

Introduction

The most important relationship you will ever have is with yourself.

Look in the mirror. What do you see? How are you dressed? What is the expression on your face? Do you look happy, anxious, or bored? Now close your eyes and listen to what your body is telling you. Does your stomach hurt? Are your shoulders tense, or are you relaxed? What is your predominant emotion right now? Are you angry over an exam or giddy over a new relationship? What is going on in your head? Are you replaying a conversation from work, or are you talking to yourself, berating your performance on an exam? When you go to work, do you see people as insurance cases or opportunities to make someone's life better? Do you dread the upcoming North American Pharmacist Licensure Examination (NAPLEX) or see it as a straightforward challenge that can be mastered with preparation and diligence? Most important, are you honest with yourself about what you see in the mirror, how you feel, and how you think?

We convey to students that they are being trained as scientists, to use evidence to think rationally and dispassionately about patients and cases. What is missing is the idea that they are the instruments that deliver these theoretically rational and dispassionate judgments. Economics and finance are grounded in the most analytical, evidence-based, data-driven methodologies. Even these disciplines recognize the human factor with the emergence of behavioral economics and finance. If students are the instrument delivering the service, perhaps some additional effort should be spent polishing and buffing that instrument

In his book *The Courage to Teach*, Parker J. Palmer explores the inner landscape of a teacher's life.¹ He argues that most teachers focus on the *what* question—identifying what they teach; sometimes the *how* question is considered—identifying the methods and techniques; and maybe they will go deeper and ask *why*—exploring the purpose and end result. Seldom, Parker argues, do teachers ever ask *who*—How does the quality of individual selfhood enhance or detract from performance? We readily acknowledge that practitioners differ in their clinical skills and cognitive horsepower and that these differences impact patient outcomes. In any profession, there are both journeymen and masters with differing degrees of expertise. Our hypothesis is that more self-aware, more authentic practitioners also impact outcomes—not because of their greater cognitive capacities, but due to a deeper understanding of who they are and how who they are influences their performance.

To be self-aware is to have knowledge of who you are; how you react in situations; what makes you angry or afraid; who or what intimidates you; what you are good at and like to do; your emotions, thoughts, and self-talk; how you think; and so on. Self-aware people know how they present themselves and what others are likely to think of them. Those who are self-aware also understand how their body works, what parts tense up under stress, and how much stamina they have. Self-insight is a deeper level of knowledge. Those with self-insight understand why they think, feel, and behave the way they do. Self-awareness is not easy to obtain. An ancient proverb suggests that it is difficult to see your own eyelash.

For pharmacy students, self-awareness is a scaffold that facilitates greater effectiveness as a clinician and practitioner. At the most basic level, students need to consider what their true aspirations are regarding career and practice. If high-risk errors are potentially debilitating to a student, then the neonatal intensive care unit is not likely to be a good fit. If the student is a methodical and disciplined thinker, then the chaos of an emergency department may be a problem. If one hates confrontation, then how will it be possible to take on a recalcitrant nurse, technician, or angry patient? If one's emotions are always close to the surface or there is a

tendency toward depression, hospice and long-term care may be a stretch. If one has issues with authority due to abusive parents, then problems at work may arise. Have you always taken shortcuts in your school work, spent time partying rather than studying, financed trips through video poker, had no social life due to excessive shyness, never spoken in class because you believed everyone else was smarter than you, or dulled your fears with alcohol or drugs? If so, the implications for career, practice, and clinical effectiveness are readily apparent.

All individuals have hidden biases, unconscious drivers, and a hidden self that influences their behaviors. In truth, most of us operate under an illusion that we are more objective about ourselves than we actually are. What good is a practitioner who is obsessively perfectionistic when living with error and the potential for error is a daily reality? How compromised is a pathological narcissist in dealing with other practitioners if she has never been wrong? What if a practitioner can't recognize he is impaired due to excessive grief over a lost child or can't compartmentalize his anger at treatment by the system? What if repressed memories or transference shade perceptions of people and situations? Practitioners who are out of sync with themselves and thus blinded to their personal idiosyncrasies are likely delivering less than optimal care.

