04_PDL_KayDunkley & Rebecca Kouimanis_Transcript Content Edit & Mastered

[00:00:00] **Nic:** We're continuing to explore communication as a core clinical skill that has real world consequences. In episode three, Clinically Sound clearly said, you heard why communication matters. In this episode, you'll learn what to do when communication is under pressure. The importance of de-escalation and how to seek support. Host of Be Risk Ready. Amy Minion is Pdl's lead pharmacist in education and professional development. Amy is joined by two guests in this episode. The first is Kay Dunkley, executive officer at the Pharmacists Support service PS, where she's involved in research projects investigating factors influencing the health and wellbeing of pharmacists. Amy's second guest is Rebecca Cumani's, registered psychologist and team manager of clinical operations at Telus Health. Together, they'll discuss how to recognise different types of conflict, when to seek support and how to view Review de-escalation as a clinical risk management skill rather than an optional soft skill.

[00:01:06] **Amy:** Hello and welcome to episode four. It's great to have you here. Kay.

[00:01:11] **Kay:** It's lovely to be with you and to talk about this very important topic for pharmacists.

[00:01:19] **Amy:** And Bec, thanks so much for joining us.

[00:01:22] **Bec:** Welcome. It's a delight.

[00:01:25] **Amy:** To start, let me set the scene with a few situations that will feel familiar to many pharmacists. You might be, say, declining an early staged supply. Or perhaps you're explaining why a newly prescribed medicine isn't subsidised to a patient who may already be feeling stressed or confused. You might be managing competing demands a distressed parent with a crying child, a Schedule 3 request needing your input, patients waiting, phones ringing, all while you're trying to complete a vaccination safely. Or you could be dealing with something more confronting, such as a patient experiencing an acute psychotic episode, or the emotional impact of the long term, or the emotional impact of a long term patient passing away. These challenging situations don't all look the same, and they're not always conflict. But in pharmacy, they often start with misunderstanding, pressure, fear, or emotion. Even when the clinical decision itself is

actually appropriate. And as we discussed back in episode three, clear communication is essential. But sometimes even when you communicate well, situations can still become difficult. So, Bec, I might come to you first from your perspective. How do these situations typically present and what makes them challenging to navigate in the moment?

[00:02:47] **Bec:** Yeah. So there's a few distinctions that I think are really important for, for consideration when we're talking about how to best manage these circumstances. And it's between conflict and distress. So conflict implies that there's a clash between two people with opposing needs or positions, and neither person can get what they want without the other person giving something up. And this is very different from distress, because distress is when someone is activated, they're upset, they're scared, or they're frustrated, but they're not necessarily in conflict with you. So they're in conflict with their circumstance and they're struggling. And you happen to be the person that's in front of them. So the pharmacist isn't the problem. The situation is. And it matters because if you treat distress like conflict, you can escalate it. So you might become defensive or firm when what the person really needs is to be heard or supported. And then nested in that is the really important consideration. And it's the power differential. So there's a power differential that exists and it's easy to overlook or to forget. But when we hold professional authority, as we often do in healthcare. You're a gatekeeper to access, so the person on the other side is often vulnerable. Or in this instance, they're sick, or they're worried or they're frustrated and they may be feeling unheard. And even when you're doing everything right, that power dynamic is still there. So it's one to remain really cognizant of. And the other scenario that you mentioned, which is worth noting, is grief.

[00:04:25] **Bec:** So as healthcare professionals, we often encounter patients experiencing loss or we grieve a patient, maybe that we've cared for over time who was experiencing something difficult. And we often can minimize that because we think that we have no right to be upset, or that it's unprofessional to feel anything ourselves about the loss. Um, and there's a difference between professional grief and personal grief, and it's something that's worth naming and it's something that's worth knowing because awareness of that distinction matters in how we're able to function and care for ourselves when that's present. And the reason that that matters is because if we don't give ourselves permission to feel it, it accumulates like anything that's really difficult and

it becomes part of our baseline stress level. And that directly affects our capacity to show up for the next person. And that's something that's really important when we're talking about how do we best manage conflict or difficult communication, communication under pressure, because our baseline sits directly in our ability to discern conflict from distress and then to enact the right strategy. So when you're already carrying a lot and your nervous system is already stretched, you're more likely to read distress conflict. So then you're more likely to respond defensively, and you're less resourced to show up with the clarity of what that moment actually needs. So early recognition is not just about reading the other person. It's about knowing where you are at within yourself.

