

2010 Winston J. Durant Award Lecture

Let me start by saying that I am genuinely honored and humbled to be standing before you today to accept this award and give this lecture. When TT called me to let me know that I had won, I was literally speechless. I believe that there is very little that is more significant than to be honored by your peers.

In all honesty, I have never been very comfortable with public speaking and I expect that discomfort will show. In particular, I have never really liked speaking from a “script”—or really following a script at all. Those of you that have worked with me over the years can attest to that. Generally, as I prepare for a presentation, I make slides, jot down some notes and then typically deliver my presentation without the use of those notes. There are benefits of delivering a presentation in this manner, but the downside of that approach is that I tend to wander a bit whenever I talk about something that I am passionate about. If you doubt that, ask the residents what happens during our “resident conferences” on Friday mornings. So, in your best interest, I will try to stick to my script.

Without question, career-oriented distinctions like the Winston J. Durant Lecture Award are given in recognition of attributes like vision, hard work, dedication and perseverance. Nearly always, though, there is a considerable amount of good fortune, guidance and assistance along the way, which is certainly true in my case. I find it intriguing to reflect on the seemingly random moments in life that end up being formative--somebody that you meet, somewhere you go or choose not to go, or something you say that, at the time, is just another moment, but ends up having a profound effect on your life.

I have fallen upon a fair amount of good fortune in my career. I was fortunate as a 5th-year pharmacy student to be on a 5-week clinical rotation at UWHC (on D4C5) at the precise time that I was questioning my then current career path. You see, until that time, I never had considered hospital pharmacy as a career, I was just on my required clinical rotation. In fact, I had determined early in my time at the UW School of Pharmacy that my calling was in research. My plan was to get a PhD in pharmaceuticals and go on to a career in drug development. Until my 5th year, I spent my electives and much of my free time doing research in Pharmaceuticals with Dr. William Porter and Dr. Kurt Van Scoik. I learned a tremendous amount during these years—I knew more

about HPLC, acid dissociation constants and the intoxicating effect of octanol vapors than any undergraduate student should-- but the most important thing I learned was that I could not do research for the entirety of my career. Then comes my rotation on D4C5 under the preceptorship of Cindy Lau. I was invigorated by the experience of directly caring for patients and by the knowledge and passion of the pharmacists that I observed while on rotation. Confused about the dissolution of my career plan, I ended up sitting down with the Pharmacy Supervisor of the 5th floor at UWHC to talk about my conundrum. That person was Stan Kent and that encounter was the beginning of a life-long friendship. Our paths still cross regularly these days---granted, the paths in question are usually on a golf course. Stan helped me sort out my interests and by the time I left the room, I was on a path to seek an administrative residency.

My good fortune continued when I learned that I had matched at the UWHC residency program. Frankly, I was not a very good candidate, having spent most of my pharmacy school time preparing for a career in research. It was a down year for candidates for the 2-year programs and I snuck in. At UWHC, I was fortunate to have been groomed and mentored by a talented and dedicated group of pharmacists: Dave Zilz, Tom Thielke, Pam

Ploetz, Connie Peterson, Al Liegel, Stan, Paul Pisarzewicz, Larry Boh, Curt Johnson and others. After the residency, I was fortunate to land a job working at the University of Minnesota Hospital where I was able to continue to learn from Paul Abramowitz, Shabir Somani and Chuck Daniels. Finally, I was fortunate that St. Luke's Medical Center and Aurora Health Care took a chance on a young, aspiring Director of Pharmacy candidate in 1995. At Aurora, I have been fortunate to work side-by-side with another group of pharmacists singly committed to improving the care of patients---Prati Wojtal, Arlene Iglar, Dennis Brierton, Al Loeb, Greg Weber, Marc Skurski and Kristin Cannon to name a few. I have learned and continue to learn from this group on a daily basis. This is the perfect opportunity to publicly thank those that have been influential on my career and those that continue to do so. Thank you!

Let me continue my remarks with a few reflections on the profession that we share—and what a remarkable profession it is. While remarkable, there are trends that make me worry.

Periodically, I get the opportunity to talk with children and young adults about the profession of pharmacy (sometimes my own children). I never lack for enthusiasm as I talk about the

opportunities that come our way as pharmacists---each day we get to drive home from work knowing that we helped people live a better life. We are highly respected by those that work with us—the physicians, nurses and other professionals, and by the patients that we serve. We hold a body of knowledge that is unique to our profession and is used to benefit the society we live in. There is tremendous variety within the profession for those that are interested. On top of all of that, we get to work in a clean, safe environment and are paid quite well. What a remarkable profession, indeed.

As I talk with those that are interested in becoming pharmacists, I always caution that pharmacy is not for everybody. First, it is difficult to become a pharmacist---at least now it is---thankfully that was not the case 30 years ago. As an aspiring pharmacist, a student must be smart, hard working and willing to sacrifice while trying to gain admission into pharmacy school, succeed in pharmacy school, move on to residency and build a career. Beyond that, I also urge caution against getting into our profession for materialistic reasons—pay, benefits, and hours. Instead, the desire to join our profession should be grounded in a passion to care for patients. It is that passion that will provide the fuel to get through the toughest of times in pharmacy school, during residency

training and the challenging times that we all encounter during your careers. It is critical that we all remind ourselves, and remind others, of why we chose pharmacy as a profession. I worry that some current and incoming pharmacists are choosing the profession for the wrong reasons. As leaders, it is up to us to keep guard over our profession and inspire those pharmacists that we influence to be patient care advocates and retain that passion for improving the lives of our patients. So, that is my first worry--- concern about us collectively forgetting that our profession exists first to take care of patients. Raising the bar for health-system pharmacy will require that we not forget this.

