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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. We aim to inspire and empower you, our pharmacist colleagues, to learn and grow in your own practices.

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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 acknowledged 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 Practice podcast. I've been a pharmacist for almost 35 years and I thought I'd seen it all. And of course, I was wrong. We're in a particularly active time of change for our profession and that's why the faculty of Pharmaceutical Sciences here at UBC established the Pharmacist Clinic in 2013. We are a patient care teaching and practice research site, dedicated to supporting scalable and sustainable pharmacy practice change. We learn by doing and then share our experiences in our practice, what worked and also what didn't so other pharmacists can learn along with us during these changing times.

Barbara Gobis:

Society wants pharmacists to focus our knowledge and skills more on clinical work and less on technical work. By clinical work, we mean anything that involves what and how a medication is being used and working for a patient. Likewise, the technical aspects of dispensing are best handled by technicians and technology. It all starts with mindset, and today we have Jillian Reardon in the studio to discuss the pharmacist clinic mindset.

Barbara Gobis:

Jillian is a clinical pharmacist at the UBC Pharmacist Clinic with a passion for primary care, pharmacy practice innovation and supporting pharmacy learners of all levels in their own professional development. Jillian began her career in the Maritimes completing her undergraduate pharmacy degree at Dalhousie University in Halifax, Nova Scotia, and her hospital residency with Horizon Health Network in St. John, New Brunswick. Jillian practiced clinically in inpatient cardiology at the QEII Health Sciences Centre in Halifax before relocating to Vancouver to pursue her graduate pharmD degree. Hi, Jillian, and welcome.

Jillian Reardon:

Thanks for having me, Barbara. Happy to be here.

Barbara Gobis:

Well, it's just a thrill to have you here, and we are going to talk about what I consider to be the cornerstone, the foundation, for pharmacy practice today, mindset. I'm going to ask you a few questions. You're going to give me your thoughts and then we're going to discuss just so that listeners can have an idea of what to expect.



Jillian Reardon:

Sounds great.

Barbara Gobis:

All right. Question number one, starting at the top, Jillian, how do you view your role as a pharmacist?

Jillian Reardon:

Yeah, so that's a big question to start out with, lots to think about there, lots to unpack. I think, for me, the way I view my role as a pharmacist has evolved and changed over the course of my career to date. And I think where I am now, I really try to take a more holistic view and broader approach.

Jillian Reardon:

Everyone thinks of pharmacists as the drug therapy experts, and that's how we're trained in school and that's how we position ourselves. And of course, we're the drug therapy experts. But I like to think of myself as a pharmacist sort of taking on that broader role and really being that patient partner; being that bridge between the patient, other members of the healthcare team; acting as a knowledge translator, not just for patients but for colleagues and members of other professions. Really that's that it's a care provider first and a pharmacist second.

Barbara Gobis:

Yeah, I really liked the way you said that, because pharmacy is a caring profession for sure and the person that we're all having to work and focus our energies on is the patient in our care. I really appreciate the way you said that. Knowledge translator is interesting. What does that mean for you?

Jillian Reardon:

Yeah, I mean that's another sort of buzzword, if you will, that we hear all over the place and can mean different things to different people. But for me, I really think of that as the knowledge translator, both for patients and for colleagues. So being able to take evidence, take guidelines, take best practices, and put those into practice. And tailor those specifically to a patient in front of me and ensure the patient understands that and can make informed decisions.

Jillian Reardon:

And similarly, working with whether it's family physicians or nurse practitioners, pharmacists, colleagues, being able to discuss evidence with them and put that evidence into practice, so it gives meaning to it. It gives kind of that real world spin so that we can use it practically in our day to day.

Barbara Gobis:

Yeah, yeah. That's really, really important because we're drowning in information, but we don't necessarily understand exactly what it means. Just before we move on to the next question, I just want to drill down a little bit on your comment around being a patient advocate, because we hear that a lot. Patients are on drug therapy and nobody's listening to them and they don't understand what's going on. Can you just describe how you... It's almost like the reverse. You're taking what a patient wants and explaining that so that the team can hear. How do you do that?