[00:06:03] **Amy:** Kay, I might bring you in here. From your experience, what does this look like in practice when the emotions start to come through at the pharmacy counter?

[00:06:13] **Kay:** I think one of the most important things we need to consider as pharmacists is when someone comes into the pharmacy, we've got no idea what's been going on for them, what they've been doing, what news they've had, what other pressures they're under. And we can't control any of that. And so the way we respond to someone can actually trigger, um, an uncomfortable response from them, whether it's, you know, anger or distress. So it's very easy to take this personally to think, oh, they're really angry at me because I can't help them with this or because I'm denying this. But in fact, there's other things going on in their life. So we actually have to distance ourselves from the way they speak and try to remain calm. Um, because that will avoid the conflict. Um, and, you know, we can have those situations where it can escalate with, you know, shouting, abuse, violence, even throwing a stock off shelves. And this, you know, terminates often with the person storming out of the pharmacy. And so I think, you know, it's really important that we do our best to keep calm. Remember, it's not us. Show them that we do actually understand their situation. And a lot of that is reflecting back what they're saying and acknowledging that this is hard for them because they say they can't get their medication or we're denying something. It's really important for us to, um, to be aware of how they then trigger certain responses in us and be able to manage that.

[00:07:53] **Amy:** That really brings it to life. Kay. And thank you for painting a very realistic picture of the way things can be out there, and especially how quickly things

can escalate. It does seem to me that these situations are becoming more common in practice. Kay, what are you noticing and what do you think is contributing to that?

[00:08:12] **Kay:** Well, I think overall in the community, we are seeing increasing conflict in the retail setting, but also in any health care setting. I mean, you know, Code Gray is in hospitals are occurring more and more frequently. You know, society has changed in some of our expectations and we have become more demanding. Now, there's a lot of things that contribute to that. Now in pharmacy, one of the issues is that with online shopping and supermarkets, people are used to that self-service notion where they can have whatever they want, they can order whatever they want, and they then start to see the pharmacist as a gatekeeper when we say no, or we need to get something amended on this script or have a conversation with their doctor, they become quite resistant to the fact that we've got a level of control over what they're allowed to have, and they don't always understand. I think that's really important for us to realise as pharmacists, that the public don't understand necessarily the legal restraints that we're working within and that are controlling what we have to do, and therefore we need to make sure we explain things very carefully to them in full.

[00:09:31] **Kay:** We can't just say your scripts expired. We need to say something like, every prescription has an expiry and unfortunately yours has passed that date. Therefore I can't dispense it. So breaking it down with an explanation or unfortunately, your doctor hasn't written this prescription in accordance with the legal requirements, and I'm going to need to remedy that. I need to speak to your doctor. This is going to take a little while explaining and taking time with someone when there's a problem will make a big difference. There's also this change with health information access now. People are using Google and AI a lot more. They're even turning up at their GP with a list of the treatments they want because of what they've read. But it can make them more demanding. So there's a lot there that's gone on in society. You know, some of that does come from the Covid pandemic. That did change people's perception. And they became more fearful around not being able to access things that they want.

[00:10:34] **Bec:** What Kay said was really important about the explanation piece, and I just wanted to add a little bit to that, because that explanation is really crucial. And then give them the next step. And what I need you to do next is X, Y, or Z, because then it becomes about a collaboration as opposed to this can't happen. And this is why. So

then it's kind of up to you to figure it out. It's that, you know, I'm here to help and I'm here to figure this out with you. This is the why. This is the next step. Because also, they might not be thinking as clearly as what the pharmacist is because we're talking about stretched nervous systems. So adding that little bit would be really helpful and supportive to that interaction.

[00:11:17] **Amy:** Um, I wanted to add as well, from what we hear at PDL, pharmacists are often navigating multiple layers at once from professional obligations, uh, clinical and ethical decisions, differing health literacies. We've already covered cultural considerations and of course, constant competing demands in the workplace. Is there anything you'd like to add to that? Bec.

