

I sincerely thank the previous recipients of this distinguished award for selecting me this year. This is certainly the biggest recognition of my career, and I am truly honored and humbled.

Thank you, also, to all of you for coming today. It's great to have so many past UW residents gather every year for this event. And, the collective knowledge, leadership and contributions of the group in this room is really quite overwhelming.

I want to take a little time to thank a few people, since, like most of us, I am fortunate to have received mentoring and guidance from others that took time to help me grow throughout my career.

Although not here today, I have to start by thanking my parents for supporting me when I chose to do a residency, even though they had no idea what it was, or why I would chose to do one. I recall that in my last year of pharmacy school, I was taking a class called "Hospital Pharmacy" taught by Professor Thielke, and Tom Woller was the teaching assistant. After class one day, Tom Woller caught up with me and asked me about my plans after graduation. At the time, my interest was in becoming cardiology pharmacist, and I let him know that I was planning to apply for internships at UW Hospital and at a couple hospitals back home in Milwaukee. Tom suggested that I consider doing a residency, and then he spent some time telling me about his residency at UW. I thought, "Well this sounds intriguing, I'll give it a shot." It's interesting now to think about how that one small conversation truly changed the path of my life. So, thank you Tom and Tom.

Arriving in the residency, I couldn't have asked for a better class: Mike Chester, Craig Osland, Eric Stirm, Terry Jackson, and Skibby. Skibby and I barely knew each other going into the residency, but we have been best of friends ever since. And I'm sure that many of you in this room can attest to the life-long

bonds that have been formed between residents in the UW family. As for my classmates, we truly lived the “work hard, play hard” mantra of the program. We spent a lot of long nights working together in the offices. We even occasionally slept in our offices. And, for much of the 2 years, we ate nearly all our meals together in the hospital cafeteria – breakfast, lunch and dinner which is actually pretty of crazy when I think about it now.

But, we also had a lot of fun including several career counselling sessions on Tom and Pam’s pontoon boat, and lots of good times at The Laurel Tavern, and other Madison establishments.

In the first year of the residency, I learned from several preceptors.

- Mike Madalon required me to graph the kinetics of gentamicin on actual graph paper for a patient in the Medical ICU
- Curt Johnson taught me vancomycin dosing in patients with renal dysfunction
- Gary Vanderpool taught me how to administer doxorubicin IV push to patients on F4/6.
- And Bill Simmons taught me how you could have fun while being an excellent pharmacist.

But during the residency, as you all know, honing our clinical skills is only part of the learning that occurs.

We also had our Masters classwork which is an area of the program that we don’t often mention as alumni. One unique class that I recall was a computer programming course. It was new, and I believe we may have been one of the first classes that took it as part of our Masters work back in 1987. At that time we had typewriters in the pharmacy office area. We also had a word processor (which was pretty advanced for the time) that we could use when Jenny and Wendy Wang had gone home for the evening. But that year we also got 3 big personal computers that were placed in the pharmacy office, and we all

were a bit intimidated by them. One week, our class assignment was to format a floppy disk, and then save our programming work onto the disk. Not understanding what I was doing, instead of formatting the floppy disk, I re-formatted the hard drive on the computer and lost everything the department had on that computer. So, that was an interesting experience in my first interaction with computers as a resident.

Of course the mentorship that we received in the program was invaluable.

Specifically today, I want to express my gratitude to DZ, TT, and Pam

DZ – I appreciate you for making me think differently. I will never rival your visionary talents, but I walk away from every conversation thinking about something in a new way. Like so many others in this room, I look forward to every opportunity to talk with you to hear your vision of the future of pharmacy and health care. And, since we are in Vegas, I just have to say....Win Durant hit the jackpot by selecting you as the first resident of our program!

TT – Thank you for your unrelenting pride and enthusiasm for this residency program. I truly appreciate your guidance, support and mentorship both during the program, as well as in the years since the program. Your dedication to the profession and UW has inspired all of us, and made us all proud to be graduates of this program.

Pam - Your passion, your spirit, your boldness, and your honesty have certainly inspired me. You were the critical, yet sometimes invisible, element behind the success of the UW pharmacy department. I am grateful to you for being such a role model to so many, including me.

