

# Winston J. Durant Lecture Award

December 2017 Winner

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**1995 Graduate of the PGY1 & PGY2 Combined Health-System Pharmacy  
Administration/MS Residency Program**

**System Vice President of Pharmacy Services at UNC Health Care**

*2017 Winston J. Durant Lecture: Once a Resident, Always a Resident*

By: Rowell Daniels, PharmD, MS

I'd like to thank the selection committee for naming me as this year's Winston J. Durant Awardee. I can't really believe that I have been selected given all the great leaders that have come from our alma mater. Nevertheless, I am grateful. The other thing I can't believe – am I really this old?

Before I begin my formal remarks, I wanted to acknowledge several people who have been instrumental in helping me accomplish so many things in life.

## **My Parents**

First, I'd like to thank my parents, Thomas and Sandra Daniels. My Dad was a soft spoken man and I learned from him many things, but patience was amongst the strongest his virtues that I learned and I'd like to think that is a part of me, to this day. My Mom was, and is quicker to speak her mind and I have also learned many, many things, from her. What stands out to me now are her extraordinary organizational skills that I have adopted over the years. From both of my parents I learned how to show respect, how to be courteous, and perhaps most of all, how to show a strong work ethic. We had very humble beginnings, but my siblings and I never went without. Now, it wasn't easy being the oldest of three. And for those of us in here who are first-borns, it isn't easy when you are seemingly always breaking new ground. Like telling your parents who have lived in the same South Georgia home town their whole lives that I was going moving to Wisconsin. "Wisconsin? Why do you have to go there?"

Well, Mom and Dad, as stressful as I am sure that was for you. I'm really glad I went.

**I'd like to recognize several other people as well.**

## **Joe DiPiro**

**Dean DiPiro**, thank you for being here today. It's really an honor to have you here today. For those of you who don't know, when I was a student, Dr. DiPiro was a faculty member of mine at the University of Georgia College of Pharmacy and was practicing at the Medical College of Georgia campus in Augusta. I remember getting up at 4:30 or 5am to be at the hospital before surgery rounds, collect lab values, look over patient charts, review med lists – not really sure what questions Dr. DiPiro was going to ask. *Joe, you were an intimidating dude!* And after all, he had a world renowned book! However, you were also the first person to talk to me about residency programs. I remember one day after pharmacy rounds, Dr. DiPiro said, "have you ever considered residencies?" Now, things have greatly changed today, but the reality is that I was in my last year of the Pharm.D. program and I had never heard of residencies. However, Dr. DiPiro went further and said "maybe you should check into administrative residencies." Now, looking back I think there was a message in there somewhere... Joe, thank you for perhaps being the first person to acknowledge that I was never going to make it as a clinician! But thank you also for

pointing me in the direction of the top residency admin programs in the nation – and in particular, for having Wisconsin on that list.

### **Tom Thielke**

TT, I remember the day that you called to offer me a position at UW. There was no match associated with the process, there was no texting, there was no email. It was a phone call. Imagine that! A live discussion. I couldn't have been any prouder. And yes, for those you current residents, there was a time when offers could be made outright. Now, I think my first indoctrination into the high stakes politics of pharmacy residency recruiting was at this same time when I received a letter from Phil Schneider, who was the pharmacy admin residency program director at Ohio State. In his letter, Phil informed me how **displeased** he was that UW had chosen to offer me a position outright and had not gone through the match and that he would be filing a formal complaint with ASHP. **I. FREAKED. OUT.** I read it. I read it again. I called TT. "TT, I received this letter from Phil Schneider, he's going to file a complaint with ASHP. What am I going to do? Am I going to lose my position?" TT, "Oh don't worry about him, he's just blowing smoke. Nothing's going to happen." Little did I realize at the time, that Phil and TT had been ASHP Presidents around the same time and were actually really good friends. Go figure. TT, there are so many things to thank you for as well. You were the first person that began to help me understand how pharmacy can influence all – other – healthcare – disciplines. You also taught me how important it is to have an overall strategy backed up with strong operations. Thank you for exposing me to a **VERY** successful pharmacy practice model that myself and other residents have spent an entire career trying to replicate. You exemplify the embodiment of what true **PASSION** for pharmacy practice and professional leadership means.

