

Pharmacy: A shared vision

Jill S. Bates, PharmD, MS, BCOP

Graduates, how do you feel on this great occasion? Let me guess...tired? I've been there. I'm going to prescribe you something for that: take 1 nap bid x2 weeks. The data behind this regimen is strong; although, the sample size is small, $n=1$. But trust me, I'm a doctor!

It is an incredible honor to be here to speak with you today. I congratulate the residency graduates and thank Dr. Bush for the invitation. As you may know, I graduated from this great institution 6 years ago and I am so happy to be back. I remember the first day I came to Duke for my residency interview and looked around with eyes as big as saucers at everything going on during my tour. I was taken aback by the size, refinement, professionalism and people I met within this institution. I thought "this hospital is like a well-oiled machine, I have to match here!" and Duke was everything I thought it would be.

On my graduation day I was given this book "Duke: A shared vision". The book contains several high resolution photographs of the Duke Campus and historical nuggets of information. The intention is that the book allows me to take a trip down memory lane and recall my experiences here at Duke anytime I would like to. Further, the book is meant to be a reminder that I share this experience, which shaped my future, with all the other alumnus of this institution. So, I thought it very fitting that I entitle my discussion with you today "Pharmacy: A shared vision."

There are many people that I need to thank: foremost my family my 2 kids, Alex and Payton, my parents, and my husband, Sean. My family has supported me in so many ways throughout the years. My mentors: Mr. Samide (high school math teacher); Drs. Bud Smith and Nancy Marlowe (undergrad biology professor and dance coach); Dr. John and Ms. Gail Mitchell (Masters thesis advisor); Drs.

Nicholas Popovich and Sandra Durley (pharmacy school professors); Drs. John Valgus, Howard McLeod and Phil Rodgers (UNC mentors); Dr. Kevin Colgan and Cynthia Reilly from ASHP. Many of your same preceptors and mentors here today, from this great institution helped shape me into the clinician I am. Truly, there are too many people to list but I will take a moment to highlight a few individuals here at Duke who supported me, mentored me, taught me and provided awesome role models. Drs. Beth McLendon, Bo Latour, Jen Gommer, Jennifer Mando-Vandrick, Kim Hodulik, Lydia Mis, Ashley Morris Engemann, Sally Barbour, Louis Diehl, Paul Bush and many, many more.

Friends, we are all standing on the shoulders of giants. Although in the literal sense it is me standing here in front of you, my mentors all stand right beside me. No one gets to where they are on their own. I would be certain that if you sat down and really thought about it, you could generate a list of people like mine. You could name people throughout your life that supported you, believed in you, were great teachers and coaches, gave you a chance even when you didn't deserve it, lifted you up when you needed it most, or were just awesome and you wanted to emulate them. Mentors who were not only with you, but, for you- there is a difference.

A scientist by the name of Hudson studied intelligence in the 1950s and what he discovered was that beyond a certain point how smart one was did not linearly correlate to how successful they would become. He noted that there seems to be an "intelligence threshold" that once you crossed it that was "good enough". If it is not innate intelligence then what is it that helps only a select few to stand out? Good looks? Natural talent? Wealth? I would argue that these things matter; however, there are a lot of people who have these things, yet, don't stand out from the rest of us.

In my mind, the ones who stand out over time may have all of the things mentioned above but in addition, they work incredibly hard to cultivate their passions. They may get some lucky breaks along the way and be in the right place at the right time. But above all else, they have spent countless hours,

more than others, devoted to the task that motivates them, their passion. They assert themselves and use their minds as well as imagination. At a certain point, their skills and character mature and become the successful person's currency. At this time, the world demands their attention.

