Workplace Woes in Pharmacy
Dealing with Coworkers

Faculty Slide
C. Michael White, Pharm.D., FCP, FCCP
- Professor and Chair UConn School of Pharmacy
- Co-Director, UConn/Hartford Hospital HOPES Collaborative Group.
Jeannette Y. Wick, R.Ph. MBA, FASCP
- Assistant Director, Office of Pharmacy Professional Development, UConn School of Pharmacy

Sample CANDID Conversation
- "Hey, can I speak with you about something that is bothering me?"
- Boss: "Yes, what is on your mind?"
- You: "I wanted to discuss my dress and appearance with you." (C)
- Boss: "OK.
- You: "Do you find my clothes to be unprofessional or inappropriate?" (A)
- Boss: "No, it isn't inappropriate. I find it kind of sassy and fun.
- You: "So not distracting or bad?" (A)
- Boss: "No, why?"
- You: "Well, last week someone called me a pumpkin and now Todd is calling me Orange Juice all the time and I try to laugh it off but it is the point that I dread coming into the pharmacy." (D)
- Boss: "I am sorry to hear that you know that we deal each other all the time around here. We call Larry 'Pepsi' because we got planted in the eye two years ago and we make jay of Todd for being so nice." (D)
- You: "I know that but I don't join in when they do that, I just distance myself. I don't let them to stop and it is fine if they want to do that to each other but I would like them to stop doing that to me. I try to be a good employee, to work hard, and want to enjoy my time here but I am just not enjoying the other more." (D)
- Boss: "I understand that it is my attention, at the most staff huddle I will bring it up and say this, ... Would that be ok with you?"
- You: "That would be very helpful. The discussion might be awkward and I am happy to explain how I feel personally if that would make it easier on you." (D)
- Boss: "OK, it would, ok, we have a plan?"
- You: "Yes, and about planning, have you seen the plans for going i did?" (D)

Question #1
OK, here’s my problem. I’m a hard worker and a good employee. I like an eclectic style of dress, often wear orange—the brighter the better—and my coworkers make fun of me. They call me names and make really mean comments about my clothes. It’s gotten to the point that I feel sick starting the evening before I am scheduled to work with these people, my blood pressure is going up, and all I think about is their mean comments. What can I do?

Question #2
I’m not a supervisor, but I’m often the pharmacist-in-charge. Do you have any suggestions for managing onslaught of questions and staff concerns when I’m already busy with other things? I’m really feeling overwhelmed, and I don’t seem to be multitasking well.

WARNING
Warning: This continuing education activity is based on pharmacy staff’s real-world experiences (which may be unsuitable for children to see); may contain unusual humor; and describes some deplorable behaviors (which may be disturbing).

Viewer discretion advised
Four Quadrants of Workplace Activity

<table>
<thead>
<tr>
<th>URGENT</th>
<th>NOT URGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPORTANT</td>
<td>Quadrant I</td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>Quadrant III</td>
</tr>
</tbody>
</table>

Managers are interrupted every 8 minutes

**Track Questions**
- Create FAQ files
- Discuss in staff meetings
- Build employee confidence
- Ask employees for 2 possible solutions

**Other Tips**
- Post office hours
- "Schedule" drop-ins
- Delegate
- Find a quiet place
- Emulate others

Question #3

After 6 years of schooling to become a pharmacist, I took a job at a local hospital. Really, I feel powerless. They treat me like I’m a kid. I pointed out that I have a demonstrated ability to lead, and when I’ve asked about advancement possibilities, my supervisor actually rolled her eyes! Do I need to find something else?

Real Question #3

Oh, sorry, I’m in an entry level position, and I am really frustrated. How can I make my supervisors see I need more responsibility?

How to Build Informal Power

- Boasting = credibility death knell
- Why?
  - Fosters mistrust
  - Suggests you care more about promoting yourself then learning about your new colleagues and their needs

How to Build Informal Power

- Build strong networks
- Ask lots of questions
  - As long as they are appropriate and necessary
- Show respect for co-workers’ roles and accomplishments
- Look for openings to help

PRO TIP

- Pharmacies often need expertise in:
  - Customer relations
  - Inventory Management
  - Record Management
Question #4

I have been a consulting pharmacist for many years. Getting through the barrage of irrelevant "diagnoses" that have been piled onto patient records due to the cut-and-paste nature of EHR.... not to mention the erroneous diagnoses added to EHR by staff who are told they must have a diagnoses for something so they go through the ICD codes and make terrible guesses. These guesses end up being part of the permanent record and are never questioned. What can I do to improve this?