### **David Zilz**

DZ – thank you for giving me the honorary nickname of "Crash," after I crashed your car. Actually, it *HAD* been your car but it was my car at the time, and, technically it was the car I crashed **AFTER** I had already totaled my first car. Nevertheless, I think the nickname of "Crash" lasted for at least a decade. Now DZ taught us some important things. Such as my first lesson on healthcare finance. DZ is the first person I ever recall asking us residents to look around the room, assess if the meeting was productive, and calculate the total salary dollars wasted when nothing was accomplished. DZ, I still perform this calculation way too many times! As for a lesson in operational efficiency, DZ was also the first person to point out how much time was wasted traveling in between meetings and as a result was always the fasted person in the hallway. Which is also, something that I still think about today. More importantly DZ, thank you for always challenging us to see the big picture and think about associations of information that others just haven't seen yet. I still don't know how you do it, but you have obviously shaped the broader profession of pharmacy practice in ways that benefit us all. Thank you also for showing me how important it is to have a personal plan and a vision for the future. DZ, I'll never be as good as you are at that those skills, but I am **VERY** proud to have seen it done well.

### **Pam Ploetz**

Pam was Associate Director under TT while I was at UW. She was the only one brave enough to take on TT. It was quite interesting to sit in the leadership meetings, hear TT go on a passionate oration of what needed to be accomplished to change pharmacy practice at UW. While this was going on, Pam would calmly be reading magazines, pharmacy papers, etc. She'd never look up, and, just matter of fact, poke - a few holes - in the plan. TTs face can get pretty red! Together, they made an awesome team. Pam served as one of my mentors. Pam, I think you wrote the book on the Art of Zen. In our discussions,

Pam would always lead with, “so what have you done for yourself lately?” We might ultimately get around to some official work related pharmacy business, but she would pound me for not taking care of “self.” Pam, I am sure you carried on that crusade with many of us. It didn’t work me at the time, but I am sure glad you tried.

### **Kathy Skibinski (Skibby)**

Skibby was one of the Assistant Directors at UW. Skibby worked with me on my masters project. For pharmacy history buffs, my residency project was titled AMAT (automated medication administration tracking). TT was on a path to be one of the first sites in the US to perform bedside barcode medication administration tracking. My project was to do the initial baseline time studies on how long it took Nurses to administer meds in the world prior to barcoding. In those days, Microsoft Excel didn’t exist. It was FoxPro. I hated FoxPro, I didn’t see any value in using it. Skibby, being my project preceptor forced me to use it. The first time I actually placed enough data into the spreadsheet, Skibby said, “Ok, let’s sum this column. Now, what does this tell you about nursing practice?” The lights went off and the power of data and informatics was illuminated to me. Skibby, thank you for being more obstinate than me and pushing me to be open to new ideas and creative solutions in pharmacy through the use of data and technology.

### **I’d also like recognize several colleagues.**

**Ross Thompson**, thank you for being fearless in those early years at UTMB and for the lifelong friendship that we have had since. You have always been a level headed thinker and a strong strategist. Ross, thanks for always teaching me to aim high.

**Scott Knoer**, I will not use the words “level headed” to describe you! However, you are constantly promoting the profession of pharmacy. In addition to always driving the fun bus, you are dedicated to spirit of team promotion! Not only do you promote the success of your Cleveland Clinic Pharmacy team, you are constantly promoting the success of your colleagues – of which I am a beneficiary. Scott, through the power of the pen, you have given all of pharmacy and us as leaders a common voice to speak with. Thank you.

