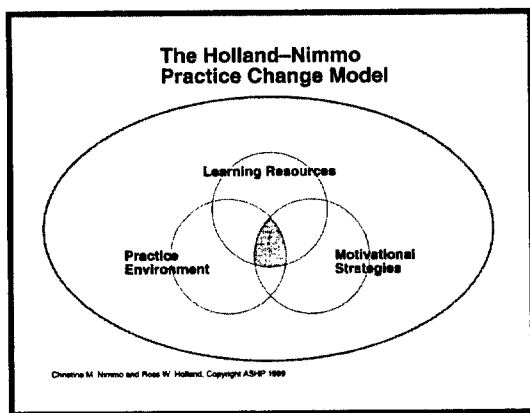


“Nothing of significance is likely to occur until the job description states the new model of practice as an expectation.”

—Christine M. Nimmo



Selection from:

American Society of Health System Pharmacists, Center on Pharmacy Practice Management. “Executive Summary: Managing for Success: Cultivating People and Performance in Health Systems”. Proceedings from the ASHP Fourth Annual Leadership Conference on Pharmacy Practice Management, October 1999. Pages 4-8.

The Practice Change Model: An Innovative Pharmacy-Specific Approach to Motivating Staff to Change

Christine M. Nimmo, Ph.D., Director of Educational Resources, ASHP, Bethesda, Maryland

Ross W. Holland, Ph.D., FHSP, Dean, Australian College of Pharmacy Practice, Canberra, Australia

Because of the unique circumstances under which pharmacy is changing today, leaders must employ a comprehensive, pharmacy-specific approach to help ensure that practitioners will adopt newer practice models that have emerged. Nimmo and Holland have developed a customized approach that draws from their own experience as well as from research in education and psychology. The result, outlined in this summary, “is applicable to all kinds of change, not just to pharmaceutical care,” the speakers noted. Their model has three components that must be satisfied to pave the way for a person to change practice behaviors and attitudes.

- Conducive practice environment
- Appropriate learning resources
- Effective motivational strategies

There are some characteristics that are common among pharmacists who have achieved professional competency in any practice model.

- Psychomotor and problem-solving skills relevant to the model of practice.
- Professional socialization, so pharmacists’ attitudes and values are in line with those of their practice model. These attitudes and values include what they see as their job responsibilities, their relationship with other health care providers and with patients, and their responsibility to the profession.
- Judgment—meaning that they have gained tacit knowledge from practicing the model’s skills extensively over time and can apply clinical judgment.

Practice Environment

Leaders who want to facilitate a change from one practice model to another must create an environment conducive to the change. To do this, they must identify and resolve barriers on three different levels—societal, health system, and departmental.

Societal Level

Generally, high-level leaders of the profession will tackle the societal issues, such as

- Changing state pharmacy practice acts to accommodate pharmacists’ roles and responsibilities,
- Changing the public’s perception of the contribution pharmacists can make to its health care,
- Working with educators of other health professions to create interdisciplinary training situations that help reinforce the valuable role pharmacists play on the team, and

- Working with health care administrators to pave the way for pharmacy directors' efforts to gain support for pharmacists' clinical services.

Health-System Level

Pharmacy department directors handle such organizational issues as

- Enlisting support from other health care providers, and
- Securing the necessary human, financial, technological, and organizational resources.

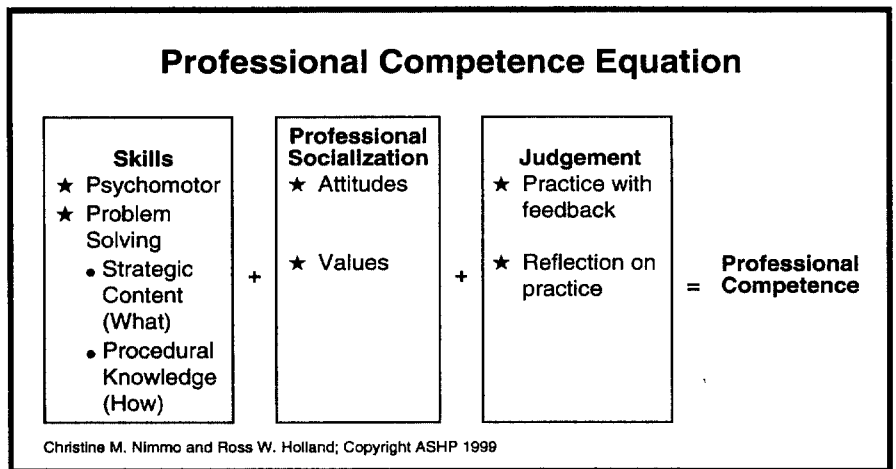
Departmental Level

Issues to be dealt with in this area, typically by the department director and managerial staff, include

- Managing work flow,
- Delegating job responsibilities,
- Facilitating interpersonal relationships between pharmacists and other health professionals,
- Restructuring physical space,
- Implementing new technology,
- Making trainers available,
- Rewriting job descriptions to reflect the new model of practice,
- Managing issues related to practice norms and group dynamics, and
- Planning ways to monitor the success of changes.