What’s the root of the problem?

- Errors and ambiguities are common
- Contributors include:
  - differential or provisional diagnoses
  - trade versus generic drug names
  - auto-population of fields
  - HURRYING
- Lack of training
- Sloppy documentation practices
- Poor teamwork

A good way to increase urgency: Patients have access to their records!!! "What if my bank said they didn’t want to give me an itemized statement of my transactions, explaining that it includes technical financial terms, is hard to understand, and is likely to have errors?"

Ways to Address Seemingly Overwhelming Problems

- Ensure that all stakeholders understand the problem and the need to fix it
  - Agree upon a corrective action plan that says WHO will DO WHAT and BY WHEN
- Consider having a quilting bee
  - Or, a “party” with food and beverages that allows participants to laugh at the funniest of errors
  - Play games
- Once you’ve corrected the problem:
  - Assign mentors
  - Distribute a “dream sheet”

Question #5

When new products come out with little introduction, specifically new inhalation devices, companies haven’t sent demonstration devices for pharmacists to become familiar before trying to instruct patients.

What do we do?

Resource Issues

- Every organization encounters resource issues
- The best predictor of a future event is a past event
  - Unless you resolve the problem and act proactively
    - Broaden the scope of the problem, and realize that drug-device combinations are more and more common.
- Create a project sheet, and identify WHO will DO WHAT and WHEN
  - Schedule periodic proactive update

Learning about New Products

- Reviewing the insert is not the most successful patient counseling method
- Online videos!
  - If a picture is worth a thousand words, videos are worth an infinite number of words
  - Check the device’s package insert
    - More and more manufacturers are providing information about online videos with the device
Inhalers, specifically

- Pharmacists assume a significant role in patient education
- Each time you dispense an inhaler, give the patient a chance to ask questions
- Ask first time inhaler users to demonstrate their technique
- Encourage patients to watch online videos

PRO TIP

- This website has printable PDFs for almost every inhaler:

Question #6

I see more and more that private medical practice and hospitals not keeping up with latest guidelines for diabetes, cholesterol and cardiac care guidelines. How can I intervene effectively and improve adherence?

Getting with the Guidelines

- National practice guideline → performance measures → $$$ repercussion
  - Sometimes a patient isn’t “average”
  - Other times, competing guidelines have different recommendations
- Reach out to clinicians and practices you know well
  - Are they aware of the new guidelines?
  - Offer to make a presentation or to partner with them to develop a local guideline, protocol, or order set
- Have limited time or no access to electronic health record access?
  - Direct to consumer advertising!
- Kick it up a notch:
  - Create a store-specific card with the guideline recommended therapies on it
  - Identify the intervention the patient is lacking so they can communicate with the doctor

Question #7

One of my coworkers is really good with the routine stuff. He fills quickly and accurately. But if there’s any kind of problem, he pawns it off on me. It’s annoying.

How can I get him to do his whole job, not just the stuff he likes?

Strengths and Limitations

- Work styles don’t always mesh
  - Examine your own behavior, and find an appropriate solution
  - What is the REAL impact of this problem?
- Workers develop behavioral patterns and tend to fall back on them
- Sometimes pointing out that someone is “dumping” work on you can lead to productive conversation
  - Don’t wait until you lose your patience and explode!
  - Do it with good humor!

Question #8

- We get pressured on keep employee work hours down to match current census or workload. I feel bad, because we hire people for a certain number of hours, and they budget based on those numbers.
  - What’s the best way to handle this?
Reducing an Employee's Work Hours

- Always try to reduce costs and other areas before cutting an employee's hours
- Be honest with the employee, and if the issue is a downturn in business, say so
- Ask for volunteers first
  - Many people would welcome the opportunity to go home early or take an extra day off
- Reduce employee hours equitably

Conclusion

TOGETHER
EVERYONE
ACHIEVES
MORE