**Steve Rough**, for those of you who don’t know, Steve was my first roommate in Madison – along with **Tommy Rough**. What an indoctrination! No one was kind enough to tell me what I was getting into. I had moved up early to Madison before my apartment with **Dan Degnan** was available. Let’s just say, we were very close to State Street and I’ll leave it with that. Steve, your commitment to our profession and the advancement of pharmacy practice is simply unparalleled. Your passion is infectious and I would argue that you may singularly affect pharmacy practice at the national level more so than any one other leader. You will always be a Sr. Admin resident to me. Steve, thank you always for your kind support and I am certainly proud to be your colleague.

I’d like to also recognize several additional closest professional peers. **Dan Degnan, John Clark, Jim Klauk, Mike Brownlee, Rick Couldry, Todd Karpinski, Phil Brummond, Rafael Saenz, Stan Kent, Scott Savage, Bob Granko, and Stephen Eckel**. Gentlemen, each of you are brilliant pharmacy leaders and it has been great having you all as sounding boards over the years. Your insight into complex pharmacy and life problems has been much appreciated and I only hope that I have given back as much as I have received.

**Jim McAllister**, Jim gave me my chance at UNC. He taught me that a passion for the profession and a willingness to take on risk can have major benefits. He also taught me to insert pharmacy as a solution,

even if there may not be an immediate answer. He acknowledged that one's ideas may not get accepted all the time. But when they did, they would progress pharmacy in ways that never existed before. And you know, Jim was right.

**Bob Blouin**, immediate past Dean of the UNC Eshelman School of Pharmacy and currently Provost for the University of North Carolina at Chapel Hill. Bob and I set out to build one of the strongest, and I believe it is THE strongest, relationships between a School of Pharmacy and a Health System Department of Pharmacy. Thank you Bob for sticking with me as I changed the practice model at UNC and also for showing me what fearless leaders do and how adversity can be overcome through commitment and dedication.

Now a final shout out to **my UNC Pharmacy colleagues**. We have several of our leaders and residents here today. I am **SO VERY PROUD** to represent the UNC name. After almost 20 years, UNC is now just as much a part of me as I hope, I am, of it. I couldn't think of a better place to be and I couldn't ask for a stronger team of colleagues who think, eat and breath pharmacy and work tirelessly to establish pharmacy services that have never existed before, and where they have existed, you have made them even better. With our team's collective efforts, I think we can easily say that UNC is well-recognized for its excellence in pharmacy practice and leadership.

So with those thank you's behind me, I'd like to share with you a few thoughts on life and leadership.

I call this, "**Once a Resident, always a resident**"

Immediately after I left UW, in my mind, my residency was over. I was on my way to UTMB Galveston, for my first job. I was ready to take on the world, everything was going to be great and simple. The hard stuff was all behind me.

And, that is when my next residency began.

Unfortunately, I am still in residency training and I am currently in my PGY24 year. My how time flies when you are having fun. I am, of course, hopeful that some of these reflections that I'll share today will help us all to continue to grow as leaders.

I'm going to start with the topics of **Relationships, Trust, Credibility, and Influence**.

Speaking to our UW and UNC residents in the room. You are getting trained at two of the best pharmacy organizations in the world. When you take your first job, I want you to realize that your reputation is that of the organizations that you trained at. Now, the good side is that you get some early street cred through interviews, job offers, and ultimately you get some early credibility in your first role as well. The bad thing is, you are living, on the credibility, of the organization that you just left. You absolutely will have accomplished a tremendous amount in your residency programs and that is great. However, I am sure that many of us in the room can remember the early days of our careers, trying to change a process or implement a new change that you just couldn't get folks to buy in to. Early on, I had plenty of examples where I couldn't get buy in to changes I wanted to make and I would spend a lot of time reflecting on the fact that I just graduated out of the best residency program in the US. I knew what I was doing. I just couldn't understand why the people I was leading didn't also automatically know that I knew what I was doing. The reality was, the credibility that I had, only existed with those that respected it. At UTMB, folks like **Robert Scholz, Mark Summerfield, David Kvancz**, all knew that I had been trained with the best. But do you think the IV room technicians at UTMB Galveston really cared where I trained...? No, they cared if they were going to get a lunch break. In my

