

Persona and Profile

# Clinical Pharmacist

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# 1 Profile

## 1.1 Clinical Pharmacist

### 1.1.1 JOB DESCRIPTION

- Dispense drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use.
- Advise on medication selection, dosages, interactions, and side effects
- Monitor the health and progress of patients in response to drug therapy
- Understand the use, clinical effects, and composition of drugs, including their chemical, biological, and physical properties
- Mix ingredients to form powders, tablets, capsules, ointments, and solutions
- Counsel patients on the use of drugs while in the hospital, and on their use at home when the patients are discharged
- Evaluate drug use patterns and outcomes for patients in hospitals or managed care organizations
- Helps with pharmacokinetic dosing and allergy monitoring
- Helps nurses speed orders through system when necessary
- Some Clinical Pharmacists specialize in specific drug therapy areas, such as intravenous nutrition support, oncology (cancer), nuclear pharmacy (used for chemotherapy), geriatric pharmacy, and psychopharmacotherapy (the treatment of mental disorders with drugs)
- Detailed med history

### 1.1.2 QUALIFICATIONS

- Doctor of Pharmacy (Pharm.D.) requires at least 6 years of postsecondary study and the passing of the licensure examination of a State board of pharmacy
- Courses teach students how to dispense prescriptions and communicate with patients and other health care providers about drug information and patient care
- Students also learn professional ethics
- Exposure to and active participation in a variety of pharmacy practice settings under the supervision of licensed pharmacists
- The Pharm.D. degree has replaced the Bachelor of Pharmacy (B.Pharm.) degree, which is no longer offered to new students and will cease to be awarded after 2005

- Must follow professional continuing education to keep license

### 1.1.3 PROFILE

#### Professional Characteristics

- Cultural Hierarchy:  
Physician > Clinical Pharmacist > Nursing Specialties and Staff Pharmacist > Nurses > Other Staff
- A relatively small community (20,000 ASHSP members nation-wide)
- Ratio to nurses is 1:20
- Make up only 20% of hospital pharmacy staff
- Sits on Pharmacy and Therapeutics Committee, which is usually led by a Physician but managed by the head of pharmacy
- Things are a bit more predictable than for nurses, but can frequently get chaotic
- Success depends a great deal on being good at looking things up
- There is a national pharmacist shortage on par with that for nurses—however absolute number are less, so it doesn't get quiet the same amount of press

#### Physical Characteristics

- Used to be male dominated, now more like 60% of students in pharmacy school are female
- No disability would prevent someone from becoming a Clinical Pharmacist
- Average work fatigue levels for someone in a hospital environment

#### Psychological Characteristics

- Can-do attitude, wants to help, problem-solver
- Has to be a good negotiator and keep a controlled ego to work with physicians
- Has to treat nurses with respect, otherwise they will treat the clinical pharmacists like a physician with no power
- High degree of computer system interaction forces a certain minimum level of technological comfort and saviness
- Quick scanning and reference research skills
- Rewarding career

#### Goals

- Promote safe and effective drug therapy within their particular area of practice and throughout the hospital as a whole
- At higher administrative levels, like the Director of Pharmacy, money must be balanced with care

- Balance the drug reps' attempts to push more and higher margin drugs with the best interests of both the hospital and the patients

## Values

### 1.1.4 CONTEXT

#### Local Environment

- Clean, well-lighted, and well-ventilated areas
- Spend most of their workday on their feet
- Spend most of their time out in the wards in direct contact with patients, doctors and nurses
- Supports multiple wards, so covers more area than nurses
- May work evenings, nights, weekends, and holidays
- Use satellite pharmacies as their office (where applicable) as well as to prepare and dispense medications
- Satellites are typically the size of a large office cubicle
- Most meds in the satellite are in unit doses; sometimes the satellite will be staffed with a technician to mix doses
- The pharmacist is really just a guest in the nurse-run space
- Don't really have a say in the ward procedures or how things work. They have to be more reactive to the environment.

#### Tools

- Reference material, portable and small and big (especially if they have a satellite). May use a PDA for reference
- When working with sterile or potentially dangerous pharmaceutical products, pharmacists wear gloves and masks and work with other special protective equipment
- May have to work under a hood if covering for an absent technician, or if a particular mixture requires more attention or skill
- Clipboard

#### Constraints

- As guests in the nurses wards, the clinical pharmacist must be tactful and courteous with a nurses
- As culturally subordinate to the physicians, the clinical pharmacists must be subtle and diplomatic to influence them
- Budget, drug costs are a huge concern for the director, but this concern rolls downhill to the clinical pharmacist. Lots of counter-selling to offset the drug reps activities
- Moderate amount of charting
- JAHCO compliance inspections

