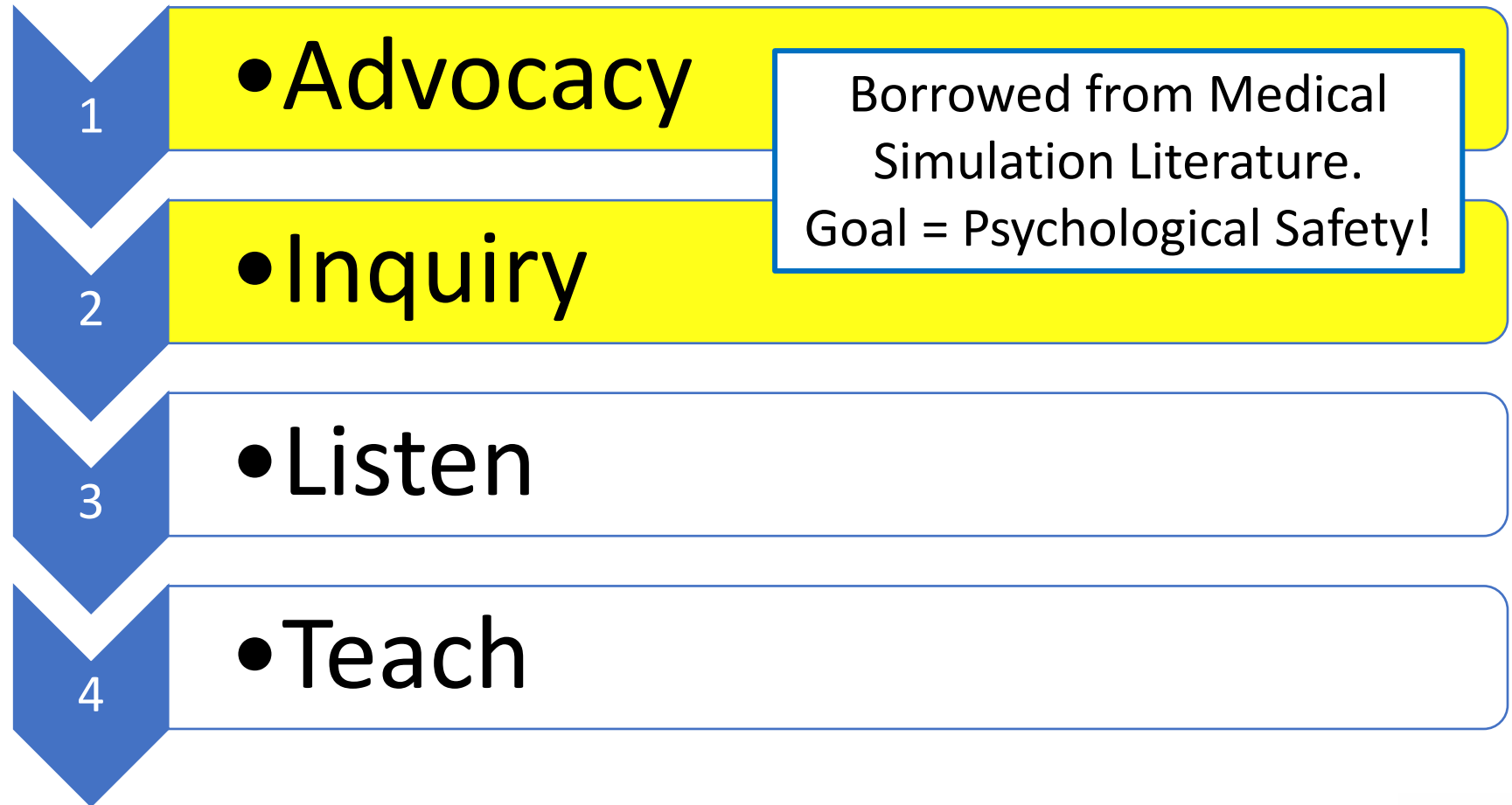
- Listen

4

- Teach



Fostering a Productive Conversation:



Advocacy-Inquiry

1

- Advocacy

2

Draw attention to a discrepancy
Stick to the facts

3

"I noticed..."

"I saw..."

