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Professional Leadership Development

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...residency programs provide a chance for residents to practice their leadership and management skills that they have acquired, while continuing to refine and develop new skills.

Professional Leadership Development

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Marianne F. Ivey, RPh, PharmD, MPH, FASHP

Marianne Ivey graduated with her bachelor's degree from the University of Wisconsin and a doctor of pharmacy degree and master of public health degree from the University of Washington. Ivey has also completed the Wharton School's hospital pharmacy executive leadership program. Currently, Ivey is a professor emerita in the division of pharmacy practice and administrative sciences in the college of pharmacy at the University of Cincinnati. Ivey also serves as a national speaker in the American Society of Health-System Pharmacists (ASHP) Foundation visiting leaders program. She is chairman of the board of advisors at the University of Cincinnati Center for the history of the health professions and is currently president of the hospital section of Federation of International Pharmacists (FIP).

Ivey has previously served as the ASHP president, chairman of the house of delegates (HOD), member of the commission on goals and the commission on credentialing, as well as treasurer of ASHP and the ASHP research and education foundation. Ivey has been awarded many honors and awards for her leadership and is very active in her profession. Ivey also continues to be a leader in her community by being involved and serving in various organizations. Ivey is an avid member of her local chapter of the American Heart Association, Coalition for a Drug Free Greater Cincinnati, Cincinnati Dress for Success and Cincinnati Country Day School.



Marianne F. Ivey

A Need for Pharmacy Leadership

“What is the need for leadership development in pharmacy?” was the question presented by Marianne Ivey. Ivey addressed the leadership gap that currently exists in the profession of pharmacy. Today, pharmacists are focused on the knowledge of therapeutics and taking care of patients; however, the gap exists because pharmacists feel a need to further develop their leadership skills in order to feel prepared to take a management position. Ivey proposed the idea that the profession of pharmacy is lacking practitioners with enough leadership experience and also a lack of interest for management positions. Ivey stated that action plans are needed in order to bridge the leadership gap within the profession of pharmacy between pharmacists in clinical practice and upper management.

It was reported in 2004, through a research study conducted by White and Enright, that the profession of pharmacy needed to focus on pharmacy leadership in order to avoid a future leadership crisis.¹ Comparative measurement was taken through a survey in 2004, and then again in 2013, to assess where leadership in the profession of pharmacy stood. Positive changes were found in 2013, concluding that although the leadership crisis has been somewhat mitigated, there is still a leadership gap and initiatives must continue to be made to avoid a pharmacy leadership crisis in the next 10 years. In a publication by Hall et al., it was noted that due to the Affordable Care Act and its quality care initiatives, the patient-centeredness of healthcare for improved outcomes, and the expansion of technology, pharmacists and other healthcare professionals have undergone an expansion of responsibilities.² Leadership skills will be critical in driving the profession forward with these expanded responsibilities.

Due to the expansion of pharmacy practice, there is a shortage of pharmacy executive managers.³ Based on information published in 2006 by Filerman and Komaridis, health-system pharmacy management has progressed into a more complicated and demanding setting. This has led some pharmacy directors to claim that they have been “drafted” into a managerial position with little training, resulting in unhappiness in their jobs. Another management concern has been downsizing management positions in an effort to save money in healthcare organizations. Because of this, there is a disappearance of the middle-management positions that help train and develop leadership in future department managers. Many practicing pharmacists observe the high level of stress that their manager and/or supervisor encounter in his/her job. Professionals in higher stress leadership positions sometimes earn less than some staff pharmacists, which makes the management positions unattractive. Due to the shortage of those interested in the managerial positions, there is a failure to effectively address pharmacy management. Filerman and Komaridis note that there is a migration of pharmacy managers out of the hospital, and the average age of department directors continues to increase. This is ultimately leading to a shortage of executive pharmacy managers and a desperate need to fill the gap with pharmacy leaders that are prepared with adequate experience and training.