### 1.1.5 TASK ANALYSIS

#### Direct Care

Task Name	Description	Goal	Time	Rank <sup>1</sup>
Rounds	Go on rounds with the medical team	Consult on prescription ordered, patient reactions and potential errors	15%	2
Physical Availability	Be on hand and prepared in case patient codes and other issues	Provide expert pharmacist care as needed	10%	1
Pharmacokinetic dosing	A kind of dosing determination arrived at by evaluating a collection of complex interconnected factors	To mitigate the risks inherent in the complexities with the clinical pharmacists training and experience	5%	2
Allergy Monitoring	Monitor patients and medication orders for potential allergic reactions to medications	Avoid easily preventable harm to the patient and, as a result avoid unnecessary damage control	5%	3
Patient medical history	Examine patient's medical history and medications they are currently on	Help predict and avoid drug dangerous medication conflicts and inappropriate medication use	5%	4
Medication Counseling (patient discharge)	Counsel patients checking out of the hospital on appropriate medication usage, and answer any medication related questions	Prevent harmful use of medication through education and help patients feel more comfortable handling their own medication	5%	3
Medication Counseling (physician)	Ensure medical staff are aware of latest pharmacological issues and formulary decisions	Assure optimal medication use	5%	3
Medication Counseling (nurses)	Ensure nurses are aware of changing medication use patterns	Assure optimal medication use	5%	3
Medication Counseling (group)	Educated hospital staff on new medications added to the formulary	Assure optimal medication use	5%	3
Manage order	Help nurses by speeding the order process for urgent situations, or for error recovery	Help ensure positive patient outcomes by avoiding harm that might arise due to bureaucratic, clerical, or procedural issues	20%	1

<sup>1</sup> Rank: 1 – top priority 2 – important 3 – non critical 4 - optional

## Administrative

Task Name	Description	Goal	Time	Rank <sup>2</sup>
Manage Formulary	Maintain and update the medications the institution officially stocks	Promote rational, cost effective drug therapy	3%	3
Manage Drug Delivery Policy	Maintain and update the policies and procedures for medication use	Promote rational, cost effective drug therapy	3%	3
Drug utilization reviews	Audit the medication use process for target drugs	Promote rational, cost effective drug therapy	3%	3
Helping with process compliance improvement	Ensure only formulary drugs are used	Promote rational, cost effective drug therapy	2%	3
Managing pharmacy technicians	Ensure appropriate work products and ensure a safe work environment	Promote rational, cost effective drug therapy	2%	3
Investigational medications	Manage separate medication use process for investigating new medications	Promote rational, cost effective drug therapy	2%	3

### 1.1.6 SUBJECTIVE EXPERIENCE

#### Points of Pain

- When a patient is harmed, makes you angry at the system that lets thing happen, makes you wonder what else you could have done, makes you upset with the person who screwed up
- Interpersonal issues of politics
- Intervening with difficult physicians
- Space problems—crammed, and stuff all over, especially on the wards
- Office may actually be in the central pharmacy
- Lots of elevator riding—biggest source of wasted time
- To mitigate this you end up with a lot of stuff in your whitecoat pockets
- JACHO compliance investigations (annually or biannually)

#### Points of Delight

- Intervention that results in a positive patient outcome

<sup>2</sup> Rank: 1 – top priority 2 – important 3 – non critical 4 - optional

- Good formulary decision made—checking the drug reps’ sales pitches
- Individual learning, daily personal and professional challenges
- Increasing opportunity in terms of using infusion data and creating datasets

## 1.2 Persona

### 1.2.1 SUSAN MIYAKE PHARM.D., BCPS (CLINICAL PHARMACIST) <sup>3</sup>

#### High-Level Information

- Married, 35
- 2 children
- Middle of 5 siblings
- Evanston General Hospital
- Young
- Active
- Highly motivated
- Enjoys direct engagement in point of care
- Shrewd in her dealings with physicians
- What ever it takes to get the job done, done right, and done safely
- Technologically savvy
- Empathetic



#### Quote:

“I have a direct responsibility for patient well-being by ensuring safe and effective medication therapy.”

#### Susan’s Background

- Working towards FCCP fellowship
- Research Interests: Evaluation of pharmacotherapeutic programs that affect health care outcomes in Adult Medicine. Critical Care. Surgical Patients.
- Adjunct Associate Professor, Purdue
- Publications Include 5 papers in AJHP
- Awards and Honors include 3 in the state ASHP journal and past president of the Indiana ASHP

#### Susan’s Workplace

- Works 8-10 hours a day as part of a team that supports the hospital 24/7, but frequently puts in overtime as demand increases
- Oversees the optimum therapies for ~10 SICU and ~20-40 General Care patients

<sup>3</sup> Full persona description for Susan can be found at:  
[wriis04/sites/alarisprogramcenter/GPSS%20Program/Shared%20Documents/Sub-projects/Therapy%20Viewer/Market%20Research/Pharmacist%20Personas%202.doc](https://wriis04/sites/alarisprogramcenter/GPSS%20Program/Shared%20Documents/Sub-projects/Therapy%20Viewer/Market%20Research/Pharmacist%20Personas%202.doc)



