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Center for Health-System Pharmacy Leadership

Student and New Practitioner Leadership Task Force

Final Report

Leadership is a Professional Obligation

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Introduction

The importance of leadership within the pharmacy profession has been a topic of conversation since Gloria Niemeyer Francke's 1955 Harvey A.K. Whitney Award Lecture.[1] This topic has become increasingly popular in recent years as a number of publications have suggested that a shortage of individuals willing to lead the profession is looming.[2, 3, 4] Specifically, in her Scholar-in-Residence report,[5] former American Society of Health-System Pharmacists (ASHP) President Sara White identified a significant leadership gap, requiring up to 5,000 new health-system pharmacy leaders in the next decade.

In response to these reports, ASHP and the ASHP Research and Education Foundation convened a stakeholders group that produced a watershed report on the potential role for a Center for Health-System Pharmacy Leadership. ASHP and the ASHP Foundation agreed to jointly support the establishment of the Center for Health-System Pharmacy Leadership within the ASHP Foundation. As part of the initial focus, the Center sought to establish an ad-hoc Student and New Practitioner Leadership Task Force (SNPLTF). The Task Force, supported by a gift from Mr. Marvin Samson, President, Samson Medical Technologies, was composed of four student and four new practitioner pharmacists. Under the guidance of a seasoned health-system pharmacy leader, they were charged with the following goals:

- Assess the current level of student/new practitioner exposure to leadership (or lack thereof) within the context of their present studies or practice settings.
- Identify the specific gaps in leadership education and training for students and new practitioners.
- Recommend innovative mechanisms and/or initiatives to address those gaps.
- Evaluate opportunities to incorporate leadership education into the training and education of students and new practitioners.
- Identify and understand the values, issues and challenges that uniquely impact new practitioners' desires or abilities to assume formal and informal leadership roles.

In this report, the SNPLTF aimed to dispel the common myths about leadership within pharmacy and identify the gaps leading to a discrepancy between the current state of the profession and the envisioned future. Finally, the SNPLTF set forth recommendations targeted to close the identified gaps and promulgate the need for pharmacy leadership.

Defining Leadership

Although the notion of a pharmacy leadership crisis has received publicity in recent years, the concept of leadership as it relates to the profession of pharmacy is rarely well defined. In an effort to help us better understand the true meaning of pharmacy leadership, the task force evaluated several different definitions. In reviewing the pharmacy literature, it was noted that Holdford defines leadership as a process because "it is a series of actions exerted by individuals to accomplish goals." Further, "individuals who do not exert influence are not leaders."[6] Along similar lines, Nahata states "leadership is about a vision, direction, strategies, motivating and inspiring."[7]

Outside the pharmacy community, definitions and descriptions of leadership share the common theme of working towards goals and exerting influence (*Table 1*).

