

Speaker 1:

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.

This podcast is provided by members of the UBC Pharmacist Clinic. 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, BSC(PHARM), ACPR, MSCPHM:

Hello, and welcome back to the Our Practice podcast. What comes to mind when you hear the word innovation? Is it new technologies changing the way we live our life? Is it AI, robots, and drones, or is it simply a new way of thinking or small changes to optimize the way we do something? No matter where you practice, innovation for most people is either enticing, exciting, or intimidating, or a combination of those. Today's guest is here to talk about some of the different ways we incorporate innovation into our pharmacy practice, both in the way we work and the way we think at the Pharmacist Clinic.

Welcome back, Jamie. Jamie, the last time you sat behind the mic with us, we talked about your systematic approach as a clinical pharmacist. Today, we're going to move away from those systematic, methodical processes and step into the world of creativity, innovation, and change. Speaking about change, what is new with you since our last time in this studio?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Thanks for having me back, Barbara. The biggest change I would say would be my wife and I bought a new home, but looking at your intro, or listening to it, I think I should have spent the money on robots or drones instead since we're talking about innovation.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Oh, well, that's exciting. That's that's I think one of the biggest changes that a lot of people have in their lives, isn't it? So Jamie, you've been involved with the Pharmacist Clinic, I was thinking back, since about 2014, first as a learner and then as a staff clinician. And the clinic is of course, a unique and innovative model of pharmacy practice. How did you feel when you first joined the clinic, and how did you adapt to this new way of thinking and practicing?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

So I think comparing my experience being a learner compared to being a faculty member and a team member, I will say it's a little different in my situation because I had that experience upfront, but that being said, I was excited to transition to a new practice setting, one that does encourage innovation and experimentation. At the time, I think my main focus was to make sure that my clinical knowledge was up to par to be able to address the types of patients and conditions we see at the clinic. At the time, being able to spend a full hour with the patient was definitely a huge change for me and something different that I was not used to.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yeah. Some people are thinking like, "Oh my gosh, what am I going to cover in an hour?" But the hour goes fast, doesn't it?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

It does. I think my first couple of consults I was done in 15 minutes, but that was a quick lesson for me. I got used to and comfortable with not having to rush a consultation or rush a discussion with a patient, so that was very nice for me. It just helped making things feel natural to get to know the patient as a person before diving into the health related concerns. And I guess another aspect to mention was the non-patient care type work that we do at the clinic, specifically, the project work. I would say at the time, I probably didn't have much or any project management skills, and those were not natural to me, so I made many mistakes along the way, but it helped me build those skills, so I think that was very helpful.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

I think the same can be said for any one of our team members. We hire based on clinical skills, and then we put people to work building projects and initiatives, and it's like, "Hang on. We didn't know that this was part of the job." But that's life, isn't it? I always refer to it as the glorious messiness of life and what you're going to learn and what you're going to come up against. I just want to comment, Jamie, I was excited to hear the fact that you chose the word excited in terms of how your mindset coming into a change environment. Some people approach it with trepidation, but change is all around us anyway, and so you may as well accept that it's going to happen and bring it on.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

That's a good point to make because I think bottom line is in this role being comfortable with change and being able to adapt with it.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Okay. Mindset. Excited, prepared, braced, eat your Wheaties in the morning, and come in and be ready to go. What does innovation mean to you and what does it look like in your practice?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

To me, innovation means trying new things or approaching a problem from a different perspective and having the courage to try something new knowing that it might fall flat, or it might fail, but you're going to try anyway because perhaps that might lead to a new or different idea or spark something different in different people. In practice, it might look like trying out a different workflow model or working with people you don't usually work with and to generate ideas and brainstorm within a project team. In terms of it being a mindset type of deal, I think a mindset within an organization, within a team, that can change, and I think having that mindset going forward and making sure you have your values, your preferences in terms of how you work together would be very important, and I think that's one of the things that we do practice as a clinic.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. Yeah. We have a few anchors, a few things like our vision for what we want to achieve, how we're going to work together, and then our commitment to our goals and our specific projects over a period of time, and that gives us the framework within which to be a little bit flexible and creative and innovative. I really like the fact that you use the word courage. I think it's courageous to accept the fact that change is inevitable. I think it's a little bit of denial to think that you're going to be able to do the same thing day after day, month after month, year after year. What types of innovative clinical tools have you integrated into your practice?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Very timely because the pandemic has forced, to many of us, to be innovative in the way we practice, especially in a clinical role. So recently, I'm not sure if our listeners will be aware, but pharmacists have gained access to CareConnect. While it's not quote unquote innovative, per se, it does open up the doors for pharmacists to be able to build a different innovative practice, being able to access that technology, access that information.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

And if memory serves me correctly, Jamie, you were the first pharmacist in the province to actually be able to connect in to CareConnect and see the very first patient data, weren't you?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

I was, and I should probably put that somewhere in my profile. So there are many digital apps that can be used to compliment clinical practice, and the list does grow longer each day. So at the clinic, we've embarked using Heart Track to aid in digital monitoring for chronic disease management, so for example, hypertension or Type 2 Diabetes, and I expect there to be increasing growth in this area as pharmacists determine our role and how we want to use that in our practice.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

So tell me a little more about that app. What makes it innovative?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

So as a user, as a patient, you would download the app, and the clinic or the pharmacy will be able to provide the user a code to match up the clinic and their data. And as a patient, for example, if I have high blood pressure, if I'm taking my blood pressure a couple times a week, if I have a Bluetooth enabled blood pressure machine, it'll sync automatically to the app and that uploads it onto a portal and that portal will allow the pharmacist or the clinician to access the data.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

