Create a Health Care Dream Team: How to Collaborate with Physicians

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• Amina Abubakar has no actual or potential relevant conflict of interest that might bias and/or impact the content of the presentation.

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CPE Information

• Target Audience: Pharmacists and Pharmacist Technicians
• ACPE#: 0202-0000-20-020-L04-P/T
• Activity Type: Application-Based
Learning Objectives

• Identify the barriers that pharmacists must overcome to increase awareness about their skill sets among other members of the healthcare team.

• Demonstrate effective relationship building strategies that pharmacists can use to develop collaborations with other members of the healthcare team.
1. Which of the following statements regarding trust in interprofessional collaboration is true?

A. For physicians, trust in other health professionals is usually linked to level of degree or qualification.

B. For pharmacists, trust in other health professionals is usually earned over time, based on experience with them.

C. For physicians, trust in other health professionals is usually earned over time, based on experience with them.

D. For both pharmacists and physicians, trust in colleagues is helpful but not necessary to be part of successful primary care practice.
2. Which of the following terms is defined as the ability to manage ourselves and take other people’s perspectives into account while not being blinded by what we’re feeling in the moment?

A. Entitativity
B. Emotional Intelligence
C. Societal Cues
D. Personal Psychology
3. A new graduate is concerned about how they appear to the attending physician and ensure that they do everything possible to appear positively to the attending because the attending physician holds a higher position. Which of the following describes this theory?

A. Reinforcement of social group hierarchy
B. Emotional intelligence
C. Reasoning from first principles
D. Application of rules
4. Which of the following four tendencies describes someone who is guided by inner and outer expectations and follows rules and guidelines?
   A. Obliger
   B. Rebel
   C. Questioner
   D. Upholder
Reflect on Your Experiences of Being on a Team

The Impact of Behaviors on Teams

- Meetings after the meeting
- Passive aggressive talk
- False dichotomy of crush or be crushed
- Hiding behind cynicism
- Using criticism of others as self-protection
- Tolerating discrimination, echo chambers and ‘fitting in’ culture
- Zigzagging and avoiding

- Open honest AND tactful conversations
- Showing gratitude and celebrating the milestone
- Being a learner and getting it right vs. being a knower and being right
- Culture of belonging, inclusivity and diverse perspectives
- Straight talk leading from the heart

What is ‘team-ness’ and how can we replicate it consistently in the healthcare team?
Entitativity: the psychology of teamness

- The American Psychological Association
  - **Entitativity**: “the extent to which a group or collective is considered by others to be a real entity having unity, coherence, and internal organization rather than a set of independent individuals.”

Entitativity

• What does entitativity mean for teams?
  • Shared goals
  • Commitment to collaborative processes
  • Investment in outcomes
  • Social awareness and engagement
Collaboration is Inevitable

Add a pharmacist to the team to see better outcomes

• Change Tactics for CPC+ ACO Models
  • Working together with pharmacists and other healthcare professionals to promote clinically sound, cost-effective medication therapy, and therapeutic outcomes

Discussion: What are some of the assumptions we make regarding collaboration?
The Experience of Being in a Team

• Inefficient
• Disorganized
• Mechanism for diffusing responsibility
• Method for containing power of certain professions
• Time consuming and resource intensive
• Does not produce desired outcomes

From: This Is A Book by Demetri Martin (via Madeline Levine)
Eddy JK.(2014) The experiences of health professionals who participate in teamwork education in acute hospital settings: a systematic review of qualitative evidence. MSc Thesis, School of Translational Health Sciences, Joanna Briggs Institute, University of Adelaide, South Australia
Learning “team-ness”

1. Personal psychology
2. Professional education
3. Societal cues
1. Personal Psychology

“Discipline is my freedom”
Loves rules and guidelines

- Upholder
  - Meets outer expectations
  - Meets inner expectations

“Why do that when I can do this?”
Loves analysis, need to know Why

- Questioner
  - Resists outer expectations
  - Meets inner expectations

“Don’t want to let others down” Loves accountability

- Obliger
  - Meets outer expectations
  - Resists inner expectations

“You can’t tell me what to do and neither can I”
Loves to know the choices and consequences

- Rebel
  - Resists outer expectations
  - Resists inner expectations

Personal Psychology

• Emotional Intelligence is about the ability to manage ourselves and take other people’s perspectives into account while not being blinded by what we’re feeling at that moment.

• Emotional Intelligence was found to have a strong correspondence to team harmony.
• Focus on more on “we” and less on “me”
• Genuine personal communication always outranks digital
• Stay obsessively curious about the other person’s perspective and experiences
• Practice active listening as if your life depended on it - stop worrying about the next thing on your agenda
• Give generous amounts of recognition
• Proactively anticipate reactions by openly respond to them
Samantha has been hired as a new clinical pharmacist in a rural hospital after completing her PGY1. This is the first time the hospital has hired a clinical pharmacist. As she is starting her new position, she is becoming frustrated with the staff.

