

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 Pharmacists Clinic, and it's meant for educational purposes only. There are no associated sponsorships or commercial interests. We acknowledge that UBC and the Pharmacists 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 this third episode of our inaugural series of the Our Practice podcast. I've been hearing comments about how pharmacists can easily be replaced by technicians and technology. And frankly, I agree if all a pharmacist does is technical functions. Personally, I pride myself on being a hazard in the dispensary. I don't want to be known as a fast typer or to have a quick memory for DINs and exception codes. I want to be known by the patients that I care for as their pharmacist. At the UBC Pharmacists Clinic, each patient is assigned to their pharmacist and they become attached. Attachment is important in healthcare as it enables a patient to receive consistent care over time by a healthcare provider, including a pharmacist who knows and understands them. At our clinic, we learn by doing and then share our experience in our practice what worked and also what didn't so other pharmacists can learn along with us. It's time to talk about attachment.

Barbara Gobis:

Patients with complex health issues and taking medication already have an attachment to a pharmacy where they get their prescriptions filled, but is that enough? No, it's not. They need an attachment to a pharmacist. Attachments are between people. Today, I'm joined in studio by Adrian Ziemczonek to talk about patient attachment and what it is like to be a patient's pharmacist. Adrian is a pharmacist who graduated from UBC in 2015 and later went on to complete a community-based residency. He has practiced in a variety of healthcare settings, including three years in a community pharmacy. Outside of work, he is an avid hockey and [inaudible 00:02:34] fan and also an avid board gamer. Apparently, Adrian has a wall of board games that he plays regularly with all of his friends and families. Personally, I want to be invited over for a game sometime. Adrian, no pressure there, but hi, and welcome.

Adrian Ziemczonek:

Hi, Barbara. Thanks for having me on the show. I'm excited to be here.

Barbara Gobis:

Oh, that's fabulous. Adrian, I started off our conversation here with a pretty bold statement about pharmacists being replaceable, but we can't really emphasize enough that the focus needs to be on patient-centered care. So, what does being your patient's pharmacist mean to you?

Adrian Ziemczonek:

Barbara, I think you hit it right on the head. The focus is on patient-centered care and there needs to be a solid foundation in order to make that work. The role of pharmacists has really evolved over the last 20 years or so, changed from a focus on dispensing to providing this comprehensive care. But in order for that to be effective, it requires this intimate relationship between the pharmacist and the patient.

Patients generally see their pharmacist when they're sick, when they're most vulnerable. And in order to effectively help and support them, they have to really open up and trust you.

Barbara Gobis:

Yeah. Adrian, care is very personal and you're right, they are incredibly vulnerable when they're sick and they're looking to us to help them.

Adrian Ziemczonek:

Yes. And so, the first thing I think of when you say being your patient's pharmacist, I think about building patient rapport and really establishing a relationship based on trust.

Barbara Gobis:

Yeah. Easier said than done though, Adrian. How do you become your patient's pharmacist when you work in community practice? What did you say? How did you set up a system? How did it work for you?

Adrian Ziemczonek:

Yeah. I think I'm really fortunate with my practice here at the clinic, which I probably take for granted some days. Here we have, as you said, Barbara, this roster of patients that are assigned to us, and we also have the added value of time. We book 60-minute initial appointments to allow for enough time to really get to know the patient and build that initial rapport. We ask a lot of questions before we even begin to talk about medications, such as what do they want out of the appointment? What are their main goals, attitudes, beliefs? Those types of things.

Barbara Gobis:

So, I think that we are very fortunate here, Adrian in the way our clinic runs, but what advice do you have for our colleagues who work in community practice? I know you've spent three years, you have really good experience. How did you do it there?