One time Phil Schneider came to Aurora for an accreditation visit for our Administrative Residency program. During his wrap up session, he looked at me and said....Arlene, you are the Pam Ploetz of this organization. And I couldn't help but smile and think to myself, "Wow, what a compliment!"

I have also been fortunate during my career to have worked with numerous excellent colleagues from whom I have learned so much. As TT noted, in my first position out of the residency, I worked at University Hospitals of Cleveland with 2 former UW residents – Jeff Stroup and Jim Rinehart.

Then, almost 20 years ago now, I serendipitously received a call at about 8:00 one night. It was Tom Woller again, and he said, "I hear that you are thinking about moving back to Wisconsin, so I'd like you to come and work for Aurora Health Care." I thought "Well, this worked out pretty well the last time I listened to him, and it sounds like a good opportunity, so I guess I'll give it a shot."

Moving back to Wisconsin and joining Aurora, I am privileged to currently work with 3 other graduates of the program besides Tom Woller: Al Loeb, Greg Weber, and Barry McClain.

As I just said, I've worked with Tom for nearly 20 years at Aurora and I owe him a debt of gratitude. Thank you, Tom, for the opportunities, support, guidance and freedom to lead the department with you and our team. It has been an amazing career working with you. Thank you also to my other Aurora team members that are here today including Dennis Brierton, Kristin Cannon, and Angela Delanni. I couldn't ask for a better team. I've learned so much from all of you, and I appreciate you as both colleagues and friends.

When I was hired at Aurora Health Care in 1997, the organization was in the early phases of its metamorphosis to an integrated health care system. And, at the time, I didn't realize what an opportunity this was going to be from a pharmacy leadership standpoint.

We have spent the past 20 years at Aurora establishing a system pharmacy department in order to effectively work and lead within our integrated healthcare system. My experience of being part of a leadership team that has transformed individual pharmacy departments from 16 different hospitals and more than 100 retail pharmacies into a true “system” department across the enterprise has been a tremendous opportunity. I imagine that many of you are part of an organization that is somewhere on the journey of developing an integrated health care system. In all of this, there is certainly an opportunity for us in pharmacy to redesign our services to position us as leaders in patient care in our health care systems.

I would also venture to say that for those of us who have been out of the program for more than 20 years, we are doing something pretty different than we expected we would be doing. And for those of you that are more recent graduates of the program, in 20 years you will likely be practicing, managing and leading in environments that you don’t even envision right now. One of the strengths of the UW residency program is that it gives us the foundation for the versatility to lead no matter the venue or circumstances.

I reflect on this today because I think that we have been challenged to lead in new ways as we move through this era of integrated health care systems and enterprise pharmacy departments.

In a system such as mine, each of our 16 hospitals was previously led independently by 16 pharmacy directors. Now however, these 16 pharmacy directors report to another pharmacy leader in the organization, at the SYSTEM level. This means that we have a lot more leaders that are leading from the “second chair”, as some term it. Many of you in the room are likely leading from the second chair.

Regardless of whether your goal is to eventually become a Chief Pharmacy Officer, you may likely spend the majority of your career leading from this second chair. In fact, there are likely fewer “first chair” positions now in this era of enterprise-wide pharmacy departments.

BUT, this does not at all diminish the impact that you can have as a leader! Leaders in these roles bridge strategy with execution. They take the vision and turn it into reality. They take ideas forward as they create and implement new services. Without strong leaders in the second chairs to successfully transform the vision, it may remain only a good idea.

An author named Stuart Keir, used a musical metaphor to describe how you can approach this:

If the Chief Pharmacy Officer is the melody, you can sing the same melody to increase the volume of the vision in order to help others hear it. You can also develop a harmony that enhances the melody, and adds value to the melody. In fact, sometimes the harmony is a welcome alternative to the main melody.

I think that there is a time and place for both of these approaches as a second chair leader.

Building strong, trusting partnerships with your boss and leadership team is critical, as it would be in any organization. With that comes a common vision and direction. But this becomes exponentially more important in health care systems when the pharmacy leadership team may be in distant geographies, in different types of entities and have different workplace cultures. In order to sing the same melody throughout the organization, leaders in system departments have to find creative ways to overcome these challenges, and build those strong partnerships within their teams.

Building a strong relationship with your boss certainly does not mean you are simply a yes man or a yes woman. That is where the harmony part comes in. Complimentary skills among department leaders, bound by a common purpose and vision, are what really allow a department to grow and thrive, and truly be a leading department in an organization.