early time at UNC, I remember trying to implement a new process in our OR Pharmacy. I had invested a lot of time with the pharmacist in the OR. A very Senior pharmacist, close to retirement. He was “bought-in” to the changes and we were rocking and rolling. I thought, this is fantastic. So we sat down with the surgeons to lay out our plans. They said, “Yeah, we get it, but we don’t want to change.” The project was dead – I thought. Ted was the pharmacist. Ted said, I’ve got somebody I think we could meet to help. Come with me. Ted and I then proceed to walk to the Chief of the Medical Staff’s office. No meeting invite, no announcement. When I realized we were going there, I said, “Whoa Ted, let’s regroup here.” Now Ted was a very nice calm man so I wasn’t worried about chaos, but I was worried that I was now jumping several levels in the organization without a game plan. We walk in and Dr. Mandel says, “Ted, my friend, how are you doing?” Ted said, “Hey we’ve got this really great service we’d like to implement, it’s going to improve safety and make the physician’s lives better. I was wondering if you would put a good word in for us with the surgeons? I imagine they might value your opinion.” Dr. Mandel said, “Well Ted, when would you like to implement it?” Ted, “Well, we’d like to do it as soon as possible because it’s going to improve patient safety.” Mandel, “Ted, consider it done.”

And it was done.

When you are working as a resident, and you are getting so many things accomplished, you are also working under the relationships, trust, and credibility that others have built before you. The reality is that as leaders, we have to have relationships to build trust, and we have to have trust, to have any credibility. In any role, one has to be prepared to spend the time necessary to work on these before any great change can occur.

### **Was this by Accident or by Purpose?**

When my son, Ben, who’s only 10 now, was much younger, something had happened, I can’t remember exactly what it was, but he asked “did that happen by accident or did it happen by purpose?” And I always thought that was an interesting way to say it. The more common way to say it of course would be “Did it happen ‘on’ purpose?” But through using the word “by” it seemed to imply that there was something more intentional, something more determined and I’ve always liked that particular phrasing. So I’ll use my son’s words to ask today, has the success of the UW program happened by accident, or did it happen by purpose? Well, I think we can all agree, that the success of the UW program has been by purpose. For those of us who have gone through the UW program, or even if you are currently a resident, I want you to think about the very intentional activities and strategic moves we were exposed to or that you are being exposed to right now. Also, think about all of the advancements in practice that have resulted, whether that be in the areas of operational excellence, clinical excellence, or advanced practice models. Think about the development of all the new services UW has developed when no one was even thinking of them. Think about all the negotiations with executives over decades to get them to an answer of “yes” when an investment in pharmacy is this right thing to do. Getting a commitment on a \$10 million Pharmacy Services Building doesn’t happen by accident, it happens by purpose! My point here is don’t wait on others to affect you or the profession of pharmacy. Be the one purposefully charting the profession’s course.

### **Listening skills**

I am not known for being the loudest person in the room. I am not known for being the first person to throw out 10 solutions to a problem. I, like many pharmacists struggle with being an introvert every day. But somehow over time I have challenged myself to get more comfortable with doing things like giving this presentation today. However, a skill set that I do appreciate, and I think can be just as

