



University of Colorado **Anschutz Medical Campus**

How to Disagree Better

Alyssa Castillo, MD
25 September 2026



Disclosures

- No relevant conflicts of interest to disclose

The Jefferson Memorial



University of Colorado
Anschutz Medical Campus



The Jefferson Memorial

THE PROBLEM: EXCESSIVE DETERIORATION

1. Why is the monument deteriorating?



2. Why so many chemicals?



3. Why so many birds?



4. Why so many spiders?



5. Why so many midges?

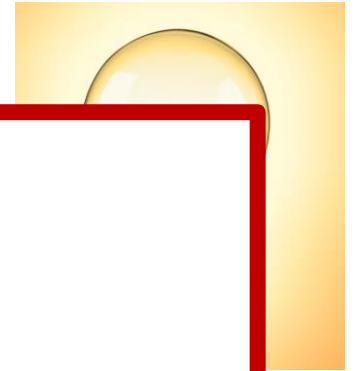


TURN OFF THE LIGHTS!

The Jefferson Memorial

THE PROBLEM: EXCESSIVE DETERIORATION

1. Why is the monument deteriorating?



**WE CANNOT CHANGE WHAT
WE DO NOT UNDERSTAND**

2.

chemicals?

birds?

spiders?

midges?

**TURN OFF THE
LIGHTS!**

Stewardship and Infection Prevention both require initiating **hard conversations**

- **Especially when...**
 - values and priorities are not aligned
 - there is a difference in training and expertise
 - habits are deeply rooted¹

What are the qualities of a productive conversation?

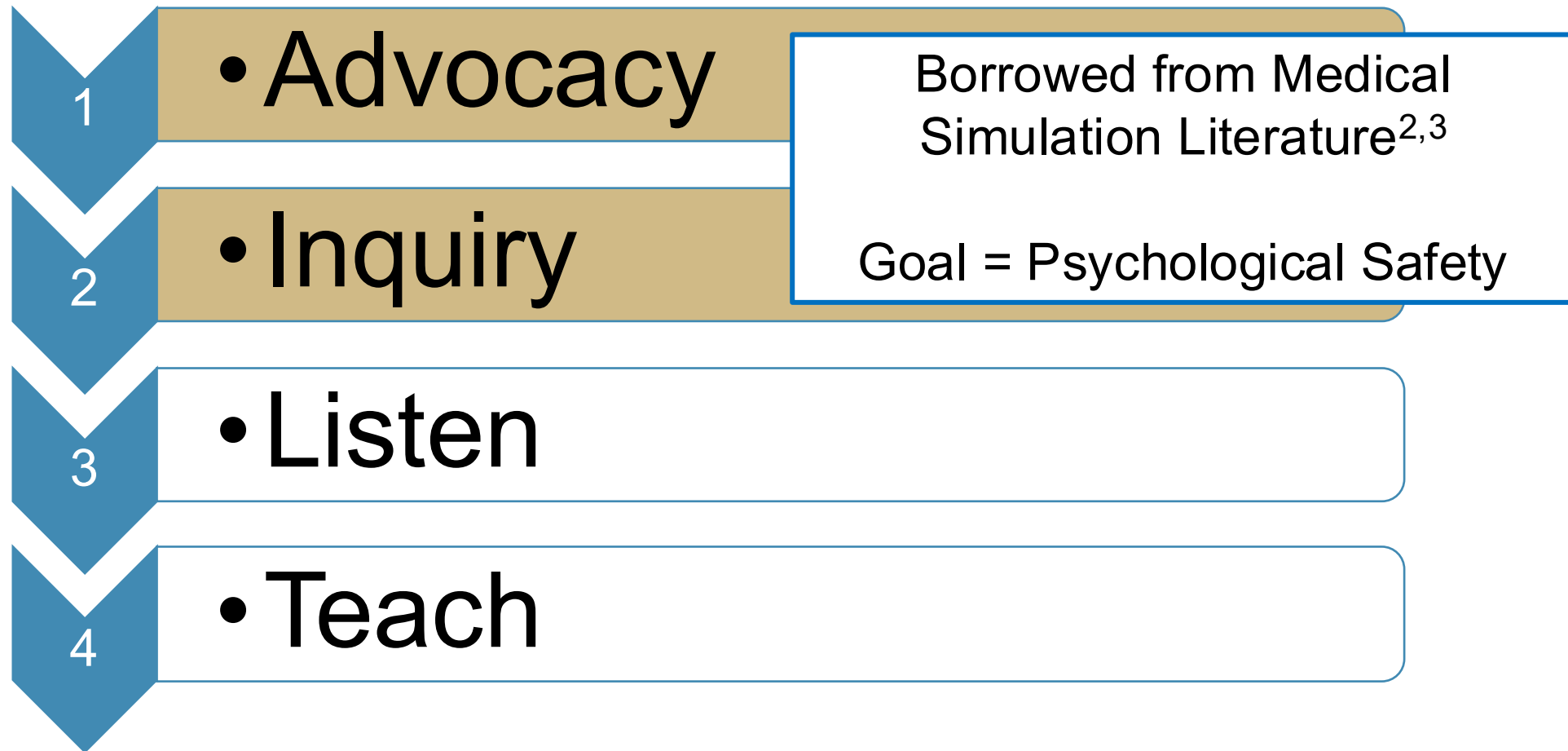
- Non-confrontational and non-judgmental
- Direct and to-the-point (we're all busy!)
- Focused teaching on the root of the problem



