

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.

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Announcer:

Thank you for joining us. And now here's your host, Barbara Gobis.

Barbara Gobis:

Hello, and welcome to the second episode of Our Practice podcast.

Barbara Gobis:

We are in a particularly active time of change for our profession, and that's why the Faculty of Pharmaceutical Sciences at UBC established The Pharmacist Clinic. The clinic is a patient care, teaching and practice research site dedicated to supporting scalable and sustainable pharmacy practice change. Our clinic team learns by doing, and then we share our experiences in our practice, what worked and also what didn't, so other pharmacists can learn along with us.

Barbara Gobis:

What does it mean to be a clinical pharmacist? For us, clinical work refers to anything that involves what and how medication is being used, and working for a patient. We are trained to do clinical work. So, let's explore the process of how to apply this training in our daily work lives.

Barbara Gobis:

In our first episode, we talked about the pharmacist clinical mindset as a foundation for practice. I'm pleased to be joined in studio today by Jamie Yuen to build on this foundation and discuss how to establish a clinical process in practical terms. Jamie is a clinical pharmacist and lecturer at the UBC Pharmacist Clinic. He completed his bachelor's in pharmacy degree at UBC and practiced in a variety of community-based settings as a pharmacist and pharmacy manager. Jamie completed the UBC community pharmacy residency program. And is a board certified geriatric pharmacist. He is passionate about practice-based research, practice innovation, and teaching learners. During his free time, Jamie's so cool, he enjoys weightlifting, reading science fiction and all aspects of music, including writing, recording, and discovering new music.

Barbara Gobis:

Hi, Jamie, and welcome.

Jamie Yuen:

Hi Barbara. Thanks for having me today, and for the very nice introduction. I'm excited to be part of the new podcast series.

Barbara Gobis:

Oh, well, we're just really thrilled to have you here, Jamie. So, Jamie, as a first-time guest on our program today, just a reminder that our format is I'm going to ask you a question, you're going to share with me your thoughts. We'll discuss a little bit, we'll go through a few questions. And then, we'll summarize with a few key points for our listeners.

Jamie Yuen:

Sounds great.

Barbara Gobis:

All right, so let's start. Question number one, Jamie, please describe your clinical process, so our listeners have a crystal clear idea of what we're talking about here.

Jamie Yuen:

Absolutely. So, before I start with the clinical process, I will start by welcoming the patient, explaining the role of the pharmacist, and asking what they hope to achieve during the appointment. And this is something I learned throughout time, because whenever I see a patient and sit down for the first time, they might not understand why they're seeing a pharmacist and what we have to offer. So, before even diving into the clinical aspect of practice, I just want to make sure we're on the same page.

Jamie Yuen:

In terms of the actual clinical process, so we'll start off with the information gathering. So, asking the patient what their goals are for the appointment, and they might have their specific goals. And perhaps they are a self-referral and they have specific things they want addressed. If they were referred by a physician or another healthcare professional, we'll review that and make sure they're on the same page.

Jamie Yuen:

And in terms of information to gather, information such as allergies, social history, so caffeine, alcohol, tobacco usage, cannabis, illicit medication, or illicit drugs. It could be questions such as living situation for a geriatric pharmacist, and looking into diet and exercise, and perhaps what they do for work. And then, moving on to family history, performing a medication reconciliation, looking into past medical history and reviewing any lab work or blood work.

Jamie Yuen:

And then, moving on to the assessment portion of it, after you have that information gathering session and discussion with the patient. As a pharmacist, I believe it's very important for us to be able to voice and verbalize our assessment of the patient's clinical condition and their case. And then, we'll move on to the shared decision making process. So, as a pharmacist, if I have some ideas or recommendations, I absolutely want to discuss this with the patient. So, let's say, for example, I have two options, option A, option B, I'll discuss with the patient what it looks like, what the risks and benefits are. And bounce it back on them to share their thoughts and what their values are. And then, of course, we'll land on a recommendation, a plan that way, a monitoring plan and then plan for followup in the future.

