Doing what needs to be done in pharmacy practice leadership: A message for residents

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Let me begin with a few words to the program directors and preceptors assembled here this evening. I applaud you for being part of one of the most powerful movements American pharmacy has ever devised for lifting itself up by its bootstraps. You are part of that long line of pharmacy leaders, going back to Harvey A. K. Whitney in the 1930s at the University of Michigan Hospital, who have recognized that there are important roles in practice that merit special tutelage and that are beyond the reach of pharmacy education. You are part of that long line of leaders who have recognized that the wisdom accumulated through your experience is best shared not through classroom teaching, nor books, nor journal articles, nor the Internet, but through personal mentorship. Your commitment to join these leaders is most commendable.

Now let me address the residents: What a wonderful period of your lives this is! Your basic pharmacy education is well behind you, and you have been experiencing the extraordinary gift of concentrated mentorship. For many of you, residency training has come at personal sacrifice because of the sizable debts from your pharmacy education. In choosing to pursue residency training, all of you undoubtedly had to resist countless subtle and not-so-subtle pressures to “get a job” after an already long period of career preparation. You are among the elite in your profession—fewer than 20% of pharmacy graduates go into residency training.

But here is the other side of the story: Having received this gift of mentorship, there are certain obligations and expectations imposed on you. You may not yet be fully prepared to recognize or accept these expectations, but you cannot escape the fact that they exist.

The preeminent expectation is that you will become a practice leader. Let me explain what I mean by practice leadership. I am not necessarily talking about a formal role in a practice setting denoted by a certain title, such as supervisor, assistant director, or director, nor am I talking about leadership of a professional organization, such as a state society or ASHP. Rather, I am talking about a personal commitment to improving the profession. I’m talking about being motivated by an inner force to assess what you can do to bring pharmacy into better alignment with the needs that people have related to the use of medicines. I’m talking about leading change in pharmacy practice.

One of the realities of our profession is that there is an immense gap between the education and training of pharmacists and how practitioners as a whole spend their time. I readily acknowledge that there are many exemplary practice settings where pharmacists have a powerful influence on the quality of medication use. We are definitely making progress. We are definitely moving in the right direction. But when you survey honestly the landscape of pharmacy practice in this country, it is quite apparent that we have a long way to go. Most pharmacy departments—whether located in hospitals, other types of health care institutions, or retail stores—still define their role in terms of delivering what the doctor ordered. That is an important technical role that requires pharmacist oversight, but it does not capture the essence of what patients need pharmacists to do. The challenge we continue to face is to transform pharmacy practice so that its mission, in reality as well as on paper, is to ensure that people who use medicines achieve the best outcomes possible. This type of transformation does not just happen; it requires leadership. And that’s where you come in as pharmacy residents preparing for practice leadership.

Here is a little secret about practice leadership: While residency training creates an expectation of practice leadership and lays a solid

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foundation for practice leadership, residency programs do not crank out well-rounded, quality-tested, certified leaders. Preparation for that status is a never-ending process. So another obligation you have, as you move beyond your residency, is to develop habits that will allow you to become effective practice leaders.

I suspect that all the residents here and their preceptors have had discussions, perhaps many, about the meaning of leadership. There is probably little that I could add to the philosophical richness of those discussions when considered in the aggregate among all the residency programs in the Great Lakes region. Hence, I’d like to comment on a few aspects of leadership that are a bit off the well-trodden trail. There are three points I want to make. First, to become an effective practice leader, you must continuously deepen your understanding of and passion for professionalism. Second, you must be a student of the contemporary world. And third, you must be a student of the history of our profession.

Commit to professionalism

Let’s remind ourselves what it means to say that an occupation such as pharmacy practice is a profession. One component of the meaning has to do with knowledge. Namely, the profession holds specialized knowledge that is not held by the layperson. Also, that within the profession there is a process for expanding the knowledge base of the field.

Another component of the meaning of a profession deals with a promise. There is a compact between the discipline and society. On one side of the compact is an exclusive franchise to practice the profession—a privilege granted by society to individuals who meet the minimum qualifications. On the other side of the compact, the profession promises to use its knowledge and expertise to help members of society and to put society’s interests and welfare above its own.