Arranging Learning Resources

You must also identify or develop learning resources that are tailored to helping practitioners acquire new knowledge or skills needed for the new practice model. These activities must have the right content and teaching methodologies to produce the desired outcomes. "Thus, if you expect the pharmacist to manage diabetes in the ambulatory care clinic, lecture alone will not accomplish your goal," Holland noted. Helping a pharmacist develop problem-solving skills requires modeling the appropriate strategies and coaching the pharmacist in their use. The pharmacist who is expected to change must explore learning resources and training opportunities, as well.



Today's Four Practices

Holland and Nimmo described four distinct practice models that currently exist in health-system pharmacy. Their practice change strategies should be applied to move pharmacists from one model to another.

- Drug distribution pharmacists, who focus primarily on seeing that the right drug gets to the right person at the right time and who provide patients with basic instruction regarding the use of medications.
- Drug information pharmacists, who provide information to patients and practitioners and design and deliver education for healthy lifestyles and disease prevention.
- Clinical intervention pharmacists, who use their knowledge about chronic and acute diseases to help prescribers solve complex medication problems and make wise decisions about drug therapy.
- Pharmaceutical care pharmacists, who work directly with both prescribers and patients to recommend and evaluate therapy, design care plans, and monitor patients' progress. In this model, pharmacists use a team approach and see themselves as responsible for the outcome of patients' therapy.

“It is inherent in the professional socialization of all pharmacists that they feel competent to perform a practice task before they will willingly do it.”

—Ross W. Holland

Motivation Is Key

Leaders play a critical role in the motivational aspect of the practice change model. Their first challenge is to understand the personality and mindset of each pharmacist on staff. Studies suggest that the dominant personality type in pharmacy today is characterized by

- A strong sense of responsibility,
- Conscientiousness in carrying out tasks,
- Practicality,
- Logic, and
- Fear of oral communication (20% of current pharmacists).

Although you cannot change pharmacists' personalities, their professional socialization is an ongoing process on which you can have a major influence. A systematic motivational process can help pharmacists buy into the new concepts and bring positive responses to the two questions that all practitioners facing a practice change have in mind:

- Can I do it?
- Do I want to do it?

Extrinsic motivators for change, such as money, promotion, or recognition, only go so far and may be relatively ineffective when the change involves a different set of professional values and attitudes. Under these circumstances, change comes about most readily when pharmacists are intrinsically motivated by the desire to bring their professional activities in line with their professional values and beliefs.

Practitioners go through four stages in developing a new set of attitudes and values about their practice. As pharmacists progress through these stages, they come to the conclusion that they can do the tasks in the new practice, they start believing it's what they should do, and they commit to a plan of ongoing action to acquire any necessary knowledge and skills. Leaders must be careful not to rush pharmacists through the four stages.

Four Motivational Stages

In each of these stages, the pharmacist moves through a hierarchy of steps ranging from awareness to commitment. Leaders use a variety of approaches to facilitate movement through each stage.

Stage 1: Finding Out about It

1. The pharmacist is aware of the new practice model but couldn't care less.
2. The pharmacist thinks, I guess it's possible.
3. The pharmacist becomes intrigued by the new model.
4. The pharmacist complies with requests to learn about the new model but does not initiate learning on his or her own.

Activities that leaders should facilitate in this stage include

- Interactive lecture and guided discussion interspersed with carefully framed questions,
- Informal discussion with colleagues,
- Reading of articles,

- Access to onsite role models who are “near peers,” that is, practitioners with the same educational level and background who have already adopted the new practice model,
- Site visits to near peers,
- Discussions with health facility managers, and
- Brainstorming sessions to address ways to overcome perceived barriers to the new practice model.

Holland and Nimmo emphasized that during this stage discussion leaders and presenters should try to connect the practitioners’ current practice model with the proposed model, stressing similarities as well as differences. Also, the new practice model should be presented in a simplified form that is easy to grasp, and concrete examples should be provided.

Stage 2: Testing the Water

1. The pharmacist is interested in learning more.
2. The pharmacist starts to enjoy playing around with the idea.

In this stage, leaders should provide

- Access to near-peers in this practice model,
- The chance to try out the new model on a partial basis; this may involve vicarious experience through discussion with a near peer or shadowing a practitioner who uses the new model, and
- Encouragement.

If practitioners actually get the chance to try out tasks in the new model, it’s important to ensure that tasks are selected in which the practitioners feel competent. “If performance of the task threatens an individual’s feeling of competence,” the speakers pointed out, “fear will intercede and there will be no growth or pleasure in doing it.”

Stage 3: Gaining Commitment

1. The pharmacist starts to believe that the new practice has value in the health care system.
2. The pharmacist actively chooses to practice this way.
3. The pharmacist feels a commitment and starts relating the new model to all aspects of his or her work.

In this stage, among other steps, leaders should

- Continue to provide access to near peers, and
- Give the pharmacist opportunities to be publicly identified with the new practice model.

Stage 4: Making Sure It Sticks

1. The pharmacist is convinced of the importance of following the new practice model.
2. The pharmacist rearranges his or her existing value system to accommodate any learning needed to engage in the new practice.

In this stage, leaders should facilitate

- Ongoing exploration of the new practice model and verbalization of the practice concept to others, and
- Access to near peers who have retrained for this practice.

The speakers noted that when a mismatch occurs between a pharmacist's personality and the desired practice model, the pharmacist may choose not to make the needed changes. "Realistically," they said, "there may not be a role for everyone in the changing practice environment."

