Workplace Woes in Pharmacy

Dealing with Coworkers
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
Faculty Slide

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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?
Dr. White started with, “Ugh, I am sorry that you feel this way. This is definitely something that you should bring to your boss.” It is unclear whether your boss knows about the situation, condones it, or knows that it is bothering you in any way. Perhaps your coworkers and your boss because this is just light-hearted banter that makes the day go by quicker and unless you raise the issue, they are hurting you inadvertently. You need to give your boss the chance to work with you on this. Everyone in a successful organization has a responsibility to envision a positive culture and to work towards creating and sustaining it. The boss should help to lead that discussion, to set the tone, and to enforce it for the benefit of everyone. Let’s go through the scenario of approaching your boss using the CANDID approach.

Dr. White reviewed the conversation presented in the slide. He emphasized that employees need to be direct, and try to discuss issues in language that is on emotional. At the end of the conversation, it’s important to transition to another compensation about something less contentious or emotional.
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.
One of the biggest challenges after you get promoted is balancing your roles. You were likely promoted because you were really good at your job and now you are leading others who are doing the job you used to do and love. You gave up some or all of what you mastered to become something that you may not be good at initially. That is tough and everyone feels that way initially. Now let’s make that more complicated. People know when they can make a decision and when they need to come to the supervisor. They have been working together for a while. But with you, when should they act and when should they ask? It is likely not clear so people are asking about things that they likely could act on. What you need to do is to listen to their questions and ask them for their recommendation for what to do. If it is what you would have done or if it is equivalent in terms of value, let them do it but also follow-up that in the future they can act on their own when things like this come up but not when these other types of things come up. If you are not on the same page, you need to help them see the decision you made and how you arrived there and ask them next time to come with the question but using the thought process you discussed, to come up with a solution that they believe you would agree with. When they can do that, they step up in terms of autonomy. This is the gist of the books *The One Minute Manager* and *The One-Minute Manager Meets the Monkey* by Kevin Blanchard. You can see that everyone will gain greater autonomy over the course of time but in a way that is consistent with your values and approach. You cannot micromanage and be successful or you will be the bottleneck in the process. Everyone will wait on you to make decisions and productivity will grind to a halt if you are unwilling to trust others with an increasing amount of autonomy as they prove they can handle it.

Multitasking is a misnomer, people do not multi-task, they just do a bunch of things worse than if they really focused on one thing at a time. Try not to multi-task by not responding to emails or texts in real time but in specific times each day, like first thing when coming in, before lunch, and the end of day. Scheduling meetings for the same day of the week instead of throughout the week, to sequester more time to focus on accomplishing tasks the other days.

Finally, the key to being a successful manager is to understand that there are things you are asked to do at work that you should either not do or do poorly. In *The Seven Habits of Highly Effective People*, Stephen Covey says that work activities fall into four quadrants. Quadrants I and III are urgent, they have immediate timelines for completion. Quadrants II and IV are not urgent. Quadrants I and II are both important but only quadrant I is urgent so very few people spend time in quadrant II. Quadrant III activities are urgent but not important, the meeting you are asked to attend because your boss knows it is a waste of time and doesn’t want to go herself. The report that will be produced and never read is quadrant III. Quadrant IV activities are like playing Angry Birds or searching the Internet for socks at work, it is unimportant and not urgent. The secret to successful leadership is to eliminate or minimize quadrant III and IV activities so you can spend more time in quadrant II. What is quadrant II, this is where you learn new skills or programs, clarify the vision and mission of the unit, deal with long standing issues, and create new policies and procedures to streamline functions. By spending more time in quadrant II, you actually create fewer quadrant I and III activities because you are dealing with underlying problems, rather than just the immediate symptoms that are popping up. You should not strive to get an “A” in everything that you do because as the Lion King song so clearly demonstrates, “There is more to see than can ever be seen, more to do than can ever be done.” What you need to do is get an “A” in the critical things and be satisfied with a “B” or “C” in those things that are not as important. How do you identify what falls into each bucket? You need quadrant II time to tease that out.
People don’t intentionally interrupt you throughout the day in an effort to diminish your productivity, but that is unfortunately exactly what occurs—all the time! The average manager is interrupted every eight minutes. EVERY eight minutes! Think of all the valuable time you lose handling inevitable interruptions.

Many common interruptions are actually people—colleagues, employees, and vendors. While controlling people is not really possible, managing interruptions is because we can control how we make ourselves available to them.

Interruptions from employees are inevitable. You’re their go-to person with all the answers.