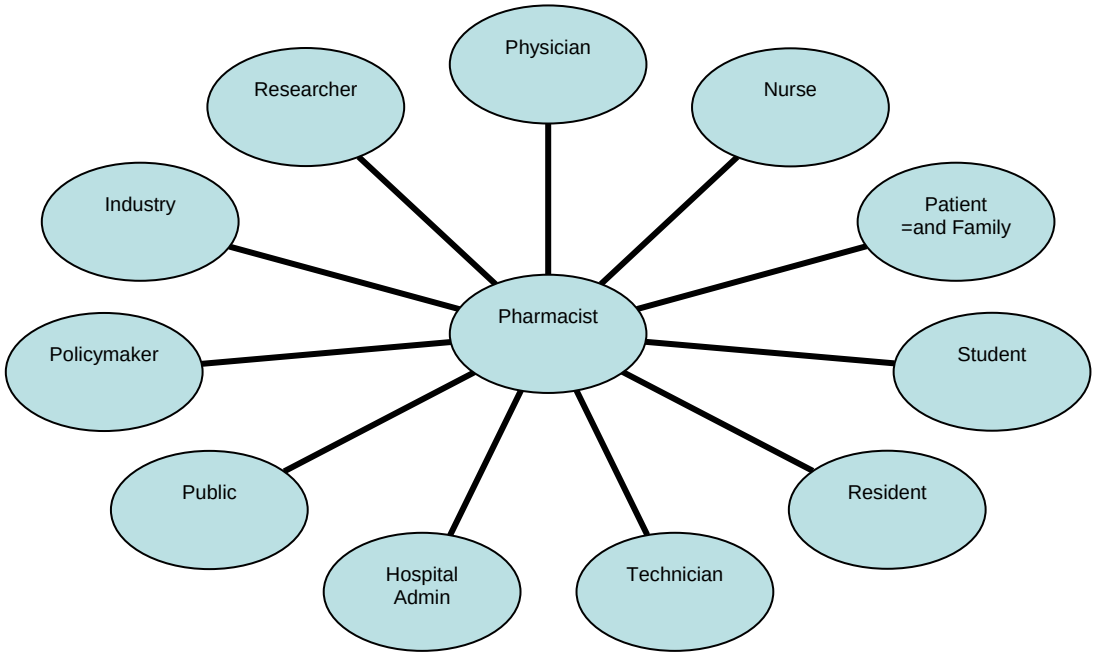
Table 1. Leadership Defined

"The ability to influence a group toward the achievement of goals." -Stephen Robbins
"To provide the recognition of roles and functions within the group that will permit each member to satisfy and fulfill some major motive or interest." -W.C.H. Prentice
"A leader is a man who can persuade people to do what they don't want to do, or do what they're too lazy to do, and like it." -Harry S. Truman
"The superior leader gets things done with very little motion. He imparts instruction not through many words but through a few deeds. He keeps informed about everything but interferes hardly at all. He is a catalyst, and though things would not get done well if he weren't there, when they succeed he takes no credit. And because he takes no credit, credit never leaves him." -Lao Tse
"Leadership is influence - nothing more, nothing less." -John C. Maxwell
"Leadership is a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential." -Warren Bennis
"Leadership is the process of persuasion and example by which an individual (or leadership team) induces a group to take action that is in accord with the leader's purpose, or the shared purposes of all." -John W. Gardner
"The very essence of leadership is that you have to have a vision. It's got to be a vision you articulate clearly and forcefully on every occasion." -Theodore Hesburgh

The Pharmacist's Sphere of Influence

Understanding this core theme of goals and influence helps us to understand the inherent requirement for leadership in pharmacy. Pharmacists are charged with motivating patients to adhere to medication regimens, educating nurses on proper medication administration, guiding physicians on appropriate prescribing, and influencing system-wide decisions on medication use. The pharmacist's sphere of influence is far-reaching (*Figure 1*). Central to our existence and future is our ability to successfully influence others. Thus, leadership is not an option; it is a professional obligation.

Figure 1. A Pharmacist's Sphere of Influence



The increasing vacancy rate in pharmacy director's positions and the difficulty in filling these positions have put a spotlight on the pharmacy leadership crisis. Unfortunately, little within the available pharmacy literature discusses the continuum of leadership opportunities and leadership development. Although not limited to the pharmacy profession, a strong emphasis has been placed on the need for training middle managers and pharmacy directors. Despite the apparent synonymous use of "management" and "leadership" within the literature, hierarchy does not confer leadership,

nor does leadership confer hierarchy. It has been said that the most successful organizations facilitate the development of routine leadership roles and encourage participation in these roles. Thus, one must not disregard the “everyday” leaders in the pharmacy profession (or the shortage thereof) who do not carry a formal, hierarchical “leadership” title.

In her Harvey A. K. Whitney Lecture, White best described this phenomenon using the concept of the “big L” leader and the “little L” leader.[8] She stated that there are “big L” leaders—those in formal leadership positions, such as directors, associate directors, assistant directors, supervisors, clinical coordinators, and operations managers. However, every pharmacist should be a “little L” leader in his or her practice or on his or her shift, whether or not this is recognized or acknowledged. While there may be those who proceed into management positions, others may not choose this path. Therefore, leadership does not necessarily equate to management. As depicted in the pharmacist’s sphere of influence (*Figure 1)*, frontline pharmacists must exhibit themselves as leaders everyday during every scheduled shift. In fact, successfully influencing the behavior of physicians, nurses, pharmacy technicians, interns, support staff, and others towards optimal medication safety and patient outcomes may constitute leadership at its best. Although everyday leaders may not often be recognized, it is imperative that the profession acknowledges their capacity and the situations in which they lead. The roles and responsibilities of the “everyday leader” must be well understood and the requisite management and leadership skills must be nurtured to allow for the profession to continue to develop and prosper.