powerful as being outspoken, is the art of listening. I don't customarily go around quoting philosophers, but I am today. Plato said: "Wise men speak because they have something to say; Fools because they **have** to say something." Socrates said: "The only true wisdom is in knowing you know nothing." While I always have opinions on topics and passion around advancing pharmacy, I try not to be the first to speak and there are good reasons for this. As a new manager, I remembered struggling with all this information and experience I had bottled up that I was ready to dispense in my first job. I am sure that in my effort to show what I knew, that I probably jumped to conclusions, talked a little too much and really didn't ask for enough feedback. The negatives to this are obvious. Staff and colleagues don't feel engaged if you talk too much and you place yourself at risk for not having buy-in too much needed change if you are constantly blurting out your opinion first. Likewise, colleagues may feel that you don't care about their opinion, or that it's pointless to even give feedback because they feel your mind is already made up. The other thing I have observed is the higher your position or title, the less that people are willing to give you needed feedback or express their opinions in the first place. This can become a danger zone if you haven't created a culture in which people know that you are willing to *listen*.

### **Have a passion for the practice, staying committed to excellence and believing in yourself.**

There are many times in our careers when we will find ourselves saying "what the hell am I doing here?" or "why do I even care?" I've had plenty of them. Around 2008 was one of those personal moments for me. I had become director at UNC in the summer of 2007 and we had 15 open pharmacist positions. My thoughts didn't go to "OMG we're all going down in flames!" Instead, I thought this is the perfect time to implement a practice model change! While we were very proud of our clinical services at the time at UNC, they only existed as long as no one called in sick. We were very proud of our residency, but I knew the quality could grow and that we had the capacity to provide an even larger number of quality residency experiences. We had a motivated School of Pharmacy across the street, but we had no formal relationship. We had pharmacists that were excellent in what they did. But there were gaps in our departments pharmacist practice structure that were bigger than the Grand Canyon. We had a department that had a great reputation in the 70's and early 80's but very few people in the department had an appreciation for the significance of our history. While things weren't perfect, I think most of the staff were probably okay with where things were.

But I had a big problem.

It was my excellent residency training.

I knew that UNC could be even stronger because of the training I had received.

That training had not only showed me how to do it, but it had shown me what could be accomplished when a top notch department is combined with a committed team. Given that, the pharmacy leadership team and I set out to change the course of the department. I knew that the changes we wanted to implement would not be easy. Even "wouldn't be easy" was naïve thought. As we began to discuss these changes, it quickly became apparent how big of hill this was going to be. I remember sitting down w the residents at the time to explain why the changes were needed and where we could ultimately go as a result. One of the residents told me these changes would be the beginning of the end for the UNC Residency Program. "No one will ever get recruited to UNC." I remember sitting with a particular sr. pharmacist clinician as he physically got in my space full of anger over his life changing. I personally had to decide if I was in our out.

Those were lonely moments.

I remember talking w the leaders at the time. Especially **Bob Granko and Stephen Eckel** for their support and guidance and I reached out to many colleagues in this room and that I thanked earlier in my presentation.

In the end, I decided that if my name and my reputation was going to be on an organization, I was all in and I trusted the leadership team to help me create something new.

As they say, it was time to go big or go home.

At the core of these changes was a plan to create a practice model that rivaled anything in the country, to create a partnership with the UNC School of Pharmacy like no other, to revitalize our residency program that could compete nationally (even compete with my alma mater), and to establish an environment where innovation and creativity were the standard, not the exception. Things were emotional and they were tenuous for a number of years. But we had a rock star leadership team and slowly but surely, little pieces of the plan began to come together. As a result, we have now built a practice model that recognizes the importance of teamwork, while promoting individual growth. We have a residency program that has grown to 37 residents. Our department has grown from 150 staff to over 500. We have a "Partnership in Patient Care" with the UNC Eshelman School of Pharmacy that I do know is one of the best in relationships in the country. And now that I am spending most of my time visiting our member hospitals, it is very evident to me just how innovative of a department the UNC Medical Center Pharmacy department has become. In 2011, after many years of work, **Eckel** and I felt that we had enough data and evidence to show all of the great outcomes of the department's efforts and we submitted for our first ASHP Best Practices Award. 2011 would become the first of 6 sequential ASHP Best Practices Awards on topics widely ranging from inpatient to ambulatory practice topics. I also hope many of you saw, the UNC Medical Center Pharmacy team was also recognized in this week's ASHP Opening Session with the ASHP Award for Excellence in Medication Safety. **Congrats UNC Team!** These types of outcomes are only achieved through a commitment to excellence.