The objective of the process of becoming more self-aware, self-knowledgeable, and self-controlled is to become authentic—to simply be yourself. Authentic people think, feel, and behave in ways that are consistent with what they know to be true about themselves. Authentic people can be said to be comfortable in their own skin. They have worked out the tensions between their values and the world's expectations of them. They have struggled with the self-doubt and fear associated with making themselves transparent to the world. Authentic people have a realistic appraisal of themselves and others, have a realistic perception of reality, and understand their motivations and limitations. Those who are authentic do not need the approval of others and are consistent in their behavior patterns as moderated by specific context. The pursuit of authenticity is inherently a developmental process of creating and accessing the “true” you. Authentic practitioners would reject a practice setting, even though they might be good at it, if they were not genuinely interested in the required activities. Patients don't care about grade point average, school, residency, or publications. What patients care about is whether the practitioner is authentic, because it is to the hopefully “authentic practitioner self” they entrust themselves. It is this authentic human that should, at least in part, be the objective of a professional education.

If tasked with trimming a hedge the old-fashioned way with hand trimmers, it would expedite the process to sharpen both blades. However, what if only one blade is sharpened and the other left dull? For the most part, pharmacy school sharpens only one blade. Not focusing on the practitioner—the human delivering the pharmaceutical services—is to not sharpen the second blade. There must be unity of person and purpose—both blades must be sharpened. For the most part, pharmacy students are left alone to explore their inner landscape. Rather than leave students to their own devices, why not *explicitly* offer them the techniques, tools, and methodologies to improve self-awareness and establish a path of continuous personal development? Why not explicitly help our students find their authentic self?

After hundreds of hours spent on science and therapeutics, it is not inconceivable to think that the marginal utility of an hour spent helping students discover their authentic self is greater than an additional hour spent in the lab or lecture hall. Attempting to make a better human is neither an act of hubris nor an act of futility; it is just a process of exposure, reflection, development, and growth.

If pharmacy practice and pharmacy education are to reflect the reality of practice, then pharmacy practice and education, like economics and finance, need to recognize and teach the influence of individual psychology, cognitive limitations, bias, and character on clinical practice, judgment, and health outcomes. Perhaps we should not just teach the “material”; perhaps we should also consider the person upon which that material lands.

People are often admonished to find themselves. In fact, people don't find themselves. They make a conscious choice to create themselves. Let me emphasize that what will be gained from this experience is what students put into it and the degree to which they commit. Self-awareness takes work. It may be uncomfortable, but it is not self-flagellation. At a minimum, students should begin to understand that they are human,

with strengths and weaknesses; that they did things 5 years ago or yesterday that may be embarrassing from today's perspective. But students will learn to understand and forgive themselves. They will recognize, as Maya Angelou observed, "I did then what I knew how to do. Now that I know better, I do better." Sometimes, we must learn to get out of our own way if we wish to succeed.

The purpose of this book is to provide pharmacy students and practitioners, in a brief format and conscious of their time and other constraints, with a set of ideas, thoughts, and models to introduce these students and practitioners to themselves. The first chapter discusses how people learn from experience and the value of reflection in converting experience into useful lessons and behaviors. The next section delivers the foundations of self-awareness, discussing the topics of self-awareness, personality, metacognition, and emotional intelligence. This is followed by a section on fundamental life issues relevant to students and practitioners, purpose, happiness, and attitude toward death. The book concludes with a section on career-related issues, including career management, mental toughness, performance and anxiety, and professionalism. Finally, a discussion of the idea of wisdom, of understanding what is most important in life and practice, is presented.

Unity of person and performance is required in professional practice. You simply cannot separate the hoped-for outcomes from the person delivering those outcomes. In practice, you are the message. The barrier between you as a professional and you as a person is porous. Who you are bleeds into your practice, whether you like it or not. To the patient, you are the profession.

REFERENCE

1. Palmer JP. *The Courage to Teach*. San Francisco, CA: John Wiley and Sons; 2017.