At present, leadership opportunities within the profession are too often impeded instead of fostered. To bridge the gap between the current state and the envisioned future, a proactive stance must be taken to address the issues and challenges that impact students’ and new practitioners’ desires and abilities to assume formal and informal leadership roles. These issues and challenges can be broken down into several areas, including personal or individual factors and those that relate to training and the profession.

There are several personal factors and values that uniquely affect the likelihood of a student or new practitioner assuming a formal or informal leadership role. Positions of leadership are often seen as extracurricular activities and, as such, the new pharmacist may perceive that they do not have the time or energy to devote to such endeavors. Leadership is not an activity, but rather a state of being. We need to dispel the notion that leadership is a separate activity from work and life. Furthermore, the quest to balance professional responsibilities and personal life can be challenging, particularly in the early stages of one's career. The demographics of pharmacy are changing, and the profession has become increasingly popular with females, many of whom are starting families in school or shortly thereafter.[9] This makes taking on "big L" roles more challenging. Thus, new pharmacists may be resistant to accept formal leadership roles in order to maintain an ideal work/life balance. Finally, the concept of “reverse ageism,” although a relatively new idea, pervades all professions. New practitioners may not be willing to accept the difficulties associated with leading pharmacists that may be older or in more senior positions or they may not be invited to the table at all, overlooked due to young age or perceived lack of experience.

A personal absence or loss of passion towards leadership may also contribute to the issue. Apathy can result both from a lack of confidence, partially stemming from a relatively short professional career, and from the inability to see the potential value of personal contributions to the profession or program. Apathy often also stems from feeling unappreciated or unrecognized for one's efforts, feelings that will squelch the passion necessary to lead others. Some new professionals are unsure about their readiness to take on leadership responsibilities and the appropriate timing for this change in their newfound careers. They may also feel that these responsibilities will add additional time constraints to their already busy schedules, and that they will not have the time needed to learn the skills required to carry out these responsibilities. Furthermore, not only can leadership responsibilities and roles be both physically and emotionally draining, they open new pharmacists up to criticism and scrutiny. Many are unwilling to approach this challenge and decide to protect themselves from criticism by avoiding the opportunity altogether. Finally, adapting to change is a difficult process and presents itself as a major obstacle in accepting leadership roles. New pharmacists may find that they have already experienced significant change in their early careers without taking on additional challenges as a leader. Finally, most positions that pharmacists choose to pursue are financially comfortable, whether or not they are viewed as leaders within these roles. New pharmacists are in great demand upon graduation and leadership skills are not perceived by many employers as necessary to enter the workforce. This can lead to a sense of contentment with the "status quo," leaving no need to seek out additional compensation or financial gain or differentiate oneself from his/her peers through leadership.

Gaps in Student Pharmacists' Leadership Education

The training that student pharmacists receive impacts their views of leadership as well. Potential leadership training is inconsistently present in didactic training, clerkships, residencies, and within practice settings. Students and new practitioners are recipients of an evolving education philosophy, which increasingly focuses on patient care, leaving significantly less time to emphasize leadership in the workplace. As such, the curriculum inadequately prepares student pharmacists to be confident in leading decision-making processes within their institution/health-system or on local, state, and national levels. Too often, didactic pharmacy curricula offer elective “management” courses without addressing fundamental leadership skills in a proactive or longitudinal manner. The concept of using “management” training to teach leadership skills has led to further gaps in how new pharmacists perceive leadership. For example, a “management” course in pharmacy school curricula may prepare students to assemble a basic budget but might leave out lessons on the communication and consensus-building skills needed to ensure that the budget is adopted. Given this lack of emphasis on leadership, few students see the benefit of acquiring the requisite skills to assume formal or informal leadership roles. Without mandatory didactic training focused specifically on leadership skills early in the curriculum, students are often unaware of appropriate alternative opportunities to acquire these skills and do not understand the importance of taking on both “big L” and “little L” leadership roles.

Perhaps more so than in didactic training, experiential training in both schools of pharmacy and residencies often places significant emphasis on clinical knowledge and

patient care responsibilities at the expense of leadership development and knowledge of the medication system and drug distribution. The prevailing mindset is that clinical knowledge alone will advance the profession; however, this belief is not reality. Without understanding the “little L” scope of effective local leadership and communication abilities, paired with a general knowledge of pharmacy operations and patient care systems, clinical abilities can be overshadowed by inefficiency and disorganization.

