

Practice site interview with Jennifer Kelly

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KEYWORDS

interview, psychiatric, pharmacist

What drew you to psychiatric pharmacy?

While in pharmacy school, I was always interested in research and psychiatric topics that we studied. I was drawn to the area of psychiatric pharmacy because it is not a “one-size fits all” approach. It is one of the gray areas of pharmacy, where each patient responds to therapies differently, has different needs and goals for treatment.

Describe your role as a psychiatric pharmacist. What did you need to change after starting your practice to make it work the way it does now?

Currently, my practice area in the VA hospital has been established for less than two years. My predecessor was in the process of getting things off the ground before leaving for another opportunity in the private sector, so I have had the opportunity to set up clinics and work with our providers and patients in such a way that it is helpful for everyone involved. I am able to hold my own clinics, educational sessions, and balance other duties required by my department. I had to slowly integrate myself into working with our multi-disciplinary teams at first, and then figure out where my services would be most helpful for our providers, staff, and – most importantly – patients. I’ve had the opportunity to show staff and patients that my skills as a pharmacist not only include dispensing and/or counseling to patients but other functions such as monitoring drug therapy, making appropriate recommendations, and seeing patients one-to-one when necessary. The providers and staff utilize my expertise to further provide safe care for our Veterans. Safe medication use has had a positive impact on patient care and emphasizes safety while a patient is enrolled in one of the programs offered at the facility, as safe and appropriate use of medications is a primary concern in all of the residential care programs. I have had flexibility to carve out my time with the tasks I do daily to best help our patients and assist our providers. In this aspect, it has been nice being able to create my own clinics and use my time in ways I think will best benefit care for our patients.

Describe a typical day in your practice setting.

Every day is different, but I make daily rounds to each of the residential care units located in Albuquerque in the mornings. I work in five different programs, four of which are located in Albuquerque. The fifth residential treatment program focusing in substance abuse treatment is in Gallup, NM, which I travel to once monthly with the VA’s dietician and recreational therapist.

In total, the units are comprised of 100 beds, which stay at approximately 85% to 90% capacity throughout the year. There is a domiciliary program which focuses on services for homeless Veterans; a dual-diagnosis program focusing on care for Veterans with PTSD in addition to at least one type of substance-abuse diagnosis; two psychosocial rehabilitation treatment programs for Veterans seeking employment or schooling opportunities and working on skills needed to support independent living; and the transitional residence program, which is focused on Veterans who are living independently and transitioning back into the community once completing the program.

Every morning when visiting the units, I check messages and medical requests such as medication needs and questions directly from Veterans and/or providers. While on the units, I may also see patients on a drop-in basis for questions or concerns they may have about their medications. As appropriate, I will also follow up on patient labs, medications, and see any new admissions and/or discharged patients to the units. For patients who do not have a primary care provider at the VA, I will often follow these patients for psychiatric medication and primary care issues, anticoagulation, and follow appropriate labs for these medications. I also see patients on a one-to-one basis for smoking cessation and nicotine replacement therapy.

On a daily basis, I attend both residential care team meetings to get updates on the census and patient movement(s) and provide input as needed on patients that are screened for the residential programs. I also will

assist the staff in preparation for accreditation committees, which survey the residential and behavioral health care programs.

In addition, I attend other meetings and seminars held by our residents and pharmacy intern students rotating through the facility. I also am involved in consulting for the pharmacy service in which I review select neurologic medications for patients that were prescribed by the neurology department and determine appropriateness of the selected therapy.

In the pharmacy department, I have helped develop policies specific for the residential care units to help ease communication between these two departments in the facility. Also, my experience in pharmacoeconomics helps me control costs for the department, specifically for psychiatric medications. There is much cost-savings to be realized for the use of these types of medications within the hospital.

What type of contact do you have with psychiatric or other types of patients? How many do you typically see in a week?

On a daily basis, I see patients with a history of one or more psychiatric illnesses, including depression, bipolar disorder, schizophrenia, schizoaffective disorder, personality disorders, psychosis, PTSD, or substance abuse. Generally, the number of patients I see in one week varies. I may see up to ten to twenty or more patients for management and monitoring of their medications upon admission or for routine follow up. I can complete most of the monitoring in the electronic medical record and make recommendations to the unit providers and staff. For every patient, I check this once or twice monthly as appropriate.

What do you do in your practice that you feel has the greatest impact on psychiatric patients and/or their families?

