

Developing an evidence-based decision-support tool for culturally sensitive communication in hepatitis D care

Patrizia Künzler-Heule^{1,2} and Dunja Nicca³

¹ Division of Gastroenterology and Hepatology & Department of Nursing & Therapeutic Services, Hoch Cantonal Hospital St.Gallen, St. Gallen, Switzerland; ² Institute of Nursing Science, University of Basel, Basel, Switzerland; ³ Department of Global and Public Health, Institute for Epidemiology, Biostatistics and Prevention, University of Zurich, Zurich, Switzerland

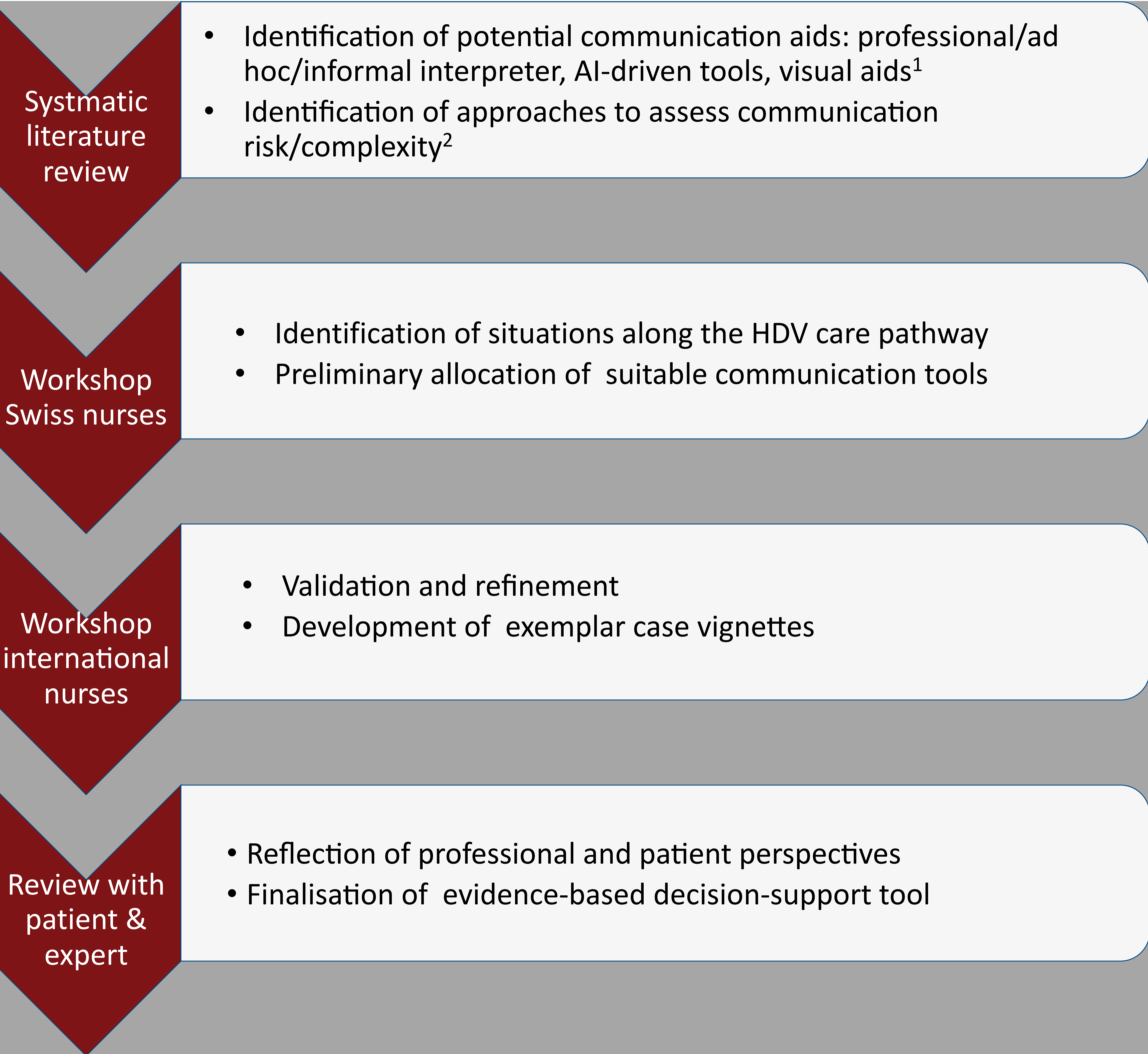
Introduction

- Liver care nurses support patients with HBV/HDV co-infection in developing essential self-management skills but communication and care is frequently challenged by patients’ and nurses cultural and linguistic diversity.