- Spends time with physicians, RN's, and occasionally Lab-techs in making sure drug levels are drawn appropriately.
- Reports to the Clinical Coordinator under the Director of Pharmacy, but has little contact beyond regular staff meetings
- Workstations are shared and availability is a problem.
- A mixture of electronic and paper systems means a mostly paper-based workflow

### Susan's Responsibilities

- Responsible for managing medication therapies in SICU and General-Care Surgery
- Now is responsible for creating the hospital dataset for her areas, working with the Alaris pharmacy consultant. Sees this as a great way to get more involved with safety and is her way of working around "physician bullying."
- Performs rounds with physicians, frequently (and sensitively) informing their treatment options with her expert knowledge of drug therapies. RN's frequently need advice on compatibility, side-effects and dosing.
- Manages some therapies within protocol, particularly TPN, anticoagulants and antibiotics

### Susan's personality and work habits

- She hates order entry, preferring to be "on the floor" influencing the physicians before they write the order. But with the pharmacist shortage she needs to participate in Evanston's pharmacy distribution system which inevitably causes errors she spends time correcting. As a result it's quicker for her to enter the orders herself, but it's a task she wouldn't miss as long as she felt safety wasn't compromised.
- Frequently liaises with inpatient pharmacy
- She successfully avoids "physician bullying" by providing 3 alternatives and making it look like their idea.
- Analytical
- A good listener who gets along with everyone, but can be demanding and assertive
- PC Savvy, but tied to paper document systems
- Carries a pager to remain accessible to RN's and MD's
- Accesses available workstation at the nearest satellite pharmacy to look at labs, Micromedix, eMar and Med Profile
- Enjoys the on-site problem solving and being the go-to figure, particularly when she can witness a positive patient outcome based on her advice
- Focused on her career, reads journals and publications even in her downtime
- Chairs several committees and frequently guest-lectures at surgical grand rounds
- Occasional involvement in P&T committee

- Actively involved in ASHP at the state and National level.

### Susan's Goals

- Being on the floor and Accessible
- Prioritizing high-risk, high-impact drugs
- Educating others and herself on state of the art medication therapy
- Wants information when and where it's needed (at the bedside)
- Wants to proactively know about changing conditions (without having to constantly duck into the Satellite-Pharmacy)
- Avoiding workarounds and improving process

### The Satellite Pharmacy

Susan visits the satellite pharmacy many times throughout the day to access labs, eMar and med profiles. She can't always check up on all of her patients, so prioritization by criticality or therapy is important. She is frequently on the phone to the main pharmacy to check on first (or stat) dosing, to process orders, and frequently answers questions and helps troubleshoot. Susan knows that in some hospitals sat-pharmacies will actually provide first and stat doses, but in Susan's case they're coming from the Pyxis cabinet.

While labs are electronically available, they're manually recorded on paper flow sheets. Med Profiles exist in the Pharmacy Information System, but a paper version is typically used by nursing and a tech makes sure to frequently reconcile the two. (Electronic: Labs, Meds in Pharmacy, Manual: Vital Signs, Meds Admin.)

Lacking a mobile PC, Susan uses her clipboard to carry the printouts, flow-sheets and personal notes to the bedside. Throughout the day she will refer to these notes to help her keep track of her priority (high-risk, high-impact) therapies. She's trained herself to check this frequently so as to not miss when therapies begin or require monitoring (TPN, anticoagulants etc.)

She'd love it if the workstation wasn't so "dumb" and would help her prioritize her daily activities (e.g., a list of patients on specific drugs, specific diseases, labs, drugs etc.) Her ideal system would pro-actively alert her to look into things so that she didn't need to check back so frequently.

Susan carries a pager to make sure she's always available to consult with a nurse or and MD. While she doesn't need a "wireless nurse call" she would like insight to when a guardrail limit for certain drugs were exceeded so she could follow up as soon as possible.

### Rounds

Susan arrives at early-morning surgical rounds prepared with individual recommendations, having reviewed cases prior. Always sensitive to the

egos involved, she's become a master of making her recommendations seem like physicians.

The rounds are the best way for Susan to prioritize the 10 or so SICU patients and the 20-40 General Care patients and to determine follow-ups. The ICU rounds always take precedence. With surgical patients, the admitting team is usually responsible for the entire hospitalization, unlike the medical teams where a different team would care for the patient as they move between different levels of care.

New patients are worked up as they are admitted and as time allows.

## 2 Appendix

### 2.1 More information

URL	Description
<a href="http://stats.bls.gov/oco/ocos079.htm">http://stats.bls.gov/oco/ocos079.htm</a>	US Department of Labor description of Pharmacist