Announcer:

Welcome to Our Practice, a podcast created to talk candidly about the evolving pharmacy profession and the challenges and rewards of providing innovative patient care. We aim to inspire and empower you, our pharmacist colleagues, to learn and grow in your own practices. This podcast is provided by members of the UBC Pharmacist Clinic, and is meant for educational purposes only. There are no associated sponsorships or commercial interests. We acknowledge that UBC and the Pharmacist Clinic is situated on the traditional ancestral and unseated territory of the Musqueam people. Thank you for joining us. And now here's your host, Barbara Gobis.

Barbara Gobis:

Hello, and welcome to our fourth episode of the Our Practice podcast. Today, we're going to delve deeper into patient care practice. It's all about the patient. Healthcare is a serving profession and our patients are our clients, and we have a responsibility to use our skills and knowledge to do the best possible job for our clients. Analogies abound in other service professions and includes things like student-centered learning, child-centered parenting, person-centered career planning, and the list goes on. At the Pharmacist Clinic, we learn by doing, and then share our experiences in our practice, what worked and also what didn't work, so other pharmacists can learn along with us.

Barbara Gobis:

It really is all about the patient, what we do, how we do it and why we do what we do. Easy to say, and not always easy to conceptualize or put into action. So today I am excited to welcome back Jillian Reardon for her second time at the mic. Jillian is beloved by so many people, and particularly her patients. Oh, and her husband John too. He kind of likes Jillian. Last time, Jillian talked about the pharmacist mindset, and today we are going to talk about how Jillian brings the concepts of patient-centered care to life in her practice. Thanks for joining us again, Jillian. How are you doing? What's new?

Jillian Reardon:

Hi, Barbara. Really happy to be here. We haven't even started the episode and I'm already blushing, bringing up my husband and you know how I get embarrassed very easily.

Barbara Gobis:

Next time we'll have to do a video version of this.

Jillian Reardon:

Yes. I won't be able to hide my increasingly red face here, but not much new, considering we're still in the middle of a global pandemic. Perfecting my sourdough baking and my house cleaning and spending a lot of time at home.

Barbara Gobis:

Yeah. It gives you lots of time to think, I guess, hey?

Jillian Reardon:

Absolutely.

Barbara Gobis:

Yeah, and lots of time to think about our topic today.

Jillian Reardon:

Yes. I'm very excited to be back.

Barbara Gobis:

Yeah. So, let's get into it. So Jillian patient-centered, it's a popular buzzword in healthcare, and if asked directly, I would assume, quite frankly, that most pharmacists believe that they practice it. But as you talked about before, a patient-centered approach takes practice and really a shift in mindset. So what exactly does this approach look like in action and how does it differ from a systematic approach that we talked about before?

Jillian Reardon:

Yeah, great question. So I think this in action actually looks very different depending on the patient and depending on the scenario. So in a way, it's almost opposite of our systematic approach that we advocate for our clinical process and our clinical decision making because being patient-centered really means adapting your approach and realizing what's going on for the patient in front of you and then working to meet their needs. So I think a key part of that is really thinking about how your goals actually don't matter, and it's about soliciting the patient goals and finding out where they're at and working with them to meet those goals. And tying into that, not panicking if something doesn't go as planned.

Jillian Reardon:

I think as pharmacists, we like to be prepared. We like to be organized. We talked in the first episode about preparing for an appointment and what that looks like. And you can do all the preparation in the world, but that can go out the window if all of a sudden, the patient in front of you breaks down crying or is angry about something or has a different opinion for what they want to spend that appointment on. So being comfortable with that discomfort and that lack of predictability, I think is really, really key to be able to move forward with a patient together.

Barbara Gobis:

Well, a couple of things that really resonated for me in what you just said is the whole patient really is in charge. I mean, they're the expert on themselves, their lives, their values, what they're willing to do and not willing to do at home. So, it's not all about you, Jillian. It's actually about the patient, and that's what we're talking about today.

Jillian Reardon:

Absolutely. Yeah, so checking that ego, forgetting what we think is the priority, letting go of some of that pharmacist's nature to focus it on the problems and solve problems. And just again, that mindset of caring for the patient first, being a healthcare provider first, and then moving things forward with the patient.

Barbara Gobis:

Yeah. And possibly even throwing some of that checklist out the window.

Jillian Reardon:

Yeah, absolutely. Yeah. I think a good example is, I often am referred patients for assessment of starting statin therapy for dyslipidemia or for cardiovascular risk reduction. They're often referred by their family doctor, and often the family doctor may be keen to start that medication and they want me to go through that with the patient and talk about pros and cons and whatnot. And I find ultimately when I sit down with that patient and we talk about the risks, the benefits, the expectations of taking that medication, they often decide they actually don't want to take that medication. And so being able to articulate that to the family doctor, to the care team, and represent those patient wishes, for me is a really great example of patient-centered care.