Jillian Reardon:

It's not always straightforward or easy, but I think having that... You talked about mindset. So I think having that mindset of being a patient advocate going into each and every appointment is important. And trying to really put your biases and your opinions to the side, and really thinking of it as a meeting of experts. The patient is the expert in themselves, in their conditions, in their medications, in their experience with those medications. And I'm the expert in the drug therapy and the evidence.

Jillian Reardon:

Being able to be humble and realize that the patient really is the expert of themselves and being the center of care, I think really enables me to then hear that, listen to it and give it meaning, and not just sort of chart it down and ignore it. I think the mindset is a big piece of that and seeing myself as a patient advocate as part of my role and part of what I do helps me to bring those issues forth to the team, help the patient navigate their care.

Barbara Gobis:

Yeah, yeah. What a great perspective, the patient is an expert on themselves. They are, and you're a meeting of experts.

Jillian Reardon:

Absolutely.

Barbara Gobis:

A beautiful way to frame your mindset as you're going into an interaction with a patient. That's fabulous. Okay, question number two, what goes through your mind as you prepare to talk with a patient?

Jillian Reardon:

Oh, lots of things. These are great questions. I think I do try to have a systematic approach. And regardless of why the patient is coming in or who's referred the patient or what information I may have, I do try to approach all patients in the same way, especially for new patients who I haven't met yet.

Jillian Reardon:

Part of that kind of ties into, as I said before, around the advocacy piece is sort of checking any of those biases or assumptions, and really just having an open mind about what that patient is going to tell me and what their needs are going to be. And so trying to keep that in mind and then have a systematic way in which I gather background information, in which I prepare for the appointment.

Jillian Reardon:

Often in our practice setting, we may not have access to all the information and we may not have all the labs or the diagnostics or all the answers. But regardless of that, my approach is still the same in terms of how I gather information, and really looking to understand the patient's chief concern and what they want to get out of the appointment.

Jillian Reardon:



Especially with a new patient. I always like to place priority on establishing that relationship. And so not rushing to sort of identify all the drug therapy problems and put out all the fires, but really thinking of it as this is the first meeting and we can have follow-up as often as we need to to get to the issues and come to a resolution. But in this first meeting, we really just need to get to know each other, the patient needs to feel comfortable, needs to trust me. And so I place a high emphasis and high value on that.

Barbara Gobis:

Yeah. Yeah. You're just underpinning here the foundational way that you think when you approach a patient. Your mindset is it's all about the relationship. It's all about being caring. I like your comment about being open-minded. We don't know what we don't know so we have to suspend judgment, limit our assumptions as best we can, and be curious and ask those questions. In some ways, you're really a detective. You're digging in to find out what's going on in a very quick period of time.

Jillian Reardon:

I would definitely agree with that assessment. And I will add too, I find there's, almost on my part, a sense of urgency or a need to also go into the appointment and explain and ensure the patient understands the role that I play and what I can help them with. Often there's the misconception that just because a patient's seeing a pharmacist, that means that they're going to be put on a bunch of new medications or have their doses adjusted. And they don't always appreciate that we may be able to help them reduce their medications and help them understand and use their medications better. I do feel that onus going into an appointment to make sure that I can clearly articulate my role and make sure the patient understands that and is comfortable with that as well.

Barbara Gobis:

Yeah, that's all foundational to that relationship, for sure. Yeah, okay. Question number three, did you always view your role this way? How did it shift and how were you able to make that transition to a new way of thinking as a pharmacist?

Jillian Reardon:

Yeah. As I mentioned earlier, I definitely have had a shift in terms of how I view the pharmacist role and how I view my role. And I certainly, coming out of school and doing residency and then working in hospital, my first job, I really thought of myself as needing to be super evidence-based, focusing in on therapeutics, focusing in on making those recommendations to the care team.