Adrian Ziemczonek:

Yeah, definitely. It's not as easy in other settings. I think back to when I first started working in community right after graduation, of course, as the new kid on the block, I got a job as a floater pharmacist, so essentially going from store to store on a weekly basis. And although I enjoyed being able to meet and work with different co-workers and environments, I found it really difficult to connect with patients. At times, it would be frustrating because you'd get patients calling or coming over to the counter, you offer to help them, only to be brushed aside, them wanting to talk to their regular staff pharmacist that they knew.

Barbara Gobis:

So, they were actually attached to a pharmacist somewhere, and you were honing in on that connection?

Adrian Ziemczonek:

That's right. I was trying to impede that connection. Having that attachment, they understand their history. They know who they are. That was difficult to deal with, but I kept telling myself that, "One day, once I get my own store, it's going to be different for me."

Barbara Gobis:

And was it?

Adrian Ziemczonek:

Yeah. So, after about six months, I did get a permanent staff position in a store. I was really excited, but it wasn't as easy as I thought to truly become my patient's pharmacist. I naively thought it would be enough to just be super pleasant, introduce myself as the new pharmacist on the team, "I'm here to help you with any concerns or problems." I thought that would be enough to get that ball rolling. So, here I am in my permanent store, and I'm still frustrated, didn't get anywhere. And I think it took me a while to learn that I needed to change my approach.

Barbara Gobis:

The light bulb went off. So, what did that look like?

Adrian Ziemczonek:

So, we think of what a community pharmacy, it's generally a really fast-paced, high-stress environment at times, and it feels like you're just running back and forth trying to put out fires. And for me, I think it was easy to sometimes go on autopilot and start seeing your patients just as the next prescription to finish, or just viewing them as a medical condition, chasing certain numbers or markers. Of course, I don't think any of us have that intention, but we get caught up in that mentality, especially when you're just trying to finish your work. So, I got caught up in that too.

Barbara Gobis:

Yeah. Well, I just want to acknowledge the fact that you noticed it. I think we all get into these predicaments from time to time or we get into these sort of mind ruts or thinking patterns, and so the fact that you noticed it and you were able to go, "Hang on, this isn't me." That's a really big thing.

Adrian Ziemczonek:

Yeah. Thanks, Barbara for saying that. It makes me feel a little better. You're right, I took that step back and really took the time to dig deeper and think about what was important to the patients in my community, and so I did change my approach. Whenever I had someone come, either with a new prescription or with a question, it was important for me to ask about what's important for you with this new medication, this new therapy? What are you most concerned about? It was all about getting towards their core values and goals, I think.

Barbara Gobis:

Yeah. And as you tell me this, Adrian, and I can even just see the look on your face, it just sounds so sensible, it sounds so logical, but for some reason, it's easy to lose track of that and in the busy, busy.

Adrian Ziemczonek:

Yeah. 100%, I agree. It sounds so straightforward and obvious. The other thing that I found really worked well for me was just offering to try and set up a short follow-up with patients. We don't have a lot of time, and if my first impression with a patient bringing a new prescription, knowing they're going to have a change in therapy of some sorts was putting in that effort, showing I was concerned, reaching out, being proactive. I found that really helped build some initial connections as well.

Barbara Gobis:

Wow. That's great. Well, thanks for sharing that. So, you made this shift, you started behaving differently. How did your patients respond?

Adrian Ziemczonek:

Yeah. So, I noticed a big difference. It was once they started to understand that I was there seeing them for who they are, what's important to them where I started to get them to open up, and I think that's key. At some level, patients need to be able to trust you. And there's only so much you can say to them to get that trust. It has to come through actions, but before we get there, we need them to be able to open up and trust us.

Barbara Gobis:

Yeah. And I have to say, Adrian, you are one of the most trustworthy people that I've ever met. So it just oozes out of your pores and I think a lot of pharmacists are very earnest and trustworthy and we don't necessarily slow down enough to let that come out and we don't give patients a chance to see that in us.

Adrian Ziemczonek:

Yeah. I completely agree. And especially when you talk about such a high-stress environment, it's hard to kind of slow down and see those pieces of it.