I think educating patients and caregivers about medications and psychiatric or chronic illness is one of the most important factors for helping to improve their understanding of their health. For most of the patients I see, if they do not understand why they are taking a medication, how to take it properly, know the benefits/risks and the expected outcome, they will not take the medication. My hope is that by engaging the patient or caregiver while reinforcing educational points provided and positive behavior will help the patient achieve a positive outcome with behavioral and medication therapy.

Even for non-academicians, educating coworkers and consumers about the pharmacist's role is a constant challenge. How have you helped to educate about mental health issues and the pharmacist's role?

I have given in-services to patients with psychiatric or other chronic illnesses with the hope that by giving patients and caregivers information and knowledge, they can have a better understanding of themselves to help them take on an active role in their health.

In addition, I participate in efforts to educate consumers to help make better choices about their health. This facility promotes national awareness campaigns such as the "Little Red Dress" campaign sponsored by the National Heart Lung and Blood Institute and the "Great American Smokeout" sponsored by the American Cancer Society. Each campaign focuses on promoting consumer education and awareness about topics such as heart disease in women and smoking cessation. While participating in the Great American Smokeout campaign, held every November 15th, I directly encouraged smokers to help use the date to either quit for the day and/or think about quitting – taking one day at a time to help decrease their risk of cancer – one cigarette at a time. For non-smokers at the event, we encouraged them to spread the word to family members and friends, who smoke – to quit even if only for one day – to help improve their health.

How did you help a patient this week?

I helped a patient better understand why we had to adjust a particular medication due to the potential effects it had on his heart rate. I also ordered follow up tests for him to complete for safety. In this case, a medication was causing QTc prolongation and the patient was taking multiple medications that could contribute to this effect. To be safe, I ordered a repeat ECG w/ potassium and magnesium labs to assess that this issue had resolved once adjustments were made.

How did you help another healthcare provider this week?

I led an in-service aimed at educating the nursing staff on proper techniques for reconstitution and administration of a commonly prescribed injectable medication used in the setting of substance abuse treatment, naltrexone.

How did you help a caregiver this week?

I gave the wife (caregiver) of a recently discharged patient information regarding telephone numbers and a checklist of departments to call should they have questions about services at the hospital upon discharge. In addition, I also reviewed the patient's medications with him and his wife

prior to discharge to ensure his understanding of his medications and made sure he understood when he should follow up with his psychiatrist and primary care provider.

How are you involved in patient advocacy?

I help encourage patients to be active in their health care. If they are unsure about something regarding their health care, they are instructed to ask about it and be advocates for themselves. I encourage patients to be active participants and be engaged in their treatment, whether this is being active in programming they are going through, asking questions if needed, or encouraging medication compliance.

How have you built positive relationships with other medical professionals?

I am able to help our doctors, physician assistants, and psychologists, and nursing staff by being present and participating in meetings for the inpatient units and building a good rapport with these members of the health care team. I am active in providing education, answering drug-information questions about medications, and pharmacy processes, which help all of the staff and patients.

What do you like best about your current position? What is the most important factor in your success?

I enjoy the flexibility I have in my role as a psychiatric pharmacist. If I have an interest in a particular topic or need to research a drug information question that has come up during my daily activities, I have the time and flexibility to work this into my schedule, if needed. In addition, if I am needed by the patients or staff for assistance with a medication issue that has arisen, I can work this into my schedule as needed.

I think that the autonomy and flexibility that I have in scheduling my time for patients and assisting providers on short notice is one factor in my success. Patients and staff are grateful that they have a reliable and close reference for medication and pharmacy-related issues. I am always happy to help them, whatever the request may be.

Are you involved with CPNP as an organization? How do you feel it helps you professionally?

This past year was my first opportunity to attend the Annual Meeting in Tampa, Florida, where I attended seminars for continuing education. I also have purchased the BCPP Examination Review and Recertification Course,

which I have found to be very helpful as a reference and also review.

I also am a member of the list-serve, which is great, because it is a forum where the topics that are addressed help me answer questions that come up at work. It is a good sounding board when I have needed guidance on a topic as I can see what others in the same practice area are doing to address a particular issue in psychiatric pharmacy.

How to cite this editor-reviewed article

Kelly J. Practice site interview with Jennifer Kelly. Ment Health Clin [Internet]. 2013;2(7):184-6. Available from: <http://dx.doi.org/10.9740/mhc.n130703>