Leadership Book Club: An Innovative Strategy to Incorporate Leadership Development Into Pharmacy Residency Programs

Alyssa Chappell, PharmD, BCPS,* and Katelyn Dervay, PharmD, MPH, BCPS, FASHP†

ABSTRACT

Purpose: To describe an innovative strategy for incorporating leadership training and development across multiple postgraduate year 2 (PGY2) pharmacy residency programs at a single institution.

Background: Tampa General Hospital has 7 pharmacy residency positions: 4 postgraduate year 1 (PGY1) residents and a single resident for each of the 3 PGY2 programs (critical care, emergency medicine, and solid organ transplant). Administrative topics are incorporated across the PGY1 and PGY2 residency programs, with each PGY2 program having additional administrative topics specific to their specialty area.

Summary: What began as an elective administrative topic discussion for the PGY2 emergency medicine resident has evolved over time into a longitudinal leadership book club. The leadership book club is utilized to meet the residency goals and objectives related to leadership development for all 3 PGY2 programs. Each year a single book is identified through the American Society of Health-System Pharmacists (ASHP) Leadership Academy book list or by participant suggestion. The book is then divided into 4 sections with corresponding hour-long discussions that occur quarterly throughout the residency year. The residency program directors (RPDs) and co-RPDs lead the initial discussion, and each PGY2 resident leads 1 of the subsequent 3 discussions. Based on resident feedback, the leadership book club is an innovative and effective strategy to incorporate leadership training and development into residency training.

Conclusion: It is imperative to foster the development of leadership skills in pharmacy residency programs to prevent a future leadership gap in health system pharmacy. Leadership book club is a unique strategy to incorporate leadership training longitudinally across multiple PGY2 residency programs at a single institution.

Key Words— development, leadership, residency, training

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BACKGROUND

Leadership can be defined as “the process through which an individual attempts to intentionally influence another individual or group in order to accomplish a goal.”^{1(p1780)} Leadership in health system pharmacy practice has long been an area of discussion. The 2005 article “Will There Be a Pharmacy Leadership Crisis” by Sara White² highlighted concerns about current and future pharmacy leaders.

The article identified that despite job satisfaction, up to 80% of pharmacy’s health system leadership anticipated leaving their positions within the next decade; over half of those respondents did not have a current team member they would recommend if they left their position that day. The survey also revealed that only 30% of current practitioners would consider taking on a leadership position, while 62% of pharmacy students would consider such roles at some point in

*PGY2 Emergency Medicine Pharmacy Resident, †Pharmacotherapy Specialist - Emergency Medicine and Director, PGY2 Emergency Medicine Residency, Department of Pharmacy Services, Tampa General Hospital, Tampa, Florida. Corresponding author: Alyssa Chappell, PharmD, BCPS, Tampa General Hospital, 1 Tampa General Circle, Tampa, FL 33606; phone: 321-266-8695; e-mail: atorgeron@tgh.org

their career. The finding that over half of pharmacy students would consider taking on a leadership position provides a unique opportunity. The creation of new programs to enhance and encourage the development of fundamental leadership skills may help retain leadership interest throughout the evolutionary period between student pharmacist and practitioner. Recommendation 4 from the White article encouraged “identification and encouragement of students, residents, and practitioners who are interested in and have the ability to be leaders and change agents.”^{2(p853)}

The 2005 article served as a catalyst for the development of various programs, policies, and services aimed at leadership development for aspiring and current pharmacists. These programs include, but are not limited to, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation’s Center for Health-System Pharmacy Leadership, the Pharmacy Leadership Academy, and the ASHP Statement on Leadership as a Professional Obligation (2011).³ The Accreditation Council for Pharmacy Education (ACPE) adopted new accreditation standards for Doctor of Pharmacy programs in 2011. In the new standards, guideline 9.3 emphasizes that the curriculum should foster the development of students as leaders and agents of change.⁴ The ASHP Statement on Leadership as a Professional Obligation states that formal leadership training should be a requirement for all pharmacy students and should occur in a structured, longitudinal manner rather than as elective coursework for those who display interest.³

