

Proceedings of a leadership retreat conducted by the ASHP Foundation and the John W. Webb Visiting Professor Program

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There is a pressing need to prepare health-system pharmacists for executive-level positions, motivate them to step into these roles and educate health-system administrators about the value a pharmacist in such a position could bring to his or her organization. To do this, the profession must encourage our current pharmacy leaders; recognize the important contributions they make as directors of pharmacy and support them in these positions; promote the value of leadership to students, residents, and current practitioners; and assist schools of pharmacy in preparing students for leadership positions.

These are among the key points that emerged from a retreat sponsored by the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation in Boston, Massachusetts, on October 25, 2004. Working with the Northeastern University School of Pharmacy, and supported by a grant from Amgen, Inc., the retreat brought together more than 20 experienced, recognized leaders in the profession of health-system pharmacy to listen to their thoughts, reac-

tions, and insights regarding the work of Sara White. White spent four months as an ASHP Foundation Scholar-in-Residence researching issues that affect health-system pharmacy directors and leaders. She explored pressing leadership issues, including the shortage of young leaders, the effect of changes made to pharmacy school curricula, and the need for more postgraduate training for aspiring managers.

The group represented a cross-section of perspectives in the profession, including long-time directors of pharmacy, pharmacy directors in the early stages of their careers, pharmacy directors with experience in urban and rural settings, and leaders of the ASHP Section of Pharmacy Practice Managers. Most were past recipients of Northeastern University's John W. Webb Visiting Professorship in Hospital Pharmacy, an award that recognizes commitment to and excellence in hospital pharmacy management. The objectives of the retreat were to

1. Provide direction, commentary, and guidance on issues relating to the

continued growth and development of health-system pharmacy leadership,

2. Communicate thoughts, suggestions, comments, and ideas on how the profession might best respond affirmatively to White's call for action regarding health-system pharmacy leadership, and
3. Develop a publication summarizing proposed action plans that the group believes may help alleviate the health-system leadership crisis.

This document summarizes the discussions that took place at the retreat. It gives an overview of a soon-to-be-established center for health-system pharmacy leadership, a potential future leadership crisis facing the profession, suggestions about how to assist current pharmacy leaders, ways we can motivate future leaders, and the roles of academic community and health care institutions in ending the leadership crisis. These leadership issues, possible solutions, and the parties responsible for addressing these issues are outlined in Table 1. It is hoped that by sharing the major ideas that emerged from these discussions, the profes-

Table 1.

Leadership Crisis Issues and Possible Solutions

Issue ^a	Possible Action	Responsible Party
CPOs and DOPs need to develop essential leadership skills.	Develop a vision for progressive health-system pharmacy leadership skills.	Professional organizations
The profession must recognize that clinicians also use leadership and management skills.	Define leadership more broadly.	Professional organizations, individual practitioners
All practitioners use leadership skills, which are exercised at all levels.	Identify core leadership skills used.	Individual practitioners
Leadership skills of current CPOs and DOPs must be assessed.	Conduct an inventory of leadership competencies and seek leadership skills training.	Individual practitioners
There is a lack of opportunity for current CPOs and DOPs to obtain leadership exposure and experience.	Offer week-long regional institutes, short residencies, mentoring programs, and online programs.	Professional organizations, health systems
	Seek out these types of programs.	Individual practitioners
We must demonstrate high-quality leadership skills to health systems and hospitals.	Offer certification to indicate core leadership competencies.	Professional organizations
	Revive managerial career ladders.	Health systems, individual practitioners
Pharmacy leadership positions lack appeal.	Consider the development of administrative pharmacy positions that include clinical practice responsibilities.	Health systems, individual practitioners
	Collaborate with health-system administrative staff to strengthen pharmacy's position in the organization.	Health systems, individual practitioners
	Reconsider salaries and compensation for CPOs and DOPs.	Health systems
	Consider balance of leaders' job demands and personal life.	Health systems, individual practitioners
	Consider ways to make leaders' work more enjoyable.	Health systems, individual practitioners
	Survey current leaders about aspects of their roles that are fulfilling.	Professional organizations
	Work to ensure potential leaders see leadership as meaningful.	Professional organizations, individual practitioners
Leadership has to be promoted to students, residents, and current practitioners.	Expose students to leaders, leadership, and change management.	Professional organizations, schools of pharmacy, health systems
	Offer students videotaped presentations about leadership.	Schools of pharmacy, professional organizations
	Raise residency stipends or create other incentive programs to offset the cost of student loans that may deter promising students from applying to residencies.	Health systems
	Offer convenient and affordable didactic leadership training that can be followed by mentoring in the workplace.	Professional organizations, health systems
Students, residents, and practitioners with strong leadership potential must be identified early.	Conduct more intensive interviews to identify students and residents with leadership potential.	Schools of pharmacy, health systems
	Nurture promising students as future leaders.	Professional organizations, schools of pharmacy
	Identify promising staff members and mentor them.	Individual practitioners