Barbara Gobis:

Okay so, as I sit and I listened to you, describe that, that sounds like a lot. But it also sounds like there is a logical process to it. Getting your information, looking at what you've got, sorting it all out, deciding what you're going to work on first, and then taking action.

Barbara Gobis:

Just what do you find is the trickiest part of that process? What takes the most work, or the most brain space for you that you think might trip some other people up?

Jamie Yuen:

I think depending on the types of patients you see. So, for example, at the clinic we see a lot of complex chronic diseases, a lot of complex patients. And I think going into the appointment, it might be daunting, if you look at the [inaudible 00:06:22] profile you see 15 plus medications, and that does not include supplements, and a bunch of medical conditions or comorbidities that can be daunting in itself because you have to peel back the layers. And I think one thing that might trip people up is trying to address everything at once. And we know that in primary care practice, we'll just address one thing at a time because it's going to be a work in progress. And we're trying to establish a long-term relationship with the patient.

Barbara Gobis:

Yeah, that's a really good point, right? You have to start somewhere. You can't do everything. Rome wasn't built in a day, the patient didn't become complex in a day. And so, likewise, the solution is going to be step wise. So, that's a really key point. Thank you for bringing that up.

Barbara Gobis:

It sounds, to me, like you can talk about your patient care process and your clinical process in your sleep. So, I'm sure you have had quite a bit of experience. I'm interested, how did you establish this process? How did it come to be for you in your practice?

Jamie Yuen:

Thanks, Barbara. It might sound easy, but it didn't come easy, that's for sure. So, for me, I owe my clinical process to a lot of the preceptors and mentors I've had the honor of learning from them throughout the years.

Jamie Yuen:

And just to explain to our listeners who may not be familiar with my background, I practiced in community prior to pursuing a residency. And one of the things that actually led me to be interested in pursuing a residency is, at the time, in community practice, I didn't have strong clinical skills. I wanted to perform clinically, but I realized I had some limitations. So, that kind of led me to pursue the residency and additional training. I had to undo some habits, I'm not going to lie. I think working in community in where I practiced, I developed that rush, rush, rush mentality. And in primary care, we know that we have the luxury of time of being able to sit down with a patient for an hour. So, that was a big learning opportunity for me.

Jamie Yuen:

And maybe I'll share an experience that I actually had during residency. And to our listeners, this is not planned, but it was actually at The Pharmacist Clinic when I was completing a practicum here. So, the idea of 60 minute appointments was brand new to me. And, for me, a 15 minute conversation or discussion with a patient would've been, "a long appointment." So, going into one of my first visits, I had some questions laid out in my mind. And in discussing with the patient, I think about 15 or 20 minutes after I started, in my mind, I was already done, but with the encouragement and input from my preceptor and colleagues, they helped hone my skills and helped me realize I was not done. I actually had a lot more questions that I could have asked and probed into. So, that was one of the things that I learned through residency.

Jamie Yuen:

So, one of the other things that I've learned throughout my residency experience is really trial and error. So, if I try something and it didn't go so well, maybe I'll try something different, or maybe I'll build on that. So let's say, for example, if I am trying to explain some education points about migraine headaches to a patient, and what comes out of my mouth may not make sense, or may not be patient friendly. Then, next time, I'm going to hone that message and make sure that I am patient friendly using patient friendly language, lay terms to make sure that that message is actually being understood.

Barbara Gobis:

All right. Yeah so, what I'm hearing here, Jamie, is that it's definitely an iterative process. And what I hear also from you is that it requires a person to be reflective, to look back. Every conversation, every interaction, there's something that we can learn. "Did that go well?" If it went well, great, I'm going to do it again. If it didn't go well, woo, I'm never going to do that again. Or else I'm going to change it up and try it again. That takes a lot of courage. And so, what I'm hearing from you is that you had the courage because you wanted to practice in a way that would take better care of your patients than you were previously.

