Program for developing leadership in pharmacy residents

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Who are our leaders? In 2009, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation and the Student New Practitioner Leadership Task Force of the Foundation’s Center for Health-System Pharmacy Leadership released the report “Leadership Is a Professional Obligation,” in which gaps in leadership education and training for students and new practitioners were identified. The report made several recommendations, one of which included initiatives to increase trainees’ exposure to leadership concepts during residency programs and as they enter the pharmacy work force. The ASHP residency accreditation standard states that residents will be held accountable for acquiring outcome competencies including exercising leadership and practice management. The incorporation of teaching and evaluation of resident leadership skills throughout the residency year is important in order to meet the future leadership needs of the profession. The development of innovative ways to teach leadership philosophies and principles to the next generation of practitioners is an integral component of residency training and the advancement of the profession. This article describes efforts to develop leadership in pharmacy residents at The Nebraska Medical Center (TNMC).

Background

Over 200 residents have graduated from NMC’s accredited postgraduate year 1 (PGY1) residency program since 1973. Currently, there are 6 PGY1 residents, one postgraduate year 2 (PGY2) critical care resident, and one PGY2 oncology resident in the accredited training programs. TNMC is a 624-bed, level I trauma center with over 40,000 emergency room visits per year. As the primary teaching hospital for the University of Nebraska Medical Center, TNMC is a respected leader in solid-organ transplantation, cardiology, blood and marrow transplantation, oncology, and neuroscience.

The TNMC pharmacy residency program underwent a complete examination (gap analysis) in 2007,
including an evaluation of the program content taught to each residency class. It was determined that there was a deficiency in the teaching of and resident exposure to leadership philosophies and principles. A resident leadership development series was developed in the summer of 2007 to address the gap in resident leadership education and training. Each July and before the beginning of the leadership development series, residents take an oath and become familiar with what TNMC expects of them.

Leading by example is a core component of resident leadership training. Residents and residency program directors demonstrate commitment to the program and to each other by signing an oath: “Every day of this residency I will put forth my best effort and display professionalism, teamwork, honesty and respect to the patients we serve, the health care professionals we work with and to my fellow residency classmates.” The oath is posted in the residents’ office as a reminder to strive to perform at the highest level every day.

It is important that trainees understand residency program expectations and accountabilities. The program director reviews with the residents a one-page document entitled “Advice and Expectations for a Successful Residency Year.” This document includes 16 bullet points highlighting the skill sets residents need to focus and improve on for a successful residency year; these skill sets include communication, time management, listening, and displaying honesty, integrity, compassion, empathy, teamwork, and dedication.

Leadership development series

Now in its fifth year, the year-long leadership development series exposes residents to a variety of leadership philosophies and principles. Residents and program directors meet in a two-hour session each month. The residency year starts with a story about a youth tackle football team in Omaha, Nebraska, that won 25 games in a row and in 2009 did not allow a single point to be scored against it. The story is told to the residents to illustrate basic leadership lessons the football team’s coaches used to instruct their players to perform at a high level.

A guiding theme of the residency year involves teaching residents how to apply leadership philosophies and principles learned on the “practice field” (residency training) to “the bedside” (patient care activities). The leadership development series includes discussions of leadership articles, the annual resident fall retreat, a “StrengthsFinder” assessment (described below), an assessment of communication style, an assessment of conflict mode, and discussions of lectures by recipients of ASHP’s annual Harvey A. K. Whitney Award.

Leadership article discussions. From July through December, the residents take turns leading the discussion of 36 selected articles focusing on leadership philosophies and principles in fields ranging from politics, the military, history, and coaching to pharmacy and medicine. All residents are required to contribute their thoughts about each article and explain how they plan to incorporate leadership philosophies, practices, and principles as part of a multidisciplinary team taking care of patients at the bedside or in an ambulatory care setting. This strategy is used to assist residents in taking the first step in the development of their own leadership style. In the article “What Really Matters: Helping Others Is What Will Count In the End,” by Lauer, residents learn about their own mortality and are encouraged to think about what legacy they want to leave. “What Makes a Leader,” by Goleman, helps teach residents about five components of emotional intelligence. From “The Credo of the Liquid Leader,” by Szollos, residents learn about the seven laws of flexible and insightful leadership. “Timeless Leadership,” an interview with Pulitzer Prize winner David McCullough, is a favorite of residents that discusses leadership lessons from Presidents Washington and Truman. “Becoming A Mentor,” by Osborne, gives residents unique perspectives on the importance of identifying personal mentors and becoming mentors themselves. In “An Unlikely Opening,” former Indianapolis Colts coach Dungy discusses challenges he has faced and how he overcame them, in a way that resonates with residency trainees.

