Leadership: Our Hope for Transformation

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Thank you for the opportunity to serve AACP as your presidential officer. Some of the greatest rewards and fulfillment that I have derived from professional life have come as a direct result of service to this association. I sincerely thank you for the trust you have placed in me.

My message this morning focuses on some of the challenges that confront us in pharmacy education and the profession of pharmacy. But mostly I will speak about our opportunities and responsibilities to overcome those challenges. I will speak mostly about what will be required of us to move our academy to the next level. Pharmacy faculty have had dramatic impact on the evolution of the profession of pharmacy over the decades. We have prepared new graduates for expanded roles; served as leaders to local, state, and national professional and scientific organizations; provided innovative patient care services in a variety of settings; and conducted basic, clinical, and translational research that improves patient care.

The environment in which we find ourselves today demands that our efforts on behalf of the academy, the profession, and our patients be intensified. The challenges before us define our opportunities and responsibilities to transform pharmacy education and the profession, and we must not fail. I suggest to you that leadership is our greatest hope for the kind of transformation that is required, leadership of a kind and quality that is seldom seen in professional life.

Someone once told me that the reason that politics is so nasty in academics is that the stakes are so low. Well, I am here to assert that the stakes that I am talking about are extremely high. If we fail to muster the leadership to transform the academy and ultimately the profession, the losers are much more than those of us in this room. The biggest losers are our patients in institutional and community settings, generalist and specialty settings, traditional and nontraditional settings. The losers are the patients who depend upon us to identify and develop new therapeutic options and optimize the effectiveness, cost-effectiveness, and safety of their medications, the patients whose quality of life and very lifespan is impacted by what we and our graduates do.

The Challenges That Confront Us

First let’s talk about some of the challenges and obstacles before us. I categorize them into two groups: challenges to the academy and challenges to the profession. Examples of challenges to pharmacy education include:

- Funding short-falls within state and federal governments and within some private school systems threaten not only the expansion of our programs, but even maintenance of existing programs and services
- For many schools of pharmacy, the percentage of the curriculunm that draws significantly upon the principles of active learning remains too small, and some faculty remain resistant to subjecting their teaching to the same level of peer-scrutiny that they enthusiastically seek for their research.
- Many schools are challenged to incorporate newly evolving concepts, such as pharmacogenomics, bioinformatics, patient safety principles, evidence-based medicine, and the pharmacist’s role in an age of bioterrorism into the curriculum in a timely manner.
- Inadequate systems for rewarding and developing faculty and staff can cause us to lose our most industrious and creative players.
- Many of our academic departments have chronic difficulty in recruiting and retaining chairs and directors, faculty who are properly prepared to develop research programs, and graduate students, residents, and fellows who are interested in academic careers.
- The graying of the professorate throughout higher education and professional education challenges us to inspire, recruit, nurture, and retain young faculty to whom we may pass the baton. It is critical that faculty become more effective in stimulating students, residents, and fellows to aspire to an academic career.
- Most schools suffer from limited resources for faculty development. The investment, including start-up packages, salary, travel support, and space, in the recruitment, retention, and development of new faculty grows each year, and these funds are critical to the success of new faculty. When new faculty are unsuccessful in attaining tenure, it is a costly failure, not only for the faculty member, but also for the school.
- Pharmacy faculty, administrative staff, and students continue to have an inadequate understanding of how to promote cultural proficiency and ensure equal opportunity for people of both genders and all races and religions. Most pharmacy colleges have facilities that are in dire need of renovation to meet the needs of their educational and research programs.
- Throughout professional education, faculty continue to seek to better understand how to use technology most effectively to enhance learning without compromising academic rigor and development of professionalism. Many faculties struggle to understand how best to socially develop their students, such that they become responsi-
able professional citizens who care about their patients' quality of life and embrace their own responsibility to be advocates for their patients and change agents within their profession.

The vast majority of our graduates have very limited opportunity to deliver pharmaceutical care to their patients who desperately need it. In fact, except for the technology utilized and reimbursement mechanisms, the practice of pharmacy for all too many pharmacists is painfully similar to the 1950s model.