Jamie Yuen:

Mm-hmm (affirmative).

Jamie Yuen:

And to add to that, I think throughout that trial and error process, what I landed on was some sort of standard template that I have in my head and I fall back on. So, if the conversation ever goes sideways, or we go on a tangent, I have that built into my mind, so I'm able to continue there.

Barbara Gobis:

Yeah. It's good to have that process. I guess one of the phrases that we've talked about, as well as that you have it in your bones. It's like your muscle memory, you just get to do it and you do it by reps. So, thank you for sharing that journey and the process that we all go through, really appreciate that.

Barbara Gobis:

So, I'd like for you to share with our listeners, what your clinical process looks like in action in your current practice, please.

Jamie Yuen:

So, maybe, I'll use a migraine headache patient as kind of the core of this example. So, we sit down with the patient, again, explain what to expect from the pharmacist visit, what I have to offer as a pharmacist and how our relationship may look like in the future. Go through the patient goals to make sure that I'm able to address those issues. If they have questions, I ask them to bring it up in the beginning, or even throughout the appointment. So, I'll note them down to make sure they walk away with their questions answered.

Jamie Yuen:

So, in the beginning, this is my process that I've learned, if I don't ask about drug allergies right off the bat, I will forget. So, I get that out of the way. I will start to talk about more simple questions, such as social history, or family history. And I find that this might help build rapport. It's not heavy in terms of telling the story at that point. But sharing questions... Or sharing answers, sorry, such as their alcohol intake, caffeine intake, tobacco, those are quite simple and lifestyle type questions. And then, moving on a family history. And then, spending a lot of time in terms of the medication reconciliation.

Jamie Yuen:

So for our listeners, of course, being pharmacists, this is our area of expertise and really teasing out, and providing the BPMH, or best possible medication history. The medication, the dose they're actually taking compared to what's on PHARMED, or what's prescribed. The indication, what they're taking it for. Having that, rinse and repeat, and getting the full list of prescription medications, nonprescription medications, if they have any eyedrops, eardrops creams, topical treatments, all of that to make sure we capture everything they have.

Jamie Yuen:

And then, moving on to the chief complaint or the reason for referral. So, let's say in this case, it's a migraine headache patient, the information gathering, we know that it's going to be very important. So, going through our history in terms of what happened when they're diagnosed, how their condition looks like now. So, for example, for migraine headaches, I'll ask, "Per week or per month, how many attacks would you have? How many headache free days would you have? How long would a headache last." And then going through my own process, so I use the PQRST acronym. So, palliating, provoking, quality of pain. If the pain radiates what the severity is, and the timing of it. And then, more migraine headache type questions, such as nausea, vomiting, if they're sensitive to light or sound, if they have an [inaudible 00:13:49]. So, all those questions in terms of just getting the picture for the migraine headache presentation. And then, again, revisiting the medication piece.

Jamie Yuen:

And, again, for our listeners who are pharmacists, our value added here. So, for example, we're going to go over in detail what they're currently taking for migraine headaches. So, let's say, they're taking amitriptyline. I will ask about the dose, how long they've been on it. If they have any benefit, if they've noticed any side effects, or any other comments they might want to add to that. Rinse and repeat for any medications they're on for migraine headaches. And then, moving along to the previous medications they've tried. And this is really to tease out whether or not it was an appropriate trial in terms of dose duration and all that good stuff. Looking into migraine headache triggers, and then looking into sleep and mood to see how that all affects the patient.

Jamie Yuen:

So all of that, I've just talked a lot about the information gathering process. So, to put that all together and provide my assessment of the patient's condition. And then, again, going into the recommendation piece. So, of course, we know that a large part of it is going to be non-pharm measures or lifestyle measures. So, providing education around that. And then, discussing the medication piece. So, again, option A, option B option C, how did that look like? What are the risks and benefits? What's the exit strategy in case it's not effective, or in case they can't tolerate the medication? And then, going off into landing on the actual recommendation that we can both be comfortable with to present to the family physician, or the specialist. And then, talking about the followup and monitoring plans after that.