[00:11:39] **Bec:** Yeah. And I think that that matters significantly because pharmacists just aren't you're not making clinical decisions in a vacuum. You're holding multiple clinical responsibilities, navigating workflow pressures, managing the competing demands. Possibly understaffed. Dealing with supply chain issues. So the threat detection system, it's already activated because the environment that the pharmacy pharmacist is in is genuinely demanding. And so then when someone arrives who's already distressed and activated by their own circumstances, like so to Kay's point, we have no idea what that person's walked in with. And then they're asking the pharmacist to give them something that we can't give, or that you're requiring the pharmacist to hold the boundary. So in that moment, the pharmacist is trying to regulate the person, while their own nervous system might already be in a heightened state just by the usual demands of the job. What's really interesting to know from a neuroscience perspective is that person centered care, which is what we do in healthcare. It requires what we call relational presence. That means it requires you to attune to someone else's nervous system, to listen, to hold the space, but attuning to another person's distress. When your nervous system is already stretched thin. It creates a conflict. So you're trying to be present, but your brain is also a little bit in survival mode. And pharmacists often score really highly on conscientiousness, which shows a positive correlation to perfectionism. And the reason that's important is because then a lot of pharmacists are carrying with them that drive to get it right, to follow every protocol. And when conflict happens, despite you doing everything right, it can feel like a real professional failure and starting to know some of these concepts and how to attend to your own nervous system, I think not nice to haves. These are really significant, important professional strategies in how

you stay resourced enough so you can access your clinical wisdom, the relational engagement, even when the systems are pulling you from all different sides.

[00:13:48] **Kay:** I think that's so true. Around pharmacists that, you know, we are all perfectionists. We do pay a lot of attention to detail. Guilty. The other the other point there is to that, um, I've been in pharmacy for over 40 years and it has become so incredibly complex. We're dealing with so many more systems just in dispensing. You know, we often have multiple tabs open because we have to check all these different things with every prescription. And I think that that has increased the stress level. I mean, we did a research survey in 2017, 2018, and certainly pharmacists did have higher stress levels than the general population. So there's a lot of evidence for pharmacists being more stressed. And I think, you know, it comes with that level of responsibility and that duty to make sure that we get things right.

[00:14:48] **Amy:** So Kay from the support calls you might hear through, says. How does that play out in practice when pharmacists are trying to hold a clinical or a legal boundary?

[00:14:58] **Kay:** It is very common for people to ring us when they've had a clash with a member of the public, or even with their colleagues, because often, you know, it does spill over into our relationships with our with our colleagues and our team members in the pharmacy. And, you know, we we're often working under time pressures, high workloads, multitasking, which is not a good way to work in pharmacy, but it often happens because we've got different demands. And people then go into that amygdala hijack where the flight fight or freeze mode, where they're just not working at their best level. And, you know, then it plays out that things get worse. Maybe an incident then occurs and they need to contact PDL. And afterwards, when they look back and they start reflecting on what's happened, they're just mortified. They're very embarrassed and upset and distressed, and they feel terrible, particularly if they've made a dispensing error. They have a huge guilt because we're taught not to make mistakes and be correct and accurate for legal obligations. When people ring us and they're very distressed. We often encourage them just to take some slow, deep breaths as they tell their story, to help them be calm enough to actually talk about what's happened. Personally, when I'm giving presentations to early career pharmacists, interns, and students, I often talk about using breathing techniques between customers in the

pharmacy because that way you don't carry the emotions that have arisen in one conversation to the next Patient that you're talking to. You know, they can be undertaken quite quickly and even in public. It's not obvious that you're doing it. Um, and it just allows us to start to think more clearly. And, you know, if a situation has been very difficult, it can be really beneficial for people to take a moment in the tea room and just have a drink before they go out and keep serving customers, because otherwise we do just carry that heightened state into the next task we're doing. And that can be quite problematic.

[00:17:20] **Bec:** Definitely. They're called regulation breaks. There's many regulation breaks and then there's larger regulation breaks. But the point is that it breaks the nervous system gives the opportunity to come back into regulation, which is allowed, which allows all of our executive functioning to be online and supporting us to work in a very demanding space.

[00:17:41] **Kay:** With pharmacy, there is this impression that you just have to serve everyone as quickly as you can. And unfortunately, that's been perpetuated over the years. And people are not encouraged to take a short break or to have that regulation break. Just get on with it. Serve the next person. Come on, we're busy here. You don't have time for that. And unfortunately, that's not a good way to operate. And I remember once I was actually talking to someone on the phone and their boss had actually sent them next door to have a coffee, and they were having a conversation with me on the, on the CS line, and they were telling me what had happened, and we were talking about it. And then someone from the shop had said, you've got to come back now, like. And I thought, oh, that's so cruel. Here they are seeking some help and they're being dragged back to keep working.

[00:18:37] **Amy:** I thought it is a bit of an embedded culture, isn't it? I think it's an important message from all of us today, that it is something that we can influence towards changing in the future. And it starts with us. I'd like to shift gears slightly. We often talk about managing the interaction, but not always about what those experiences might carry over time for the pharmacist themselves. So perhaps I'll turn to you, Kay, from your work, what's the impact of these challenging interactions on pharmacists over time?