In pharmacy, we have translated these ideas about professionalism into a code of ethics for pharmacists. That code has been revised several times over the years, most recently in 1994. The current version has eight principles. In the interest of time, let me cite just six that are particularly relevant to our discussion:

1. A pharmacist respects the covenantal relationship between the patient and the pharmacist. (This is the exchange I mentioned earlier—in return for the gift of trust from society, the pharmacist promises to help people achieve the best use of their medicines.)
2. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
3. A pharmacist respects the autonomy and dignity of each patient.
4. A pharmacist acts with honesty and integrity in professional relationships.
5. A pharmacist maintains professional competence.
6. A pharmacist respects the values and abilities of colleagues and other health care professionals.

These principles are at the heart of what it means to be a part of the profession of pharmacy. The principles are centered not on ourselves but on the needs of the people we serve.

But studying a code of ethics will get you only so far in understanding what it means to be a professional. There is more to be said, and it may be better expressed in the style of poetry rather than prose.

A profession is not about punching a clock, 9 to 5; it’s about doing what needs to be done. A profession is not about rote completion of tasks; it’s about tuning into the needs, the pain, the suffering of others, and doing what needs to be done. A profession is not about building walls and writing rules; it’s about opening up, reaching out, and doing what needs to be done.

A profession is not about seeing people as obstacles; it’s about making a commitment to service, and doing what needs to be done. A profession is not about always being calm, cool, and collected; it’s about being passionate in caring, and doing what needs to be done. A profession is not about thinking that others need to fix the problem; it’s about figuring out what you can do to make things better, and then doing what needs to be done.

The concept of professionalism should not be limited to the things we are paid to do at work; it should also apply to our more general interactions with people in all walks of our lives. This is an important point, because the contemporary mission of pharmacy is not well recognized and because we can, individually, over the course of our lifetimes, do much to correct this problem.

A year ago network television news featured a story on the shortage of pharmacists and the salaries being paid to new pharmacy school graduates. Some of you may have seen that report on ABC World News Tonight with Peter Jennings. As the camera moved close to the faces of pharmacy students being interviewed for the story, what a wonderful opportunity there was to tell a national audience about the mission of our profession. Instead, what came across, I’m sorry to say, were images of young people all bubbly about their good fortune, regaling the reporter with stories about the bidding war among employers. What could have been an opportunity to tell the public about our profession’s vital role in health care came across as a display of avarice.

Let me recount another case of media exposure of a pharmacist that conveyed a much different message. On April 9 of this year, USA Today featured a letter from a hospital pharmacist, Dennis Snow, of Scottsdale, Arizona. Snow wrote about the lack of any real national sense of ur-
gery in addressing medical errors and contrasted this situation with an intensively reported accident outside of health care. He wrote,

The space shuttle Columbia crashes, and seven lives are lost— a national tragedy, to be sure. Immediately, the fleet is grounded and an independent panel is assembled—at significant cost— to find the answers. No shuttle will fly until it is safe to do so. Millions of people continue to enter hospitals in the United States for elective procedures. Hundreds of them die or suffer significant morbidity due to needless mistakes. What catastrophic event needs to take place before something is done about such errors?

I like Snow’s letter for several reasons:

• He identified himself as a hospital pharmacist.
• He stepped out boldly, in public, on a very important patient care issue in which pharmacists have experience and valid perspectives.
• He epitomized professionalism by expressing a clear altruistic concern for patient welfare that could not be misinterpreted as self-interest.

Frankly, as I collected my thoughts about professionalism for this evening, there were times when I feared I would be seen as preaching to the choir. In fact, I am willing to believe that everyone here tonight personally subscribes to what I’ve said about professionalism and follows that credo in daily life. Even so, I decided to proceed with this theme because I believe that those of us who hold these views— those of us who do not find it hokey or embarrassing to frame our work in the context of professionalism— sometimes need to have our spirits shored up in the fellowship of like-minded pharmacists. May be we can all be part of a support group of pharmacists who are not afraid to say what we profess, who see value in being explicit about ethical principles, who see ourselves as engaged in a calling that has rewards far beyond the numbers on IRS form 1040.