Barbara Gobis:

Yeah. Well, so thank you for that, Jamie. It gives us a little peek inside your head as you're unveiling your process.

Barbara Gobis:

A couple of points that I thought were highlights and things that could trip a pharmacist up in their practice is, right out of the gate, having an elevator pitch, having a very comfortable description of what you're doing and why, and your role so that they get it. They want to know what you're doing and why. And as soon as you explain it to them, then it's like, "Cool, I'm good to go." So, people need to have that. A pharmacist needs to be ready to share that information with their patient.

Barbara Gobis:

Another piece that I took out of it was the best possible medication history, because nobody really knows, there's no list out there that's completely accurate. It's what's in the patient's head and what you're gleaning from them. And then, what you're being able to share out. And from the medical colleagues that I talked to, nobody gets how to do a BPMH as well as a pharmacist does. And they're desperate for that from us. So, that's really, really a critical piece of work. So, thank you for explaining that.

Barbara Gobis:

Lots of detail, I love your rinse and repeat because it is a process that you just go through the cycle again, and again, and again.

Barbara Gobis:

And as I was listening to Jamie, I was reminded of some research that was done out of the States on pharmacists and their drug therapy problem recommendations. And this was done by Linda Strand and group out of Minnesota. And in their data, they found that about 75% of the pharmacist recommendations are actually targeted to the patient. And only about 25% of them are therapeutic needing to go to the prescriber. And I think that we assume somehow that we always have to be doing all of that big stuff, changing the prescription and everything. But to help our patients and to be patient centered, we're going to spend a lot of time helping our patients have the answers to the things that are tripping them up. That's what I heard from you. And I just want listeners to really appreciate that this kind of a service is so valuable because nobody gives patients that kind of time and attention.

Jamie Yuen:

And sometimes, on that note, for a patient it could just be the case or the matter of hearing the same message, couple of times to reiterate and reaffirm, and being able to implement that.

Barbara Gobis:

Yeah, because you deliver it in such a charming way.

Jamie Yuen:

Oh, thanks Barbara.

Jamie Yuen:

(laughs).

Barbara Gobis:

So, let's go onto our next question. So, Jamie, what could this process that you're sharing with us today look like for a pharmacist who's working in a community pharmacy, or another practice setting?

Jamie Yuen:

Great question. And I think this goes back to my experience and years in community practice. So, I can definitely appreciate in a community pharmacy, you'll have 1,000 things going on in the same time. And, as a pharmacist in community practice, your attention is constantly being pulled in different directions. So, I think in my opinion, it'd be important to set aside some dedicated time with your patients. So, it doesn't have to be on a walk-in basis.

Jamie Yuen:

For example, if you have a patient that you know, is struggling with their medications, or they have questions it'd be good to have the conversation to, again like you've mentioned an elevator pitch to share what you have to offer as a pharmacist. And then, schedule a time later in the week. And it could be with yourself or your colleague. And in terms of how this process may look like in the community or other settings, I just want to reiterate the point about having your own standard process, so you can fall back on. And starting with the chief complaint or "reason for referral," or their biggest priority. And using my thought process as an example, working your way through the simpler questions, if it's a newer patient, to build rapport and develop that trust. But I think a lot of times in community you'll know your patients. And they will value your opinion, value your insight.

