ADDRESSES

Achieving Success: Action Pays Dividends

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Lucy. I am so confused. I have no idea what it is I'm supposed to learn or when I know what I've learned whatever it is I'm supposed to learn. Grades have just come out and I'm afraid to open the envelope with my transcript. How will I know when I've succeeded? How will I know when I've "got it"?

That's the mystery of education Charlie Brown!

Good Grief!

Good grief indeed. Or as James Taylor sang: "Oh Lucy, God have mercy. I've got to stop thinkin' 'bout that."

Should we stop thinking about the "mystery of education"? Stop thinking about what makes us successful or not? Well, perhaps we think about it instead of focusing on the specifics of what constitutes success. We often approach our lives as educators and scholars with a sense of "keeping the mystery alive" instead of explicitly developing behaviors and abilities that will garner measurable successes for our institutions, our students, the public, and ourselves. We have tended to view and measure successes from an individual perspective: our personal research successes as measured by publications and grants; our personal practice successes as measured by how we are able to improve drug therapy of individual patients; our personal educational successes as measured by teaching evaluations and the individual successes of our students in finding jobs. Clearly these can be dramatic successes. But we've tended to be less attentive to the successes of the systems in which we function: organizations, colleges, and public health systems.

In "Zen and the Art of Motorcycle Maintenance", Robert Pirsig tries to address the issues of figuring out what to do, learning how to do it, and doing it well, with reason and logic. To think about and act on success, we need to be able to define it. We need to know what constitutes quality performance, since quality performance implies success. Pirsig's Phaedrus refuses to define quality implying that if you can't define it, it doesn't exist. Phaedrus' answer to this, consistent with the school of realism, was: "A thing exists, if a world without it cannot function normally. If we can show that a world without quality functions abnormally, then we have shown that quality exists, whether it is defined or not". But of course, things continue to function normally, even if the "norm" is dysfunctional. Is it that we "exist in a world without quality" or is it merely dull or complacent, satisfied with the "now" and not improving our life or the lives of others?

Pirsig then discusses David Hume, the Scottish historian and philosopher, who suggested that our knowledge arises out of our experiences or our senses. He implies that knowledge is something we imagine when one thing repeatedly follows another. Then in "Critique of Pure Reason", Immanuel Kant further examines how we gain knowledge and states that while "all knowledge begins with experience, it doesn't follow that knowledge arises out of experience". He is saying that there are aspects of knowledge or reality that do not relate to what we sense or experience, but rather is a priori knowledge. Pirsig states that "what we think of as reality is a continuous synthesis of elements from a fixed hierarchy of a priori concepts and the ever-changing data of the senses". So, while we have concepts of what we empirically think to be so, we also respond and change those concepts through evidence experienced by our senses.

As academicians, when we perceive a problem, what do we do? We study it. Then what do we do? We study it some more. Then what do we do? We study it again. And then what do we do audience? (Audience response: "We study it"). No. We do a meta-analysis and conclude that more study is needed. In the meantime the issue has changed and others have made decisions and taken actions that directly impact on our enterprise and on us. Academia is not known for its nimbleness. But
it’s not just a matter of "picking up the pace"; it’s a matter of effective, timely, and focused responsiveness. We need to be able to make decisions, implement those decisions, monitor the results, and then be ready to make modifications where indicated. This is the problem-oriented, evidence-based approach we use in drug therapy decision making for individual patients. We make timely decisions based upon what we know now and what makes sense now, then we decide what to monitor for success of the decision, and then make follow-up modifications. We have tended not to use this approach for decisions affecting our academy and our profession. Successful corporations use a nimble decision making process that incorporates what is currently known, intuitive a priori concepts, scanning the environment for areas needing new action, deciding whether or not to pursue the issue and make it part of the organizations operational portfolio (i.e. mission), and then monitor the mission for success and make needed modifications in a timely fashion based on real information.

In academia we have tended to function differently. We have tended to be inwardly focused on either our personal success needs or the parochial interests of our profession rather than examining how what we do impacts on public health and therefore on valued personal and organizational success. A successful organization has clear mission goals that lead to a statement that "because of what we do, "X" is better". In our case, "X" is health care as it relates to discovery of and safe and effective use of pharmaceuticals for the public's health. The effective organization develops individual abilities that target how individual performance enhances accomplishment of the mission while fostering personal success. All too often faculty have tended to focus primarily on their own personal needs and organizational administration has focused primarily on the needs of the organization without always dealing explicitly with the symbiotic nature of these successes.