• Track the kinds of questions you’re fielding from employees for a couple of weeks. Make note of who asked, what the question is, and who else was on duty.
  • If you’re getting the same question repeatedly, create a shared file of FAQs. The next time someone asks the question that you answered over and over again, tell them to look in the FAQ file under whatever name you gave that problem.
  • If you received the same question two or three times, it might be something you need to add to your next meeting agenda so that everybody gets the same information.
  • If you have one employee who is “needy,” it’s time to spend a little time with that person each morning and build the employee’s confidence. Start by discussing the fact that he asks a lot of questions, and ask how you can help him be more confident or knowledgeable.
  • Train your employees to come to you with two possible solutions. Tell them that you don’t want them to just show up with a problem, but to think it through before they come to you and develop a couple of solutions. This will build their skills, and give them more confidence. At first, you probably can have to say, “What do YOU think we need to do?”

• At the end of week or two, sort through your data and see what kinds of questions have been asked, who’s asking them, and who else was on duty. It may be that you have an employee who never asked the question because he or she knows what the answer is. Make that employee the person in charge of answering questions related to that topic—it might be prior authorization or insurance questions, billing questions, or clinical topics.

Post open office hours when you’ll be available for questions, concerns, or mindless chit-chat. Schedule your open office hours for late afternoons when your energy is typically at its lowest level and you are the least productive. Or, if you are the type of person who needs four cups of coffee before you can truly focus, schedule your open office hours for early mornings. Colleagues will be more respectful of your private work time when they know you’ll be available to meet their needs during particular hours each day.

If your problem is interruptions from vendors, tolerate them for a couple of weeks and make notes indicating when they tend to show up. Then, approach them and tell them the best time for you to see them. Or ask them to appointments in advance.

Delegate some of the tasks associated with interruptions. Surely, there’s someone on the staff who may be interested in dealing with vendors or taking on a special project.

If you have work to do that requires your complete attention, find an office or a private place where you can work alone or close the door.

We recently asked survey participants to tell us if they had at any AHAI moments related to interruptions, and they said that they looked for a number of ways to decrease workload. Some of them included

• Learning to bundle vaccinations for patient protection and convenience
• Using pharmacy students and volunteers to take on some of their workload appropriately
• Texting nurses and MDs directly rather than going through the office line
• Dealing with interruptions as quickly and abruptly as possible. Don’t give the person who’s interrupting you permission to discuss anything other than the urgent matter.
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?

One speaker said, “Ah, the close-ended question! Didn’t you learn anything in school?”

The other replied, “We can just say, “Yes,” and move on to the next question!” Then they both said, “Nah, let’s work with this caller. Reframe that as an open ended question.”
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?
Many people wrongly assume boasting about past accomplishments will make colleagues on a new job want to work with them. In fact, talking about your past record is “almost a death knell for credibility” because it fosters mistrust, suggesting you care more about promoting yourself than getting in sync with your new colleagues and their needs.
Specific behaviors can predict informal power, and many of them can be learned. Networking across departments, building expertise in new areas and cultivating charisma are all ways to gain power, and make you a go-to person for colleagues. Ways to do this include:

- Building strong networks
- Asking lots of questions of colleagues, with the understanding of the questions should be appropriate and necessary
- Showing respect for co-workers’ roles and accomplishments
- Looking for openings to help

Areas where pharmacies often need expertise include customer relations, inventory management, and record management. Look for the things nobody knows how to do or wants to do, jump in with both feet and do whatever it takes to solve the problem. According to a 2017 study of 20 employers and 160 managers co-written by Robert Cross, a professor of global leadership at Babson College in Massachusetts. “These people create enthusiasm in the networks around them,” making colleagues more likely to offer them new opportunities, says Dr. Cross, who heads a 70-employer consortium studying collaboration. “I call them energizers.”

https://www.wsj.com/articles/how-to-gain-power-at-work-when-you-have-none-1520353800
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?”

Healthcare in general and pharmacy specifically often have a number of different problems that are the result of an accumulation of failures to act. Poor diagnosis and terrible documentation in the medical record is one example. I hear from pharmacists in all different kinds of pharmacies that they have boxes and boxes and bags of medication that needs to be returned to the shelf, and sometimes sits around for so long that it all expires. If you think about this you will think of some other examples.

In any of these examples, one of the most critical things you can do is to foster teamwork. It's important to put aside any preconceived notions that there is a right and wrong way to address these projects. There will be as many ways to approach the project as there are people who have contributed to the problem along the way.

In this instance, you’ll need to involve people from medical records, nursing, medicine, and pharmacy if you hope to make a dent in the problem. Increasing a sense of urgency is important, and once you have the records cleaned up you are going to have to plan a way to ensure that they don’t end up in the same place in a few months. In this case, you might have to divide and conquer, identifying the records that are in the worst shape first and asking each department to clean up a specific number of records every day. Sometimes assigning this task first thing in the morning is best, because people are fresh and they simply go through the task efficiently and move on to their other work.

