



Pharmacy Reset and Recover Programme

Module 7 resources

© Pharmacy Complete 2020



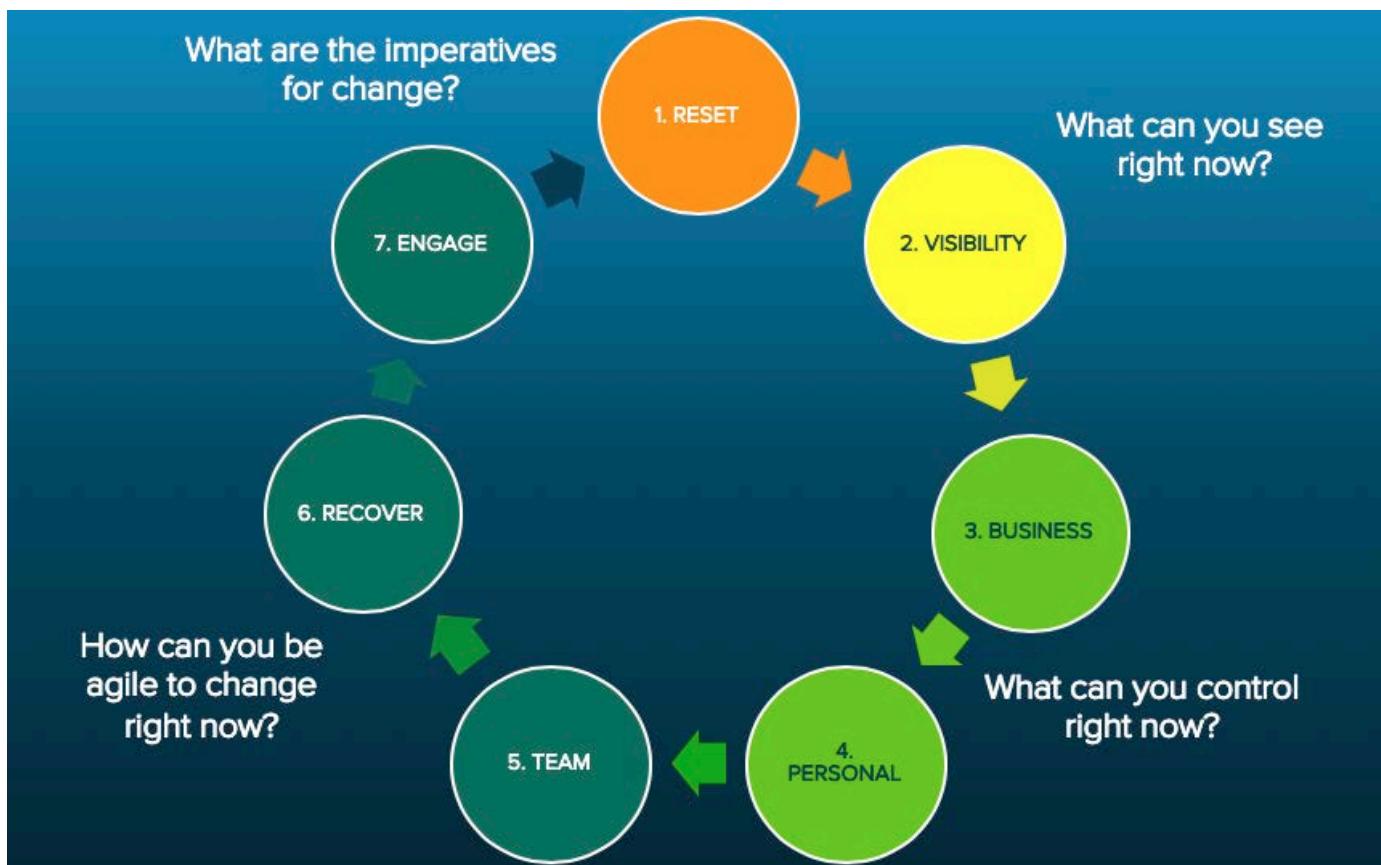
Module 7 resources

These resources complement Module 7 in the Pharmacy Reset and Recover programme.

Please use them to note your reflections and complete the recommended actions that we cover in the webinar.

When you have completed this module and the associated activities you will have completed the development programme. You should now have the knowledge, skills and tools to continue to develop and implement your reset and recover plan.

Thank you for participating in this Pharmacy Complete programme. We wish you well for the future and please let us know how you get on.



Influencing others tips



Influence is an extraordinary asset in the professional world and will make all the difference when working with stakeholders, for example, within the PCN.

1. Build trust with others Influence is most often and most easily carried through trust. The easiest way to do that is to be open and honest, no matter what. State your opinions, disclose your apprehensions, and don't keep secrets; people will know when you are holding back.

