

Lisa M. Gersema



Most Rewarding Relationships with Physicians Require Hard Work

After practicing as a clinical pharmacist and clinical pharmacy manager for the first 17 years of her career, Lisa changed courses; she became the Director of Pharmacy at United Hospital in St. Paul, Minnesota. In her letter, Lisa candidly reflects on some of the difficulties she experienced early in her career establishing peer relationships with other members of the health care team. She overcame those challenges by proving herself, doing her homework, and holding steadfast to her patient care recommendations, even when faced with skepticism, condescension, and just plain bad behavior. Lisa has observed how the profession has evolved since her early days of practice, making confrontations like those she experienced much less common for pharmacists entering practice now. She and other qualified clinical experts among our profession helped pave the way for this evolution and advance the role of pharmacists as highly skilled members of the patient care team. Lisa is committed to a career of continuous professional development and sharpening her skills, as evidenced by her completion of a master's in health care administration 27 years after completing her doctor of pharmacy degree.

Lisa is currently Director of Pharmacy and Residency Program Director at United Hospital in St. Paul, Minnesota. She received her bachelor of science and doctor of pharmacy degrees from the University of Iowa School of Pharmacy. She has served American Society of Health-System Pharmacists as chair of the Council on Pharmacy Practice, member of the Commission on Therapeutics, delegate to the House of Delegates, and a member of the board of directors. Lisa's message is: *With clinical decisions, it is important to present the evidence and then it becomes your job to sell it—both are critical skills to be successful as a pharmacist.*



Dear Young Pharmacist,

I can only imagine the changes that you will observe during your career. The practice of pharmacy has advanced significantly since I graduated. Today, we are much closer to the patients and collaborate with our nursing and physician colleagues on a regular basis. The value and purpose of a team approach is integrated into curriculums. Nurses, physicians, and others expect the pharmacist to be present on the patient care unit, to participate in rounds, and to contribute to patient care. It was not always that way.

When I began my career, physicians often scoffed at my recommendations and said that they would listen to me only after I had obtained my *medical* degree. Another approach of physicians was to not accept my recommendation when speaking to me in person. I would later discover, however, that the medication order was changed exactly to my recommendation. (I considered this saving-face maneuver a small victory!) I am pleased that these scenarios do not occur as often as they once did. I have counseled more than one student, resident, or young pharmacist through a difficult physician interaction involving inappropriate physician behavior that needed to be addressed. Others, however, involved reasonable questions that were expressed a bit sharper than the young pharmacist was accustomed to hearing. For those, I would often share one or both of the following experiences.

After completing my pharmacy training and fellowship, I sought employment at a hospital where I could help establish clinical pharmacy services. I was attracted to St. Luke's Hospital in Kansas City because they were hiring pharmacists with PharmDs to enhance their clinical pharmacy focus. At that time, gentamicin was a commonly prescribed antibiotic, and physicians routinely prescribed a standard 80 mg q8 regimen regardless of a patient's age, weight, renal function, site of infection, etc. Clearly, this was an opportunity for clinical pharmacy services! The Pharmacy Clinical Coordinator along with another PharmD pharmacist monitored all aminoglycoside patients when I started working at the hospital. This was the type of involvement and program building that I had hoped to find in my first pharmacist job. I was able to quickly jump in to assist with this coverage. Our