

VALUES AND PERMANENT BONDS

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This is truly an awesome honor. It is humbling to think of the people who have received the Winston Durant Lecture Award. People I have respected my entire career. I sincerely extend my appreciation to those who nominated me for this most prestigious distinction. Being recognized by one's professional peers is one of life's most memorable moments. Thank you.

Values and Permanent Bonds:

It's not a talk about financial investing, but perhaps about investing in our professional future, particularly how it relates to residency training. What I'd like to do is tell you a little bit about my journey, how the UW residency influenced my career, and some personal vignettes briefly in closing.

Win Durant not only founded the residency at UW but created a culture that continues to be evident today because the leaders within the pharmacy department insured the generational transfer of ideals set forth by Win.

Win created a culture before "culture" was a management buzzword. As one of my former CEO's would proclaim: "Culture eats Strategy for lunch every time!" ...and Win knew this before metaphors like this became popular.

The values we all adopted as UW residents are part of the culture created by Win Durant.

But How and Why did I become part of this great tradition?

After graduating from the UConn School of Pharmacy, I started developing my professional values under the very capable tutelage of Paul Pierpaoli. As one of his first residents, I experienced for the first time someone who was totally dedicated to a cause – perfecting hospital pharmacy practice ... a passion I had never witnessed.

Those of you who know Paul, know that there is a lot of head nodding (yes), and not a lot of head shaking (no), at least if you want to leave the residency on good terms. It was clear that Paul intended that this was not the end of my training and education- I would go on to graduate school and an additional residency. It was not a matter of IF, it was a matter of WHERE.

I applied to several programs – some of the most respected during the mid-seventies – a few clinical KY, Buffalo, and TN, and a couple of more administrative UW and OSU. And in the end Paul gave me clear advice that UW had the most to offer. No argument

from me – I just had to get out the map and figure out where to go. I was confused by anything west of the Hudson River.

Another person who had an impact on my career at the time was Jim Herrick, Jim was an Assistant Director of Pharmacy at Yale-New Haven Hospital where I was a student employee. Knowing that he was one of the many successful former pharmacy residents at UW, I asked for a reference. I distinctly remember: Jim, in his usual calm but direct manner, simply said. “Ok, but remember that I know those guys and you better not screw it up.” I don’t think Jim was disappointed.

Being accepted into the UW Masters and residency program was really the second phase in the development of my professional values. At UW, the Win Durant culture, further refined and supported by Dave Zilz and Tom Thielke permeated the entire department. The residents were not dissimilar from children developing their values from their parents and family members in their formative years. These were our professionally formative years.

It wasn’t only the leadership in the pharmacy who espoused the culture and the values. It was the supervisors and seasoned staff members as well: Bill Buerstatte, Paul Piszczewicz, Pam Ploetz, as well as Bill Check, Rich Christoferson, Mike Madolon, and Bill Tanke. – just to name a few.

How could I forget my first weeks in the TLC- ICU, definitely a traumatic experience – and not just for the patients. But it was Bill Buerstatte and Bill Check who, with much patience, guided me to perform to my best ability in the UW model.

It meant not leaving at the end of the shift until the work was done, being very attentive to details to prevent errors, being timely and efficient, and being responsive to the needs of the nurses, medical staff and ultimately the patients.

It also meant not knowing where the café was for the first 3 months – twinkies and chocolate milk out of the basement vending machine was the routine lunch during this period.

As new residents we did not realize that the rigorous demands of staffing, rotations and training was not only building our values, but we were establishing permanent bonds with our mentors and colleagues, even though we might have been somewhat resentful of the seemingly constant correcting and “constructive” criticism – we were forming friendships that would last many years.

Part of the reason that this occurred was the socializing – socializing with fellow residents, fellow staff members and colleagues after the day’s work was done. My experience having been with a few different departments at various hospitals is that there appears to be a direct correlation between the frequency of socializing among pharmacists and techs and the level of morale.

As residents, there was ample opportunity for socializing. There are many examples to cite, but I recall one that captures the work hard/play hard philosophy that we embraced during our time together. In the late 70’s Mr Thielke was in his, let’s say mischievous

period. We had taken a couple of road trips to visit other well established residency programs, OSU and Kentucky, and we were embarking on another trip to the Twin Cities. When we attempted to reserve the state vehicle the message came back that Mr Thielke would not be allowed to be the principle driver of record because it was discovered that there were several empty beverage containers in the car when it was returned, and since there were 4 male residents and one female, Cindy Patela became the designated driver for the MN trip.