Jamie Yuen:

One thing I want to focus on, and this is something that I encourage our learners and other pharmacists is when we're performing the medication reconciliation. I think as pharmacists, it's very tempting or very natural for us to ask, "Okay, you're on ramipril 10 milligrams a day. What are you using that for?" "Blood pressure?" "Great, how's it working? Or is it working?" So, I think when we go into those types of questions to assess the medications, at that time, I feel like we might be doing ourselves a disfavor and getting bits and pieces of information that, at the end of the day, might not be enough for us to make decisions on. So, when performing the med rec, I really encourage people to just focus on the medication reconciliation piece, medication, dose, instructions and indication. And then, save the conversation about their condition for later on in the appointment.

Barbara Gobis:

Right. What if there's another blood pressure medication lurking later on in the list? You don't want to go off on that tangent too soon.

Jamie Yuen:

Exactly. And sometimes I think in the middle of the conversation, you may be tempted to make a recommendation and then only to find out information later on contradicts it. And you have to kind of backtrack and pull that away. And, as pharmacists, I think it's really important for us to really take advantage of the medication expertise we have, and really dive deep, and provide thorough history taking for the medication.

Jamie Yuen:

So, going back to the example I had about the migraine headache patient, really diving deep into the drug, the dose, duration any benefit they had, any adverse effects. So, kind of for those UBC grads, we go through the NESA thought process, so necessary, effective, safe, and adherence. So, really diving deep into that. And I find that patients really appreciate hearing the pharmacist assessment, or their impression. So, even something as simple as saying, "Your medications seem appropriate, I think you should continue," for them receiving that information is very helpful because they may not have a chance to speak to somebody else about that. And knowing that my pharmacist is comfortable and they think the medication is appropriate makes me feel at ease or reassures me. And really just to stress the importance of the shared decision making process.

Jamie Yuen:

So, I think depending on your practice, depending on your setting you may be used to making those decisions, but shifting that towards having that conversation with a patient and collaborating. And, in the spirit of collaboration, making sure that we share our findings and our recommendations with the patient's healthcare team.

Barbara Gobis:

Right, yeah. I think you've heard me use this expression before, I call it the communication sandwich. It tells somebody what you're going to do. You do it, you do the assessment, you ask the questions, you do your clinical work. And then, you tell somebody what you did. So, you're telling them upfront, you told them at the end. And then, you're doing the work in between. And you really, I think, demonstrate that very nicely in your approach to care.

Barbara Gobis:

I do want to just one last thing, before we go on this is, you used the word expert. And pharmacists are experts in drug therapy. And sometimes we're a little bit... feel uncomfortable about saying that word expert. And, in my opinion, an expert is somebody who knows one more thing than somebody else. It's not like you have to be the only person in the world who knows something. So, we collectively, as pharmacists have a wealth of expertise that other people don't have. And I like the fact that you use that. And I like that the fact that you use that strategy, or that position of yourself in service to your patients. You should never ever belittle the fact that you have that expertise.

Jamie Yuen:

Agreed.

Barbara Gobis:

Yeah. Well, Jamie, we could talk all day. I'm so inspired. I love hearing you talk with passion about your patients. And I really appreciate you giving us that inside peek to how you approach things.

Barbara Gobis:

Just to recap, what I heard is that the relationship, the communication upfront, the elevator pitch, the front end of the sandwich, if you will, very important. Can't just leap into clinical work. Then, you do your clinical work, the information gathering, the assessment, the shared decision-making, all of that kind of thing. And then, you close it really with plans, followup, making sure the patient is good, communicating with whoever else you need to on your team. And it can be really as short or as long as you want to make it, or the patient has time for, or just so you can integrate it into your day. And when you start thinking like that these clinical needs and clinical opportunities are really everywhere. They're lurking behind every corner.

Jamie Yuen:

Mm-hmm (affirmative). One step at a time.

Barbara Gobis:

Exactly. Well, thank you so much, Jamie. I didn't want this conversation to end. I was really appreciating what you shared with us and I'm sure our listeners are extremely grateful. So, thanks again, Jamie, for spending this time with us.

Jamie Yuen:

Thanks for having me.

Announcer:

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, archived webinars, and practice resources. From our practice to yours, thank you for listening.