I would venture a guess that all or nearly all of you in attendance today would say that a major contributing factor in your selection of pharmacy as a career was to help others, specifically to help patients that are suffering with disease. I doubt anyone chooses the profession of pharmacy with the primary career objective of advancing the profession of pharmacy. This is my second worry-- -that advocacy within our profession has the potential to be targeted solely on the advancement of the profession rather than using advancement of the profession as a means to the end of improved patient care. Clearly, there is overlap between being an advocate for the profession and being an advocate for the patient.

Many professional initiatives are focused squarely on improving care for patients. Despite that, I worry that, at times, our profession appears to be promoting positions or initiatives that are designed to advance the practice of pharmacy without a reasonable connection to the care of the patient. By focusing on our principal role as patient care advocates---not pharmacist advocates, our profession will be compelled to ask some very difficult questions. You see, we cannot simply say that every patient deserves everything from all pharmacists without regard to economic consequences. The immediate future of health care financing is not a zero-sum game; there will be fewer resources available to care for patients. As such, we will not be able to move forward while continuing to cling to everything from the past. As a profession, we have to be willing to play our part within the system and also allow others to play theirs----all driven by the best interests of the patient. I worry that, as pharmacists, too often we insist on controlling everything within our domain—and then some. For the health care system to work effectively we have to be able to trust our colleagues in nursing, medicine and other disciplines and we have to be willing to let pharmacy technicians take on increased responsibility. It is our insistence that we not let go that has kept us from moving forward. We are not at the bedside because there is too much to do in the pharmacy. Some

would argue that we have moved out of the basement and up to the bedside. I can't agree with that. We have moved to the patient care area, but there seems to be a reluctance to really move to the bedside. There is impressive data available on the role of pharmacists in primary care, emergency rooms, ICUs, medication reconciliation and more. We cannot move into those realms without giving up something we are currently doing. Let me provide an illustration. In the world of Pharmacy and Therapeutics Committees, we use an evidence-based approach. We have dispassionate drug policy pharmacists that evaluate alternatives and finally make a recommendation about the most cost-effective use of medications within a class. How would we respond if the dispassionate evaluation of the value of anticoagulation monitoring identified that the most cost-effective approach was to have trained nurses performing that function? I do not believe that such an analysis would yield this result, but for the sake of argument, let's say that it does. For that matter, it is not really out of the question. Would we be willing to accept that conclusion in the same manner we expect our physicians to accept our dispassionate conclusions about the best medications to have on our formularies? We need to be able to do so if we are going to raise the bar within our profession.

Finally, I worry about future pharmacy leaders. Maybe this is something that all aging leaders worry about in the same way that my parents worried about the impact of me, as an impressionable youth, watching Johnny Quest and Batman. The same way I worry about my son playing the complicated, violent video games he does. Nonetheless, I worry.

My worry is more specifically around the fulfillment of generational responsibility by pharmacy leaders. What I mean by generational responsibility is that as pharmacy leaders move through their career, the manner in which they influence practice and patient care builds and shifts. Young pharmacy leaders bring energy and innovation and challenge of the status quo. Mid-career leaders tend to be accountable for developing strategies that execute the vision for the profession, quite often by working within the health care systems to secure the support and resources needed to realize a vision. Late-career leaders migrate toward influencing the vision and providing high-level mentoring for other leaders. I do not mean to suggest that there are clear boundaries between these roles or that they are mutually exclusive. We are surrounded by experienced leaders who continue to innovate and by young leaders who provide mentorship. Nonetheless, I believe that it is important that we collectively recognize that the nature of our

responsibility to pharmacy and pharmacy leadership will morph throughout our careers. As I reflect on the generation of pharmacy leaders that came before me—TT, Pam, Al, Connie, DZ, I am struck at how well they did their job—not just in innovation, developing vision, executing strategies, but also in assuring that there would be a next generation of capable leaders to follow. They never stopped giving—any doubts about that should be erased by watching DZ hold court with a group of residents. Each of us has an obligation to do our part to inspire and build our future leaders---I cannot stand here and tell you specifically what your role should be now and how it might change over your career that can only come from your own internal measurement. I worry that as we all get caught up in the day-to-day minutia; we are not paying enough attention to building leaders. To the residents and young leaders, I implore you to step forward in your own way; it doesn't have to be in the capacity of a formal leadership position, but find a way that works for you. How will you change the practice of pharmacy to improve patient care? To the mid-career leaders, take time to attend to this obligation amongst all of your other duties. To the late-career leaders, I can see that it might be tempting to ease away from this obligation, but our profession still needs the mentoring, knowledge and understanding accumulated through years of “combat experience”. In order to raise the bar in

health-system pharmacy practice, we must continue to nurture and develop our future leaders.

These worries should not be viewed as despair, but rather guideposts during a time of incredible opportunity. I am very encouraged by the enthusiastic and optimistic young leaders coming up through our residency programs. The competition for resident positions is tougher now than it has ever been. That has some unfortunate aspects to it, but the silver lining is that the competition will mean that residents are better prepared as they enter programs. Residency training has always been an important part of my career and I expect that it will always be. More than ever I am impressed with the intelligence and maturity of the incoming resident classes. I think we are in good hands and the confluence of opportunities presented by health care reform bodes well for the future of pharmacy.

I will end with a couple of words of encouragement---Make sure you are having fun at your job. While we all have tough days and weeks, we are in a wonderful profession that affords us the opportunity to genuinely enjoy what we do. Take advantage of that opportunity. Finally, don't stick to the script---its over-rated. Thank you the opportunity to address you today.