Many preceptors fail to introduce the role of leadership within the clinical setting, either as a member of the medical team and/or during their interaction with patients. Thus, the concept of the “everyday” leader is further undervalued or ignored and the misconception of leadership requiring a management title continues to cultivate. This issue pervades outside of the health-system as well. Students and new practitioners are often so inundated with rotation and/or clinical responsibilities that they are left with little time for outside development. Without the encouragement of preceptors, few get involved in professional associations, unaware that the local pharmacy community or national associations could have significant impact on personal growth and leadership aptitude.

In addition to the “little L” gap, professional beliefs may influence the willingness of students and new practitioners to take on formal “big L” leadership roles. New pharmacists often have misguided perceptions of formal leadership in the pharmacy profession setting. Confusing the relationship between management and leadership, many feel that the current “leaders” are ineffective and unconcerned with the issues facing those they manage. For those mangers who are perceived as effective leaders, new pharmacists may observe them to be overwhelmed by the scope of their responsibilities without adequate support within their institution to sustain operations, lead the department, and develop the next generation of management leaders. Thus, leadership positions termed as "management" carry a negative connotation for many new practitioners. While not every pharmacist will aspire to be a pharmacy director, there may be widespread interest in clinically-oriented leadership positions that provide a structured outlet for clinical and leadership development. However, like many healthcare professions, pharmacy faces the challenge of balancing the "white coat" and the "suit." Unfortunately, the profession of pharmacy has been slow to accept this balance, and there is a severe lack of organizational models supporting positions that mix “white coat” and “suit” responsibilities. Without a recognized model to follow, the profession will dissuade would-be leaders from accepting this charge and creating hybrid positions that contain some formal leadership responsibilities.

Along with the identified “crisis,” there is also a significant shortage of role models and mentors willing to assist with dispelling the perceptions discussed above. Although 55% of students report having a mentor,[5] that leaves almost half lacking any form of mentorship. The gap widens with graduation, leaving a greater percentage of new practitioners without a mentor. Mentees may not understand the importance of a mentor, or they may choose not to seek out a mentor for fear of being a burden. Many student and new practitioners are unsure on how to identify and how to develop a relationship with those mentors. Realization of the leadership crisis is the first step, but guidance is required in order to work towards a successful resolution in the future.

It is apparent that the issues and challenges that impact students' and new practitioners' desires and abilities to assume formal and informal leadership roles are both unique and diverse. It is of the utmost importance that these issues are examined and addressed in order to secure the future leadership of pharmacy as a profession.

Task Force Recommendations

To address the issues and challenges associated with leadership in the pharmacy profession, the following recommendations have been developed by the SNPLTF.

Recommendation: Promote leadership as a professional obligation within the context of the pharmacy profession.

The common perception of "leadership" is narrow in scope and infers that leadership is synonymous with management. Literature-based definitions, however, include common themes regarding goals and influence. The goal of quality patient care is universal, and the pharmacist's sphere of influence is far-reaching. Thus, all pharmacists are leaders by nature, as they must influence others towards the common goal of achieving quality healthcare. It is important to recognize and nurture "everyday" leaders in order to move the profession forward. A paradigm shift within the profession is required to expand the common perception of leadership such that it encompasses all pharmacy professionals and students. It must be stressed that leadership is not an option; it is a professional obligation.

The leadership message needs to be communicated more broadly – to the profession as a whole. It needs to be the responsibility of the profession, professional organizations, hospitals, and individual pharmacists to communicate this message and emphasize leadership within their mission statements. Clearly separating the terms "management" and "leadership" and addressing both formal and informal leadership roles and opportunities will aid in this endeavor. Both "big L" and "little L" roles should be encouraged and acknowledged and unique organizational models that promote both should be shared on a national basis.

Recommendation: Promote the development of assessment tools for candidates interviewing for admission into colleges/schools of pharmacy or residency programs, as well as for health-system pharmacists to evaluate their leadership progression.

