



Infection Management and Antibiotic Stewardship

Hot Topic Session #4

**Communication with families from diverse
backgrounds**

November 29, 2023

Conflict of interest Disclosures

- ▶ The views and opinions expressed in this series are those of the speakers and do not reflect the official policy or position of any agency of the U.S. or NC government or UNC.
- ▶ Our speakers have NO financial relationships with manufacturers and/or providers of commercial services discussed in this activity.
- ▶ The speakers do not intend to discuss an unapproved/investigative use of a commercial product/device in this series, and all COI have been mitigated.

Today's Team

- ▶ Chineme Enyioha, MD, MPH – Chronic disease management and disparities researcher, UNC School of Medicine
- ▶ Saif Khairat, PHD, MPH – Informatics researcher, UNC School of Nursing
- ▶ Marian B. Johnson, MPH - Senior Research Associate and Quality Improvement advisor, Institute for Healthcare Improvement
- ▶ Phil Sloane, MD, MPH - Geriatric researcher, UNC School of Medicine



Session Objectives

1. Case vignette
2. Cultural competency
3. Some communication techniques



Image by [Gerd Altmann](#) from [Pixabay](#)

Case Vignette

Ji Fnu is a 68-year-old woman, who moved to the US a few years ago to be with family. She has a history of hypertension and dementia. She will be arriving to your facility later today after a recent hospitalization. Family members who may present with her include her son, her daughter in law who only speak Nepalese. Her grandson is not very fluent in English.

As the charge nurse, what are some challenges that you foresee with the admission of this lady?

Possible challenges

- Communication
- Culture
- Language
- Values
- Beliefs
- Special needs
- Other expectations



Continuation of case vignette

68 y.o. woman

Discuss vaccine history

Plan:

Needs RSV vaccine

Family's response: silence

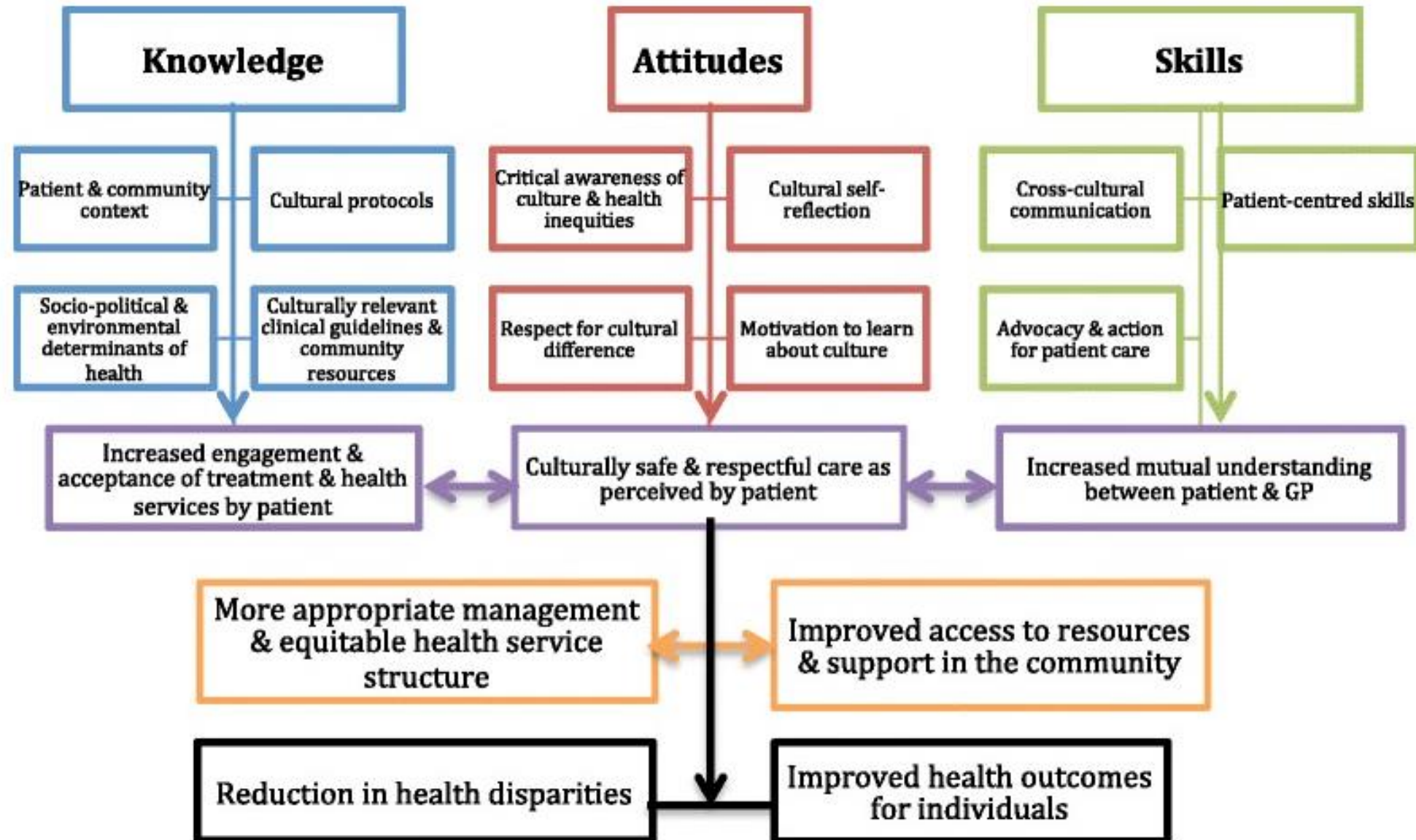
Cultural Competence

- Attitudes or behaviors that help one to effectively interact with others in a cross-cultural context

- Individuals, systems, or healthcare organizations are equipped to offer culturally responsive health care or services.