For all of you young leaders in the room.....If you are leading from the second chair with aspirations for the first chair.....be patient, learn as much as you can, take on as many challenges as you can, gain as many experiences as possible, so that when it's time for you take the next step you are prepared and ultimately successful.

To be honest, though, leading in a system department, is often more like musical chairs as you need to shift gears depending on the situation. Sometimes you are the top leader for your particular site or a particular situation, but other times you function within your system team. This is just part of the leadership challenge that comes with an enterprise pharmacy department.

Another interesting aspect of working in today's integrated health care systems is reporting relationships. Pharmacy leaders may report within your pharmacy department or they may report to the administrators at the various sites where they reside. Or, most likely, leaders report to multiple "bosses". So, as leaders, our challenge is to navigate all the reporting lines, whether solid or dotted, so that decisions are a win-win for the department, the entity and the overall organization. One way to do this is to always keep the patient at the center of your decisions... because this is the common thread throughout all parts of the organization.

One of the things that was an eye-opener for me as we at Aurora became a system department, was dealing with somewhat of a loss of autonomy to make changes how and when I wanted for my areas of responsibility. But, when working within a system team in an integrated health care system, changes have to be considered in the context of the entire system, not just one area. As leaders and practitioners this is something that takes time to embrace. However, it is definitely critical to the success of the department.

One of the key elements of Win Durant's legacy at the University of Wisconsin is his development and implementation of innovative pharmacy practices, which at the time included unit dose drug distribution, an IV admixture service, computerized data gathering, a pharmacy technician drug administration program, and the list goes on. He is also credited with developing innovative staffing models, namely the decentral pharmacist program implemented more than 40 years ago.

Likewise, today's environment of integrated health care systems has also fueled innovations in how we provide pharmacy services. With resources being scarce, in most health systems the only path to expanding your services is to find internal efficiencies. Centralizing functions is one way to accomplish this. These may include overarching system support functions like supply chain, P&T, drug policy, a pharmacy IT team, or an automation team. Others are more operational in nature like centralized order verification, centralized packaging and distribution of medications, and centralize product checking. These are the types of innovative models and services that I think carry on the legacy of Win Durant.

Then as you become more efficient doing the things you are currently doing, you generate the time to implement new services. Today's areas of focus include: transitions of care, discharge medication programs, specialty pharmacy services, ambulatory care, and population health strategies.

Integrated health care systems also lend themselves to working on future innovations that our pharmacy students, young residents, and even us old residents will be faced with in the future. A couple examples are:

- Leveraging data as a key driver in how we practice in the future. Our EHRs are accumulating lots of data, and we in pharmacy are typically really good with data – getting it, applying it, and making advancements with it. Finding creative ways to use this data will certainly guide us to improve care in the future, especially to patient populations.
- Genomics is another area of future innovations. It may take some time, but precision medicine certainly has the potential to revolutionize how we treat patients with medications. This would also then impact how we educate students, as well as how we approach our clinical practices in the future.
- And, one more area for future innovations includes virtual patient visits. While already started, we will likely continue to expand how we use telepharmacy and call centers to expand our reach to patients.

So now I would like to close by reflecting on some of my biggest learnings since graduating from the residency program:

- To me, being a good leader includes knowing when to be front & center, when to support others from behind, when to give someone else the limelight, when to speak up, and when to just listen. All of these have a time and place as we lead.
- Relationships. As Stan Kent addressed in his Durant presentation, it is important to take time to develop strong relationships....relationships with physicians and nurses, other leaders, pharmacists and technicians, residents and students. Strive to really understand others and what they are about. Not only does this help make work more productive, it also makes it more enjoyable.
- Being a preceptor and mentor to many residents over the years has been one of the most gratifying aspects of my career. Realize the impact you can have – positive or negative- during one small conversation with a student or resident. Today I shared a couple examples of this from my life. So, I think it is important to treat each conversation as an opportunity. And, always be a role model.
- Be true to who you are. Figure out the unique skills that YOU bring to the table and run with them. That's what makes the impact of our program so great.....if we all had the same skills we'd be carbon copies of each other and not nearly as impactful on our profession and our patients.
- Finally, enjoy what you do...have fun

Thank you all for coming, and On Wisconsin!