She feels that they don’t respect her role or communicate with her and they often overlook her recommendations.
When pharmacists are first introduced to a team, other team members may not recognize their role or responsibilities. Some may feel a threat response whereas others just do not know how to work with a pharmacist.

Consider offering an in-service to share what you do, your background, and your goals for collaboration.
Connecting on a Human Level

• People don’t care how much you know. They care how much you care. – Theodore Roosevelt

• Be an observer of your thinking
  • 95-99% of the time we are unconscious about what we’re thinking
  • Fixed mindset vs. Growth mindset

• Change people’s behavior
  • Tell them a story that touches their heart
  • Speak their inner tendency: Awareness of the 4 tendencies

• Our beliefs influence us more than our environment
2. Professional Education

- How do different professionals “learn” to approach and solve clinical problems?
  - Reasoning from First Principles
  - Application of Rules
  - Pattern Recognition

Ryan is an ambulatory care pharmacist and has been struggling to fit into his role at the clinic. He often feels that he cannot complete services as quickly as the NPs, PAs, and MDs and is not as comfortable with the acute disease states he encounters.

Ryan feels that he works just as hard as the other providers but cannot function in the same way as they can.
The New Graduate: How do we change this perspective?

• Pharmacists should not view themselves as just another provider.
• Rather than trying to assimilate, pharmacists should identify what makes them unique.
• Pharmacotherapy specialist brings tremendous value to the clinic.
3. Societal Cues

• Reinforcement of social group hierarchy (social identity theory)
  • Kiss the ring mentality

• Media/popular culture depictions of different professions and professionals

• Cultural/parental expectations and their influence on self-esteem and personal identity

What this means for “teamness”

• *What are the psychological underpinnings of teamness?*
  • *Shared* goals
  • *Commitment* to collaborative processes
  • *Investment* in outcomes
  • Social awareness and *engagement*
What this means for pharmacists

- **Trust**: “firm belief in the reliability, truth, ability, or strength of someone or something”

- Cognitive model of “trust” for pharmacists more frequently shaped by externalities (e.g. degree, status, stature, non-verbal cues) than for physicians who are more influenced by history and personal relationships
What this means for pharmacists

- **Communication**: “the imparting or exchanging of information or news”
- In a well-intentioned but spectacularly misdirected attempt to be polite, respectful and deferential to authority, pharmacists frequently communicate indirectly with physicians – which may appear to be uncertain or unwilling to actually take responsibility (“power-distance index”)

• Jeff is a second-generation pharmacy owner and has been working at his family’s pharmacy since he graduated. His pharmacy has been struggling to complete their MTMs.
• Jeff was originally very optimistic about MTMs but found that providers weren’t responsive to his faxes.
• He always uses professional language in his faxes and asks that the providers consider changing therapy to another agent, leaving flexibility as to what agent the providers can choose.
• When recommendations are not straightforward, providers might view this as uncertainty whereas pharmacists view this as being thorough and weighing all the details

• Consider your audience when providing recommendations
Connecting on a Human Level

1. Remove self-limiting beliefs and victim mentality
   • Lack of confidence
   • Fear of failure
   • Jumping to unfounded conclusions
   • “I’m being an annoyance”

2. Replace with self-talk that will serve you better
   • “I believe that there is someone that needs my help and I just need to find them”
   • “It’s ok to not know all the answer. I have the courage to stay curious and ask questions.”
   • “People, people, people… no titles, just people”
   • Give yourself permission to pause and process, then reflect back what you just heard
What this means for pharmacists

- **Responsibility**: “the state or fact of having a duty to deal with something, of being accountable or to blame”

- For pharmacists, responsibility is about doing everything possible within the rules and respectful of processes, while for physicians it means willingness to put one’s own neck on the line to break a rule when necessary to solve a problem

What this means for pharmacists

- **Self-confidence**: “assurance, belief in oneself and one’s abilities”
- For pharmacists, clinical confidence means certainty in having the RIGHT answer, while for physicians it means serenity in believing that if/when things go wrong, they will cope and deal with it at that time

Most Common Questions

• “Why would the provider want the pharmacist to do this?”
• “Why wouldn’t their Medical Assistant (MA) or Nurse Practitioner (NP) perform this service?”
• “What if they already have someone performing these services?”

• ANSWER:
  • The Value of the Pharmacist
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• Entitativity is a term that describes a team with shared goals, commitment to a collaborative process, and investment in outcomes.

• Knowing the tendency of your team members can help with engagement and motivation.

• To serve as a valuable team member, pharmacists must identify what makes them unique and the value they can bring.