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Table 1 (continued)

Issue ^a	Possible Action	Responsible Party
Place greater emphasis on leadership skills in schools of pharmacy, residencies, and entry-level positions.	Teach students essential interpersonal professional responsibilities they can exercise during clerkships.	Schools of pharmacy
	Require specific service responsibilities be completed before graduation.	Schools of pharmacy
	Include more structured practice management experience in residency accreditation requirements.	Professional organizations, health systems
	Integrate leadership and management skills into rotations.	Health systems
Health-system pharmacy leaders need support	Alert ASHP of the needs of these practitioners through meetings between the Section of Inpatient Care Practitioners and the Section of Pharmacy Practice Managers.	Professional organizations
	Explore the creation of a center for health-system pharmacy leadership.	Professional organizations.

^aCPO = chief pharmacy officer, DOP = director of pharmacy.

sion will be stimulated to think proactively about the challenges ahead.

The leadership crisis

“A lack of leadership will mean that health-system pharmacy will no longer be in a position to enhance patient safety, to optimize medication therapies across the continuum of care, or to make a real difference in the lives of the patients that we serve.” These words, spoken by Mick Hunt in his 2000 president-elect presentation, had a profound effect on White, a past ASHP president and former director of pharmacy with more than 30 years of experience in pharmacy services, staff development, and interdisciplinary teamwork.

When considering the many challenging environmental conditions associated with the role of director of pharmacy and the fact that the Bureau of Labor Statistics projects that large numbers of professionals will retire in the next decade, White wondered if there would be an adequate supply of health-system pharmacy leaders in the future. She proposed and then implemented an ASHP Foundation-funded Scholar-in-Residence program at ASHP in which she studied leadership issues, reviewed the leadership literature, and interviewed thought leaders in

health-system pharmacy. The data she collected clearly suggest a future crisis in ensuring enough competent, willing, and effective health-system pharmacy leaders.

White then developed nine recommendations intended to stimulate thinking about solutions to circumvent this future crisis.¹ White acknowledged that although some current activities addressing leadership in the profession exist, such as the ASHP Annual Leadership Conference and the ASHP–Boston University Pharmacy Leadership Institute, she does not believe that they are robust enough to ensure satisfied and effective leaders for future needs.

As a means of beginning a dialogue on White’s call to action, the leadership retreat participants met to address eight of her nine proposed recommendations.

Recommendations 1 and 2 were discussed to a limited extent after Stephen J. Allen, Executive Vice President and Chief Executive Officer of the ASHP Foundation, opened the retreat by asking participants to explore the idea of the creation of a center for health-system pharmacy leadership. Recommendations 3 and 4 and 6 through 9 were divided into three main topics, each discussed by a separate group. It was decided in

advance that recommendation 5 would not be addressed because time limits prohibited adequate discussion of it.

A center for health-system pharmacy leadership (addresses recommendations 1 and 2)

Recommendation 1: To maximize pharmacy’s impact and make positions more attractive, recast the director of pharmacy role from a reactive department head to a proactive executive-level position that uses systems thinking to assist the health-system organization in meeting its strategic goals and objectives.

Recommendation 2: Educate health-system administrators and trustees on the value that an executive-level pharmacy-led service can bring to the organization.