I also decided to stick with this theme because there can be value in wearing one’s professionalism on one’s sleeve. Pharmacy is filled with cynics— practitioners and educators who are disappointed with their chosen field and do not have a personal vision about how they can make it better. The cynics will not show us how to advance pharmacy; they will only harp on its shortcomings. We owe it to the public, to our fellow health care professionals, and to the young people we hope to attract to pharmacy not to let the cynics control the message about the value of this profession. Let’s take pride in being pharmacists, and show our pride through how we behave and how we talk about the future.

Understand the contemporary world

Practice leadership requires an understanding of the contemporary world. That is easier said than done, given how busy we all are. But I believe that unless we spend some time studying the larger world in which we function, it will be hard to become effective pharmacy practice leaders. A few examples will help me make this point.

After September 11, 2001, there was a tremendous surge of interest throughout health care, including pharmacy, in making sure that our sector of American society was prepared for what might lie ahead in homeland terrorism. Now we have seen our country lead what appear to be (at least from a short-term perspective) astonishing military victories in Afghanistan and Iraq. How should we reconcile this news from the Middle East with the earlier imperative we felt to give top priority to public health preparedness? We have to consider arguments we are hearing from some experts who are saying that historians looking back on this period will classify it as the early stages of World War IV (World War III having been the Cold War). World War IV, it is theorized, will be characterized by sporadic but escalating conflict between Western civilization and militant Islamism. Terrorists and their weapons are likely to be a continuing presence in our lives.

It is not uncommon for pharmacy practice leaders to be engaged with other local leaders on a broad array of public health questions related to emergency preparedness. They are making profound decisions on such issues as spending scarce resources to build caches of medical supplies and planning for the deployment of personnel and supplies in times of emergency. To be an effective player at the table where these decisions are made, a pharmacy practice leader must be reasonably well informed about the nature and methods of terrorism. In short, today’s dominant world news has a direct connection with pharmacy practice leadership.

Let me turn to another example of the impact of the contemporary world on practice leadership. One of the top issues in health-system pharmacy is the affordability and accessibility of pharmaceuticals. More than ever, the prices charged for new products are the result of calculations by very bright money people who are astute in assessing what the market will bear. And that’s the least of our problems. The industry, once led mostly by people who held the values of health care professionals, is now ruled largely by financial wizards and manipulators, just as is much of corporate America. In the drug field, this corporate driving force has led to all manner of well-publicized shenanigans, including surreptitious promotion of off-label uses, stealth legislation to extend patent terms, and suppression of negative results from clinical trials, to name just a few.

Many pharmacy leaders have a
good understanding of contemporary pharmaceutical marketing, and they have ideas about reforms that would quell these insults to the public interest. However, any analysis that is focused solely on the drug industry will be shortsighted. We first have to understand some basic facts about how limited-liability corporations have evolved in America and the culture of greed that is now pervasive among the managers of many of these entities. On average, the compensation of the top executives in large U.S. corporations today is 400 times the salary of the firms’ lowest-paid workers. Twenty years ago, that ratio was 42 to 1.4 In many corporations, the top executives have set up very cozy systems of compensation that often have little relationship to performance. The business decisions of these executives are often focused on short-term financial gains. If those gains are threatened, the executives have tremendous incentives, tied to their prospects for accumulating personal wealth, to bend the rules, to stretch the limits, and sometimes even to engage in fraud. This is the culture of much of American big business. The behavior of the pharmaceutical industry is often consistent with that culture. And would-be reformers of this industry will probably not be successful unless they take into account the underlying culture of corporations as a whole.

These two examples of broader-world issues convey a sense of the need to penetrate the surface of pharmacy-specific concerns and reach for the deeper insight and understanding that go with the mantle of leadership. This can be achieved only by striving to understand the larger world in which we function.

Understand pharmacy history

To be most effective, pharmacy practice leaders need to be students of pharmacy history.

I have never fully understood why there is so little interest in the history of pharmacy among many pharmacists. Yes, history can be an awfully dry subject. On the other hand, it can be tremendously rewarding when you reach an “a-ha moment” that reveals, in pure crystalline form, how a key aspect of our lives today came to be the way it is.