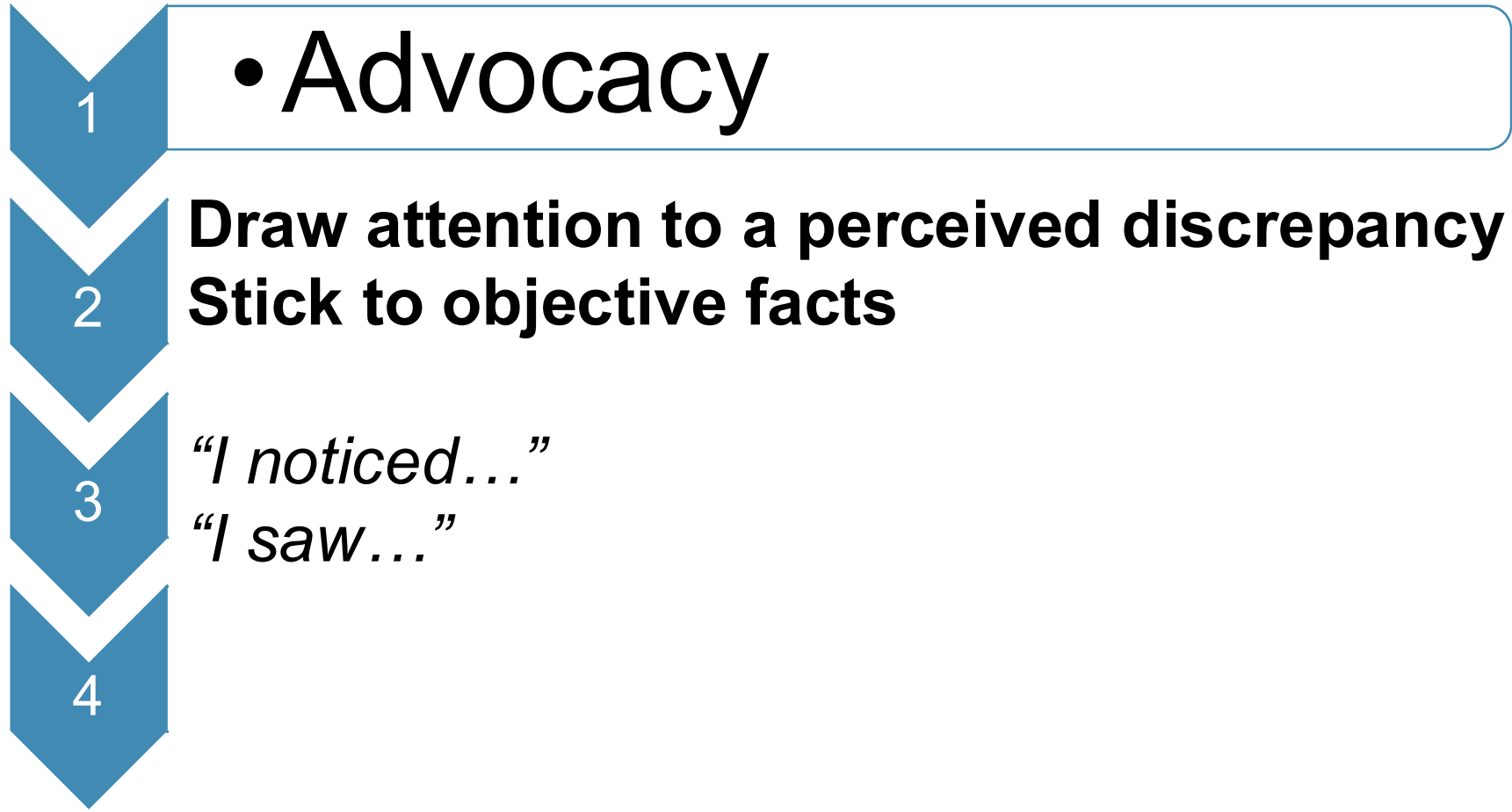
Fostering a Productive Conversation



Fostering a Productive Conversation



Advocacy-Inquiry



Case 1

A 55yo patient with an indwelling Foley catheter is noted to have cloudy and malodorous urine. No fever, leukocytosis or abdominal/flank pain is reported.