Participants have heard comments from health-system executives around the country that many institutions lack pharmacy leadership. Is it because pharmacists are not invited to contribute at that level or because there is insufficient pharmacy leadership talent available? Whatever the reason, there is an expanding base of opinion within the profession that we must move pharmacists into executive-level positions within hos-

pitals and health systems, as well as educate health-system administrators about the value of an executive-level pharmacist in their organizations.² Without pharmacy expertise factored into the top-level strategic and operational decisions of hospitals and health systems, opportunities for pharmacists to enhance patient care quality and institutional success may be missed. This situation continues despite the significant and rapidly growing complexity, cost, and risk associated with the medication-use process.

Pharmacy practice leaders with the right set of competencies can help hospitals and health systems meet key goals related to patient care, quality improvement, financial viability, and organizational strategic planning by ensuring that all facets of the medication-use process are integrated, well coordinated, and conducted safely, effectively, and efficiently.

The ASHP Foundation has joined forces with ASHP, Georgetown University, and MedStar Health to explore the creation of a center for health-system pharmacy leadership to improve the effectiveness of pharmacy practice leaders in helping hospitals and health systems achieve their strategic imperatives. A major tenet that the center would explore is that of an executive-level pharmacist who would lead institutionwide efforts to achieve the best use of medications. This can only be achieved through skillful leadership that enlists the understanding, support, and cooperation of numerous stakeholders throughout the institution. In some health systems, the chief pharmacy officer (CPO) might be an individual with such capabilities. In other settings, health-system executives could seek a director of pharmacy with experience and skills that would parallel all or portions of a CPO job description, even if the title might not be fitting for the organization.

The center would conduct the following activities:

1. Articulate clearly the competencies needed by an executive-level pharmacist through task analysis of current CPOs and progressive directors of pharmacy and by assessing the needs perceived by executive leaders of hospitals and health systems,
2. Develop a model job description for such a role,
3. Develop through research and communicate a systematic understanding of the current and future leadership challenges and opportunities associated with the medication-use process,
4. Teach hospital and health-system executives and trustees how to optimize organizational leadership related to the medication-use process (achieved in part by influencing the curricula of health-administration-education programs),
5. Educate and train current and prospective directors of pharmacy or CPOs on the specific knowledge, skills, and abilities needed to lead a hospital or health-system department that coordinates the medication-use process and contributes to the achievement of broad institutional goals,
6. Develop and market a certification program for executive-level pharmacist leaders,
7. Create resource materials that help hospitals and health systems improve leadership effectiveness related to the medication-use process, and
8. Analyze important societal health policy issues related to the medication-use process in hospitals and health systems and issue appropriate recommendations as a public service to the health care community.

An executive committee comprised of one representative from each of the four founding partners would establish the center's direction and priorities. The partners would also appoint an advisory committee to guide the center on projects and priorities. The center would be housed at Georgetown University, which would also administer and staff the center.

Assisting current pharmacy leaders (addresses recommendations 3 and 8)

Recommendation 3: Investigate alternatives to the current pharmacy middle management model that requires managers to totally give up their clinical practice.

Recommendation 8: Enhance the effectiveness and satisfaction of current pharmacy directors and middle managers to assist in retention.

Encouraging and supporting our existing pharmacy leaders is the first step in addressing the future leadership crisis. By identifying their satisfiers and dissatisfiers and finding ways to improve their outlook regarding leadership positions in health-system pharmacy, we increase our chances of holding onto current leaders instead of losing them to less stressful positions in other fields, and we set the stage for attracting younger pharmacists to these positions as current leaders retire. To do this, the profession needs to define leadership competency, identify effective methods of teaching leadership skills, and develop a measurement tool to indicate leadership competency.

What defines a competent leader? Personal effectiveness is the biggest indicator, according to the participants of this breakout group. There is a need to create a unifying vision that answers the question, leadership for what purpose? and to share that vision with all health-system pharmacists. Potential leaders exist at all levels within a pharmacy department, even in positions that do not formally include leadership responsibilities in the job description. For example, new pharmacists lead when they manage a team of technicians; clinical practitioners exercise the same core skills as pharmacy leaders, such as demonstrating an understanding of the health care environment and the ability to maneuver and negotiate with different disciplines.

