

## Staying Patient-Centered With the Small Things: A Student Perspective

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This past summer, I had the pleasure of working in the Anti-thrombosis Clinic at UIC Outpatient Care Center. Patients came in to get their INR finger-stick tested and to meet with the pharmacist for counseling on warfarin management.

As the technician, I was responsible for pricking the patient's finger and running the drop of blood through the machine. In the classroom, the professors always emphasized what it meant to provide patient-centered care. Since working in the clinic, I've seen how patient-centered care manifests in the small, seemingly inconsequential tasks that simply cannot be taught in the classroom.

Almost all the patients seen in Anti-thrombosis are adults. Once in a while, a pediatric patient bravely holds out a finger that is scarcely bigger than the lancet. "Do you have a fun band-aid?" one mother asked when I start to unwrap the adhesive. I glanced at our shelf lined with standardized band-aids, gauze, and alcohol pads. There was nothing. For one fleeting moment, I thought how unfair it was for the mother to expect a "fun," decorative band-aid out of me. But then I remembered the child's anxious face right as I was pricking his finger and thought how challenging it would be for a mother to drag her child every three days to get his INR checked. There were no pediatric band-aids, but I knew there was a stash of candy for just such an occasion. In this case, patient-centered care meant giving candy not only to the patient, but to his younger sister as well. Giving candy was such a small inconsequential task in light of my other responsibilities, but it brought a broad grin to that child's face.

On the busiest days in the clinic, there are four patients scheduled every twenty minutes, which means I have five minutes to test each patient. On one such day, the machine was not working properly, and I had to drag the power cord with me from room to room. I was running 20 minutes behind schedule when I walked into the next patient's room. I went to plug the power cord into the nearest socket, which was next to the patient chair. However, this meant that the cord would drag across the floor. There was something wrong with the picture, but I wanted to tell myself there was no time to wind the cord behind the patient's chair. No one talks about how and where to plug in a cord in pharmacy school, but they do talk about fall risks. In my patient population, many of whom have a history of stroke or knee surgery, I couldn't afford to let the cord drag across the room where any patient could trip, so even though it took a little longer, I did the right thing. Clearing the floor of cords may seem inconsequential, but on a stressful day, it was a reminder to me to stay patient-centered instead of task-oriented.

In class, the professors remind us to, "Treat the patient, not a lab value." But it never comes all together until you see the patient face-to-face. ■

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