A urinalysis and urine culture are ordered, and empiric ceftriaxone is planned.

Case 1: Advocacy

- 55yo with Foley
- Cloudy, malodorous urine
- No fever, leukocytosis or abdominal/flank pain
- UA/Ucx ordered
- Empiric ceftriaxone planned

I noticed this patient has a urine culture ordered, but the patient 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...?”



Case 1: Inquiry

- 55yo with Foley
- Cloudy, malodorous urine
- No fever, leukocytosis or abdominal/flank pain
- UA/Ucx ordered
- Empiric ceftriaxone planned

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

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



Listen-Teach:

1

- Advocacy

2

- Inquiry

3

- Listen

4

Understand what frameworks underlie their assumption
Identify cognitive errors



Case 1: Listen

- 55yo with Foley
- Cloudy, malodorous urine
- No fever, leukocytosis or abdominal/flank pain
- UA/Ucx ordered
- Empiric ceftriaxone planned

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

Framework error:
Foul smelling urine $\neq$ UTI⁴

It's a pre-op UA; they are scheduled for pacemaker placement tomorrow.

Framework error:
Non-urologic surgery does not require screening/treatment of ASB⁵

Listen-Teach:

1

• Advocacy

2

• Inquiry

3

• Listen

4

• Teach

Address the framework error
Share recommendations



Case 1: Teach

- 55yo with Foley
- Cloudy, malodorous urine
- No fever, leukocytosis or abdominal/flank pain
- UA/Ucx ordered
- Empiric ceftriaxone planned

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.⁴

- I'd be happy to share the article I found
- Perhaps we can monitor her to see if she develops other UTI symptoms

Case 1: Teach

- 55yo with Foley
- Cloudy, malodorous urine
- No fever, leukocytosis or abdominal/flank pain
- UA/Ucx ordered
- Empiric ceftriaxone planned

It's a pre-op UA; they are scheduled for pacemaker tomorrow.

The IDSA Guidelines recommend pre-operative urine cultures to screen for ASB only for urologic surgeries.⁵

- I'd be happy to send you a link to the guideline
- Even if this urine culture is positive, it would not need to be treated

A close-up photograph of a medical setting. A black stethoscope with silver-colored binaurals and a chest piece is resting on a light-colored wooden surface. To the right, a white plastic bottle with a green cap is partially visible, slightly out of focus. The background shows a portion of a computer keyboard. The text 'Case 2' is centered in the middle of the image.

Case 2



Case 2

You are an Infection Preventionist performing a tracer in your hospital's Medical ICU.

You notice a bedside nurse leave a patient's room; she properly doffs contact precautions but does not perform hand hygiene.

How would you intervene?

Case 2: Advocacy-Inquiry

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

What would you say?

- A. “I noticed you did not perform hand hygiene; can you please use the hand sanitizer outside the room?”
- B. “I noticed you did not perform hand hygiene; this places our patients and staff at risk of infection, and we recommend utilizing hand sanitizer.”
- C. “I noticed you did not perform hand hygiene despite leaving this patient’s room. I know this can sometimes be easy to forget; are there any barriers that made it difficult to do when leaving this patient’s room?”

Case 2: Advocacy-Inquiry

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

What would you say?

- A. “I noticed you did not perform hand hygiene; can you please use the hand sanitizer outside the room?”
- B. “I noticed you did not perform hand hygiene; this places our patients and staff at risk of infection, and we recommend utilizing hand sanitizer.”
- C. **Advocacy**: “I noticed you did not perform hand hygiene despite leaving this patient’s room”
Inquiry: “I know this can sometimes be easy to forget—are there any barriers that made it difficult to do when leaving this patient’s room?”



A brief pause on “Inquiry”

“I noticed you did not perform hand hygiene after leaving this patient’s room ...

... Can you help me understand why?”

- Genuine curiosity matter – people can tell!
- Grant grace and avoid assuming malevolent intent.
- Find language that is authentic to you but still yields an open-ended inquiry.

Case 2: Listen-Teach

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

Oh, I always forget for this room since the hand sanitizer is on opposite side of the room.

What is the framework error?

- A. Lack of knowledge about precautions
- B. Lack of interest in hand hygiene
- C. Lack of environmental queue

Case 2: Listen-Teach

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

Oh, I always forget for this room since the hand sanitizer is on opposite side of the room.

What is the framework error?

- A. Lack of knowledge about precautions
- B. Lack of interest in hand hygiene
- C. Lack of environmental queue**

Case 2: Listen-Teach

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

Oh, I always forget for this room since the hand sanitizer is on opposite side of the room.

- No wonder it's hard to remember!
- That's helpful for us to know – I am happy to place a work order to have another installed closer to the door to help you and all the other staff

Case 2: Listen-Teach

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

This patient is on contact precautions; I was wearing gloves in the room.