Barbara Gobis:

Yeah. Tell me about a patient that you remember.

Adrian Ziemczonek:

Yeah. I think I kind of talked a little bit about showing empathy, compassion, focusing on what patients want to achieve. And a lot of times, that that was enough to maybe get the ball rolling for me, but that's not always the case. And there's one specific example that comes to mind. Back in the community, there was this patient, this gentleman with Parkinson's and our interactions were always very short, abrupt, no matter how many times I tried to appear approachable and get some dialogue, get some discussion, it never really ended up going anywhere. You see Barbara, this gentleman was living with Parkinson's for about eight years and he was solely managed on level carb. And through his journey, he would change his own doses. He felt that he's been on this for eight years. He knew what he had to do. And no one without his experiences was going to be able to tell him how to take that better.

Barbara Gobis:

Yeah. So he was really signaling to you that he wanted control and that it was his journey and yeah, he was putting a stake in the ground a little bit about what matters to him and definitely being in charge.

Adrian Ziemczonek:

Yeah. He was giving me... It was a little bit... Again, it was difficult because I felt like there was something there that I could help him with, but I need to get that buy-in from the patient as well to trust me. And it comes back to being in this busy community setting where it wasn't until he started to really deteriorate, Parkinson's started to progress a bit and he started to experience motor symptoms and fluctuations. He wasn't ready to start asking me for suggestions, but it was more just showing me that he was upset, something had to change.

Barbara Gobis:

Yeah. So, even though you were frustrated and you were trying to connect with him, he had to reach the point where he was ready because it is a two-way street. And it sounds like this change in his health status created some perhaps vulnerability or some openness to letting somebody in.

Adrian Ziemczonek:

Yeah. I saw an opportunity there. I knew it was still a lot to unpack all in a couple of minutes, short minutes that we had. And so, I asked him to keep just a simple Parkinson's diary just to track some symptoms and also track when he took his medication so that we can try and find some patterns. And he was still really skeptical about it first. He wasn't happy that I was giving him this type of homework to do but it came to the point, like you say where Parkinson's was severely impacting his quality of life more than they ever had. And so something had to give for him.

Barbara Gobis:

Yeah. So, you gave him a tool. You gave him an opportunity to gather some information, get some control again.

Adrian Ziemczonek:

That's right. Right. So I gave him this tool and a few weeks went by, he brought back this chart. He was still quite grumpy, had it half-filled out. He said it wasn't helping. It wasn't leading him to any obvious pattern. It didn't help inform him of how to take his medication any differently. And again, although it wasn't complete and he still came in with this attitude, there were still a few days in this diary that were pretty well filled out and it gave us a starting point to work with. It gave me this opening to provide some education around the importance of, in this case was scheduled doses, which would be really helpful where he's at with his Parkinson's or other complications.

Barbara Gobis:

Yeah. It takes time. Relationships take time. So, I think what your story is illustrating to us is that it took some time, you persevered and it's all about timing. So the opportunity presented itself for the two of you to connect a little bit more. So, what happened next? I'm on the edge of my seat.

Adrian Ziemczonek:

Oh yes. I knew it'll come to this. So, we agreed to some small changes and it wasn't until we got a couple... It wasn't big at first, we got a couple of tiny improvements in his symptoms and that's where he really started to unload it and share more with me. This gentleman got to the point where the presence of dyskinesia specifically in the afternoon was really stopping him from going on his afternoon walks. And these afternoon walks were really important to him. It was something he would go on with his friend. They've been doing it for years. It was his main exercise of the day, part of his routine, social activity, all that. And this is just all of a sudden been ripped away. And so once I understood that, that's where I decided we need to focus on this. This is where I can really prove my worth and build this connection going forward.

Adrian Ziemczonek:

And from there on Barbara, the transformation, our relationship was really quite remarkable. I remember him going from these charts which were half-filled in, quite messy here and there-

Barbara Gobis:

His grumpy notes.

