

RESEARCH BRIEF

Academic Pharmacy: Where is Our Influence?

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Submitted October 24, 2016; accepted February 21, 2017; published May 2017.

Objective. To evaluate the talents of fellows from cohorts 1-10 of the Academic Leadership Fellows Program (ALFP).

Methods. This was a descriptive analysis of previously collected ALFP cohort data reflecting the talents using the Clifton StrengthsFinder assessment tool. Data consisted of 295 fellows from the first 10 years of the ALFP program. The Clifton StrengthsFinder talents were aggregated and analyzed to determine talents (strengths) distribution and domain. The aggregate of the four domains were compared among ALFP fellows using a chi-square analysis with an a priori alpha of .05.

Results. Lowest frequency of talents was found in the influencing domain (11.2%), while the domains with the largest frequency of talents were strategic thinking (34.4%) and executing (31.1%). When looking at the specific talents within the domains among the ALFP fellows, achiever (in the executing domain) and learner (in the strategic thinking domain) were the most frequent talents, while command (in the influencing domain) and adaptability (in the relationship building domain) were the least frequent talents.

Conclusions. Since the profession is deficient in the influencing and relationship building domains (command and adaptability talents, respectively), this could help explain our slow progress in moving the profession from a product-focused role to a provider-based role. Perhaps the profession should be using a strategy better aligned with our signature leadership domains of executing and strategic thinking and focus on being a member of the health care team by aligning with team-based care rather than obtaining provider status.

Keywords: leadership, pharmacy, education, personality

INTRODUCTION

The profession of pharmacy has had some success shifting to the team-based approach of patient care in select practice settings. Pharmacists who earned their doctor of pharmacy degree in the 1980s and 1990s typically took “clinical” positions practicing in acute care settings, often as members of specialty teams. During this time period, pharmacy differentiated “clinical” pharmacists from “dispensing” pharmacists. Clinical pharmacists typically earned a PharmD degree and likely

completed several years of post-doctoral training in acute care settings where interprofessional collaboration was modeled. Dispensing pharmacists were often those who had earned a bachelor of pharmacy and did not complete post-doctoral training. Most of these pharmacists assumed positions in product-focused roles that did not model interprofessional collaborations.

When the profession transitioned to an all-PharmD degree in 2000, many schools touted their curricula as one that trains student pharmacists for clinical positions as a part of collaborative care. Schools revised their curricula to train student pharmacists to focus on medications as part of the patient’s health care team. Training students to practice at this level of patient care shifts the model of patient care in pharmacy practice to be team-based rather than product-based. However, more than 15 years later,

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the majority of full-time pharmacists still report spending at least half of their time in product-focused roles such as dispensing.¹ Therefore, a disconnect still exists between pharmacy education and pharmacy practice.

One approach to address this disconnect is to have academicians identify, educate and train student pharmacists to be change agents for the profession so they can influence and create more team-based care opportunities for pharmacy practice. Academic institutions have changed their curricula to meet the future needs of team-based care for the profession. In addition, national pharmacy organizations have advocated for pharmacists to be an integral part of team-based care through interprofessional collaborations.²⁻⁴ However, the expansion of these positions is not typical in all practice settings. The reasons for this slow expansion of team-based care are multifactorial. One foundational factor is whether pharmacy academic leaders naturally possess the talents to influence change, and therefore, teach it to the next generation of student pharmacists.

Clifton StrengthsFinder (Gallup, Inc.) is a tool used extensively in the corporate and health care environments to identify an individual's natural talents.⁵ In StrengthsFinder, a person's talents are categorized into four domains of leadership.⁶ According to researchers, the presence of all four domains (executing, influencing, relationship building, strategic thinking) are critical to the overall effective functioning of a team. Definitions of the domains are listed in Table 1, and corresponding signature talents of those domains are found in Table 2. This online tool has undergone reliability and validity testing to ensure that the areas identified are in fact where an individual's greatest potential for building strengths exists.⁷ The tool provides individuals with their top five talents based on a timed online assessment. For an extra fee, Gallup can provide an individual the list of all 34 of their talents.

Academic leaders who have been invited to participate in the Academic Leadership Fellows Program (ALFP) through the American Association of Colleges of Pharmacy have had their talents assessed by this tool. This program was designed to develop the nation's most promising pharmacy faculty for roles as future leaders in academic pharmacy and higher education.⁸ It was also designed to help participants "...address and solve the many challenges facing academic pharmacy." Fellows in the program use information identified with this tool to help them develop their problem-solving leadership skills. As such, it is important to determine if academic leaders possess talents to influence the pharmacist's role in team-based care.