Leadership skills can be taught in many ways, including didactic and experiential training offered through week-long regional institutes, mini-residencies with established leaders and managers as mentors, online programs and listservers, case studies emphasizing a hybrid clinician-leader role, videotaped presentations of effective leaders, and formal mentoring programs that pair pharmacy supervisors with more experienced leaders in health systems, pharmacy organizations, and universities.

Can leadership skills be measured? This is important if we are to assess who has the potential to be a leader and what needs to be done to prepare him or her for a leadership role in health-system pharmacy. An inventory of leadership competencies could be developed that practitioners can use to honestly assess their own leadership skills and identify areas of weakness in which they may want to seek training. Validation of core competencies, such as certification, will benefit pharmacists and demonstrate their leadership skills to health-system administrators. Reinstating managerial career ladders may also be a way to indicate a practitioner possesses high-level leadership skills.

The participants in this group also discussed at length possible ways to make pharmacy leadership positions more appealing. Their suggestions were as follows:

- Health-system pharmacy leaders should consider the development of administrative pharmacy positions that include some clinical practice responsibilities.
- Health-system pharmacy leaders, in collaboration with health-system administrative staff, should work to strengthen pharmacy's position in the health-system organizational structure, as exemplified by the CPO role and other leadership positions in safety and technology.
- Health-system pharmacy leaders and administrators should reconsider sal-

aries and compensation for directors of pharmacy and CPOs, given the generally small increases that come with leadership positions and the disparity between staff positions and leadership positions.

- Health-system administrators and pharmacy leadership should work together to consider the balance between the leader's job demands and personal life.
- Health-system administrators and pharmacy leadership should consider ways to make leaders' work more enjoyable.
- ASHP or the ASHP Foundation should survey current leaders about aspects of their jobs that give them a sense of fulfillment.
- Professional pharmacy organizations and individual pharmacy practice leaders should work to ensure that potential leaders see leadership as meaningful and believe that change is possible in order to become change agents.

These are all potential ways to alleviate some of the challenges of the position while making the role of director of pharmacy more meaningful and significant within the health care system.

Motivating and preparing tomorrow's leaders (addresses recommendations 4 and 6)

Recommendation 4: Assertively identify and nurture students, residents, and practitioners who are interested in and have the ability to be leaders and change agents.

Recommendation 6: Scrutinize the actual leadership and change agent skills, abilities, knowledge, and attitudes being developed by all residency programs and balance with the clinical knowledge and practice being imparted.

Leadership must be *promoted* to students, residents, and current practitioners. There are many ways to do this, and these methods can be tailored to reach each target audience.

Students. There are two keys to promoting leadership among our pharmacy students. First, we have to start planting the "seeds of desire" for leadership roles in students while they are in pharmacy schools by exposing them to leaders, leadership, and change management.

Current health-system pharmacy leaders need to become involved with students before they enter residency programs. Currently, students are paired with mentors who have a strong clinical focus, but little management responsibility. Unfortunately, when preceptors in academia accept management functions, they often ask to be relieved of some teaching responsibilities, decreasing students' chances of observing the preceptor in a leadership role. This is a valuable, but missed learning experience.

Absent the opportunity to observe leadership skills in action, videotaped presentations about leadership could be useful. By presenting stories from a broad range of successful leaders (e.g., leaders in the traditional sense, clinicians who have moved into leadership roles, leaders who now work part time), students could begin to develop a sense of what they need to learn, skills they need to hone, and opportunities that leadership roles would present to them.

Second, both ASHP and schools of pharmacy should take steps to identify students who show a high potential for successful practice and leadership and a passion for the profession. Studies have shown that pharmacy attracts introverted, risk-averse students, not the type of personality normally seeking leadership positions. The pharmacy profession must recognize this and take more aggressive steps in both finding those "needles in the haystack" who have leadership potential and recruiting more extroverts for our profession. For example, the number of students pursuing careers in medicine is reportedly declining; we could market

pharmacy as a career option to those students who have an interest in medicine but chose not to pursue that line of study.