- **AACP**, as the association whose purpose is to assist pharmacy educational institutions and faculties in fulfilling their missions, needs to better identify all our stake holders and clarify how we can meet their needs without losing our focus and momentum.
- Governmental agencies, state governments, and boards of trustees demand greater accountability for the funds they provide us. They simply will no longer fund us as a self-evident good. This spawns the requirements for outcomes assessment, post-tenure review, and work load studies. Accountability that is well conceived and measurements that are carefully designed and meaningful can be very useful to us in assessing our own success and assuring continuous improvement. But in some cases, the measurements demanded are meaningless and uninterpretable, and the program and faculty review processes are inefficient and restrained by bureaucratic clumsiness.

Examples of challenges to the profession of pharmacy include:

- In spite of a wealth of data supporting the cost-effectiveness of drug therapy management by pharmacists in a variety of settings, a very small percentage of patients receive comprehensive pharmaceutical care services.
- The number of citizens unable to acquire health care coverage of any kind is considered by many to be unacceptable for a developed nation.
- The United States ranks 24th in life expectancy(1) and 26th in infant mortality(2).

We are experiencing a pharmacist workforce shortage that requires us to rethink work flow, work responsibilities, the number of pharmacists needed to meet patient needs, and the resources needed to graduate those numbers. Inadequate numbers of pharmacists seek membership and active participation in their local, state, and national professional associations.

- The profession continues to struggle to understand the relationship and balance between generalist and specialty practice and how best to move the profession in such a way that specialization optimally enhances the quality of care delivered while ensuring continuity and cost-effective treatment.

An accumulating body of evidence points to a poor performance of our health care system in providing high quality medical care consistent with practice guidelines to patients with common chronic diseases such as depression, myocardial infarction, dyslipidemias, diabetes, and hypertension.

- The magnitude and impact of medical and medication errors(3) and fragmentation within an increasingly complex and costly health care system(4) create higher expectations of pharmacists and other professionals to correct the system failures that threaten the health of patients. This

is a challenge and an opportunity.

- State governments in fiscal crisis are retrenching their Medicaid programs, often reducing reimbursement for services to Medicaid patients to a level that fails to cover the costs of delivering care. Politicians at the federal level have not addressed the needs of the elderly for a prescription drug benefit, let alone drug therapy management and education services that improve the safety and effective ness of medications. In addition, very few insurance carriers compensate pharmacists for drug therapy management services.

- Relatively few pharmacists involve themselves in advocacy efforts within state or federal government to improve the plight of patients or pharmacy practitioners.

**Our Opportunities and Responsibilities for Transformation Through Leadership**

The challenges before us are monumental, and my list only scratches the surface. However, our opportunities are defined by our challenges. Leadership is the essential ability that will allow us to transform our world into one that enables our educational institutions to function efficiently and effectively. Leadership will propel our faculty to reach their potential in teaching and scholarship and our students to engage in rewarding patient care practices. Leadership ensures that patients will benefit from the delivery of drug therapy management services that ensures maximal health outcomes and improves quality of life.

Certainly our profession and our academy has benefited from inspired and focused leadership throughout our history. But I submit that the challenges confronting us today will not allow us the luxury of relying upon a small and select group of gifted and highly committed individuals to provide the vision for our future and the fuel to get us to our envisioned destination. We find ourselves at a juncture that demands that leaders be not only born but deliberately developed.

It is critical to provide leadership development opportunities for all faculty at all levels who aspire to lead. In addition, we must nurture leadership in our students, as they are our future. If we fail to work diligently to provide the resources to develop leadership abilities in our faculty at all levels and in our students, then we will steal from our future.

Historians tell us that Alexander Hamilton and Aaron Burr dueled for the right to lead. Leaders today are restricted using firearms to settle their differences, but they are called upon to establish their right to lead by taking calculated risks, showing courage under fire, and by demonstrating perseverance.

I believe that Leadership is Our Hope for Transformation, and that is how I have titled this presentation. Leaders are, by their very nature, purveyors of hope. They hold up hope, not just for themselves, but for better times and greater opportunities for those whom they lead. Leadership is about influence, influencing the thinking of others. It is about bringing people on board and using the best thinking of the collectivity to identify issues, design solutions, and make those solutions happen. Leaders walk their talk, they listen more than they speak, they attract creative and capable people to work with them, and they are informed. But information is not enough. Leaders move people with their emotion, passion, sincerity, and integrity.