Annual resident retreat. A highlight of the residency year is the annual two-day resident retreat held in September. Participating in the retreat is a way for members of each class to learn more about each other and gain information on topics not generally covered in a traditional residency curriculum. The retreat is held 70 miles from the campus at the Lied Lodge and Conference Center in Nebraska City, Nebraska, where invited experts from various fields speak on the following topics: pharmacy leadership, StrengthsFinder assessment, the power of constructive criticism, ethical issues in pharmacy, staying current with medical literature, resident personal finance 101, generations in the workforce, crew resource management, and opportunities in the industry. Residents attending the retreat participate in a ropes-based challenge that teaches them to trust their fellow trainees while completing the physically demanding course.

StrengthsFinder assessment. Before the fall resident retreat, residents complete a self-assessment using StrengthsFinder (Gallup Press, New York), through which they learn about their top five individual strengths. At the retreat, they compare and contrast their individual strengths and the strengths of the group. Each resident’s top five strengths are incorporated into his or her customized training plan. As the residency year progresses, residents are encouraged to understand more about their
strengths and to use them to achieve program objectives and personal goals. Postretreat feedback from each residency class has been very positive, and residents generally indicate that they return from the retreat refreshed and with an increased understanding of themselves and one another.

**Communication style assessment.** Being an effective communicator and mediator of conflicts is an important part of being a good leader. Residents learn about their own communication style by completing the “My BEST Communication Style” assessment (Best Instruments, LLC, Niceville, FL), which helps residents understand how their personal style of communicating (bold, expressive, sympathetic, or technical) affects the communication process. The goal of the assessment is to foster more effective pharmacist–patient interaction and counseling skills, as well as multidisciplinary teamwork.

**Conflict-mode assessment.** Residents complete an assessment using the Thomas-Kilmann Conflict Mode Instrument (Ralph H. Kilmann, Mountain View, CA) to learn about their behavior and the most appropriate uses of various conflict-handling modes (competing, collaborating, compromising, avoiding, and accommodating). The goal of this exercise is to improve multidisciplinary teamwork to achieve patient outcomes when conflicts do arise.

**Review of Whitney Award lectures.** During the second half of the residency year, residents are educated on a brief history of the pharmacy profession by leading discussions on lectures by Harvey A. K. Whitney Award recipients. One lecture is selected from each decade dating back to the 1950s and ending with a reading and discussion of the most recent award recipient’s lecture. During these sessions, residents discuss the vision of leaders of the past, relate that vision to the present, and describe how challenges the profession faces today can be overcome. Residents are encouraged to imagine what their legacy will be and what they would want future leaders to say about them 20–30 years from now. Residents at TNMC generally have not received any type of exposure to the history of pharmacy in their pharmacy education. Feedback from each resident class has been positive, with trainees indicating that discussions of pharmacy’s storied history are beneficial to their professional growth.

**Discussion**

The leadership development series has become an integral part of resident training at TNMC. Currently, there are no objective measures for evaluating the program’s success in cultivating leaders. Subjective reporting by residents and feedback from preceptors generally indicate that the series is a valuable addition to resident training because it introduces residents to a variety of leadership philosophies and increases self-awareness. The development of mechanisms for objectively measuring the program’s effectiveness—especially ways to assess the impact of resident leadership development on improving patient care—is warranted.

Judging by the comments of some applicants for TNMC residency positions, there are only a few programs offering a structured approach to leadership development as part of residency training. A recently published article in this journal encouraged residency program directors to develop and offer “leadership certificates” as part of resident training.12

The profession continues to call on young practitioners to become future leaders, and an integrated, systematic approach to leadership development may be an important component of residency training and, possibly, preceptor development. The profession should continue to set high expectations for young practitioners to become the next generation of leaders who will advance pharmacy’s mission and provide the safest, most effective patient care in the years and generations to come.

**Conclusion**

A structured leadership development series exposes pharmacy residents to various leadership philosophies and principles and, through the study of Harvey A. K. Whitney Award lectures, to the thoughts of past and present pharmacy leaders. Residents develop an increased self-awareness through a resident fall retreat, a StrengthsFinder assessment, and communication and conflict-mode assessment tools.

**References**


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