A 7-year follow-up assessment of the original White survey was conducted to re-evaluate the current and future pharmacy leadership situation; it was published in 2013. It included the promising results that 45% of current practitioners and 63% of pharmacy students would consider a leadership position at some point in their career, compared to 30% and 62% in 2004, respectively.⁵ However, despite an increased focus on management and leadership development since the publication of the original report, there was still the potential for a pharmacy health system leadership crisis. The authors concluded that new programs and initiatives are needed to prevent a pharmacy leadership gap. Recommendation 2 from this paper advocated “design, implement, and conduct leadership development and training opportunities for all pharmacists to ensure leadership as a professional obligation.”^{5(p446)} This recommendation stressed the need for pharmacy schools as well as pharmacy residency programs to ensure that

all aspiring and practicing pharmacists acquire basic leadership skills that can be applied to current and future positions.

ASHP has the responsibility of creating and revising the accreditation standards for pharmacy residency programs. The second edition of the postgraduate year 1 (PGY1) “Required and Elective Educational Outcomes, Goals, Objectives, and Instructional Objectives” published in 2008 added an outcome related to leadership development in response to the White article. The required outcome, Outcome R3, states that residents must be able to “exercise leadership and practice management skills.”⁶ A new document released in 2015 reflects a more simplified format of 4 required competency areas, titled “Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies.” The 4 required competency areas for PGY1 residency programs in this document are patient care; advancing practice and improving patient care; leadership and management; and teaching, education, and dissemination of knowledge.⁷ The postgraduate year 2 (PGY2) accreditation standards also highlight the importance of leadership development, stating that a PGY2 program is specifically designed to “increase the resident’s depth of knowledge, skills, attitudes, and abilities to raise the resident’s level of expertise in medication therapy management and clinical leadership in the area of focus.”⁸ Specifically listed in the PGY2 Emergency Medicine “Required Educational Outcomes, Goals, and Objectives” is Outcome R1: Demonstrate leadership and practice management skills. Outcome R1 is further delineated into various goals, including “exhibit essential personal skills of a practice leader” (goal R 1.1), “contribute to the management activities in the emergency department setting” (goal R 1.3), and “exercise practice leadership” (goal R 1.5).⁹ Although each of these goals are requirements of the PGY2 Emergency Medicine Residency Program, there is little guidance on how these goals are to be accomplished. Residency programs are tasked with meeting these goals in ways that are conducive to their individual programs.

ASHP describes leadership as a professional obligation of all pharmacists and states that pharmacy leaders are necessary and required to promote and advance the profession, care for our patients, and ensure the safe and effective use of medications. The amplified demand for pharmacy leaders to meet the ever-growing needs of their profession coupled with the increasing requirements for leadership development to be incorporated into pharmacy

residency programs gives residency program directors (RPDs) the responsibility for developing innovative and effective strategies to accomplish this.

PROGRAM BACKGROUND

The pharmacy residency programs at Tampa General Hospital were initiated in 1991 and then revamped in 2000 under the ASHP PGY1 designation and criteria. The PGY2 Solid Organ Transplant program was started in 2001, followed by the PGY2 Critical Care program in 2010, and the PGY2 Emergency Medicine (EM) program in 2011. These programs currently have 7 residents: 4 PGY1 residents and 1 resident for each of the 3 PGY2 programs.