### **Culture is shaped**

One of the downfalls of training at a top caliber program is that you just assume that wherever you go to work, that you will be able to easily implement the same solutions and processes and achieve the same outcomes and successes as you experienced in your residency training. And if you are a resident sitting in this room thinking that you are going to take what you are learning at UW or UNC and just plop it down in your first place of work. Let me be the first to tell you. It ain't gonna work. When I left UW and went to UTMB, I was hell bent on recreating the Southern version of UW Hospitals and Clinics. I had the knowledge. I had the passion. I had purpose. And answers to pharmacy problems seemed very obvious. What I didn't have was an appreciation for was the important role that culture had played in making an environment accepting of solutions and ideas. There's a reason that Peter Drucker said "Culture eats strategy for breakfast." That's because it's true. And a major reason for this is that the culture you experience in training is likely not going to be the culture you are hired into. This has been a source of great frustration for many, many residents. Yours truly included. I can't tell you how many times I've talked with past residents that come back and say, the answers to the problems are so obvious, but when I try to introduce the same solution that worked at UNC, they're just not ready for it. The reality is, that it doesn't matter how smart you are, what experience you have, how great you are at communication. If you aren't working with and within the culture you are in, your best plans just aren't going to work. Sure, any of us as leaders can go in and implement big changes in one big bang. But there are consequences to that. And we have to all keep in mind that there is no one project or action that can singularly change culture. If you want to have success in changing a culture, you have to have

to shape it over a very long period of time across a number of purposeful actions that ultimately align with a greater purpose that individuals can by in to.

### **Success Requires a Commitment to Excellence over Time**

If you are going to make a difference, you have to invest into distinction and quality over a significant amount of time. And if you really want to make a difference, I believe now, that that time is well served at a single organization. Think about the level of national and international recognitions that UW has achieved and think about how it got there. It's got there because of the number of UW leaders and clinicians that have devoted not just a year or two, but decades of their lives and in many cases, entire careers to UW. But again, not just committing the time, it's a commitment to excellence over time. When those forces come together, many, many great things can be accomplished. Now, I know with a large number of millennials in this room, this may be a hard message to hear. But it is the truth. I feel very lucky to have practiced the majority of my career at a very special place - UNC. This coming summer, I will complete 20 years at UNC. And there are just so many things that would not have been accomplished if I hadn't persevered, if our leadership team hadn't persevered to get to a place of success. I am backed up by many, many dedicated clinician leaders that have made it their purpose to ensure the highest quality of care for the citizens of North Carolina. As a pharmacy leader, there is no more powerful message than this.

Now, this lesson is special and brings me to the last person that I would like to thank – because the moral of this story is “listen to your wife.” Thank you **Beth** for instilling confidence in me at times when I had lost it in myself. Thank you for putting up with me during the ups and downs. Thank you for being supportive of me in those times when I needed to see if the grass was greener. And thank you for ALWAYS reminding me that when the UNC Pharmacy team achieves major successes that it wouldn't have been accomplished without staying committed to excellence over time.

To the residents in the room, I ask, what are you going to do with all the passion you are getting exposed to? However you choose to apply yourself, I encourage you to stay selfless, be humble, give away credit, surround yourself with a strong team, promote the good of others, believe in yourself, and stick with your convictions.

Whatever you do and however you conduct yourself, I encourage you to always remember, **once a resident, always a resident.**

Thank you again for this great recognition. I am **VERY PROUD** to be a Wisconsin Resident and thankful for what it has done for me in my career.

**Fire up and On Wisconsin!**