2. Cultivate reliability through consistency If you execute your tasks effectively and on time, day after day, eventually people will come to rely on you. Do what you say you are going to do and demonstrate that you will deliver, always.

3. Be assertive, not aggressive Being assertive is the way to get your ideas noticed, especially when you're competing with others for visibility, such as in a meeting. Present your thoughts and ideas with a high degree of confidence, indicating your convictions. Take care when you're unfamiliar with your audience or if you're presenting your thoughts on an area outside of your expertise.

4. Be flexible Work actively to show your flexibility while holding firm on your beliefs. Negotiations and compromises are often the best ways to do this. Stay rigid in your beliefs when someone contradicts you, but work with them to find a mutually acceptable solution. When people believe you to be flexible, they'll be more likely to listen to you and will respect you for being true to yourself.

5. Be personal A little personality goes a long way, especially when you're trying to build influence with a new group of people. Personal working relationships are important for cultivating a sense of team, and if people see you as another person on the team, they'll be more receptive when you disclose your ideas or opinions. The key here is to seem imperfect, approachable, and human.

6. Focus on actions rather than argument Trying to build influence through words is generally ineffective; you need to speak through your actions, or at the very least have the actions and history to back up whatever it is you're saying. Past performance of delivery will make you more credible when talking about ideas for the future. Show instead of tell, demonstrating your ideas through real examples.

7. Listen to others The more you believe in the people around you and incorporate their ideas, the more they'll believe in your ideas and incorporate them into their work habits. Listen to everyone's opinion, and encourage people to speak up, especially if they don't often voice their opinions. Take time to respect and acknowledge everybody's opinion, and let people know that you value them. This creates an atmosphere of mutual trust, mutual respect, and mutual teamwork.

Your goal is to become more respected within the group you are working with, not to increase the likelihood of getting others to do your bidding or browbeat them into agreement.

“The key to successful leadership today is influence, not authority.”

Kenneth Blanchard

Self-awareness questionnaire



Activity

Circle the answer which best applies to you (be honest; this is your self-awareness).

1. A colleague has a less than positive interaction with a customer; it's not a safety issue but they could have handled it better in your opinion. Would you:

- a. Accept that this is what they do and it's not really that significant an issue (no harm was done), whilst quietly being bothered
- b. Immediately correct them (in public) about the interaction telling them that this is not how we do customer service
- c. Ask the individual how they felt the interaction went (in private) and what could have gone better?

2. You are a customer in a pharmacy waiting to be served. You have been waiting a while, have an appointment and can see that you are next in line but someone steps ahead of you and the Healthcare Assistant deals with them first. Do you:

- a. Let the person go ahead of you as you don't want to make a fuss and it'll take more time to interrupt and sort them out
- b. Tell the person who has queue jumped that you were ahead of them and must go to the back
- c. Indicate to the person that there is a queue and you are in line, pointing out where it begins

3. You are having a conversation with a GP about an item they have prescribed, and you know it is not the best option for the patient. The GP stands their ground. Do you:

- a. Let it go – the GP is the prescriber and are taking ultimate responsibility for the prescription
- b. Tell the GP that you don't agree and are responsible for dispensing the item and unless it is corrected you will not dispense it
- c. Explain that in your professional opinion the prescription needs to be changed outlining the reasons why

4. A member of the pharmacy team is having a negative impact on their colleagues. Would you:

- a. Chat about the behaviour with your colleagues but otherwise ignore
- b. Take the individual to one side and tell them their behaviour is unacceptable and that they have to change
- c. Ask to speak to the individual, explain the behaviour that you have noticed and invite them to tell you why this is happening

5. You suspect someone is annoyed with you about something, but you don't know why. Would you:

- a. Pretend you are unaware of their anger and ignore it, hoping it will correct itself? You might even be extra nice to them
- b. Get even with the person somehow; you've done nothing wrong!
- c. Ask the person if they are angry, then try to be understanding to resolve

Self-awareness score interpretation



In general, there are three broad styles of interpersonal behaviour. These are passive, aggressive and assertive.

The 'a' choices in the quiz are representative of a passive style; the more 'a' choices you made the more likely you are to be passive.

The 'b' choices are representative of an aggressive style; the more 'b' choices you made the more likely you are to be aggressive in your interpersonal behaviour.

The 'c' choices in the quiz are representative of an assertive style; more of these indicate you are more likely to be assertive and neither passive nor aggressive.

PASSIVE



Compliant, submissive,
talks little, vague non-committal
communication, puts self
down, praises others

'I don't mind... that's fine...
yes, alright'

ASSERTIVE



Actions and expressions fit
with words spoken, firm but
polite and clear messages,
respectful of self and others

'That's a good idea, and how
about if we did this too...' or
'I can see that, but I'd really like'

AGGRESSIVE



Sarcastic, harsh, always right,
superior, know it all, interrupts,
talks over others, critical put-
downs, patronising, disrespectful

'This is what we're doing, if
you don't like it tough'

Activity

What do you think it tells you about yourself and how others see you?