Graduates, you have just completed a rigorous, high quality, residency training program. What a gift. Not everyone has this opportunity these days. In pharmacy, a trend has emerged in which the number of graduates desiring to enter into a residency program far exceeds those that match and are offered a residency position. In 2013, out of the 4,480 graduates who applied for a residency position (PGY1 or PGY2) 1,614 applicants (36%) did not match. In 2007, a gap began to declare itself where a noticeable trend in numbers emerged as a pattern in which the number of unfilled positions declined while the number of unmatched residency applicants increased. Multiple pharmacy organizations support the position that by 2020, the completion of an accredited PGY1 residency should be a requirement for all new college of pharmacy graduates who will be providing direct patient care. You have fulfilled this requirement. Those that are completing their PGY2 residency have gone beyond the requirement. Your training at Duke, grants each of you the opportunity to change the world.

The great thing about education is that no matter what happens to you in life it is something that no one can ever take away. It is yours for the keeping. But I ask you this, what good does it do to be the smartest person in the world if you don't share your expertise with others? We already know that from an intelligence standpoint all you need to be successful is to be "smart enough". However, it is more than that. Like all of the people did who came to mind when I challenged you to think of your own personal list of mentors, you need to build relationships, provide mentoring and demonstrate leadership.

We talk a lot of rhetoric about leadership but oftentimes it's hard to truly grasp what this means and apply it to your own life, especially if you are not in a formalized leadership role. This is because the

definition of leadership is a guiding or directing head and the image that often comes to mind is that of an army general, CEO, symphony conductor, etc. After all, leadership cannot be fully understood unless considered in relation to others (the so called followers) and these are the easiest scenarios to envision. In reality, you can be a leader in any position you have and it's all about attitude. The large caveat to this statement is that you have to have the "right" attitude.

I challenge each of you to embrace a service-oriented leadership approach. Many leaders throughout history are great examples of what this means: Ghandi, Mandela, Martin Luther King, Jr, and Jesus Christ. It means that as a leader you place the needs and priorities of your community above your own. This can apply to a community of patients, hospital pharmacists, community pharmacists, interdisciplinary healthcare workers, a department, a family, an institution, etc. As a service-oriented leader you demonstrate morality, power with and through your community, and most importantly you empower your followers. As a profession, we all share a common vision and I would argue that service-oriented leadership is a critical and necessary component of progress and growth.

We need to be aware that there is a fine line between service-oriented leadership and being a servant, which is pathological. Women I am going to speak directly to you at this point. I've got news for you: you cannot have it all. I know this is a rather surprising statement in a talk of this nature but I don't want the tenets of the feminist movement to fool anyone entering the working world today. It's a different time and thankfully women don't face the same level of discrimination that they once did making the strong feminist statements less necessary. This is quite liberating as women can now embrace their femininity and even motherhood if they choose that path. However, there are sacrifices women need to make both professionally and personally when they manage a career and family.

I am not fond of the euphemism "work-life balance" because there is no balance. To my learners, who always ask me a lot of questions about being a Mom and a full-time clinician, I prefer to

call it “work-life management” as I feel this is a better representation of reality. This reality is scary. Many women, as Sheryl Sandberg – author of Lean In and COO of Facebook - puts it, “leave before they leave”. What she means is that women who plan to have a family start putting their careers on hold. They tie up loose ends, defer job promotion opportunities, decline invitations to publish or present in an effort to make the change transition from work to family. Graduates you are at a critical point in your career. You have just today completed building your credentials and are now making the change transition to establishing yourself in your career.

Women, don’t lean out, lean in. Find your currency and cash it in for at least 60% of your valuable time. Working hard does not always refer to “time spent” on the job or at the “office”. Use your imagination; don’t be afraid to manage yourself and your time differently than your peers or the culture within which you reside. Remember, we live in the age of mobile technology! It is also important to note that leaning in does not refer to always taking the promotion or accepting the gig; sometimes difficult choices must be made to make everything work. Try to think of your career as a jungle gym, as Sandberg says, versus a ladder.

The truth is that American culture does not support work-life balance. Just look at our school calendar for starters, which was developed when majority of the population were farmers and women historically stayed home to raise children. This system hasn’t changed and remains in place today. There are far too few women in leadership positions in this country and the world for that matter. It is only when we have more representation on a leadership level that our American culture could possibly change. Women, we need you to stay engaged. Men, husbands, fathers, we need you also and your support. Do not be afraid to lean in. Find your currency and capitalize on it.