We have long referred to the crisis of leadership within our academic institutions and our profession. The time is upon us to do something about it. If we do not do it, who will? If not now, when? Just as the opportunities for leadership are infinite,
and just as leadership styles are infinite, so are the excuses not to lead. Why not leave the leadership responsibilities to others and go about life as usual? Because current leadership will not achieve the outcomes that we, our patients, and the health care system must have.

It is time to set aside the excuses and celebrate the diversity of our leadership talents and our potential. It is the inspired and passionate leadership of future leaders, especially young leaders, with their fresh ideas and idealism, that will transform us and ensure that our noblest dreams are realized.

The 2002-2003 Agenda

The challenges confronting schools of pharmacy and individual members are manifold, and they significantly impact the ability of academic departments, institutes, and centers to fulfill their missions in teaching, research, and service. It is clear that a lack of leadership preparation among faculty at all levels is an enormous obstacle in overcoming the challenges before us. To date, AACP has focused its leadership development upon providing leadership preparation for deans, especially new deans, and these efforts should be continued and enhanced. However, it is becoming glaringly apparent that enhanced preparation for leadership should be a priority for associate deans, chairs, vice chairs, and others on faculty who aspire to leadership positions at all levels. It is clear to me and to the Board of Directors that our hope for transforming the academy and the profession lies squarely in our ability to develop in our own faculty the strong leadership characteristics and skills that are required to take us to the next level.

To that end we are initiating an analysis by asking a cross-section of academic leaders to respond to a Delphi study on leadership in pharmacy education. They will be asked to identify the 3 to 5 most important issues confronting academic leaders at several levels. They will also be asked to identify the leadership skills and abilities needed to effectively address these issues. The results of the Delphi will enhance the work of our standing committees whose charges I’d like to briefly mention.

I am asking that the Academic Affairs, Professional Affairs, and Research and Graduate Affairs Committees initially meet together this Fall to work with the results of the Delphi study and achieve consensus on the leadership characteristics and skill sets needed by chairs, vice chairs, assistant and associate deans, directors, and other aspiring leaders in academic pharmacy. The committee members will be assisted in this task by an expert leadership facilitator who will help congeal a group consensus. The committees will then resume deliberations as separate committees to address their specific charges.

The Academic Affairs Committee is asked to focus on the specific aspects of leadership that impinge upon faculty recruitment, hiring, development, and retention, as well as the aspects of leadership that enable individuals to access resources essential to develop faculty, teaching sites, and other programs. Specifically, they are asked to:

1. Identify the characteristics and skill sets needed by existing and aspiring academic leaders to deal effectively with recruitment, hiring, retention, development, and resource acquisition.
2. Identify current practices at successful institutions that can be transferred to other academic settings.
3. Recommend specific mechanisms that AACP and col-

The Professional Affairs Committee is asked to focus on specific aspects of leadership that impinge upon the academic/practice interface, especially where the college and the practice site share personnel and other resources to deliver patient care and provide teaching/learning opportunities. Specifically, they are asked to:

1. Identify the issues, needs for, and obstacles to effective leadership at the academic/practice interface, including independent and chain community pharmacy, ambulatory clinic pharmacy, long-term care pharmacy, health-system pharmacy, and managed care pharmacy.
2. Define the roles of the academic leader in these settings.
3. Identify the leadership characteristics and skill sets needed by the effective academic leader in these settings.
4. Recommend specific mechanisms that AACP and colleges and schools of pharmacy can use to foster leadership development and enable development of leadership characteristics and skill sets to address these challenges.

The Research and Graduate Affairs Committee is asked to focus on the specific aspects of leadership that impinge upon the development of successful interdisciplinary research programs, strong graduate programs, and sound post-doctoral training programs in large research intensive as well as in small teaching intensive academic programs, both public and private. Specifically, they are asked to:

1. Delineate the issues confronting the department chair, vice chair, associate dean for research, and institute/center director and the roles of these individuals in meeting the challenges listed above.
2. Identify the characteristics and skill sets needed by academic leaders in addressing these issues and by management personnel running laboratories and research groups.
3. Discuss the place of innovative administrative structures to deal with these challenges.
4. Discuss how graduate programs, residencies, and fellowships should be preparing future academic leaders.
5. Recommend specific mechanisms that AACP and colleges/schools can use to foster leadership development and enable development of leadership characteristics and skill sets to address these challenges.