Pharmacy schools could assist in this effort by conducting more intensive interviews to identify individuals who could be future leaders. Potential leaders also gravitate toward pharmacy fraternities and honors programs, and the members of these groups should be approached about considering leadership roles in health-system pharmacy. ASHP and the ASHP Foundation can assist in the identification process through its Student Leadership Awards Program. Every year, the Foundation awards \$2500 to 12 students with an interest in pharmacy practice in health systems who have demonstrated leadership ability and represent the very best attributes and accomplishments of ASHP student members. Another potential source of future leaders is the group of students who participate in an annual invitational leadership retreat sponsored by Cardinal Health.

Residents. Residents receive direct patient care experience and an opportunity to improve their clinical skills but little management exposure or experience during their residencies. Changes should be considered for the residency interview process and the administration of pharmacy residency programs in order to promote leadership to this pool of potential leaders.

First, a more focused interview process could help determine residency candidates' aptitude or propensity for leadership—information that could then be used by the resident matching program to choose programs that fit applicants' interest in leadership.

Second, residency programs must place more emphasis on leadership and change agent skills. This could be accomplished through the following suggestions:

- Residency accreditation standards could require more structured practice management experience.
- A pharmacy practice residency could be a mandatory prerequisite for entering health-system practice.
- Hospital and health-system administrators should be encouraged to become more involved in pharmacy residency programs, providing administrative rotations or short programs for pharmacy residents on topics such as finance and health-system management and administration.
- Pharmacy residents at hospitals where there are health-system administrative residents could collaborate to conduct joint research projects. ASHP or the ASHP Foundation might facilitate dialogue with the American College of Healthcare Executives on the feasibility of such activities.

Residents' work ethic is also a mitigating factor and is affected in part by the experiences they had as students in clerkships and clinical rotations. Residents who are not enthusiastic and have few basic skills to offer or on which to build are challenging to mentor. If new residents came to practice sites with some fundamental skills and were ready to learn and be integrated into the practice environment, preceptors might find the teaching experience more meaningful and perhaps be willing to increase the number of residents and students they mentor each year.

Some ideas proposed for overcoming these challenges were integrating leadership and management skills, such as understanding financial realities, into all rotations and including a service commitment in residency-accreditation standards. The future may also see the renewal of master's degree programs in pharmacy management or the requirement of postgraduate training for all health-system pharmacists, given the level of responsibility the profession aspires to assume for patient care, patient care management, and lead-

ership on behalf of patients. Factors such as the demand for pharmacists with training beyond the doctoral degree, the cost of additional training, and the desire to balance work and personal life will affect the development of these solutions.

The group briefly discussed the fact that many new graduates have to repay significant student loans, which may hinder them from applying for low-paying residency programs. A possible solution is establishing more competitive residency stipends and developing incentive programs to make residency programs a more financially attractive professional opportunity.

Current practitioners. Recruitment and retention are the keys to developing a strong supply of leaders among current practitioners in health-system pharmacy.

Recruitment will fall mainly on the shoulders of pharmacy directors and current leaders, as they are in the best position to identify promising individuals on their staffs, approach them, and mentor them.

Retention can be strengthened by offering current practitioners convenient and affordable training to assist them in developing the skills they need in leadership positions, making them better prepared to handle the challenges they will face in these roles. Many pharmacy directors take their positions without formal preparation. They would greatly benefit from a multifaceted program that teaches the competencies needed to lead and manage. They also need a mechanism for developing these skills that does not require them to leave their jobs for extended periods of time.

Didactic leadership training offered online and in "centers of excellence" is a possible and promising solution. The proposed center for health-system pharmacy leadership could work in tandem with regional programs, such as the Texas Society of Health-System Pharmacists' leadership development program or the

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in health-system pharmacy should strengthen their relationships with physicians to provide effective leadership in improving drug therapy outcomes. Physicians, like pharmacists, understand the critical balance between quality care and cost control to ensure the economic viability of the organization. Clinical leadership that improves patient care and financial outcomes is often a key to broad organizational recognition and institutional accomplishment. There are many opportunities to partner with physician leaders on pharmaco-economic, medication safety, and quality improvement initiatives within health systems.