So, how does this relate to us, to our profession, and to our association? Is there evidence, other than our empirical sense, that health care systems are dysfunctional relative to the things that we educate our students and ourselves to do? Charles Inlander, the President of the consumer health advocacy group, The Peoples Medical Society, has said that while physicians and hospitals were the central component of health care in the 20th century, pharmaceuticals and those that make them work will be central to health care in the 21st century. We know from the Institute of Medicine report that health care is not optimally delivered and that medication errors have significant negative impact on health outcome and health care costs. Therapeutic "mis-adventuring" costs huge amounts of dollars and results in significant negative health outcomes. Of course we feel we have a role to play in fixing some of these issues, but have we? Have we tended to have a priori concepts of health care and our roles in health care that lead us to accept the "now", or have we tried to examine what we can do to improve health care related to pharmaceuticals, learn specific ways to address the issues, implement actions, and monitor their effects?

In 1997, AACP’s Janus Commission recommended that we "act NOW to implement what the academy has espoused in its recent deliberations, reports, and public rhetoric" that graduates of professional education programs in pharmacy be capable of providing pharmaceutical care in a dynamic and changing health care system. The Commission also recommended that colleges and schools of pharmacy "create and maintain action-oriented business plans for the development, implementation, and evaluation of comprehensive practice/education partnerships..." While clearly there are pockets of success related to implementation of pharmaceutical care and education/practice partnerships fostering pharmaceutical care, the reality is that pharmaceutical care is not the standard of practice in pharmacy.

Interestingly, we were more successful in the 1970's and 1980's in implementing "clinical pharmacy" as a standard of practice in institutional settings. Prior to those efforts, there was really no evidence to support the value of clinical pharmacy. We had an a priori sense that it was of value, we implemented it (primarily through the auspices of academia) and then demonstrated its value in terms of health and cost of care. But somewhere along the line we lost site of the target of improving the public’s health. We turned inward to what was good for pharmacy and clinical pharmacy became more process oriented instead of outcome oriented. We need to remember that we exist in interdependent systems of education research, practice, health care management, and health care financing. To be successful we must find ways of developing and implementing effective individual performance that will impact on successful improvements in academic and health care systems.

So what can we do? First lets discuss AACP as an organizational entity. You've heard from Barbara Wells and Lucinda Maine about efforts the organization has begun that influence our opportunities for success. For teaching faculty, there is Education Scholar. For students there is PharmCAS and our joint working group on professionalism with the American Pharmacists Association. For preceptors there are efforts aimed at preceptor training. For colleges and schools there is institutional research. For residents there are joint efforts with
the American Society of Health-System Pharmacists and the development of position papers on residency training. For current and future leaders there has been multiple programming on leadership training. For young investigators there are grant writing seminars. For AACP and schools, colleges, and faculties there are the recently released excellence papers that will be discussed and debated at this meeting.

Yes, we've embarked on significant endeavors to enhance success. AACP has demonstrated that it cares strongly about success of its individual and institutional members. But what else can we do? First, our Board of Directors needs to examine its own activities and its own process of governance. To this end, the Board has embarked on strategic planning efforts that we will discuss further at the final House of Delegates meeting on Wednesday, July 23, 2003. We have also examined how we function and have explored re-design of governance processes to more effectively address how we approach our core responsibilities. These include

1. How we provide oversight to review progress on ongoing programs. We need to have specific markers of organizational performance success relative to our stated mission.

2. How we plan and develop what we need to be doing in the future. The Board earlier this week decided to create a standing strategic planning subcommittee of the Board that will address true strategic planning and make specific recommendations on what we need to include in our strategic portfolio. The Board will examine these recommended strategies for the future and make timely decisions on whether to include them in our ongoing mission and operations. This group will continue to work on our evolving strategic plan for action by the House of Delegates next year.