A validated assessment tool for pharmacy school candidates would underscore the importance that pharmacy schools place on leadership and offer interviewers a tool to engage candidates in evaluating their leadership knowledge. The Center for Health-System Pharmacy Leadership should identify or develop a validated tool to assess leadership attitudes and skills in prospective and practicing professionals, including students, interns, and residents. Furthermore, it is recommended that exit interviews be conducted with pharmacy students, residents, and other allied pharmacy staff to address their actual and perceived barriers to acquiring the skills needed for formal and

informal leadership roles. Additionally, an assessment tool should be designed that can be used to evaluate a set of leadership competencies along a continuum of leadership skills development throughout a pharmacist's career progression.

Recommendation: Expand efforts within colleges/schools of pharmacy to increase awareness of leadership opportunities and provide leadership training.

The concept and expectation of a leadership imperative by all pharmacists needs to be instilled early in a student's career. Leadership should be introduced in the first year of pharmacy education, and even prior to entry into college at schools where pre-pharmacy groups and societies exist. Leadership should be an integral component of the introductory and advanced practice experiences as well as health-system based intern positions. At a minimum, the American Association of Colleges of Pharmacy (AACP) should update the CAPE Educational Outcomes to include leadership as a core component of the curriculum and the Accreditation Council for Pharmacy Education (ACPE) should add leadership development to their current standards for Doctor of Pharmacy programs. All colleges of pharmacy should incorporate a formal, longitudinal leadership training and development program into their curricula. Colleges will need to address and adapt to the time constraints associated with incorporating additional leadership goals and objectives into the three-year didactic curriculum. The Center for Health-System Leadership, working with AACP and colleges of pharmacy, should support the development of curricula, tools, and resources that could lead to student leadership certificate programs and recognize those that have been implemented by colleges/schools of pharmacy. Notable models have been implemented at the University of Pittsburgh, the University of Washington and the University of Minnesota. These intense, longitudinal programs begin during the students' first years of pharmacy school and aim to develop these students as healthcare leaders of the future. These certificate-based, elective leadership programs should be strongly encouraged for all students. With the help of the Center for Health-System Pharmacy Leadership, a clearinghouse of leadership training models and techniques should be developed to assist colleges in determining the most appropriate program.

In addition to increasing the focus on the curriculum, colleges of pharmacy should incorporate minimum standards for faculty members and preceptors regarding leadership promotion to students, including incorporation of these components within the curriculum, assessment of success upon performance evaluation, and through community outreach. Preceptors should be encouraged to include students in leadership activities in both the practice setting and within professional and community organizations. This involvement should be fostered via increased student participation in college of pharmacy committees, college admissions processes, and state society committees. Furthermore, it is recommended that leadership be a component of student

and preceptor self-assessments and evaluations.

Recommendation: Increase exposure to leadership throughout residency programs and the pharmacy workforce.

ASHP, through the accreditation process and the implementation of the Residency Learning System (RLS), has identified leadership as a required competency for PGY-1 residency programs.[10] ASHP should expand this requirement into PGY-2 competencies as well. Leadership skills assessments, specific training opportunities, and resources should be longitudinally built into both PGY-1 and PGY-2 residency programs. Interdisciplinary leadership opportunities should also be promoted. In order to assist residency programs to overcome the barriers associated with developing new programs or revising established plans, the Center for Health-System Pharmacy Leadership should work to promote initiatives that assist residency programs in incorporating basic leadership and management skills as longitudinal goals throughout the residency year. These skills should be taught and evaluated throughout the residency program curricula, not solely in administrative rotations and/or during one-time activities and assignments. Residents should be encouraged, provided adequate time, and required to participate in professional organizations at the local, state, and/or national level. Institution or pharmacy budgets should be developed to allow for residents to attend local, state, and national meetings during their residencies. Recognizing the cost constraints facing hospitals and residency programs, ASHP and their counterparts within pharmacy should develop scholarship programs and funding mechanisms to further encourage participation in professional associations and meetings.

As the need to further develop leadership skills does not end with the completion of formalized training programs, employers are encouraged to develop or utilize existing leadership-focused education, such as continuing education programs and “lunch and learn” activities. The Center for Health-System Leadership should develop tools and resources to assist hospitals, health-systems and other employers in establishing leadership educational opportunities and programs for their staff. Employers should take leadership development one step further and require mandatory competency assessments in this area. Additionally, the concept of a “corporate” leadership program, as an in-house leadership program such as that being developed within the Hospital Corporation of America system, is heavily encouraged.