What is the framework error?

- A. Lack of knowledge about precautions
- B. Lack of interest in hand hygiene
- C. Lack of environmental queue

Case 2: Listen-Teach

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

This patient is on contact precautions; I was wearing gloves in the room.

What is the framework error?

- A. Lack of knowledge about precautions**
- B. Lack of interest in hand hygiene
- C. Lack of environmental queue

Case 2: Listen-Teach

- MICU RN leaves patient room
- Correctly doffs contact precautions
- Does not perform subsequent hand hygiene

This patient is on contact precautions; I was wearing gloves in the room.

- Unfortunately, gloves alone do not protect from contamination of your hands, as they are not impermeable
- As a result, our hospital requires hand hygiene even after wearing gloves when exiting a patient room

A close-up photograph of a medical setting. A black and silver stethoscope lies on a light-colored wooden surface. To the right, a white plastic bottle with a green cap is partially visible, slightly out of focus. The background shows a dark, textured surface, possibly a keyboard.

Case 3 (In the Real World)



University of Colorado
Anschutz Medical Campus

Case 3

A 65yo is in the pre-op for a transurethral resection of the prostate (TURP). He has previously had UTI due to quinolone-resistant E coli. Cefazolin is standard perioperative prophylaxis for this procedure, but the patient is ordered for levofloxacin.

You are the stewardship pharmacist and identify this order when reviewing the protected antimicrobials list.

What would you say?

Case 3: Advocacy-Inquiry

- 65yo M presents for TURP
- History of FQ-resistant E coli UTI
- Peri-operative levofloxacin is ordered, though cefazolin is the institutional recommendation

I noticed this patient is ordered for perioperative levofloxacin, but our surgical prophylaxis guidelines recommend cefazolin...

... Can you share more about how this antibiotic was chosen for this patient?

Case 3: Listen-Teach

- 65yo M presents for TURP
- History of FQ-resistant E coli UTI
- Peri-operative levofloxacin is ordered, though cefazolin is the institutional recommendation

I asked my attending, and they want levofloxacin instead.

Where do we go from here?

Stewardship and Infection Prevention require initiating **hard conversations**

- **Especially when...**

- Values are not aligned
- There is a difference in training and expertise
- Habits are deeply rooted¹



How can we use this awareness to interact most effectively with our surgical colleagues?



Stewardship and Infection Prevention require initiating **hard conversations**

- **Especially when...**

- Values are not aligned

- **Consider...**

- Highlighting the superior choice for their patient



Stewardship and Infection Prevention require initiating **hard conversations**

- **Especially when...**

- Values are not aligned
- There is a difference in training and expertise

- **Consider...**

- Highlighting the superior choice for their patient
- Using patient- rather than spectrum-oriented language



Stewardship and Infection Prevention require initiating **hard conversations**

- **Especially when...**

- Values are not aligned
- There is a difference in training and expertise
- Habits are deeply rooted¹

- **Consider...**

- Highlighting the superior choice for their patient
- Using patient- rather than spectrum-oriented language
- Building credibility and trust over time (play the “long game”)



Case 3: Listen-Teach

- 65yo M presents for TURP
- History of FQ-resistant *E coli* UTI
- Peri-operative levofloxacin is ordered, though cefazolin is the institutional recommendation

I asked my attending, and they want levofloxacin instead.

- I am concerned the levofloxacin is going to be less effective at preventing surgical site infection for this patient based on their prior cultures.
- Our antibiogram shows that our *E coli*, *Klebsiella*, and *Proteus* isolates are all ~10% less susceptible to levofloxacin than cefazolin.

They don't want to.



What are the 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



How can we use this awareness to be thoughtful when a conversation isn't "going well"?



What are the 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



Reconsider:

Is this conversation with the right clinician?

Should this conversation be over the phone? In person?

How can I get more information to understand the issue?

Redefining Failure

- Not every conversation will lead to success the first time—nor should that be a realistic expectation
- The act of initiating a collegial conversation
 - Builds a relationship
 - Creates an opportunity for pause
 - May reiterate concepts that carry momentum for the next conversation

**FAILURE IS NOT
THE **OUTCOME**,
FAILURE IS
NOT TRYING.**

- Sara Blakely



In Summary:

- Communication and content expertise are not the same, but both can be learned and developed
- Prioritize understanding: *We cannot change what we do not understand.*
- The "*Advocacy – Inquiry – Listen – Teach*" framework can set the stage for productive conversations
- If conversations are deteriorating, thoughtfully consider if the discussion needs to be revisited at another time, with a different person, or via a different venue
- Recognize that not every conversation will lead to "success", but that initiating the conversation still carries benefit



University of Colorado **Anschutz Medical Campus**

Thank You

Alyssa Castillo, MD

Alyssa.Castillo@cuanschutz.edu