

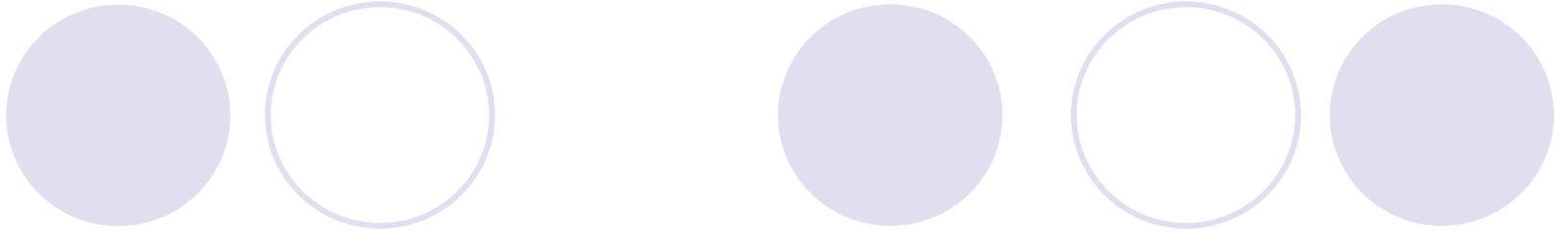
Bringing It All Together (or, am I really gonna have to know all this stuff?)

Geoffrey C. Wall, Pharm.D., FCCP, BCPS, CGP
Professor of Clinical Sciences
Drake University

Internal Medicine Clinical Pharmacist
Iowa Methodist Medical Center

A Real Case From My Practice

- A 54 yo who is suffering from liver cirrhosis due to alcohol abuse is admitted to the Medicine service with increased mental status changes, fever, and abdominal pain
- Your attending physician remarks that the patient's cirrhosis and portal hypertension is worsening. She asks about the treatments for the patient's hepatic encephalopathy, how they work, any adverse effects of these medications and any strategies to improve adherence to any regimen she starts
- And the Pharmacist responds.....



Um...What?

Some questions that may strike you...

- What is portal hypertension?
- What causes it?
- How DO drugs work in hepatic encephalopathy?
- How can I find out if one drug works better than another?
- Are drugs dosed differently in patients with liver problems?
- What are the side effects of drugs for this disease?
- How can I talk to this patient in a way they can understand and accept my advice?
- Why does my patient have a fever? Can I do anything about it?
- Do we get dinner at this shindig, too?

PHAR 130--
Biochemistry

PHAR 171--Social and
Administrative Pharmacy

This patient

PHAR 132--
Pathophysiology

RHET 073--
Public Speaking

BIO 095--
Microbiology

PHAR 133--Principles of
Drug Action

Pharmacy Skills and
Applications (PSA)
series.

PHAR 143--
Kinetics II

PHAR 190--
Therapeutics

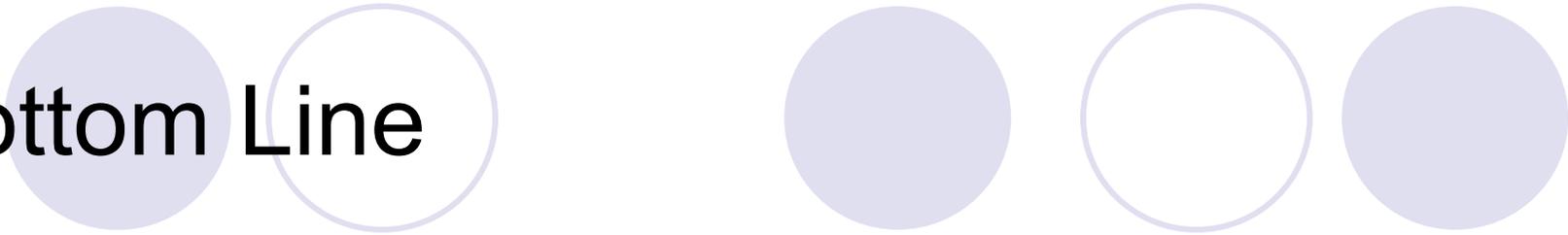
PHAR 172--
Literature
Evaluation Methods