The leadership issue is of such importance that it will continue to be a primary focus of the Association over more than one year. Not only will it be the focus of our committees over the coming year, but renewed leadership programming will be forthcoming to provide our membership additional leadership development opportunities.

Other matters of continuing importance to the Board of Directors include the need to update the CAPE outcomes. A CAPE Outcomes Evaluation Committee will be convened to use the results of this past year’s standing committee discussions and other resources to assess the curricular needs of pharmacy students and ensure that all 21st century competencies are included in the CAPE document. Our centralized application service, PharmCAS, is on track and will be implemented and accepting applications for students seeking admission in the fall semester of 2004. This is
a significant new member service, and it will facilitate efficient operation of our colleges' admission programs and provide for much needed data collection to characterize our applicant pool. We must also explore and develop new opportunities for generating non-dues revenue, as a healthy association must not be overly dependent upon dues for its vitality. These opportunities must be consistent with our mission and vision, and they must enhance the work of our individual and institutional members. The Association will provide aggressive advocacy in Washington on matters of import to patients, pharmacy education, and the needs of the profession. It is essential that we continue to strive to motivate more members to bring their views and needs to the attention of legislators. Specifically, we must continue to aggressively support the Pharmacy Education Aid Act which includes provisions to provide grants to expand and renovate existing facilities in schools of pharmacy, opportunities for loan repayment for faculty, and a scholarship program for individuals interested in pursuing pharmacy education.

We are committed to partnering with other organizations to find ways to create synergy in achieving common missions and get the most bang from our limited resources. To that end, AACP joined forces with APhA, AMCP, ASCP, and ASHP to submit a competitive application to create for the federal government a Pharmaceutical Services Support Center. This Center will greatly expand the capacity of the profession to provide policy analysis and guide community health centers and other specialized care networks as they provide pharmaceutical care to the public. The research abilities, analytical savvy, and experience of our nation's pharmacy faculty - you, the members of AACP - will be critical to the success of the Center if funded.

AACP will continue to work with ACPE to help the schools develop better mechanisms for assessment as a means of continuously measuring programmatic outcomes and quality. We must also assist faculty, especially pharmacy administration and pharmacy practice faculty, to be competitive in their grantsmanship. The Board of Directors will be vigilant in our continuous evaluation of the strategic plan to ensure that it remains relevant and leads the change that is needed. In fact, a subcommittee of the Board has agreed to critically examine our progress on the current plan and recommend adjustments and new priorities for our Association and its services to members.

CONCLUSION
Change is neither easy nor comfortable. Getting patients to stop smoking, lose weight, get regular exercise, monitor their blood glucose, and take their medication is a huge challenge to health professionals because it requires change in patients' fundamental approaches to life. The change that is required of us is equivalent to that level of life change. The times in which we find ourselves demand that kind of change, and strong leadership throughout pharmacy education and the profession will be required to ensure that our patients' needs are met and that the quality and productivity of our work is enhanced.

Our leadership can offer hope to the underserved and disenfranchised struggling to get their health care needs met. Our leadership can offer hope to our students, faculty, and practitioners striving to fulfill their potential.

Our future can be bright. The talent and potential for leadership that is gathered in this room can change the world. If you think you are too small to make a difference, then you've never been in bed with a mosquito. Margaret Mead once said, "Never doubt that a small group of committed people can change the world. It's the only thing that ever has."

I challenge you to envision what is needed to allow you to be maximally productive and effective in your teaching, research, service, and practice. I challenge those who aspire to leadership to demand development opportunities that will allow you to fully realize your ability to lead. I challenge you to communicate your needs to those in current leadership positions within this Association and within your college of pharmacy. I challenge you to accept your responsibility to work to ensure that your students have the opportunities that they require and deserve to develop their own leadership abilities. And I challenge you to work with the leadership of this organization to make AACP all that we can be.

Leadership is our hope for transformation of our world. My commitment to you is to provide the organizational leadership and opportunities for leadership development essential to fulfill our vision and give wings to our dreams.

References
(2) March of Dimes Perinatal Data Center, March of Dimes Birth Defects Foundation, August 2000.