[00:19:10] **Kay:** Well, I think that that constant heightened stress response, um, anxiety and, um, you know, high levels of, um, sort of exposure to, to conflict, it does lead to burnout. Um, and unfortunately, what I see in some of the older pharmacists is a sort of hardened approach to members of the public because they're burnt out, they lose their compassion and they feel frustrated every time another person comes into the pharmacy because, you know, they haven't prioritized self-care. And I think, you know, it does it. It also creates a bad atmosphere in the pharmacy among the team. And you end up with toxic workplaces. And, you know, that's really bad for healthcare and it's bad for patient care. And, you know, it, it has long term ramifications for the value of what we're doing.

[00:20:08] **Amy:** Yeah. And I'm sure that Bec, as a psychologist, you've seen similar situations as well. My question to you is, what are practitioners usually seeking when they reach out for support from your perspective?

[00:20:22] **Bec:** Yeah. So I think when when people reach out, particularly in healthcare, they're reaching out because they need permission to feel what they're feeling. So, you know, particularly pharmacists, they're trained to be objective, factual, professional. And that's a real strength. But it also means that to manage that, they've learned to compartmentalize. So just because you've managed a difficult interaction and you've moved on to the next patient and you've kept going. That doesn't mean that somewhere inside of you, there's a part that's maybe still a little bit activated from that exchange, might be replaying it in the back of your head, second guessing yourself. Just there's that low hum of anxiety that you're carrying about it. So when people reach out, what they're seeking really is to be witnessed. They want someone to say, yes, that interaction did affect you. Your response makes sense. You're not overreacting in something that's really important in that is that we're often conditioned to think about our experiences as big or small or critical or intense or, or traumatic before we feel entitled to reach out. But the reality is that all of us carry our own wounds. Some big, some small, some may not look from the outside visible at all, but they're our wounds and they impact us differently depending on our history, personality, where we're at, how far our nervous system is stretched. So what matters isn't the size of the interaction or the intensity of the interaction. What matters is how you've experienced it, and that's the real take home experience. So when you're seeking a space for support, it can be really valuable to understand that, you know, we can both be clinically competent and

professionally sound and affected by what it is that we've just experienced, because those two things aren't mutually exclusive. And I think in healthcare, there really is a culture where not that we're not allowed to feel, but the feeling can't impact us because that then calls into question our professional competency or capacity. So the ability to know how something's affected you and how to resource and support yourself within that. That's what keeps us at our professional best.

[00:22:38] **Kay:** That's so true. Pharmacists and other healthcare professionals are often very reluctant to seek help. Their distress is trivialised by colleagues. They are afraid to be vulnerable and to seek help. And I think that is slowly changing with generational change. But it's certainly a barrier when you've got people who trivialize what you've gone through, say, well, you'll. You'll get used to this. That's the way it is. That's the way it's always been. And I mean, you see this in the medical profession where people have this attitude, you've got to have this hard front. But that's not true. You can still have compassion. I think the other thing that we can learn from psychology is that you have supervision, where you get the opportunity to talk about your emotions and how you're feeling and how you're responding to clients. They have a variety of activities where you can debrief, and it's not common. In pharmacy. We don't offer debriefing support routinely. I mean, obviously individual pharmacies may have some element of that, but it's certainly something we need to develop more of to be validated and to be heard.

[00:23:56] **Bec:** Absolutely.

[00:23:58] **Amy:** Yeah. Part of that is also knowing what support is available when you need it. For PDL members, under certain terms and conditions you could be offered gap payment for therapy and counselling expenses. But in the moment, it's often the small practical actions that make the biggest difference. They also really matter if an incident is later being reviewed by a regulatory body. Being able to show that you've acted calmly, professionally and within your scope, that you've explained your reasoning, offered safe alternatives and followed established guidance. That context can be incredibly important for assessors. Bec. Is there anything you'd like to add?

[00:24:37] **Bec:** What I'd like to add is that these things aren't just techniques that you learn once and then forget about, right? So it's a skill that you build and you build it over

time. And that forms part of that growth mindset. So these things aren't one and done situations. So when we're talking about ongoing development, it extends beyond that one difficult moment. So every time that you learn to take a regulation break that you pause. Um, you take the breath, you go out the back, you respond in a different way by listening to what is happening with inside yourself. Um, each time you stay grounded, when someone else is activated, what you're doing is you're rewiring your own threat detection system. So you're teaching your brain that you can be safe even in discomfort. I can be compassionate whilst holding a boundary. So you're teaching yourself this skill. And what I see happening with healthcare professionals who practice this intentionally is that they start to notice situations that would have escalated a year ago, don't anymore. And it's not because the patients have changed, it's because they've changed. So their nervous system effectively has learnt a different way.