That's so cool.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

It's pretty cool. I would say accessing that data in real time or whenever is needed or on demand really does go a long way.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yeah. Very cool. What other types of tools are you using?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

So recently our team member, Nikki, has embarked on a project to build more clinical tools within our EMR Oscar. So as a practicing pharmacist, we're able to access assessment tools, validated tools to aid us in our clinical practice. For example, if I'm assessing a patient's depression, I can use the PHQ 9 Form that's already built into Oscar and be able to access that quite quickly.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Oh, okay. Yeah. Very cool. So upon implementing these types of tools, what impacts did you see, both positive and negative, on either your patients directly or on the way you provide care?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

I'll use CareConnect as the example because I think it's going to impact more pharmacists across the province, but being able to gain a better understanding of the patient's medical history before I see them for the first time really goes a long way. I will say the work is probably more upfront, but it does make the appointment a little more efficient. It also shows that I've made efforts to get to know the patient before they sit down to get to know their case, so they don't have to explain themselves over and over again which I feel like they appreciate. And I feel that they appreciate the level of detail and preparation that goes into an appointment or a consultation.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. So from a logistics perspective, then, you had to shift some of your workload to more upfront prep to make the appointment go smoother and enable you to be more, perhaps, efficient in your clinical care during and then after the appointment.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Mm-hmm (affirmative). And I will say maybe a quote unquote negative would be learning to build that time upfront to read the notes and be able to digest that information and getting used to a new process, but that's nothing new for us.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. Because you are courageous, and you are innovative.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Oh, thanks for that.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

So we hear that the innovation killers out there are lack of funding, lack of understanding, or lack of time. How do you overcome these barriers?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Lack of funding, that's always going to be something that's a theme, but you'd be surprised at the amount of grant funding opportunities out there through government agencies or educational institutions. So as a pharmacist, if you're able to partner up with somebody at an organization or an educational institution, I think that would be a way to get in to see if you can get some funding for your project or for your work.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. Yeah. All of this kind of innovation really needs to be field tested, and so there are opportunities to help somebody field test, aren't there?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Definitely. Lack of understanding, lack of time, those are really great points. I would say lack of time is always going to be a theme as well, but being able to, again, have that courage, and there is an athletic company that has a certain slogan. I don't think I'm allowed to say it, but basically go for it. Something similar. Please don't come after me.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

What athletic company could that be?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

But lack of time, of course, is always going to be an issue, but being able to just go forward and try things out and learn how much time it might take, perhaps we can work with others and divvy up the workload to make things easier for us.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

So there's that courage, and there's that attitude coming out there, Jamie, and I think that's what makes you such a good person to talk about innovation. Okay. I've got one more question for you. So we've been talking about barriers a little bit. So what other barriers might you and other pharmacists encounter in your efforts to integrate more of these kinds of innovation tools and practices into your day-to-day care?

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

I think with any new ideas or any innovative work, there's going to be a spread of early and late adopters, so I would say don't be discouraged if others don't want to go on the ride immediately. It's probably easier to work with those who are willing to have an early adopter type mindset or similar goals, and then you can impact those late adopters in due time. So I think showing them and demonstrating the value or the potential would be very useful in that situation.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

And I think that what you're speaking to there, Jamie, is that some people are okay with proceeding without all the information, and other people want to wait and observe and let somebody else answer the big questions before they jump on board, and that's personal style as well.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Oh yes. That's totally fine.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yeah.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

It's just comfort level.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Yeah. I think you might be in the early adopter group.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

I would say it's important to explain new innovative approaches that impact patients or patient care as they might not fully understand what's going on and what the why is behind it or how it might impact them in practice. We often hear, "Oh, I'm not quite sure what a pharmacist does or what a pharmacist has to offer." So being able to communicate that upfront and communicate the why and the how hopefully will address those barriers, especially when a patient is coming to the pharmacy, coming to a clinic, and something looks different, something looks new, they're not quite sure what's going on. That will be quite important to clear the air.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. You need the sound bites, don't you? The upfront to help somebody understand and then come along with you.

JAMIE YUEN, BSC(PHARM), RPH, BCGP:

Mm-hmm (affirmative). And I think finally, I would say there are things out of people's control, out of your control, so try not to worry too much or let them bog you down, and if you fail or if you learn a lesson, that's just a lesson for next time.

BARBARA GOBIS, BSC(PHARM), ACPR, MSCPHM:

Right. Yeah. Yeah. Well, those are excellent words. Jamie, even though we've worked together for many years now, I always learn so much when we talk. Trying something different may seem logical and intuitive, but change can also be really intimidating for some people, and you've instigated a lot of innovation in our clinic. A lot of that was inspiring new ways of thinking, which ultimately led to new ways of doing. I hope we can all come to learn that opportunities to innovate exist in every workplace, and it always starts with the question, and it always starts thereafter with courage. So don't be afraid to ask the question and don't be afraid to hear the answer and run with it.

Well, that's it for today. On our next podcast episode, we're going to be joined by our clinic's newest team member, Dr. Tiana Tilley, to chat about her courageous career moves and what courage looks like in day-to-day practice. So stay tuned. From our practice to yours, thank you for listening.

Speaker 1:

For more information on the Pharmacist Clinic, please check out our website where you can access more practical information including our newsletter, archive webinars, and practice resources.