Beyond the four walls of the workplace, employers should support and encourage the pursuit of external leadership training opportunities for pharmacists. Several opportunities exist in both degree-based and certificate-based programs. An expanding number of universities are offering M.S. degrees in health-system pharmacy administration, Masters in Healthcare Administration (MHA), Masters in Public Health (MPH), and Masters in Business Administration (MBA) with emphasis in healthcare programs. Furthermore, the pharmacy community has made significant strides in

developing certificate-based programs, such as the Center for Health-System Pharmacy Leadership's Pharmacy Leadership Academy, Leadership Speakers Bureau, Pharmacy Leadership Institute and The Ohio State University Latiolais Leadership Program. Employers must recognize the significant return on investment associated with well-educated employees and provide the time and stipends to allow employees to pursue these programs.

Recommendation: Support faculty and preceptors' leadership development to promote leadership involvement with their students and residents.

Creating a process or methodology for faculty and preceptors with respect to promoting leadership will allow all students and residents to receive support and information on developing their own leadership skills. It is proposed that these mechanisms be incorporated into the evaluations of all faculty and preceptors. Colleges of Pharmacy should require a minimum leadership competency and include leadership skills as a component of each faculty member's annual evaluation. Minimum standards of leadership should also be required for student and residency program preceptors and advisors. Preceptors and faculty should be required to demonstrate both formal leadership skills, such as chairing a committee or participating in an interdisciplinary task force, and informal leadership skills. Both the active and passive leadership skills of preceptors and faculty should be evaluated. These professionals need to include leadership as components of their curricula, rotations, and evaluations for both students and residents.

Recommendation: Involve all pharmacy staff in leadership development and reinvent a career ladder model that more closely fits the trajectory of the profession. Programs that recognize leadership excellence in hospitals and health-systems should be promoted.

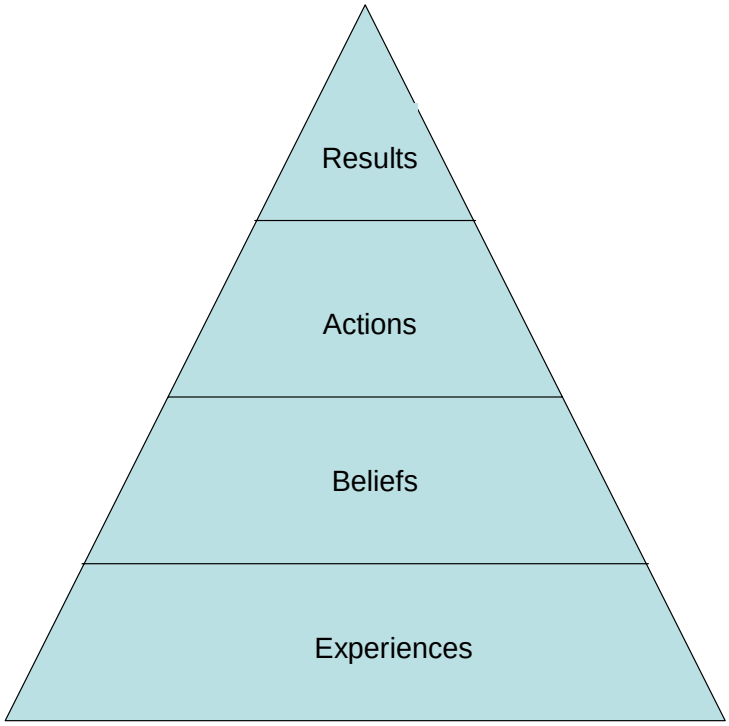
Hospital and health-system pharmacy management should require all practitioners to participate in leadership development activities. It is necessary to reconfigure the traditional career ladder model to create both formal and informal leadership opportunities that better fit the future direction of the profession. Current practice models should be evaluated to ensure that opportunities for advancement are not being dictated or limited by reporting structure. Time to pursue leadership development and other professional activities should be considered in scheduling matrices for the pharmacy department. To better promote leadership in the workplace, formal and self-evaluations should include leadership assessment.

It must be emphasized that the individual shares responsibility for ensuring that opportunities are accepted and experiences are gained. In order to achieve the desired results, a "culture of leadership" should be established at all levels, and not be so intimately tied to formal leadership roles. The beliefs and experiences of all pharmacy staff must include favorable ideas of

leadership. (*Figure 2)*.