According to the 2008 to 2009 Argus Commission report, prepared by past American Association of Colleges of Pharmacy (AAPC) presidents, pharmacy students may falsely assume that their sole career pathway is centered on patient-care without any obstacles along the way.⁴ There are also misconceptions about leadership being synonymous with management. Because of these statements, it is imperative that pharmacy schools implement leadership training into the curriculum, so graduates of pharmacy schools are provided with the tools to facilitate and mend the leadership gap that is occurring in the profession.⁵

Key Points Made by Speaker

Pharmacy practice has transitioned from delivering the product of a prescription to also providing direct patient care. This change has taken away some interest that pharmacists may have in management. While it is beneficial that there is interest in caring for

patients, it has left a large need for formally educated and trained pharmacy managers and leaders. Managerial positions are not as appealing to current pharmacists as they once were because they take on administrative responsibilities and lessen the patient care aspect of the job. During her remarks, Ivey gave an example of someone she believed would make a great manager because he could handle problems well and manage people from different professions within the healthcare system. After he became a manager, he decided that he wanted to go back to being a pharmacist providing clinical services because he felt that he fit that role better which contributed to the personal satisfaction of his job. The lack of desire for many pharmacists to become a manager is a major concern in the healthcare system.

Proposed Strategies and Vision to Close the Leadership Gap

In order to close the leadership gap, some strategies have been developed and implemented that focus on students, residents and practicing pharmacists. Each strategy involves opportunities to create growth in the individual, whether it be through learning or observation. The main objective involving pharmacy students is to introduce them to leadership responsibilities and roles early in their didactic studies in order to make them more comfortable when these opportunities present themselves. It is important to increase the exposure that students receive to leadership issues in pharmacy that they will face when they get into practice.

The University of Michigan has a required leadership portion as part of their pharmacy curriculum that is extended along either a retail or health-system pharmacy track, depending on the career aspirations of each student. The incorporation of interprofessional experiences into advanced pharmacy professional experience (APPE) rotations to provide pharmacy expertise to other professionals was also discussed among the group. A participant added a point about the importance of interprofessional relations. When interacting with various professions, there are many things to learn that would not otherwise be gained when being surrounded by only pharmacists. These experiences can allow pharmacy students or residents to learn how to lead those in other professions as well. Residency programs also provide exposure and experience in leadership through longitudinal rotations that allow residents to make connections and participate in leadership opportunities. The residency programs provide a chance for residents to practice the leadership and management skills that they have acquired, while continuing to refine and develop new skills.

An in-depth explanation and example of the integrative leadership development model in colleges of pharmacy programs can be found in an article published by Janke et al.⁶ It discusses the importance of student leadership development being integrated throughout the pharmacy curriculum. Student leadership development should include “all student pharmacists, have a longitudinal and experiential nature, achieve outcomes that prepare student pharmacists with the leadership skills necessary for entry-level practice and instill a purpose to engage in lifelong reflection and development.” Leadership should be integrated from the first day of pharmacy school and continue until graduation by learning in the classroom while also practicing leadership skill sets through various experiences outside of the classroom. Throughout pharmacy school, students should be encouraged to continue developing their leadership skills after graduation by being made aware of various graduate programs or other opportunities in which they can participate. Implementing this leadership development model will provide students with the knowledge and experiences they need to develop their skills throughout college, but also as they become practicing pharmacists.

John Armitstead suggested that current practicing pharmacists that have the potential to be managers should enroll in the pharmacy leadership academy (PLA) that is conducted by ASHP. This should be timed at a career point when pharmacists are ready to take on the challenge, as leadership development is most effective when the individual is ready to participate. Employer financial support to cover the registration fee will help remove barriers for those who want to further their leadership development. Other options for practicing pharmacists are the new masters of pharmaceutical science with an emphasis in pharmacy leadership or the graduate certificate in pharmacy leadership offered by the University of Cincinnati’s James L. Winkle College of Pharmacy. These are both online training programs that Ivey helped to create to better prepare pharmacists for leadership positions in their practices. Another strategy noted was supporting APPE opportunities for managers to show students what they do on a daily basis. It is important to expose pharmacy students to the responsibilities of leadership positions in pharmacy, as well as show them the positive sides of the role. Current managers should express what makes them feel good about their leadership positions and what they enjoy about their role, such as the ability to influence decisions, develop interdepartmental relationships, make an impact beyond the pharmacy and have a sense of accomplishment for their achievements, rather than presenting the negative side.