ALFP started in 2004 and has had a new cohort of 30 fellows each year since its inception. Using the StrengthsFinder tool, the program has collected the top five talents from all fellows in each leadership cohort to better understand the individual talents of the fellows and academic pharmacy's leadership strengths. Understanding the collective talents of the fellows will help academic pharmacy better understand the strengths of its current and future leaders. It can also enlighten us to formulate talents so they align with our profession's future goals. In order for the profession of pharmacy to continue to move toward an approach of team-based care, it is essential that we understand which domains come naturally to the pharmacy profession and which domains need cultivation through partnerships.

This article focuses on the four domains of leadership identified by Rath and Conchie.⁶ The premise of this project was that an examination of our talents is essential in forging a successful path toward integrating all future graduates into team-based care no matter the practice setting.

METHODS

This was a descriptive analysis of previously collected ALFP cohort data reflecting the talents using the

Table 1. The Four Domains of Leadership Strength⁶

Executing	Team members who have a dominant strength in the executing domain are those whom you turn to time and again to implement a solution. These are the people who will work tirelessly to get something done. People who are strong in the executing domain have an ability to take an idea and transform it into reality within the organization they lead.
Influencing	People who are innately good at influencing are always selling the team's ideas inside and outside the organization. When you need someone to take charge, speak up, and make sure your group is heard, look to someone with the strength to influence.
Relationship Building	Relationship builders are the glue that holds a team together. Strengths associated with bringing people together – whether it is by keeping distractions at bay or keeping the collective energy high – transform a group of individuals into a team capable of carrying out complex projects and goals.
Strategic Thinking	Those who are able to keep people focused on "what they could" be are constantly pulling a team and its members into the future. They continually absorb and analyze information and help the team make better decisions.

Table 2. Signature Talents for 10 ALFP Cohorts (n=1475 talents for 295 fellows)

Leadership Domain			
Executing (n=458, 31.1%)	Influencing (n=165, 11.2%)	Relationship Building (n=344, 23.3%)	Strategic Thinking (n=508, 34.4%)
Achiever (117)	Maximizer (40)	Relator (104)	Learner (186)
Responsibility (94)	Communication (23)	Harmony (65)	Analytical (62)
Arranger (51)	Competition (20)	Connectedness (38)	Strategic (60)
Deliberative (38)	Woo (19)	Individualization (32)	Input (57)
Restorative (38)	Self-assurance (19)	Developer (29)	Intellection (48)
Focus (34)	Activator (17)	Positivity (24)	Context (35)
Consistency (31)	Significance (17)	Empathy (21)	Ideation (38)
Belief (31)	Command (10)	Includer (19)	Futuristic (22)
Discipline (24)		Adaptability (12)	

Clifton StrengthsFinder assessment tool. Data consisted of 295 fellows from the first 10 years of the ALFP program. IRB exempt status approval was obtained by the University of Minnesota. The Clifton StrengthsFinder talents were aggregated and analyzed to determine strengths (talents) distribution and domain using SAS version 9.2 (SAS Institute Inc., Cary, NC). The aggregate of the four domains were compared among ALFP fellows using a chi-square analysis with an a priori alpha of .05.

RESULTS

Of the 295 ALFP fellows from the first 10 years of the program, the lowest frequency of talents was found in the influencing domain (11.2%) while the domains with the largest frequency of talents were strategic thinking (34.4%) and executing (31.1%). Table 2 shows the descriptive results of the StrengthsFinder top five talents for the 295 ALFP fellows. When looking at the specific talents within the domains among the ALFP fellows, achiever (in the executing domain) and learner (in the strategic thinking domain) were the most frequent talents while command (in the influencing domain) and adaptability (in the relationship building domain) were the least frequent talents.

For those individuals within the cohort with talents in the influencing leadership domain, 31.8% (94/295) had at least one influencing talent in their top five. Further analysis revealed that approximately 25% of those who had an influencing talent are likely to have more than one in their top five talents. For those without influencing in their top five, further analysis revealed that seven out of the possible eight influencing talents appeared among the bottom 10 for those fellows. There were no statistical significant difference ($p > .05$) among talent frequencies.