3. How we garner information about the environments in which we function and use that information for mission and strategic planning. We have all had experiences where something of significance happens that effects us and catches us of guard. We may say "that wasn't on our radar screen". That is merely jargon for "we weren't paying attention". We need to pay attention to the environments that can affect us, to analyze them, and then be ready, or better yet, pro-active. We plan to institutionalize a high level "Janus Commission-like" group, for now called the Pharmaceutical Education Advisory Council that will provide regular external scanning and strategic advice.

Then we need to assist our members, institutional and individual, in implementing measurable successful strategies in practice, education, and research. We hope to achieve this through specific charges to committees, by developing specific measures for success that can feed into the process of application of current accreditation standards and into the process of standards and guidelines revision, and by developing the equivalent of "tool boxes for success."

We will approach problems related to implementation of specific strategies aimed at success of practice departments and practice faculties. I believe we are approaching a potential crisis situation relative to Pharmacy Practice Departments. With expansion of the pharmacy education enterprise with increased enrollments and new schools of pharmacy, there has been an especially heavy burden placed on practice faculty and practice departments. It is difficult to recruit qualified practice faculty into our environment and just as difficult to develop and retain them. There is a lack of consistency in how practice faculty are prepared and developed. All too often this leads to organizational and individual frustrations and a loss of our bright and energetic young faculty to other professional environments. We will embark on activities aimed at providing a clearer definition of what constitutes successful pharmacy practice departments and faculty. This process has already begun here at this meeting in the Section of Pharmacy Practice programs. We will also embark on partnering opportunities with other professional groups to determine how we can work together to improve the opportunity for success for practice faculty and departments and we will initiate forums for department chairs and faculty to improve continuous quality improvements in Pharmacy Practice Departments.

In charging our standing committees, we've established a set of core charges:

1. Answer the question: "How do you know if you are succeeding in having quality programs as an institution and quality individual performance?"

2. Utilize institutional research elements to provide evidence of quality and success.

3. Develop suggestions and information that will be forwarded to the American Council on Pharmaceutical Education for application, interpretation, and revision on standards and guidelines for accreditation.

Through the Professional Affairs Committee, we will examine how academia can facilitate the Janus Commission recommendations and make Pharmaceutical Care a reality in all practice settings. One of the most
effective methods we have available is to influence practice through our experiential education programs. To this end I have charged the Professional Affairs Committee with:

1. Reviewing the 1997 Janus Commission report which focused on the academy's dual responsibility of educating graduates capable of providing pharmaceutical care and enabling the profession to achieve its vision of providing pharmaceutical care in all settings.

2. Suggesting appropriate professional experience program assessment measures or quality indicators. We need to identify and be able to evaluate "exemplary pharmaceutical care practices" for our students' experiential education. We need to know how experiential education can leverage the installation of pharmaceutical care as a standard of practice.

Through the Research and Graduate Affairs Committee we will address success in scholarship. Much of our individual faculty success and institutional reputation is grounded in success in scholarship. As our enterprise expands it becomes increasingly difficult to recruit, develop, and retain faculty to meet scholarly missions. With the increased necessity of interdisciplinary and collaborative research we need to continue to find effective ways of fostering and managing complex scholarly endeavors. As demands on faculty and colleges increase in education, it becomes more difficult to foster a culture of scholarship. Scholarship is what sets academia apart from other aspects of our profession. It is our creative endeavors that lead to discovery of new therapies, new ways of managing health care, and new ways of educating health care professionals.

To this end I have charged the Research and Graduate Affairs Committee with:

1. Reviewing the paper in the AACP Excellence Series on curriculum development and assessment and other resources to identify key elements that can be effectively used for academic program assessment.

2. Suggesting a program assessment model for academic program effectiveness and success in a continuous quality improvement environment.

It's our hope that this approach will result in a "system for success" for colleges and schools, faculties, students, and practitioners with an ultimate result of improving health care through discovery, education, and pharmaceutical care processes. All of us will benefit.

Lucy… look! I finally got up the courage to look at my transcript. I got an "A" Lucy! I succeeded even though I didn't know what I was supposed to do to succeed or even knowing what success was!

Lucy examines Charlie's transcript.

Charlie Brown…you didn't get an "A". That's your Dean's middle initial!

Rats!

Rats indeed. But hopefully with action-oriented planning with focused action steps and clear goals with clear indicators for success Charlie will get his "A's", and so will we.

Thank you for giving me the honor of being your President. I will do my best to foster our success!