This is especially important to our profession at this moment in history. It is not outlandish to think that in the near future pharmacists will be recognized as providers. Many attempts to obtain

provider status for pharmacists have occurred in the 1990s and 2000s each of which have not been successful largely due to the financial cost of the proposed bill. The American Society of Health-system Pharmacists, along with over 20 other organizations who are part of the Patient Access to Pharmacist Care Coalition, has made the most significant advancement toward achievement of provider status in the last 2 decades. The bill, HR 4190, is a bipartisan legislation circulated to the house that will amend the Social Security Act to recognize pharmacists as providers under Medicare Part B. The bill was introduced by Reps Brett Guthrie (KY), our own GK Butterfield (NC), and Todd Young (IN) and now has over 40 cosponsors! Graduates, I do believe that we as pharmacists will be recognized as providers at some point during your career.

Have you thought about what your practice will look like when that happens? The wonderful thing for you is that you chose to complete a residency and were given the gift of being offered a position. This means that you have what you need, the credentials, to be privileged when the time arrives in which we achieve provider status to offer direct patient care services and get reimbursed for doing so. I don't want to foster any misperceptions; the legislation proposed contains nothing with respect to credentialing and privileging as it relates to provider status on the federal level. But, the reality is if you needed brain surgery would you want your dermatologist to perform the procedure? Of course not. Why then would we think for a moment that in the complex world of pharmacy, pharmacists are a jack of all trades so to speak? As pharmacists, each of us is gifted in our own domain that we practice in across the spectrum of the medication use process. In order to advance as a profession we have to accept that credentialing and privileging is a necessary step.

I don't know about you, but I don't want to merely be a consultant on the sidelines. My currency is providing education and direct patient care. It takes a lot of innovation, different thought processes and individual leadership amongst my small interdisciplinary healthcare team to act and

provide care like a provider of pharmacist care services would. It takes constant reprioritization of responsibilities to ensure it is clear that the patient is my primary customer. It takes stepping away from the norm to evaluate and assess a patient, maybe even performing (gulp) a physical exam. I often evaluate a patient and provide my team a diagnosis of the patient's "medication experience". A medication experience is a term used to describe the patient's general attitude and feelings toward taking medications. This is necessary information to optimizing healthcare outcomes especially in the case of a patient with a medication experience that poses a barrier to their adherence. You may be saying to yourself "Jill that's far out, diagnosis is outside our scope of practice". Yes, that's true medical diagnosis is, but, this is a pharmacist's diagnosis and that lies right within a pharmacist's scope of practice. We should all become experts in diagnosing a patient's medication experience and creating a treatment plan for it.

In addition to reshaping attitudes, perspectives and care services to align with being a provider of pharmacist care services, we need to ensure that what we do is visible to the patient, the public and the healthcare team at large. Perhaps this means engaging in public health initiatives? It definitely means increased 1:1 face time with patients to more deeply establish the covenanted pharmacist-patient relationship. It also means documenting what we do so that everyone can see it. I'm not talking about internal pharmacy documentation or the kind that one does to cover themselves with respect to liability. I'm talking about documenting your pharmacist care plan in the medical record. As a profession, we need to take steps toward more consistency in terms of documentation format and vernacular. However, the step we need to take right now is, as Nike would put it, to "Just do it".

In closing I would like to leave you with the following 4 challenges as you begin your transition into your career:

1. Find your currency and work hard to develop it, assert yourself and use the education you have been given. Most importantly, use your imagination
2. If you help others to succeed you will always have what you need
3. Lean in to your career, find your currency and capitalize on it
4. Walk like a provider, talk like a provider, think like a provider and care for patients like the healthcare provider you are!

Thank you, Duke, for your attention and many congratulations to the residency graduates!!!