The lasting professional relationships go far beyond the time spent as residents. I have worked hard at maintaining contact with fellow residents, colleagues and mentors. I recently attended our state-wide residency conference and Greg Gousse said something that is so true. There are not many professions or occupations in which you can call a fellow pharmacy director hundreds miles away, ask a question and invariably find out that you have a mutual hospital pharmacist acquaintance at some level.

Al Loeb, Rick Onson and I maintain contact to this day – even though they are National League fans - but our spouses know each other and when we meet after many months or years, it's like we have been living next door.

Paul Pizarzewicz and I would see each other at meetings perhaps once per year, but we became more connected when we both worked for Ascension Health hospitals. We were selected to be on the national pharmacy advisory team and it made it much more comfortable knowing someone and knowing he had that UW philosophy. I also recognized his sense of humor when he asked the airport shuttle driver at the St Louis airport if it was the bus for the brewery tour – it is always easy to spot someone from Milwaukee.

The bond with colleagues and mentors continues during the good times and the not-so-good times. In the 80's hospital pharmacy and hospitals in general were in a growth phase. We shared our positive experiences, we had residency reunions, there was tremendous participation in ASHP activities, expansion of clinical practice, operational improvements with the first forays into automation and information technology.

In the 90's, we seemed to become a little unraveled. This was a time of cost reduction, belt tightening, redesign, re-engineering, consultants, constant changes in senior leadership, much more scrutiny on drug expenses, salary expenses and productivity. I was at the UConn Health Center as pharmacy director at the time, and it was the first and only time in my career that I had to conduct lay-offs of pharmacists and technicians – not just reducing FTEs through attrition, but actually telling people they had to go ... a low point in my career.

I recall speaking with Paul Pierpaoli, Tom Thielke and Dave Zilz during the dark 90's. I knew they would be honest about their own predicament. I think Paul's comments were something like "retirement is starting to look good", and Tom said that it is not as much fun as it used to be – and they both gave examples of coping techniques for these stressful times. Dave actually came out to look at our operation because he was doing

consulting with UHC at the time. He provided an honest assessment that was not all positive – I think he still thought I was his resident.

This was important that even during a challenging time when we were struggling in the 90's the permanent bond that was nurtured during and after the residency was relied upon.

We got through that period, and for me the permanent bonds were essential in being resilient. In his Whitney Award speech, Tom's advice was to never give up – to be relentless in the pursuit of our goals. We should take this message to heart because there will always be stressful times in our careers.

Tom used to chide me about being “out east” as he would say – the reputation of New England and the Northeast lagging behind in terms of progressive pharmacy practice. But I liken it to being a missionary which is the way I viewed my role as pharmacy director in the hospitals I have served. Most recently at Hartford Hospital, which long before my time had a rich tradition of strong pharmacy services, in spite of the tight economic environment, in the first couple of years as director, we added a dedicated ED pharmacist, and ID specialist, an additional resident, received a 6 year ASHP re-accreditation for our PGY1 residency, and moved the entire pharmacy to a brand new 7800 square foot facility with a fully compliant 797 Clean Room. We have also increased the number of clerkship students (APPE's and IPPEs), increased the number of research fellows, and started an annual statewide residency conference in the name of Greg Gousse. I am very fortunate to have a great team of dedicated and committed pharmacists and technicians at Hartford Hospital and I am proud to be part of a very special group of professionals.

In closing I need to ask the question: What is our challenge?

We have to continue to emphasize the importance of the history of hospital pharmacy and the leaders who challenged the status quo – the change agents – those who took the road less traveled who disagreed with the established order. We also need to explain that professional relationships developed during the residency can be everlasting. Mentorship does not end after a year or two of residency training - it can last a lifetime.

The challenge is to continue to teach the values derived from the culture that Win Durant and the leaders who followed him established, emphasizing the forever relationships with mentors and fellow residents, and discussing the history of hospital pharmacy and how the leaders who came before us influence the great things we do today. Thank you