Watt K, Abbott P, Reath J. Developing cultural competence in general practitioners: an integrative review of the literature. *BMC Fam Pract.* 2016 Nov 15;17(1):158

Elements of cultural competence



Watt K, Abbott P, Reath J.
 Developing cultural competence in general practitioners: an integrative review of the literature. BMC Fam Pract. 2016 Nov 15;17(1):158

Communication Techniques

- ▶ **Look for signs of mistrust**

What types of mistrust gestures or cues is the resident/family presenting?

- ▶ **Probe for past experiences**

Cultural biases, racism

Be aware that patients may understand differently based on their background

- ▶ **Recognize and acknowledge adverse events from previous healthcare experiences**

Acknowledge harms from previous experiences. Don't minimize them.

- ▶ **Propose a patient- centered partnership**

Let residents or family members voice their expectations.

Then prepare and suggest a treatment plan that factors in their expectations. Discuss areas of concordance or differences.

- ▶ **Invite patient to include important persons in the family or community**

In some cultures, extended family or social groups may be involved in decision making process



Image by [Robert Owen-Wahl](#) from [Pixabay](#)

<https://www.vitaltalk.org/guides/bridging-inequity>

Back to case

Ask about concerns: previous experiences with the vaccine, the injection, adverse reactions.

You are informed that the last time she received a shot, her arms were swollen and painful for almost a week.

She had a fever, had to go see a doctor and was placed on antibiotics.

She ended up having diarrhea and had to get on another of antibiotic.

They were not sure why. No one talked to them.

So family prefers that she does not receive any shots.

Back to case

Your response with very good communication skills:

- Acknowledge the family's concern.
- Explain what may have happened if possible.
- Discuss what you or the facility will do to reduce the risk of a similar experience.
- Reach an agreement or partnership with the family.

<https://www.vitaltalk.org/guides/bridging-inequity/>

Communication Techniques

DESC Technique for Conflict With Residents and Families

Here's an example of a family member who worries that her aunt has a urinary tract infection, or UTI.

Describe the specific situation

I understand you are worried about your aunt. She is not acting like herself today, and the last time this happened, someone told you she had a UTI and gave her antibiotics, and she got better.

Express your concerns about the action

I am concerned that the risks of another course of antibiotics outweigh the potential benefits. I don't want to risk hurting her with a medicine that she probably does not need.

Suggest other alternatives

Instead of giving her a medicine she may not need, I'd like to see if there is something else going on first. She may have had a bad night's sleep. She might be in pain or a little dehydrated.

Consequences should be stated and consensus should be reached

I do not want to give her an antibiotic if she does not truly need it, because this could put her at risk for dangerous side effects. We both want to help her feel better. Would you please see if you can get her to drink some water or juice? Maybe you can also try to find out if anything is hurting her? I'm going to review her medications and her recent vital signs. Let's talk in an hour or so.

<https://www.ahrq.gov/sites/default/files/wysiwyg/antibiotic-use/long-term-care/DESC-technique.pdf>

Summary

- Having cultural humility as part of cultural competence provides a strong foundation to interacting or communicating with families from diverse backgrounds.
- This enable us to better understand the cultural context and equips us to address potential challenges in an inclusive way.
- Application of communication skills learned
- Outcomes:
 - increased level of trust
 - a more positive therapeutic relationship
 - better health outcome

Cultural Competence for Effective Shared Decisionmaking: Tip Sheet

Providers striving to deliver high-quality care to all patients understand that cultural factors influence patients' health beliefs, behaviors, and responses to medical issues. This fact sheet provides guidance for how to consider cultural differences as you build effective relationships with your patients during shared decisionmaking.

Learn how to interact with diverse patients

- › Keep an open mind. Remember that each patient has a unique set of beliefs and values, and they may not share yours.
- › Ask patients about their beliefs regarding their health condition. (e.g., "What do you think caused the problem? What do you fear most about the sickness? Why do you think it started when it did?") This information will allow you to make the most of your interactions during shared decisionmaking. Recognize and understand that the meaning or value of health prevention, intervention, and treatment may vary greatly among cultures, specifically for behavioral health.
- › Attend cultural competence training at your organization or through a continuing education program.
- › Be aware of your own culture and how that may affect how you communicate with your patients.
- › Reach out to cultural brokers to help you learn more about the differences and similarities between cultures. They can tell you how to better address the patients you serve regarding cultural appropriateness, beliefs about health, and barriers to communication. Cultural brokers might include health care and social service workers and cultural group leaders. Ask them to suggest resources you can use to learn more about your patients' cultures.
- › Know what you don't know. You won't be able to learn about every aspect of every patient's culture. Don't be afraid to let your patients know that you are unfamiliar with their culture. Invite them to explain what is important to them and how getting and staying well works in their community.

Keep in mind that culture is not homogenous. There is great diversity among individuals—even in the smallest cultural group.

Remember, culture changes over time, especially when one cultural group is exposed to and influenced by another culture.



Small group

Share a few examples of difficult or tough interactions with residents or families.

- ▶ How were these interactions handled?
- ▶ What could have been done differently, if anything?



Questions and Discussion



- ▶ Find session slides at <https://spice.unc.edu> → ncclasp
→ nursing homes

Upcoming Learning Sessions



- ▶ **CDC Core Elements of Nursing Home Antibiotic Stewardship: Tracking and Reporting**
December 6, 2023 | 11:30 AM-12:30 PM
- ▶ **Hot Topics in Nursing Home Antibiotic Stewardship: Vaccination Updates**
December 13, 2023 | 11:30 AM-12:30 PM
Note: Hot topic sessions are not eligible for CME
- ▶ Registration is free @ <https://spice.unc.edu/upcoming-nc-clasp-sessions/>