[00:25:50] **Bec:** And that's what embedded skill looks like. And it becomes part of how we show up to our patients as pharmacists, as healthcare professionals seeking help, reaching out, doing reflective practice. Um, these things are not a reflection of a diminished professional capacity. They're evidence of a greater acceptance of your own humanity and a value in your best professional self, which makes you more grounded in your own resilience by working in a difficult environment, in a difficult industry. So you're building your capacity through intentional practice and support, and staying connected to why you became a pharmacist in the first place, which, you know, when we start to experience that burnout and vicarious trauma and compassion fatigue, we lose contact with the value of why I'm here doing this in the first place. So, you know, reaching out, seeking help, reflective practice, regulation strategies. It's not about not being perfect or never feeling triggered. It's about developing your own capacity to notice what's happening, both in the patient and yourself and respond from intention, not reaction. And this is what embedded skill and a good toolkit looks like. And that's what makes the profession sustainable.

[00:27:10] **Kay:** I love the concept that resilience is built up over time by putting these things into practice, because resilience can be used as a bit of a negative term. People are told, well, you're not resilient enough, but someone who's perhaps younger or early in their career, you can't expect them to have developed all those skills because it takes time. And I think, you know, this expectation that everyone's going to come out of university or even be resilient while they're at university. I mean, people's skills in this

area grow. And I think as as Bec says, you know, you need to put some effort into developing those things. You need to actually spend some time reflecting and changing your neural pathways. I love that the concept that you can change your neural pathways.

[00:27:55] **Bec:** What happened post Covid was so many people got really tired of the word resilience because it was overused, and I think it was used in a really narrow way because we lost contact with the fact that actually being resilient doesn't mean not being affected. Being resilient means knowing I'm affected, understanding I'm affected, and then engaging in one of the pillars that build what resilience is to manage that. That's a resilient person and that is regulation and connection to Kay's point actually. So when we talk about resilience, there's lots of different components, but two main components is our ability to self-regulate and our ability to have connection. So not our ability not to feel.

[00:28:39] **Kay:** And I think it's important that we normalise the fact that our work does impact on us emotionally. We that is that is normal. It's to be expected that if we're working in health care, we're going to be impacted by what we see. And, you know, early in this podcast, you talked a little bit about grief. And I think that, you know, it's important to normalize that even very experienced practitioners will feel a degree of grief when they've been dealing with someone. This is something we haven't considered in pharmacy, is just that opportunity to debrief with colleagues or the team that was working with a patient and thinking about how to do things differently in the future in a very positive, supportive environment, in a non-judgmental way.

[00:29:30] **Amy:** That's such a powerful way to frame it. Kay and Bec and I speak for myself. I'm feeling really positive and uplifted to learn that just like physical muscle, your nervous system and your threat detection system, as Bec put it, is something that you can rewire and continually train and get better at. So that's a wonderful message. Um, I think we might call it a day, but have either of you got a quick take home message for our listeners?

[00:29:57] **Kay:** I think that it's important to remember that people won't always remember what you've said to them, but they will remember how you've made them feel. And showing compassion is important even when a consumer is being

unreasonable. And self-compassion and self-care needs to be a priority. And in a stressful profession, we need to look after ourselves so we can look after other people and back.

[00:30:28] **Bec:** So give yourself permission to be human within your professional identity. So pharmacists are managing complex situations, carrying responsibility and being affected by what they witness. So when you apply a reflective practice and the concepts that we've spoken about today and you seek support proactively, that's how you stay well, and that's what creates longevity in your profession with true, grounded well-being.

[00:30:54] **Amy:** K Bec, thank you both so much for coming today and sharing your perspectives with us.

[00:31:00] **Bec:** Thank you for having us.

[00:31:02] **Kay:** It's it's been great. I think these are such important topics and we don't discuss them enough in pharmacy grade.

[00:31:11] **Amy:** We hope this episode has reinforced that managing communication under pressure is a core part of safe practice, both to support patient care, but the pharmacists own well-being as well. You'll find some useful resources in the show notes, and as always, we'd love to hear any comments or feedback from you via info@pd.org.au. Thanks for listening.