STAT 060--
Statistics

PHAR 141--
Pharmaceutics



Bottom Line



- The information learned here at Drake is not abstract—it affects real patients, often significantly
- The ability to integrate this information and apply it to the real world is what practicums and rotations are all about
 - Pharmacy Skills and Applications (PSA) series
- This is ONE patient. Multiply that by how many patients you will work with in the next 40 years of your practice
- Faculty, Staff and your fellow students are here to insure your success here at Drake and in practice

Thoughts on the Interaction of Clinical Pharmacy and Leadership

Geoffrey C. Wall, Pharm.D., FCCP, BCPS, CGP
Professor of Clinical Sciences

Drake University College of Pharmacy and Health
Sciences

Des Moines, IA

Obligatory Initial “Famous Quote Slide”

Leadership is the art of getting someone else to do something you want done because he wants to do it.

Dwight Eisenhower

Disclaimer

- I am in no way, shape, or form an expert on the various styles and theories of management or leadership—I'm just a pharmacist
- In my experience leadership opportunities occur by accident and determination more than any other reason
- As with many things in life—YMMV

Why are leaders desperately needed in Pharmacy?

- Integrating clinical practice, science and innovation to improve patient care
- Mentorship of young pharmacists
- External face of the profession
- Defining agenda for future practice
- In a very real sense—preserving the profession as we know it!

Innovation in Pharmacy Practice

- “The profession of pharmacy is at a cross-roads”
 - Apparently we like being there—I heard these sentiments way back in my undergrad pharmacy training in the 1980s
 - The wheels of progress have moved very slow for Pharmacy—BUT THEY HAVE MOVED
 - “A journey of 1000 flu vaccination begins with one pharmacist saying, ‘uh, why couldn’t I do this?’”

New services

- Community
 - MTM, Vaccinations, DUR, Patient counselling
- Hospital
 - ABX consults, anticoagulation dosing, kinetics consults, dosing protocols
- LTC
 - Patient chart review, protocol development

All of these began with ONE pharmacist saying: “I can do this (and I Should do it)!”

Vignette #1: Pharmacist-run PCN Allergy Skin testing

- WHY?
 - Overuse of antibiotics such as vancomycin is rampant
 - Often forced to use these drugs in cases of allergy when PCN-based drugs would be better
- Who?
 - If LPNs can read PPD tests, why can't pharmacists perform PCN allergy skin testing?

Vignette #1: Pharmacist-run PCN Allergy Skin testing

- How?
 - Describe idea and work with ALL stakeholders to ensure consensus
 - Note: consensus does not mean “total agreement”
 - Training for pharmacists
 - Target population who would benefit most
 - “Start low and go slow” = Pilot service with one set of physicians
 - Work out bugs on this level

Why do change efforts fail?

- *Allowing too much complacency*
 - *Failing to find champions*
 - *Underestimating the power of vision*
 - ***Under-communicating the vision***
 - *Allowing obstacles to block the new vision*
 - *Failing to create short-term wins*
 - *Declaring victory too soon*
 - ***Neglecting to anchor change firmly in the culture***

Mentorship

- Leaders in both Pharmacy and Academia are concerned about the lack of leadership training for young pharmacists
- Many professional leaders—especially in Academia are approaching retirement
 - (no, not me—I'm not that old)
- Who will continue their momentum?
- What duty does a professional—ANY professional have to give back?