Adrian Ziemczonek:

Exactly. Yeah. His grumpy notes. He's going through a tough time here as well.

Barbara Gobis:

Yeah.

Adrian Ziemczonek:

And all of a sudden, without even asking him, he started to include on the chart, how long he was able to get up to in terms of a walk in the afternoon. And gradually, we were able to get to a place where he was eventually able to get back up to that one-hour walk that he had in the past. And I still can picture that chart. He comes back really excited. He has it circled, highlighted. It's like almost covered in glitter because he reached something that he was missing. And I think that's what changed it all for us.

Barbara Gobis:

Wow. Yeah. So, that's a great story. And the key thing about it is that it mattered to him. You helped him with what mattered to him. And then he responded and it's like a beautiful dance. That's what a relationship really is about. And I bet you, with the progress that he made and simple, maybe therapeutic from your perspective, it wasn't the most aggressive therapeutic intervention, but it was huge for him. And I bet you, he went and told people that his pharmacist helped him.

Adrian Ziemczonek:

Yeah. I wouldn't be surprised. All he had to do was walk in with that diary to me, show me how proud of it he was. It's like his a report card and I know I'm starting to ramble here, but there was times that he would, I remember still to this day he spilled coffee on one of his diaries and it was still legible, but he rewrote it all just to show me. And so I think you're right. That's all I had to do [inaudible 00:17:21] show that to somebody and get that connection.

Barbara Gobis:

Yeah. Well, that's a great story. So, with that in mind, and with the experience that you've had, what advice do you have for your pharmacist colleagues and students who have an interest or an opportunity in providing care to specific patient groups?

Adrian Ziemczonek:

The first thing I think comes to mind is just being genuine, being empathetic, show you're there to support the patient. It sounds really simple, but like I said, we get caught up in our work at times. So, take that step back. The next thing is just being proactive. I mentioned this through my experiences, rather than just dealing with problems when they come your way, that setting up that one to two-minute quick phone call, seeing how someone's doing that can go a long way to also establishing that patient relationship.

Barbara Gobis:

Yeah, yeah. Yeah. Any more thoughts?

Adrian Ziemczonek:

Just the last one relating back to my story here was empowering your patients through a tool, educate them, give them the tools to succeed, something for them to track their own progress. And also at the same time, it allows you to collect information and make the most time in the busy environment.

Barbara Gobis:

Yeah. Well, Adrian, you've really captured for us and describe for us an attachment type of relationship. You sound as attached to this patient and his success as he probably is to you. And that's just a very simple way. It comes down to what I'm hearing is just pausing, taking a step back from the busy, busy, busy and taking care of the people that you are charged with looking after the person, not just the prescription. Absolutely. And it's all about caring. I almost feel like season one's theme is the humanity. I've talked about it before. The art of caring for people and you really eloquently described it today and people can't see your face, but as you were talking to me, you were using your hands. You were thoughtful. I could see your eyes crinkling even though you're wearing a mask, I could tell that you were being very thoughtful about it. And that's really what attachment is all about. That's how to be your patient's pharmacist. Any final words, Adrian?

Adrian Ziemczonek:

I guess the only thing that comes to me through all this is at the end of the day, you're doing this to make your patients happy. And when they're proud and eager to share their triumphs and successes with you, it's what ends up making it rewarding for the pharmacist and for me as well, so.

Barbara Gobis:

Yeah, that's great. Well, Adrian, thank you so much for coming on this show with me. And I know this is your first time as a guest on a podcast, and we hope that we'll hear you again soon. And for our listeners, just a reminder to please be sure to join us next time as we are bringing back our own woman of action, Dr. Jillian Reardon, she's coming back to the studio to talk about patient-centered care in action. And we really look forward to that. So, thanks again for listening and take care.

Announcer:

That's it for today. For more information on the Pharmacists 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.