Figure 2. Building a Culture of Leadership Development.[11]

Developing a culture based on experience, beliefs, and actions will lead to the desired results.



Organizational Leadership Culture

Pharmacy is an evolving field. An increased focus on providing direct patient care is paralleled by the evolution of increasingly complex systems and technology intended to free the pharmacist from routine dispensing operations. Both dimensions require career models and personal development that better align with this projected path of the profession. A new infrastructure is needed to support the balance between these new facets of pharmacy, including management responsibilities, clinical skills, and other evolving areas of expertise. New models need to be established to address the need to balance the clinical responsibilities associated with the “white coat” and formal leadership and management responsibilities associated with “wearing a suit” both for individual pharmacists and for the pharmacy department as a whole. An appropriate balance would allow both formal and informal leadership positions to be more appealing to mid-level clinicians who wish to continue practicing in the clinical environment.

Professional organizations should continue to promote "best practice" models of leadership development and departmental reorganization. ASHP and other professional associations should tailor educational programming around specific practice models, increasing learning opportunities for both new and seasoned professionals.

Recommendation: Increase awareness of and ease of access to leadership opportunities in professional organizations, especially for students, residents, and new practitioners.

Providing access to leadership opportunities is crucial to increasing acceptance of this professional obligation. Professional organizations are often the cornerstone for good leadership practices, as many professionals and student pharmacists look to these associations for knowledge and support. ASHP has done an exceptional job in increasing leadership opportunities, especially for new practitioners, increasing formal leadership opportunities from 0 positions to 67 roles within 6 years, as well as establishing a number of positions for new practitioners on ASHP Sections and ad-hoc committees.[12] To continue this development trajectory, local and state affiliates must expand the leadership opportunities available to young pharmacists. Furthermore, it is recommended that state organizations function as liaisons between the local and national organizations in order to increase formal and informal student and new practitioner involvement at the association level. Notable examples include the formation of the New Practitioner Networks within the Illinois Council of Health-System Pharmacists and the North Carolina Association of Pharmacists. Additionally, the Texas Society of Health-System Pharmacists and the California Society of Health-System Pharmacists have formed student sections at the state level. The formation of similar models across the country is strongly encouraged. Local and state association conventions and meetings must be used as a conduit for providing leadership training for all levels of practicing professionals, with particular focus on students and new practitioners.

Recommendation: Expand mentorship opportunities by instituting formal and informal mentorship processes at all levels of the profession, including colleges/schools of pharmacy, residency programs, and health-system pharmacy practice settings.

Mentorship, although often overlooked as a form of professional and leadership development, has proven invaluable in the healthcare setting for mentors, mentees, and the profession as a whole. Far too often, mentorship is confused with other professional relationships. The profession must distinguish between “mentorship” and “preceptorship” advisory services. As addressed by the American College of Healthcare Executives (ACHE) *Professional Policy Statement: Responsibility for Mentorship,*[13] mentorship spans a large portion of the knowledge continuum. Mentors have the chance to give back to the profession by sharing their personal and professional wisdom, while also

gaining some of the most up-to-date information from those within the pharmacy school or recent graduates, coupled with the personal satisfaction gained from helping others to recognize their potential in the profession.

It is recommended that ASHP, by working through the House of Delegates, follow the lead of ACHE and draft a policy statement on mentorship. This policy must emphasize mentorship as a responsibility of pharmacy professionals to disperse knowledge to those entering the pharmacy profession as well as to mid-careerists who will eventually become leaders in the profession. Furthermore, the Center for Health-System Pharmacy Leadership should create a collection of publications on mentorship outcomes and make these available to pharmacy professionals. Finally, the Center for Health-System Pharmacy Leadership should promote access to formal mentor training, education, and of facilitation programs in all areas of practice and academia. Although a few examples of programs exist, including the ASHP Mentor Exchange, the concept and potential impact on the profession needs to be projected to a larger audience.

All colleges of pharmacy should create a formal mentoring program to pair students with faculty members or preceptors with new students. Many students may not realize they need mentors, especially when preparing for clinical clerkships, prior to graduating, during their job search, and even throughout their professional careers. It is the responsibility of the colleges of pharmacy to ensure that this lack of assistance and guidance does not occur.