Aim

- To develop an evidence-based decision-support tool to guide culturally sensitive communication strategies along the hepatitis D care pathway.

Methods



Conclusions

- Structured, evidence-based communication is essential in HDV care, and communication needs vary along the care pathway.
- Professional interpreters are critical in high-impact situations.
- The acutal tool provides a practical, adaptable decision-support approach for clinical use.

References:

1. van Lent LGG, Yilmaz NG, Goosen S, Burgers J, Giani S, Schouten BC, et al. Effectiveness of interpreters and other strategies for mitigating language barriers: A systematic review. Patient Educ Couns. 2025;136:108767.
2. Hunziker Heeb A, Gieshoff AC, Glass P, Lehr C, L. S, Turra M, et al. Einsatz von maschinellen Übersetzungstools im klinischen Kontext - Abschlussbericht der DigiTools-Studie. Federal Office of Health (FOH), Swiss Health Network for Equity; 2025.

Final result

Evidence-based decision-support tool for all patients with language and/or cultural barriers

Step 1: Follow the HDV care pathway and identify the situation

Step 2: Apply triage question: “What is the potential impact if this communication is misunderstood?”

Step 3: Choose support according to assigned impact level

● **Low** – AI-tools / family possible ● **Moderate** – Professional recommended ● **High** – Professional mandatory

➤ How to apply the tool in practice

Step 1 HDV care pathway	Step 2 Potential impact of misunderstanding	Step 3 Recommendation
Referral / Initial visit	●	Professional interpreter recommended
Diagnosis communication	●—●	Professional interpreter recommended (informal only if risk is low)
Care planning - Tx. readiness	●	Professional interpreter recommended
Therapy initiation	●—●	Professional interpreter recommended (informal only in selected cases)
Planned Follow-up	●—●	AI-tools and/or informal interpreter possible
Unplanned Follow-up	●—●—●	Adapt to situation (professional preferred in high-risk cases)

➤ Case vignettes were developed for all care steps to represent a range of scenarios (●—●—●); two examples are shown here.

Example 1:

A patient is evaluated for complex treatment, requiring understanding of procedures, risks, and long-term adherence.

Step 1: Care planning & treatment readiness

Step 2: Impact of misunderstanding = ● (high)

Step 3: → Professional interpreter mandatory

Example 2:

A patient with HDV attends a routine follow-up visit and demonstrates good understanding of the treatment plan.

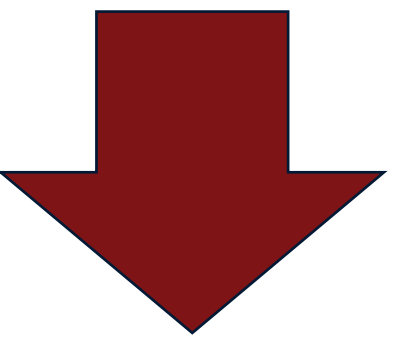
Step 1: Planned follow-up → stable situation

Step 2: Impact of misunderstanding = ● (low)

Step 3: → AI tools or informal interpreter

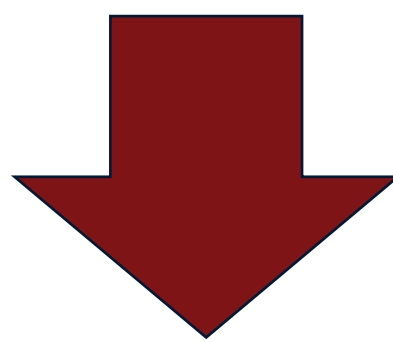
ASSESS SITUATION

Where are we in the pathway?



DEFINE IMPACT

What happens if misunderstood?



SELECT SUPPORT

What is appropriate and feasible?

Contact information

Presenting author name: patrizia.kuenzler-heule@h-och.ch