Barbara Gobis:

Right. And you have to have comfort and be okay with the fact that you're not necessarily in control. The conversation's going to go where it needs to go, and that's okay.

Jillian Reardon:

It is okay. And it takes a long time to, I think, be okay with that.

Barbara Gobis:

Yeah. Yeah. So I guess the more random conversations a person could have and survive, maybe the better.

Jillian Reardon:

Exactly. Yeah. Being able to improv or ad lib or go with the flow are all really good skills.

Barbara Gobis:

Yeah. Yeah. Well, thank you for that. Yeah. That helps put some thoughts into my mind. So we talked about patient advocacy in that first episode, when you joined us a few episodes ago, and you made the comment that the patient is their own expert, which is in large part what we're talking about today, and I mentioned it before. Are patients ever surprised when you approach them as if they're experts?

Jillian Reardon:

They are definitely taken aback. I would say our regular patients that we've seen many, many times have grown to expect it, and they show up to their appointments in a different way perhaps, but certainly for patients that we're seeing for the first time, they often expect their appointment with us to go very much like maybe a traditional doctor's appointment or medical appointment where they show up and they're passive bystanders and they're following instructions and told what to do. Certainly some patients still prefer this and they do want that more paternalistic approach, but we need to know what their preference is, and not assume they want to engage in shared decision making or not assume they want us to tell them what to do. So again, being part of patient-centered care and being an advocate is understanding their preferences.

Jillian Reardon:

So I mentioned earlier, a patient may actually not want to be involved in shared decision making. We always think it's a great thing to do and that we should practice shared decision making and patient-centered care. But if they don't want to partake in that shared decision making process, respecting that is patient-centered.

Barbara Gobis:

Well, and basically what they've done is they've made the decision to let you make the decision.

Jillian Reardon:

Exactly.

Barbara Gobis:

As opposed to you making the decision without them even having any sense of control over that process.

Jillian Reardon:

Exactly. Exactly. So I mean, those are things you can ask a patient outright, or sometimes you can gauge that by how they interact with you and carry themselves in the appointment.

Barbara Gobis:

Yeah. Because it might be, "What would you like, Jillian?" You're asking a patient, "What would you like?" And then you were saying, "Well, what would you like?" "No. Well, what would you like?" "What would you like me to like?"

Jillian Reardon:

Yes, doing the dance.

Barbara Gobis:

Yeah. Yeah. Yeah. So I guess that's, again, part of the art of having this kind of a practice is just being comfortable going with where the patient needs you to go.

Jillian Reardon:

Yeah, absolutely.

Barbara Gobis:

Yeah. So let's unpack this a little bit more. In your experience, what works particularly well and what doesn't generally work when you are practicing in a patient-centered way?

Jillian Reardon:

So definitely as I mentioned before, being able to read the room a little bit and being able to gauge the patient's comfort level. So looking for those cues, if it's an in-person appointment, or if it's a video appointment, you have the luxury of being able to read their body language and see how comfortable they may be opening up and sharing with you. If it's a phone appointment, then you're a little more limited. So you really have to be an active listener and be attuned to the tone of their voice and the amount of information they're sharing with you. So being able to gauge their comfort level and assess where they're at to guide you in your approach with them. So when I'm usually starting off an interaction, if I haven't met this person before, just really being mindful to ask open-ended questions and let them hopefully fill me in on where they're at and where they want to go with things.

Barbara Gobis:

Give us an example. What kind of an open-ended question would you throw out there to start the volley?

Jillian Reardon:

Yeah. I mean, just often I'll ask them, what were your expectations for this appointment today? Or what did you come here expecting to accomplish? And that can be very telling. So if they respond back with, well, I'm here to talk about my medications, and that's all they give you, then you know that they may not be as open to those conversations or discussions. Whereas sometimes you ask that question and you get their whole life story and everything unpacked in front of you. So just, again, giving them sometimes that space just to share and talk can open up a lot, because I think very rarely do people show up to healthcare appointments and have the luxury and space to just speak openly. It's usually very directed, pointed questions about their chief complaint and what's going on for them.

Barbara Gobis:

Right, yeah. Yeah. I mean, listeners might be thinking, oh my gosh, we're handing control of this appointment over to a patient and it's going to run wild and it's going to take a ton of time. I mean, how do you manage that?