Facilitating the relationship between academia and health-system pharmacy practice (addresses recommendations 7 and 9)

Recommendation 7: Promote the development of and recruitment for additional advanced-degree pharmacy practice management specialty residencies and one-year specialty administration residency programs. At the national level, develop and conduct an ongoing networking and mentoring program that utilizes the veteran leaders and managers as role models once these residents move into their careers.
Recommendation 9: Examine how practitioners can better assist colleges and schools of pharmacy in professionalizing pharmacy students and presenting the actual real practice world, including leadership opportunities.

Iowa and Wisconsin state affiliates' mentoring programs. Didactic leadership programs could be followed by mentoring periods with current leaders in the practitioner's workplace, and ongoing support could be provided through monthly webcasts on leadership issues.

The success of these programs could be measured in two ways: (1)

by the practitioner, who would be given a pharmacy-specific scorecard of leadership competencies to use in tracking his or her personal progress and (2) by a professional group, such as the ASHP Foundation, which would keep track of the number of participants who assume leadership positions.

The group suggested that leaders

There was a consensus among this group's participants that pharmacy schools cannot do it all. Although colleges of pharmacy need to be aware of pharmacists' needs and are certainly an important partner in addressing the future leadership crisis, they are limited in what they can do to prepare students for leadership. Some group participants expressed their belief that schools of pharmacy are best equipped to prepare students

for residency training, but preparing leaders is better left to postgraduate programs. Others argued that the balance in pharmacy education and residency programs has tipped too far toward clinical skills and away from management skills.

The ability of schools of pharmacy to play a major role in developing future leaders is affected by three factors: the quality of the students, the quality of the training sites, and the quality of the preceptors.

Approximately 15% of pharmacy school graduates enter residencies, and not all residents are the best candidates for leadership. Many enter residencies because they do not feel prepared for practice or do not have the self-confidence to enter practice directly out of school. Many view residency programs as a natural progression of their education rather than a new stage of maturation in the profession. This may be because some faculty members give students a one-dimensional view of clinical pharmacy focused on patient management and its responsibilities, relegating leadership and change management to the back seat. There may be many promising potential leaders among the confident graduates who go directly into practice.

To increase students' readiness for leadership, schools should teach pharmacy students essential interpersonal professional responsibilities, such as communicating with physicians, nurses, other health professionals, and patients. With introductory practice experience, students would be able to perform some pharmacist functions during their clerkships and learn responsibility and accountability. Schools could mandate that students complete specific service requirements before graduation. Practice sites could identify potential leaders among students completing

their service requirements and encourage them to apply for residencies.

How well pharmacy students develop their leadership skills during clerkship rotations often depends on the quality of their training sites and preceptors. Unfortunately, sites for rotations are at a premium, and not all are of the highest quality or best matched to the interests of the pharmacy student. Schools of pharmacy must communicate the educational and performance objectives of these rotations. While some schools do this well, many do not.

Practice sites often do not emphasize leadership skills, rarely offering administrative perspectives on practice issues or any interaction with department leaders. Practice sites should consider emphasizing "soft skills," such as communication and problem solving. Students are faced with an overwhelming amount of biomedical, pharmaceutical, pharmacotherapy, and health care delivery information. They cannot learn all of the information that is available, but they can learn values, behaviors, confidence, and other skills that will assist them in making good patient care decisions.

Preceptors, especially excellent ones, are also in short supply. The best preceptors may be those practitioners who provide pharmacy services on a daily basis rather than clinical faculty. However, practitioners need to be encouraged to become preceptors and will require training to step into that role.

Conclusion

Participants agreed that the retreat was a good first step in preventing the profession's future leadership crisis. They acknowledged that many discussion points, such as the need for a CPO, addressed the problems of large academic medical centers, al-

though most of the country's 6000 hospitals have fewer than 150 beds. Efforts must be made to support leaders and promote leadership in these smaller hospitals as well as larger institutions. Participants urged the ASHP Foundation to provide programming through a center for health-system pharmacy leadership to pharmacists moving into all levels of leadership and to give priority to demonstration projects that emphasize the service-practice continuum.

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