Let’s go down a short side street to illustrate this point. The history of our nation explains our peculiar method of financing health care. This system did not evolve in a vacuum, uninfluenced by other societal forces. If you understand that history, then you have a deeper appreciation for how difficult it is to achieve universal health coverage in the United States. And then you begin to understand the patchwork system we’ve devised to help poor people get access to the medicines they need to maintain functional lives. Finally, you have the beginnings of an adequate basis for being an effective practice leader in a setting that serves indigent patients, be they migrant workers, recent immigrants, the homeless, or the many other types of marginalized people who are everywhere.

To be an effective practice leader is to be an instrument of change. But change for what reason? And toward what end? If you combine dissatisfaction with the status quo with a vision of how you would like things to be, you have a reasonably good answer to those two questions. If you temper all that with knowledge of history, you have a winning combination for practice leadership.

Pharmacy practice leadership is like running a relay race in which you are not the starting runner and will not be the final runner but are somewhere in between. Relay runners in that position know exactly what their role is. They know how the race has gone before their leg of it. They know they will be handing off the baton to someone else. They know they have to do their part well in order for their team to cross the finish line.

Most pharmacy practice leaders probably recognize that someday they will hand off the baton—their leadership position—to someone else. They may also have a sense of what things were like for their predecessor. But how often do practice leaders know how the longer race has been run? Where were the missteps and stumbles? Which moves were so brilliantly executed that the field leaped ahead? What lessons can be drawn from that past?

Let’s consider briefly the history of hospital pharmacy in the United States. Today’s hospitals employ about 10 full-time equivalent (FTE) pharmacists per 100 occupied beds.5 The comparable figure in 1957—46 years ago—was 0.4 FTE pharmacist per 100 occupied beds.6 In other words, pharmacist staffing in U.S. hospitals is 25 times more intensive today than it was less than 50 years ago. That dramatic growth reflects pharmacy’s transcendence from an optional service to an essential service. It used to be that the administrator, physicians, and nurses in many hospitals, especially smaller facilities, believed that they could function adequately with a drug room stocked by a community pharmacist and controlled by nurses. Today, it is beyond question by anyone in the hospital field that medications need to be handled by qualified pharmacists.

There are many reasons for this remarkable transformation, but one major factor is that hospital pharmacy in the United States has been blessed with visionary leadership. The early leaders of the field clearly expressed at a time when pharmacy was a marginal profession in the United States; when most pharmacists were engaged primarily in retail, mercantile activities; when hospital pharmacy had little visibility and respect; when hospital pharmacy was a refuge for those pharmacists who preferred to stay in the background.
Out of that environment emerged a number of pharmacists, many of them at university teaching hospitals, who expressed an inspiring vision about the development of hospital pharmacy and about the role of hospital pharmacy in elevating the status of the profession as a whole.

When you reflect on what hospital pharmacy was like 50 years ago, when you think of the challenges and opportunities facing us today, and then when you contemplate the power of the continuously expanding pool of leaders we are creating through residency training, what an exciting future we face! What a truly great profession this is going to become, and you will have a part in making it so.

**Conclusion**

Let me reiterate my appeal to pharmacy residents. First, I encourage each of you to make a commitment to fulfill the expectation of pharmacy practice leadership that residency training has imposed on you. The people who use medicines are depending on you to make that commitment. Second, I invite you to reflect on how you can improve your effectiveness as a pharmacy practice leader by deepening your passion for professionalism, by becoming a better student of the contemporary world, and by becoming a better student of the history of our profession.

I want to leave you with some lines from a poem written by Marge Piercy. M. S. Piercy was born in Detroit 67 years ago and now lives in Cape Cod. Her poem, “To Be of Use,” reflects a poet’s talent for capturing feelings; in this case, the feeling of satisfaction that comes from doing what needs to be done and doing it well.

I love people who harness themselves, an ox to a heavy cart, who pull like water buffalo, with massive patience, who strain in the mud and the muck to move things forward, who do what has to be done, again and again . . . .

The work of the world is common as mud. Botched, it smears the hands, crumbles to dust. But the thing worth doing well done has a shape that satisfies, clean and evident. Greek amphoras for wine or oil, Hopi vases that held corn, are put in museums but you know they were made to be used. The pitcher cries for water to carry and a person for work that is real.a

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