Activity



Where would you position yourself on the triangle?

Consider different situations and relationships such as how you are at work with people that work for you, and how you are with people who work above you? How do you engage with your friends and your family members?



What do you need to do to exhibit more assertive type behaviour?

Influencing others is about listening and asking questions to establish their needs. All too often we think we have to persuade or convince our stakeholders, such as GPs, that the service we are offering will make a difference to them. Instead, work with your professional colleagues to truly understand where they have issues, with the patient in mind, and then ‘sell’ your service against these.

Activity

Why are you asking questions?

What different types of questions are there?

What questions work well?

The SPIN® Selling Process

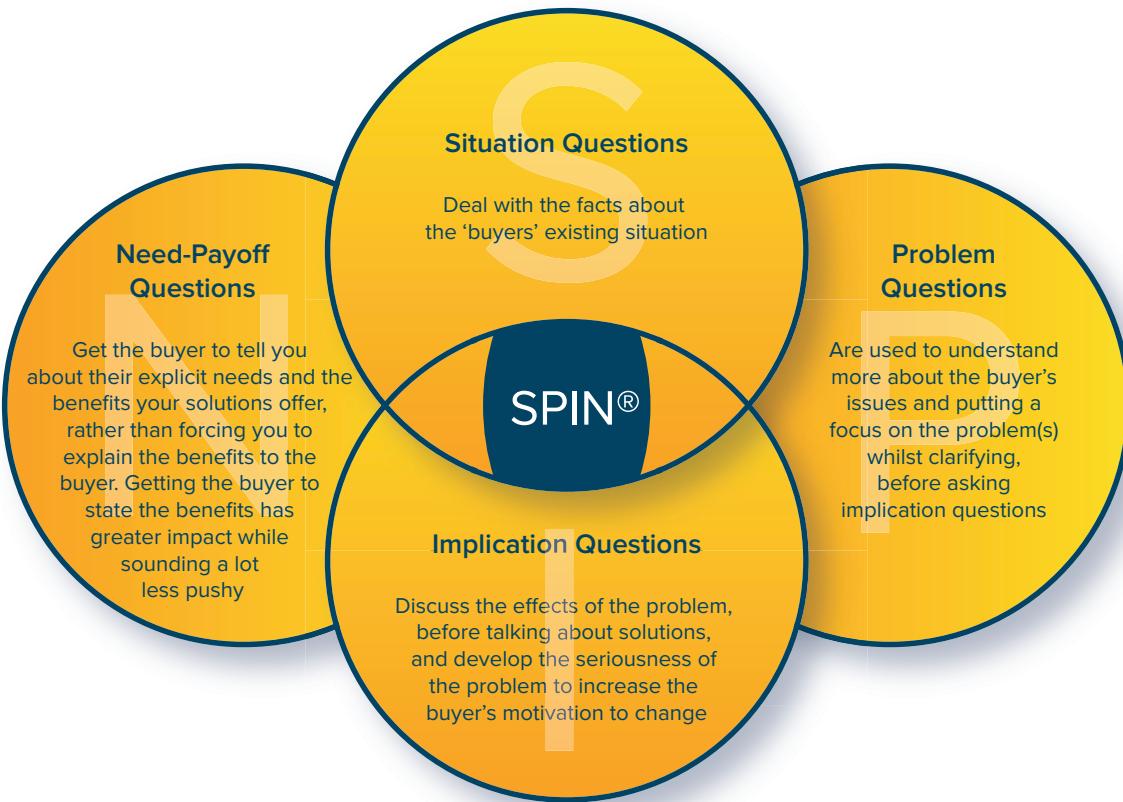
An effective technique for questioning. SPIN® is the brainchild of Neil Rackham who authored a book of the same name in 1988. SPIN® is based on extensive research by Rackham and his company, Huthwaite who examined large, complicated sales scenarios. After analysing more than 35,000 sales calls they were able to put to rest a variety of traditional myths about closing sales.

The original survey showed that in successful sales calls it's the buyer who does most of the talking, which means that the salespeople are asking questions. Asking questions means that the salesperson is building rapport with the buyer and allows them to feel more comfortable talking. We can transfer these techniques to situations where we are ‘selling’ our services to meet the needs of others e.g. GPs and commissioners.

Four types of questions



SPIN® proposes there are four types of questions.