The overall theme of the proposed strategies shows that in order to increase the desire to be a leader, potential candidates should have multiple opportunities to gain experience and learn about the advantages of the role.

Research in Pharmacy Leadership Development

Although there has been limited published research around pharmacy leadership development, exploration found several programs available to residents and students, such as the one available at the University of Michigan, that help stress the importance of leadership within the profession of pharmacy. One study was found that did support students being exposed to leadership early on in the pharmacy curriculum. Chesnut and Tran-Johnson of Drake University completed a longitudinal study on the effectiveness of implementing the student leadership development series (SLDS), an academic year long, cocurricular course to develop leader-

ship skills in pharmacy students.⁷ Participants met monthly for two hours to take part in small group discussions focusing on self-reflection and discovery and to listen to guest speakers lecture on leadership. Over the six years, the study incorporated new activities including creation of a personal leadership platform and participation in poster presentations based on leadership topics. Serving as the evaluation forms for the program, these methods and activities indicated that, overall, the participants expressed that SLDS helped enhance the participants' leadership skills, better prepared them for leadership opportunities and increased their desire to hold a leadership position.

Research also indicates support for the residents' suggestion that the development of leadership skills in pharmacy residents is important in closing the gap within the practice. In a study conducted by Fuller at The Nebraska Medical Center, a new leadership development series was enacted to incorporate leadership development into pharmacy residency programs.⁸ Throughout the program, residents participated in group discussions on leadership articles and attended a two-day leadership retreat aimed at addressing various topics, including self-assessments utilizing StrengthsFinders as well as communication and conflict seminars. At the end of the program, feedback from preceptors and residents indicated that the program was a great learning experience because it introduced residents to multiple leadership philosophies and self-awareness. Overall, the leadership skills and tools developed in these programs help better prepare residents for future positions.

In support of Armitstead's suggestion to place potential managers in the PLA that is conducted by ASHP, research has shown that those who complete leadership programs, such as PLA, have the potential to become more effective leaders than those that do not. In the study by Hall et al., the emotional intelligence of pharmacists that participated in ASHP's PLA was evaluated.² Over a four year period, the Emotional Quotient Inventory (EQ-i) was measured for multiple groups of pharmacists who had graduated from the PLA and those who had not yet begun their leadership training who served as controls. The tool, EQ-i, measures emotional intelligence which assesses one's ability to deal with daily pressures and helps predict one's success in one's personal and professional pursuits. The results indicated an average level of emotional intelligence among the entire group of pharmacists. However, differences in scores were reported in areas such as self-expression, decision making and interpersonal skills, favoring those who had completed PLA. This data suggests that "PLA graduates have the potential to be more effective leaders than PLA controls given the established and well-studied relationship between leadership and emotional intelligence function."

Conclusion

A gap in leadership has been recognized in the profession of pharmacy. There is an absence of desire to obtain managerial positions, which greatly contributes to the lack of leaders. There have been proposed strategies via current pharmacy leaders that provide effective ways to close this gap. It has been emphasized to start these opportunities as soon as possible. It would be most beneficial to start implementing more leadership experiences into the pharmacy curriculum and continue to provide pharmacy students with leadership exposure in experiential rotations. Pharmacy residencies provide young pharmacists, eager to expand their knowledge, with a prime opportunity to continue equipping their leadership training. If current pharmacists do not feel adequately prepared to be a leader, there are programs through ASHP and other organizations to supply them with proper education and training. The most effective way to continue to close the leadership gap is to equip future leaders with positive leadership experiences that will build confidence and desire to become a leader and take leadership roles in the profession of pharmacy.

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