DISCUSSION

Based on our findings, it is evident that this sample of academic pharmacy leadership does not exhibit a high

number of talents in the influencing or relationship building domains. Our analysis confirms what has been reported in the literature. Similar to the general public, academic pharmacy leaders are largely deficient in the influencing leadership domain.⁹ In addition, academic leaders' talents are similar to pharmacy students.¹⁰ Since the profession is deficient in the influencing and relationship building domains (command and adaptability talents, respectively), this could help explain our slow progress in moving the profession from a product-focused role to a provider-based role. Perhaps the profession should be using a strategy better aligned with our signature leadership domains of executing and strategic thinking and focus on being a member of the health care team by aligning with team-based care rather than obtaining provider status which requires us to use talents in our deficit areas of influencing and relationship building.

Evidence exists to suggest that those who choose to become a physician or other types of independent health care providers tend to have personality traits that would be categorized within the influence leadership domain.^{11,12} A published personality profile reports that physicians, medical students, and other independent health providers such as optometrists exhibit high ascendancy traits whereas inventory for pharmacists and pharmacy students exhibit low ascendancy.^{11,13} Ascendancy is most consistent with the command talent which is found in the influencing leadership domain. High ascendancy scores categorize individuals who take an active role in group discussions, make independent decisions and have self-assurance. Individuals who score low in this scale play a passive role in a group, let others take the lead and tend to be overly dependent on others for advice. Pharmacists could align with these health care providers and form a solid framework for team-based care.

Data examining personality traits of pharmacy students reveals that not all may be suited for patient-oriented

roles.¹⁴ Personality traits of pharmacy and medical students differ which may also lead to frustration and conflict and possibly affect patient care.¹⁵ Further data demonstrates that personality traits and cultural factors also influence the adoption of advanced pharmacy services.^{16,17} These studies suggest that pharmacists do not have the personality of those with the command talent. These findings make an explicit assumption that physicians are the deciders on the health care team and pharmacists play a supporting role in team-based care.¹⁴⁻²²

Keeping these roles and talents in mind, the pharmacy profession needs to train students how to build and be part of effective teams. Literature suggests that pharmacists' perceptions of their professional role does not always include describing themselves as being in patient-centered roles.^{16,17,23} However, supporting information suggests that pharmacists' can contribute to team-based care.

It is our opinion that pharmacy should utilize the profession's talents in the strategic thinking and executing leadership domains and partner with those possessing talents in influencing leadership domains to create a powerful interprofessional collaboration. StrengthsFinders states that influencers are necessary when taking a message to an outside audience.²⁴ Collaborating with physicians creates a powerful synergistic partnership and allows pharmacists to provide expertise needed in team-based care in multiple practice settings.²⁵

As reform of the US health care system continues, the symbiotic relationship between the physician and pharmacist should be at the center of the patient care model. The Patient Centered Primary Care Collaborative described the importance of focusing on a comprehensive approach to pharmacotherapy management in chronic diseases through a team-based approach. A visual representation of this approach can be thought of as a "bowtie phenomenon" (Figure 1). This bowtie describes a relationship in which the diagnostician (physician) and pharmacotherapy manager (pharmacist) are able to use their specialized training to collaborate with one another.

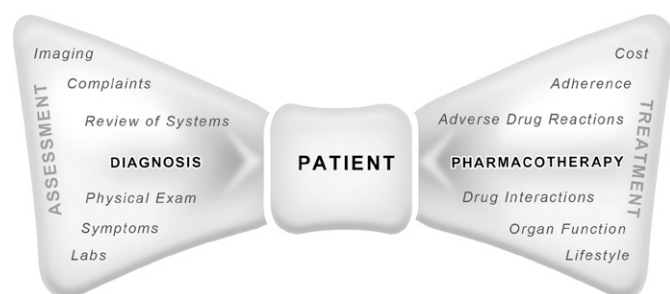


Figure 1. The Bowtie Phenomenon of Team-Based Care.

CONCLUSION

The pharmacy profession consists of individuals whose talents align with executing and strategic thinking leadership domains. The profession is low in influencing and relationship building leadership domains, making a wide-spread cultural shift to an independent direct patient care provider role difficult. Pharmacy should embrace its natural talents and align within a shifting health care context of interprofessional collaboration to realize the goal of inclusion as an essential and valued member of the health care team.

ACKNOWLEDGMENTS

The authors would like to acknowledge Wanda T. Maldonado, PharmD, BS Pharm, our dean mentor for her guidance and support through the completion of this project.

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