Leadership and management topics have been a focus of the programs from the beginning and have continued to grow to meet the ASHP residency standards and the push by pharmacy organizations to develop skills in leadership. The programs include concentrated and longitudinal administrative learning experiences. Additionally, the programs have come together to develop a series of administrative topics that are applicable to all residents. Pharmacy leadership, RPDs, co-RPDs, and preceptors are invited to join the administrative discussions. Topics are selected to enhance the goals of the department and the residents; example topics include pharmacy practice initiatives within the department and nationally, operational management, medication safety and human error, research and manuscript development, and various leadership topics. Prior to the ASHP Midyear Clinical Meeting, the residents are assigned a Harvey Whitney Award winner to present to the group. This allows discussion on pharmacy leadership topics and helps the residents prepare to potentially meet these leaders at the ASHP meeting.

With the growth and development of the PGY2 programs at Tampa General Hospital, administrative and leadership discussions for these residents have also grown. The 3 PGY2 programs conduct separate specialty administrative topic discussions. This allows the PGY2 residents to continue to develop these skills at the next level and grow their understanding of their particular specialty area.

The PGY2 Emergency Medicine program initially developed 6 emergency medicine administrative topics. Four of the topics are preselected to cover broad administrative emergency medicine concepts. The 2 remaining topics are left to the residents' discretion based on their interests or to cover areas that were not discussed in the PGY1 year. A list of potential topics, readings, books, and sections are provided to

the residents, some of which are based on the ASHP Leadership Academy.

LEADERSHIP BOOK CLUB

In 2012, a resident wanted to read and discuss *Seven Habits of Highly Effective People* by Stephen Covey as one of their selected leadership topics. Although the book was a good topic, discussion in one sitting did not lead to the optimal digestion and application of the book. It was decided that a more longitudinal approach might work better and allow the group to evaluate and apply the leadership tools.

The Emergency Medicine PGY2 RPD and co-RPD reached out to the other PGY2 programs and decided to develop a PGY2 leadership book club. The book club includes all 3 PGY2 residents and the RPDs and co-RPDs of each of the programs. The RPDs and co-RPDs develop a list of books that will meet the leadership goals by utilizing the ASHP Leadership Academy book list and group recommendations. This list of potential books is presented to the residents, and they choose which book will be utilized and discussed for the year. Books are divided into 4 sections, which allows for quarterly 1-hour meetings. This gives residents sufficient time to read and focus on each section. The RPDs/co-RPDs lead the discussion for the first section, which serves as a model for the residents. Each resident then leads the discussion for one of the remaining sections of the book. Residents are encouraged to develop a list of questions to lead the discussion and are expected to be a participant when not leading the discussion.

The program is currently in its third year and has received positive feedback from the residents and the RPDs/co-RPDs. The discussion group is diverse in regard to levels of expertise, practice experiences, and positions. This provides a unique opportunity to explore different interpretations and opinions of the book. Additionally, the group has utilized this forum as a way to discuss how to incorporate leadership characteristics and skills into practice, both professionally and personally. Many of these characteristics and skills can be applied to all levels of positions and in the transition from one position to another. These discussions have also amplified the conversations for the general administrative discussions including the PGY1 residents and pharmacy leadership and have incorporated the hospital's recent initiative for a focus on Culture Care. The book club has read *Seven Habits of Highly Effective People* by Stephen Covey, *Lean In* by Cheryl Sandberg, and *Crucial Conversations: Tools for Talking When Stakes Are High* by Kerry Patterson.

CONCLUSION

The publication of the White paper in 2005 highlighted the looming leadership gap in health system pharmacy. In response, professional organizations have urged colleges of pharmacy, pharmacy residency programs, and workplaces to design and implement leadership development and training programs. The outcomes with the corresponding goals and objectives for PGY1 and PGY2 pharmacy residency programs have continually evolved and now require leadership training and development as part of the overall residency program structure.

Leadership book club is a way to combine efforts amongst PGY2, and optionally PGY1, residency programs at a single institution. Books can be selected from recommended reading lists or through group suggestions. Fundamental leadership skills are identified through the readings and are discussed amongst residents, RPDs, and co-RPDs. Leadership book club is an innovative strategy to nurture leadership development in pharmacy residency programs.

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