Jillian Reardon:

And while that's all very important, for me what's shifted is really appreciating how the real world and the messiness of the real world impacts the patient care, impacts medication decisions. And needing to really understand the patient's medication beliefs, their experiences, to help them navigate their drug therapy; and focusing more on kind of the long-term goal versus let's try to fix everything in the short term.

Jillian Reardon:

And so for me, that shift, I think really occurred when I moved from acute inpatient care to a primary care setting, where I have the opportunity to see what happens when patients are discharged from hospital and they've been started on five new medications, and how do we navigate that? Sort of learning that patience and



learning to work in the gray has really been something that's come to fruition with me over the years. It definitely took time and learning from mentors, using my patients as teachers, seeing how my team members practice have all sort of shaped that role in the way that I see myself.

Barbara Gobis:

Yeah. What I hear you talking about really is the art of being a pharmacist. We're all taught the science of the facts and the information, and then the artistry has to overlay on top of it in order for you to be a really effective clinician. And I dare say, Jillian, you are quite the artist.

Jillian Reardon:

Well, I've never thought of... I shouldn't say I'm not a creative person. I definitely don't think of myself as an artist, but maybe now I will. Thank you for that perspective.

Barbara Gobis:

Well, I mean, pharmacy is an art and a science. So yeah, you are an artist, and there's so many nuances and all of the social sciences that come in to helping people. And like you said, I love your expression, the glorious messiness of real life. Having a patient care mindset and appreciating that people are gloriously messy means that you always have to be able to be nimble on your feet, problem solve. The work that you do as a clinical person will never be replaced by AI or robots because of that glorious messiness of the patients that we're caring for. Yay, yay for artistry.

Jillian Reardon:

Yeah, and I think it takes time to get to that point too. I think part of that is being comfortable in my therapeutic knowledge. When you come out of school, you're focused on that. You need to take time to learn that and develop that so that you can almost free up that brain space and give yourself permission to focus on all the other factors that are arguably more important at the end of the day.

Barbara Gobis:

Yeah, great advice. And speaking of advice, we're coming to our final question. Jillian, what advice do you have for student pharmacists and pharmacists in practice who are in transition in how they view their role?

Jillian Reardon:

Going back to the first question, I would encourage them to see themselves as members of the patient's care team and thinking bigger than being just the medication expert. That's a foundational part of your role, but you're also a healthcare provider. And so there's lots of roles and hats you can wear within the care team. I would say that.

Jillian Reardon:

And if I can give a second piece of advice, which I think is an important one, I would say that it doesn't always have to be a drug therapy problem. So often we may see patients and their medications are optimized and they're doing just fine, but that assessment and being able to use your expertise to critically look at all the medications and everything that's happening and give your stamp of approval is extremely valuable. And I think students often struggle when they can't find problems. They think they're sort of wasting their time or they



haven't provided a good service. Recognizing that there's value in your expertise and value in your assessment. And if there's no drug therapy problems to solve, that was still time well spent.

Barbara Gobis:

Yeah, yeah. It's this whole notion of mindset. This is a big shift in how pharmacists think, and it's what society wants us to do. It just really starts with making a commitment to who your patient is, why you exist and how you're going to care for them the best way possible.

Barbara Gobis:

Jillian is walking, talking proof of the fact that we as pharmacists have what it takes to be significant contributors to patient healthcare. And our patients want to receive care from us this way. We just have to get comfortable thinking this way. Any last parting words there, Jillian?

Jillian Reardon:

I would just sort of build on what you've just said in that patients do want this and they will appreciate you for it. You don't have to have all the right answers. But if they know you're committed to working with them, you're meeting them where they're at, they will be very patient and more than to work with you in the process.

Barbara Gobis:

Yeah. Great, great parting words. I can't say anything more other than to thank you profusely, Jillian, for your time. I know you're busy and we just really appreciate you sharing these practical insights with us. Thanks again.

Jillian Reardon:

Thanks, Barbara. It was my pleasure.

Speaker 1:

That's it for today. 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. From our practice to yours, thank you for listening.