Often I talk to people about Quick Kills, which are actions taken when you find a problem to rectify it as quickly as possible. In this case, if the organization sees the problem with the charts, they might schedule key staff members to all meet in one room on three or four days and plow through the records until they’ve been corrected, which is called the quilting bee approach. This also works well for those boxes and boxes of drugs that need to be returned to stock. Sometimes, organizations find that the problem is so severe, they may schedule people on overtime to address it. In either of these cases, providing a comfortable place to work, ensuring that people are fed, and even encouraging them to play games – perhaps sharing the funniest of documentation errors with the group or keeping track of how many errors they correct and awarding a prize to the person who finds the most – will keep them more engaged.

Once the records are in pretty good shape for all the medication has been returned to the shelf, it’s important to assign mentors who will look over people’s documentation or ensure that medication is returned every day. It’s also clever if you ask employees what your organization can provide that might help them document better or be more inclined to return drugs to stock. Often, the answers that employees provide are simply so simple and inexpensive, it’s ridiculous.
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.

Unfortunately, every organization and resource issues like this. In this case, because the item that you need is free, many organizations are not proactive in sending inhalers. Probably the best approach is to take action to make sure that you have all of the demonstration inhalers that are commonly prescribed in your area, and this is just me talking, but if I were you, I would always order at least two or three when I call the company. I say this because inevitably, a demo inhaler is lost or accidentally goes home with the patient or breaks. Having that backup inhaler handy ensures you don’t have a gap while you wait for another one to arrive. Making a list of the inhalers by company, and calling for all of the demo inhalers at one time is a smart idea.

But note that increasingly, drug manufacturers are delivering their drug products in very specific devices. This is certainly the case with injectable drugs for hyperglycemia, and some of the devices can be quite complicated. They don’t all work for every type of patient, and you’ll need to make sure that patients can actually see the lettering or operate the activation devices. So broaden your scope here and be sure to make a list of all of your drug-device products. And I’ll put in a plug here for being a preceptor for your local school of pharmacy. Making these lists, calling the pharmaceutical companies, and updating the list in your stock quarterly or annually are great projects for students.

Be sure to sit down and make a project sheet that indicates what you hope to accomplish, and it when you hope to do it. This principle – taking a few minutes to identify projects that need to be done around the pharmacy – is an important one that many people fail to acknowledge. Taking just those few minutes to draft out your project sheet will make sure that you know what needs to be done, you assign appropriate people to do it, and you make progress by a specific date.
And one more point, in this day and age you have other resources. Videos to the rescue! In April 2018, the *Journal of Aerosol Medicine and Pulmonary Drug Delivery* published an article highlighting a teaching tool: online videos. Studies show that videos encourage the correct use of inhalers, which provides superior long-term disease control and quality of life.

Many healthcare providers habitually rely on their own health literacy skills to summarize inhaler package inserts, and then regurgitate this information to patients. Some inhaler inserts include helpful images and descriptions on proper use, but simply reviewing the insert is not the most successful patient counseling method.

If a picture is worth a thousand words, videos are worth an infinite number of words. Patients can watch inhaler technique videos—which are easily accessible and quick to watch—as often as necessary.

With a growing inhaler and device market comes an increase in healthcare professionals requiring education. It’s important to keep up to date with new products. Videos are also effective supplemental educational tools for providers. They also help providers overcome barriers to effective counseling for asthma/COPD patients, including time, resources, and skills.

Because inhalers can be complex, pharmacists have a significant role in patient education. Every time pharmacists dispense an inhaler, they need to be sure the patient and/or caregiver has a chance to ask questions. They should ask first time users to demonstrate how they were taught to use their inhaler and correct any errors.

To provide optimal patient care, all providers should encourage patients to watch videos on proper inhaler use. For the commonly dispensed inhalers, pharmacists and pharmacy technicians can find accurate patient-friendly videos and refer patients to them with confidence. Some manufacturers, such as Astra Zeneca, have a code on the inhaler package for easy access to videos on proper inhalation technique. As the digital era progresses, more device manufacturers will provide patients with video links to advertise the proper use.

