The Wisconsin Family &
Some Things I Think I Know for Sure

Fellow residents, preceptors, honorary badgers and guests. Often, I have been asked what is this Wisconsin thing and why is it so special? The Wisconsin Reception at ASHP meetings has long been on “the don’t miss list” of many. Some have suggested ‘tongue in cheek’ that ASHP should cancel its opening reception so as to no longer have to compete with the UW Reception. Seriously, ‘this Wisconsin thing’ represents a personal accountability and commitment. Whatever it takes to get the job done, a can do attitude. It is our professional family.

When we enter a UW Residency program we are young, green, enthusiastic, hopeful and searching for opportunity. My daughter Laura wrote about opportunity with a Wisconsin flavor, “I value the opportunity I have to fulfill my potential and to help other people. Although I live each successive today to the fullest, what I value most in my life is the life I have yet to live.” When we begin as new residents, we can’t fully imagine what’s in store for us.

At times, to those outside the family, the Wisconsin spirit looks like a “strange brew” as described by Eric Clapton and Felix Pappalardi in 1967. However, it is a combination of stewardship, hard work, spirit, history and tradition, assuming responsibility, collaboration, setting goals high, lifelong
learning and leadership. As with all families, it is dynamic, has occasional dysfunctional lapses, provides support and has a capacity for forgiveness. We can pull together and watch out when we are told that we can't do something we believe in.

Stewardship, provided by Win Durant, Dave Zilz, Tom Thielke, Pam Ploetz and other long time staff members such as Mike Madalon has been a hallmark of the program. Each of us is an amalgamation of those who have taught us, influenced us and provided us with role models. Thank you Dave Zilz for being my lifelong mentor and for letting me learn from mistakes. Tom Thielke thanks for believing in me by various appointments in ASHP and for winning all the elections there are so that Pam Ploetz and I don’t have to manage any more campaigns. We will always remember the write-in victory for your third term as chair of the ASHP House of Delegates. Sharon Enright, Pam and I will never forget riding the shuttle busses looking for name badges with green ribbons. For TT, this was a tipping point from which he went onto the ASHP Presidency and FIP leadership. (The Tipping Point: how little things make a big difference, by Malcom Gladewell.)

Leadership and leadership training has always been a strong family trait. As residents we learned and observed firsthand the impact that was possible both within the medical center and within professional organizations at local, state, national and international levels. As a family member, you are especially
proud to see others on their way, such as Karen Smith recognized as PSW Pharmacist of the Year or Steve Rough talking about mentoring at a conference and then being installed as a PSW Board Member. The sustained contributions of preceptors and residents are impressive.

Our role models are numerous and significant. Thank you Dave Angaran for showing us what was possible in clinical practice and how necessary humor is for survival. On a personal note, thank you for not getting angry when I called you at 1:30 am from TLC because I didn't know what to do and the medical resident said I'd better find out because they depended on us. On a deeply personal note, Dave, thank you for coming into TLC early on that February morning in 1974, to be with me when I awoke as a patient S/P auto accident and 9 units of blood and telling me that I was going to make it. Prior to your reassurance, I didn't think that I would. Thank you Pam Ploetz for teaching us how to stand up for what we believed in and for always reminding us about why we were there: for the patients. Ron Sorkness showed us how good a clinician a resident could be. Also, Ron thanks for passing on the time-tested tips for how to manage DZ.

We also learned that things got done because of relationships, collaboration, a sense of timing and by establishing a good track record. You could have all the technical skills in the world and not succeed if you were unable to identify stakeholders and their interests and generate support for your
proposal. When people knew you could deliver, you were in a great position to deliver more. This is a lesson that our profession needs to focus more on today.

When each of us moved into our own programs it wasn’t long before we needed to hire people. The first place I always looked was in Madison or among the UW network. Over the years I have had the privilege to hire other UW residents. As examples, when you hire Kathy Skibinski, Nancy Gilbride and Carmelina Riveria and others in your organization see how good they are, you feel “Wisconsin pride.”

Our history and tradition are important assets to all of us. We each have a responsibility to keep the tradition alive and to pass it on to younger residents. The events, stories and memories are part of our shared culture. It has taken 40 years to build it and it could be compromised or diminished in only one or two years.

Thoughts on some things I think I know for sure. (or as the BBC says in the UK, now for something completely different)

Data management is now a requisite for success. Each of us needs to have at least a working understanding of how relational databases and data warehouses can be utilized to maximize medication use. Applications can range from PC-based to network-based to mainframe systems with data marts. Those
who can maximize the use of this technology will have tremendous impact in their careers. Multiple types of interventions will be automated and provided on a cost-efficient basis. If you don’t know a database architect (or what one is), you need to become one or find one.

I believe that we are evolving to a system of evidence-based drug therapy that will become a subset of evidence-based medicine. More than 15 medical schools have converted their curriculums to the evidence-based approach. Clinical trials will be supplemented with population-statistics, humanistic data and cost data. Systems that can measure patient outcome, cost impact and patient satisfaction will provide feedback both positive and negative. Formularies if they continue to exist will become evidence-based. Emphasis will shift from guideline development to best practice implementation and measurement. Utilization of pharmaceuticals and thus market share will be based on this approach and not primarily unit cost and/or rebates. This may serve as the tipping point to finally escape silo-based thinking and budgeting.

Finally I believe that to be effective change agents, we must understand behavioral aspects of change for patients, providers and organizations. This will require us to be conversant on bodies of research dealing principles of adult learning, change theory and human behavior. For patients this means moving from the medication compliance model (provider focused) to the medication adherence model (patient focused). The majority of the time patients are making
choices regarding their medications, which are rational to them. For providers
this means learning how and when change occurs and how knowledge is
diffused. Recommended reading, Diffusion of Innovations, by Everett Rogers.

In addition to those whom I have already mentioned and though it is not
possible to acknowledge everyone responsible for my standing before you today,
I would like to thank my family, Randi, Paul and Laura for their love and support,
Ruth Blazek (Thielke) for facilitating my getting an order changed for a patient
on the transplant service. It was then that I think I knew that I could be a clinical
change agent. Special thanks to Bob Williams whom I worked with at Shands
Hospital at the University of Florida for his tutelage and support, and the chance
to do second residency and to Sharon Enright for her friendship and
collaboration, thank you.

In closing, some favorite Paul Simon lyrics form a metaphor, “We marry
our fortunes together, I’ve got some real estate here in my bag, as we’re off to
look for America.” The residents and the preceptors perpetuate the legacy of the
Wisconsin ideal by marrying their fortunes together. The preceptors have
experience when the residents have little, “I’ve got some real estate here in my
bag.” And then, “We’re off to look for America,” our future together in healthcare.

It is a distinct honor for me to stand before you today as the 2000 recipient
of the Winston Durant Lectureship Award.
Now, I would like to ask Pam Ploetz to join me at the podium. On behalf of all of us in recognition of your support, advocacy and impact that you have had on our careers, I would like to present this badger jacket as a token of our appreciation. Think of us when you wear it.