4



Example Case: Advocacy

A 55yo man with an indwelling foley is noted to have cloudy and malodorous urine. He has 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 he told me he has 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: Inquiry

A 55yo man with an indwelling foley is noted to have cloudy and malodorous urine. He has 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 he told me he has no urinary symptoms right now....

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



Advocacy-Inquiry at Work!



Chloe Bryson-Cahn

Mon 12/13/2021 9:22 PM



To: Alyssa Y. Castillo; Zahra K Escobar

I noticed you spelled inquiry with an e. I've never seen that done before. Can you help me understand that vowel choice?

-Chloe



Listen-Teach:

1

- Advocacy

2

- Inquiry

3

- Listen

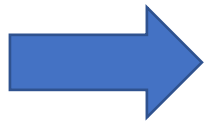
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Understand what frameworks underlie their assumptions – and identify how you can teach

Example Case: Listen

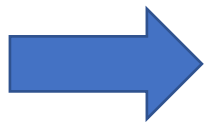
A 78yo man with an indwelling foley is noted to have cloudy and malodorous urine. He has no fevers, leukocytosis, or abdominal/flank pain. You are the RN and are asked to collect a urinalysis and urine culture.

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; he is going for pacemaker tomorrow."



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



Listen-Teach:

1

- Advocacy

2

- Inquiry

3

- Listen

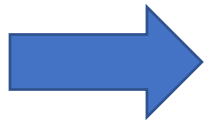
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- Teach **Address the framework error**
Share recommendations



Example Case: Teach

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



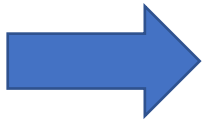
“I recently learned that foul-smelling urine is an unreliable indicator of infection in catheterized patients, and it more likely reflects their hydration status and urea concentration in the urine.”

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



Example Case: Teach

“It’s a pre-op UA; he 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 [alternate plan]*



Practice Case 1



Case 1: Advocacy-Inquiry

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

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



Case 1: Advocacy-Inquiry

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

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

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



Case 1: Listen and Teach

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

“I am worried her altered mental status is due to a UTI.”

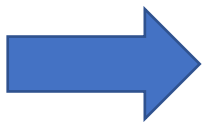
Where is the framework error?



Case 1: Listen and Teach

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

“I am worried her 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!***



Case 1: Listen and Teach

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

“I think her AMS is probably due to polypharmacy, but the positive bacteria in the urinalysis means she has a UTI.”

Where is the framework error?



Case 1: Listen and Teach

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

“I think her AMS is probably due to polypharmacy, but the positive bacteria in the urinalysis means she has 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***



Practice Case 2



Case 2: Advocacy-Inquiry

A 45yo woman is seen in clinic for her annual “wellness” visit. She has a history of pyelonephritis but no urinary symptoms currently. A urine culture is sent and shows ESBL E coli.

**The MD calls requesting an antibiotic recommendation.
As the pharmacist, what would you say?**



Case 2: Advocacy-Inquiry

A 45yo woman is seen in clinic for her annual “wellness” visit. She has a history of pyelonephritis but no urinary symptoms currently. A urine culture is sent and shows ESBL E coli.

The MD calls requesting an antibiotic recommendation. As the pharmacist, what would you say?

“I saw noticed this patient has a drug-resistant E coli in their urine but no urinary symptoms. Can you help me understand what triggered this urine culture?”



Case 2: Listen-Teach

A 45yo woman is seen in clinic for her annual “wellness” visit. She has a history of pyelonephritis but no urinary symptoms currently. A urine culture is sent and shows ESBL E coli.

“She doesn’t have a UTI now, but I think treating this asymptomatic bacteriuria now will prevent her next episode of pyelonephritis.”



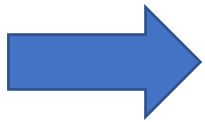
- ***Treating ASB does not prevent future UTI or sepsis***



Case 2: Listen-Teach

A 45yo woman is seen in clinic for her annual “wellness” visit. She has a history of pyelonephritis but no urinary symptoms currently. A urine culture is sent and shows ESBL E coli.

“I normally wouldn’t treat it, but I got worried because it’s so drug resistant I thought it was best to get rid of it.”



- ***She is likely colonized***
- ***Any additional unnecessary antibiotics will likely make her future UTIs more difficult to treat!***



In summary:

1

- Advocacy

2

- Inquiry

3

- 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?



Thank you!

Questions?

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