Vignette #2: Starting a Pharmacy Practice Residency at IMMC

- The Numbers are striking:
 - Over 1500 students did not match to a residency program in 2012
 - While certainly not necessary for patient care, resident-trained pharmacists are often at the forefront of moving the profession forward in leadership and patient care activities
- Problem: Well done residencies require two big things: Money and (preceptor) Time

Vignette #2: Starting a Pharmacy Practice Residency at IMMC

- In 2002 I began discussions with Methodist's DOP
 - Benefits of having a residency
 - To: Methodist, the Pharmacy itself, the other teaching programs at IMMC, and the profession
- Assessment of number of preceptors, core rotations, goals of the program
- Crunched the financials = it was doable
- Bottom Line: the residency “cheerleader” had his own program to cheer

You may know some of our Grads....



Leadership and Innovation

- Familiarity and expertise in clinical science
- Adoption of new practices or tools
- Clarity of vision and focus
- Good judgement, backed by evidence
- Working with an interdisciplinary focus

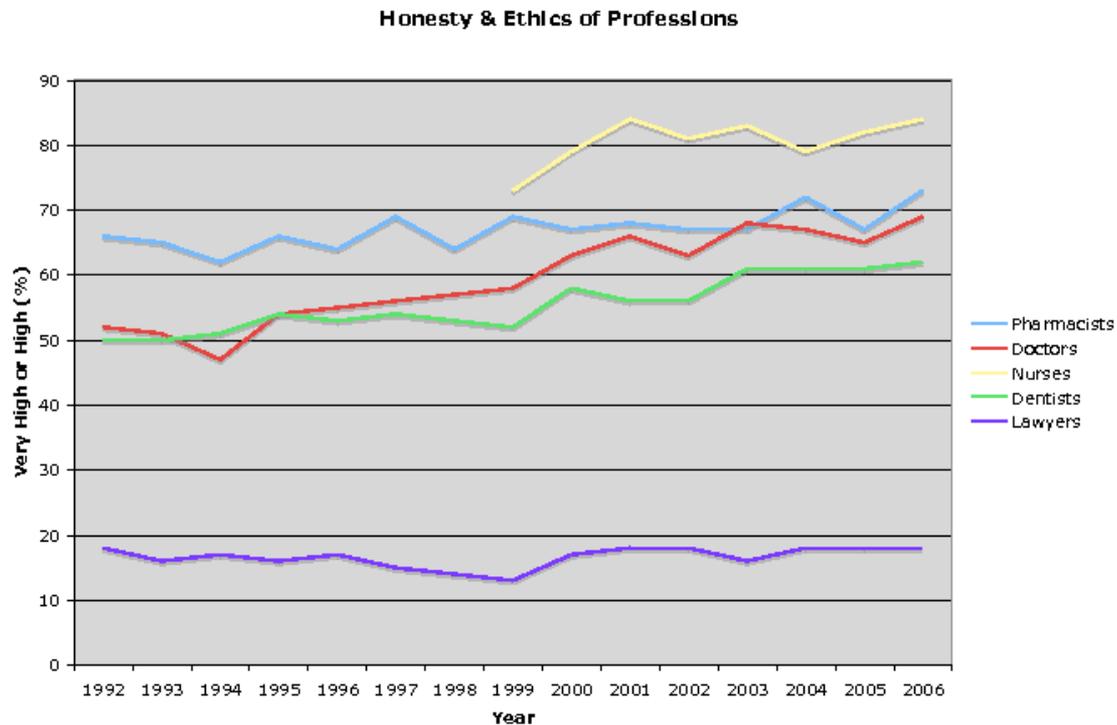
The External Face of the Profession



How does the public perceive Pharmacists?

- “The Most Trusted Profession...”
 - WHY??
 - Access?
 - Knowledge?
 - Willingness to talk to patients?
 - Willingness to be yelled at?

So Pharmacists are Honest and Ethical



But do we stand up for
ourselves and the profession?

Defining agenda for future practice

- A wealth of data suggests what pharmacists can do for patients and our health care system
 - IF we are allowed to
- But..the dispensing part of our job will soon be technologized out of existence
- Will we as a profession survive?

I think so but...



WHY? I'm damn proud of my profession—
and you should be too!

Thank You!

- Geoff.wall@drake.edu