Key facts

The research uncovered the following facts:

- People do not buy from people because they understand their products or service but because they felt the person understood their problems
- The more situation questions asked, the less likely it will succeed
- More experienced and successful influencers tend to ask more problem questions and to ask them sooner
- Top influencers tend to introduce solutions, products or services very late in the discussion. They hold back and discuss the effects of the problem before talking about solutions
- Implication questions are the most powerful questions and the skill in using them doesn't automatically improve with experience
- There is no evidence to establish a link between open questions and success
- People 'buy' when the pain of the problem is greater than the cost of the solution

Stakeholder analysis



Who is important in making your service a success?

The purpose of this stakeholder analysis is to inform you who should contribute to the project, where barriers might be, and the actions that need to be taken before you start.

Stakeholder			
What is their interest or requirement or how are they affected?			
What you need them to do			
Perceived attitudes and/or risks - are they likely to be positive, ambivalent or negative?			
Actions to take including who would be best to engage with the stakeholder?			



Working with PCNS, GPs and others tips

1. Research Find out as much as you can about the PCN you operate in by engaging with the Local Pharmaceutical Committee (LPC) and Local Professional Network (LPN) Chair.

2. Work together Arrange to meet the other pharmacies in the PCN area so you can establish who knows what and how you might work together; start to further build relationships. Agree who will lead on engaging with the PCN as the PCN will not want to meet with everyone individually; think collaboration rather than competition.

3. Collaborate with practices Get to know your practices and who is involved in the PCN, who the Clinical Director is and where they work. Find out as much as you can about the practice and who else is involved. Make appointments to find out more about the way the practices operate and who the key players are and the best time to meet. Find out what their priorities are. Consider engaging with the GP Federation if operating in your area.

4. Empathise with practices Put yourself in their shoes and consider what they are likely to want from you. Consider which questions you need to ask to better understand what they need, as individual practitioners and collectively as the PCN. What are the topics of common need? e.g. waste medicines, reducing unplanned hospital admissions, patient referral pathways, patient safety, managing minor illness and the Community Pharmacist Consultation Service, repeat dispensing, NMS referral, communication around hospital discharge...

5. Communicate Help the practices know who you are – regular pharmacists including locums and the pharmacy team, across the whole PCN area. Names, role and contact numbers all help. Consider a ‘who’s who’ faces leaflet to put a face to the name and a two-way ‘walk in my shoes’ initiative

6. Target Find out who can help you - the Clinical Pharmacists from the PCN/Practice are often able to facilitate an introduction for you, so find out who they are and what they are currently working on with the practice. They will be key people to work with and so invite them to your pharmacy and meetings with other pharmacies in the locality.

7. Expand your focus Remember that support for your role will come from a wide range of individuals, so don’t limit your attention to the doctors. Make links with other practitioners including dentists, optometrists, nurses, physiotherapists, physician associates, etc. Work with the pharmaceutical industry representatives to see what they know. They may be working with the PCN and/or GP Federation; ask if you could attend events they are running.

8. Plan ahead Before meetings, consider what it is you want to communicate; setting an objective for each interaction will ensure you take the relationship forward in realistic steps.

9. Be personable None of this will work unless you meet face to face; take the time to interact personally as frequently as you can. If you find it difficult to visit the practice during the working day, think more creatively. Bring the PCN to you! Hold an open evening at your pharmacy or invite the lead PCN members to drop in and meet you and the team. Invite other pharmacies along or rotate meetings in other pharmacies.

10. Self-promote Look for opportunities to demonstrate your clinical competence and expertise. This will build confidence, trust and add value.

11. Review and develop Review how the relationship is going on a regular basis and ask for feedback.

“If you want to go fast, go alone.
If you want to go far, go together.”

African Proverb

LISTENING POEM



When I ask you to listen to me and you start giving me advice, you have not done what I asked. When I ask you to listen to me and you begin to tell me why I shouldn't feel that way, you are trampling on my feelings. When I ask you to listen to me and you feel you have to do something to solve my problem you have failed me, strange as that may seem. Listen! All I asked was that you listen.... not talk or do. Just hear me. When you do something for me that I can and need to do for myself. You contribute to my fear and inadequacy. But when you accept as a simple fact that I do feel what I feel, no matter how irrational, then I can quit trying to convince you and get about the business of understanding what's behind this irrational feeling. And when that's clear, the answers are obvious and I don't need advice. Irrational feelings make sense when we understand what's behind them. So please listen and hear me. And if you want to talk, wait a minute for your turn, and I'll listen to you.

Extracts from a poem by Ralph Roughton M.D.

Action plan



Completed by: _____ Pharmacy name: _____ Date: _____

Pharmacy address: _____

Continued...



Completed by: _____ Pharmacy name: _____ Date: _____

Pharmacy address: _____

Notes



Use this section to note down anything else that occurs to you during or after the webinar.