Jillian Reardon:

I mean, we certainly have the luxury in a primary care setting where we can follow up with patients. And if, for me in an appointment, we just talk and establish trust, sometimes that's a very effective use of time because it means that future appointments, we can get down to business, if you will, and start to delve into the drug therapy problems. But I think we undervalue how important it is to spend that time building that trust, building that relationship. And that actually will pay off dividends in the long run with your therapeutic relationship, with being able to implement recommendations, with having that patient trust you in their care.

Barbara Gobis:

Right, yeah. It's a marathon, it's not a sprint.

Jillian Reardon:

Yes, exactly.

Barbara Gobis:

Okay. Yeah. I hear you. How can pharmacists and pharmacy students who are working in other settings, you're talking about the primary care setting that you get to work in, but how can pharmacists and students working in other settings apply this patient-centered care approach in their practices?

Jillian Reardon:

Yeah, so I think there's lots of different ways. I mean, there's certainly just by modeling it. That's one way. And then there's certainly deliberate things I think you can do with patients to open up these conversations and ensure that you're hearing their needs. So I do think patients almost have to be taught a little bit or encouraged to be involved in their care sometimes. And I don't like using that term because then that sounds like we're telling them what to do, but inviting that conversation, making it

clear that this is a space that you value and want to hear their opinion and opening that door to normalize those two-way conversations, because it might be very new for them. So again, asking those open-ended questions. I think even in the way you prepare a patient to be seen. Again, we're in a primary care environment, but I think in our communications that go out before the appointment and we have an intake form where they can fill out their concerns, that starts to frame their mind for how they may be treated in that appointment.

Jillian Reardon:

Other examples include, we have the ISMP, five questions patients should ask about their medication. We have that posted around our waiting room. I think that's, again, a way to encourage patients and say, "Oh, this is a space where I'm going to be encouraged to ask questions and share my concerns."

Barbara Gobis:

For listeners, SIMP is Institute for Safe Medication Practices. And if you go to their website, they've got this great five questions to ask. It's the five things that patients should always know about their drug therapy. Great icebreaker.

Jillian Reardon:

Exactly. Yeah. So creating that environment where they feel safe. And then when you're actually in the appointment or in that patient encounter, I think there's lots of different things you can do. So just being transparent, being honest about limitations of the evidence or limitations of your knowledge. If you need to look something up, not being afraid to say that and not sugarcoating things with them.

Barbara Gobis:

People can smell the BS, so don't even try.

Jillian Reardon:

Yeah, exactly. Exactly. One thing I like to do is, we're often behind a screen and we're charting and taking our notes. But if I want to show the patient, say lab values or maybe a diagram that illustrates something or part of their chart, I turn the screen around and I walk through it with them so that we're both there looking at it together and there's not that power differential of me behind the computer, the shroud of secrecy, and then they're just sitting on the other side.

Barbara Gobis:

Great visual too, side-by-side working together.

Jillian Reardon:

Exactly, exactly. Another thing that can be done during the appointment or during that interaction is encouraging them to bring a support person with them when they go to the pharmacy or go to their appointments, whether that's a family member, spouse, caregiver, whatnot, and invite them to be involved, obviously with the patient's consent, can also help just allow them to feel supported and vocalize their needs.

Barbara Gobis:

Yeah, yeah. Well Jillian, what I'm hearing from you is, it just gets me so excited because, I mean, pharmacy is an art and a science, and the science is what everybody learns in the classroom and in the literature and everything else, but how you use that information to benefit a patient is where the artistry comes in. You are talking about artistry here. You're talking about, I hate that term soft skills because it implies somehow that it's not tangible. In my experience and in yours, I know we've talked about this, patients don't care what you know until they know that you care. So you have to be able to connect, listen, hear what they have to say, create the environment. All of that stuff is what is ultimately going to make you and the patient successful in that healthcare interaction and is critical. This is critical stuff, and you've laid it out in a way that just makes so much sense. I think we all want to be treated like people and like we matter.

Jillian Reardon:

Yeah, absolutely. And that's what the patients will remember. And again, taking some of the pressure off yourself to solve all those problems or be the hero and swoop in and make everything better, and knowing that if you can have that trust, if you can work together and be transparent, you'll get there and patients will, I think, be thankful for that approach.

Barbara Gobis:

Yeah. Wow. Well, thank you so much, Jillian, for sharing your experience and your wisdom on this. It's just so important. So again, thank you very much.

Jillian Reardon:

Thank you for having me. It was a pleasure to sit down and chat again.

Barbara Gobis:

Oh, anytime. So listeners, please join us next time when we'll have Nikki [Demanski 00:16:11] with us to share her opinions on practice, change, and early career development as a clinical pharmacist. So until then, take care and take care of each other.

Announcer:

For more information on the Pharmacist Clinic, please check out our website, where you can access more practical information, including our newsletter, archived webinars, and practice resources. From our practice to yours, thank you for listening.