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:
  - [http://www.fpnetwork.org/clinical-integration/health-resources/inhalers/index.htm](http://www.fpnetwork.org/clinical-integration/health-resources/inhalers/index.htm)
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

Health systems are trying to develop local guidelines, protocols, ordering alerts, and other means to enhance adherence to national practice guidelines. This is especially true when the actions recommended in a national practice guideline is made into performance measures. Increasingly, not hitting performance measures of quality care will incur penalties. Some health systems are further along in that process than others and some patients do get treated with suboptimal care. However, sometimes a patient doesn’t fit the average patient discussed in the guideline and other times, there are competing guidelines with different recommendations.

If you know a medical practice or hospital pretty well, it’s OK to reach out to them and ask if they are aware of the new guidelines and offer to make a presentation or to partner with them to develop a local guideline, protocol, or order set. This could be time consuming and it might not be reimbursed but it could give you blessings in heaven and could increase loyalty to your store.

Here is what I would say for a community practitioner who is time limited or limited by the lack of electronic health record access. Instead of calling physicians do some direct to consumer advertising when people are picking up their meds.

"Hi Mrs Kumbala. I was reviewing your medication profile and thought you might have heart disease."
"Oh, you had a heart attack three weeks ago, I am sorry to hear that. Dr Smith is doing a good job of putting you on drugs
that help people with heart attacks live longer, the metoprolol, lisinopril, and aspirin are great. I was concerned that you
are only on atorvastatin 10mg though. In the latest guidelines from the American Heart Association they recommend
people under the age of 60 years with heart attacks get atorvastatin 80 mg to best protect against another heart attack.
There may be some specific reasons for not prescribing this higher dose but it might be something to talk with him about
during your next appointment."

Remember, the patient is an important member of the healthcare team and we know from the return on investment
from direct to consumer advertising, very influential.

If you kick it up a notch by having a store specific card that has the guideline recommended therapies on it and can
identify the one the patient is lacking, it can help patients communicate with their doctors.
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?
This is not a very unusual problem. It's one of the top complaints in every employee survey conducted over the last 30 years. In a recent survey, 550 employees talked about their main complaints at work; 93% of these employees said that they work with at least one person who isn't doing his or her fair share. Only one in 10 had actually talked to the person whose suboptimal performance was bothering them.

Unfortunately, if you continue to do the work that this coworker is subtly transferring to your responsibilities, your giving the person permission to continue to do it. And, you need to look at the situation carefully and make sure that it really is a problem. Sometimes we get annoyed with people because they don't do something, but the impact to you is actually negligible. So think this through. Is it really a problem for you?

By now, you've probably finished the first section of this continuing education activity, and Dr. White talked about communication. Here, it is important to talk to your coworker and simply be frank with him. When he tries to handy something that is his to do when you either don't have the time or don't feel like doing it, you need to confront him and say, politely and with good humor, "Hey, I'd really like to help you with this but I just simply can't. Do you need some guidance on how to do it yourself?" Help him build some skills and confidence.

Another option might be to recognize that the person simply doesn't have the appropriate skill set, and offer to trade some tasks. That's really what teamwork is all about. So if you say, "Hey I know you don't like calling physicians to have prescriptions changed (or that diabetes is not your forte), but I'm kind of busy. How about if I make the calls and you finish looking at all these returned insurance claims for me?" You might be surprised that your coworker actually doesn't mind doing some of the stuff that you really can't stand! Win-win.
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?
This is a really tough situation, in one of the most difficult for supervisors to deal with. A long time ago at one of my favorite jobs, we unfortunately had to furlough employees because of financial distress in our organization. The person with whom I dealt in Human Resources told me, “One thing organizations need to understand is that they should never mess with employees’ money.” I found that to be true. Employees get very upset when their income is reduced or unpredictable. If the concern is financial in nature, most employees will understand that for the good of the company and to ensure continuing employment, they may have to make the sacrifice. However, if your company seems to have sufficient funding, and they are spending money and other areas while cutting employee hours, you really will have a challenge.

That’s why it’s important to make sure that you cut costs and other areas before you reduce employee hours. Cutting hours needs to reflect tough economic times or, if your pharmacy is located in an area where you have seasonal peaks and troughs, you should make sure anyone you hire is aware of that before you hire them.

It's critical to be honest about the reason that you are cutting hours, And asked for volunteers first. Many people would welcome the ability to take off a little bit early or actually take a whole day often accomplish some personal tasks. If you don't have volunteers, it's essential that you cut hours in a way that's fair to everyone and transparent. It might be that most recent hires take hourly cuts first, or that the cuts are applied across the board. However you do it make sure that everyone understands what the criteria are.

If your cuts go on for any more than a short period of time, you can expect that employees will start to look for work elsewhere. Make sure that you're prepared to lose staff, and to give good recommendations to those who have performed commendably.
Conclusion

TOGETHER
EVERYONE
ACHIEVES
MORE

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