Residents should also be encouraged to seek out mentors both inside and outside the residency program environment. To formalize the effort, ASHP-accredited residency programs should ensure that residents receive education on the importance of developing relationships with mentors. Finally, faculty and preceptors for students and residents need to be educated on the value of mentorship and display competency in facilitating mentor-mentee relationships.

The same concepts apply in the workplace. New hire orientation should address the value and availability of mentorship within the department and health-system. Formal mentoring programs should be considered, pairing new employees with more experienced professionals to obtain advice as they advance. A formalized mentoring program can also be used to groom mid-careerists for new leadership positions. In this instance, employees may be paired with a senior-level leader and focus on the organization's structure and culture. It should be emphasized that a mentor does not have to be a manager or supervisor to facilitate the process; nor does one professional need only one mentor or mentee. For this reason, individual practitioners should consider themselves as both mentors and mentees throughout their careers.

Summary

The evolution of the pharmacy profession has established the pharmacist as a well-respected and well-appreciated member of the healthcare team. The Institute of Medicine's report *To Err is Human: Building a Safer Health System*[14] recommended pharmacist participation in patient rounds as a way to reduce medication errors. Since that time, a number of publications have further spoken to the value of pharmacy in improving patient care by reducing medication errors (See references 15-20). Unfortunately it appears that this focus on excellence in clinical practice has diverted the attention needed for pharmacists' to pursue leadership development. This is true for general leadership skills as well as those required to assume leadership roles in pharmacy management. The rigors and time constraints encountered when training pharmacists to become skilled clinicians may by necessity reduce the time available for developing leadership skills in both formal and informal educational settings. While the profession should be proud of the positive impact made on patient safety, we cannot continue to excel as a profession without cultivating future leaders. Pharmacists are charged with motivating patients to adhere to medication regimens, educating other members of the healthcare team on proper medication administration, guiding physicians on appropriate prescribing, and influencing system-wide decisions on medication use. Looking back to the goal-oriented and influential definitions of leadership, it becomes clear that leadership is a mandatory component of the profession. Core to our existence and future is our ability to successfully influence others. Thus, leadership is not an option; it is a professional obligation.

Without recognizing and developing the leadership continuum, we will begin to fail as a profession.

The SNPLTF has great expectations to continue the professional expansion started by pharmacy mentors. As pharmacists, we see ourselves as having unique skill sets that will complement the future direction of healthcare; yet we fear that a lack of leadership may prevent pharmacists from being at the decision-making table.

As a tech-savvy generation, we can continue to develop the information systems that are becoming crucial to providing optimal patient care. Technology has improved such that a health-system can provide a unified electronic system that begins with computerized physician order entry and ends with bedside point of care. Leadership from pharmacy is essential in this evolution. As the need for complex biological compounding continues to expand, it is the pharmacist that will need to be at the table, developing the mechanisms that ensure the quality control and assurance processes of the compounding systems. As the cost of medications continues to rise and cost containment pressures grow, it is the pharmacist that will require business acumen to influence spend trends and communicate the impact of medication use. The need to find the balance between the "white coat" and the "suit" is urgent.

As one reads over the goals incorporated in the ASHP 2015 Initiative,[15] the expanding role of the pharmacist becomes quite evident. The pharmacist of the future will not only require clinical knowledge, they will need technological expertise, business acumen, and financial understanding. Most importantly, they will need leadership skills to

influence and guide the institution towards the common goal of superior patient care.

As students and new practitioners, we want to drive the future model of pharmacy. We have a number of visions for the future; yet, if we fail to develop leadership skills at the onset of our professional careers and build the leadership infrastructure to allow us to adapt to future scenarios, we are at risk of losing pharmacy representation. The evolution of pharmacy leadership must emulate that of clinical pharmacy over the last 20 years. Recognizing and developing leadership as a continuum, beginning even before the interview for pharmacy school and continuing to the end of one's profession, is paramount to solving the leadership crisis. The recommendations put forth by the SNPLTF will only begin to address this crisis. As students and new practitioners, we recognize that we must advocate for ourselves. The recommendations put forth in this report are meant to encourage an expanded dialogue and opportunities for pharmacy students and new practitioners to meet the leadership challenges ahead.

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