

Almost 30 years ago to the day, my classmates and I were finishing up our first BOD course at Kentucky. I was finally being paroled from a three-month stint in the 5th floor Medicine Clinic. Carol Gatlin, one of only 3 staff pharmacists for the 500 bed medical center, was about to go on maternity leave and my class would have to cover most of her shifts. And Paul Parker would call me into his office at 7:30 AM after I had just come off a 3-shift to ask me to apply Silvadene Cream and to bandage a piece of raw-looking meat that I eventually recognized as his left hand, all because he had tried to cook while Addie Catherine was out of town. During the next year, the great snowstorm of the century would hit Lexington, Adolph Rupp would die as a patient on 6N, and the master cylinder in my car would burn up, leaving me with no brakes for the next seven months because I couldn't afford a car repair. Although a lot of time has elapsed since then, the Kentucky residency program still ranks as one of the top four influences on my life. My wife and I still remember our three years in Lexington as living in a magical place at a magical time.

I left Kentucky in 1979 and took a job as an Assistant Professor at the University of Georgia. We stayed in Georgia just over 6 years and then moved to Virginia where I worked at both Virginia Commonwealth University and Eastern Virginia Medical School. In 1988, we moved back to Georgia to assume the position of Associate Dean in the College of Pharmacy, a position I've held for the last 18 years.

Soon after moving back to Georgia, ASHP was conducting a series of regional workshops on the future of pharmacy practice, and I was invited to attend the meeting in Atlanta. During dinner, I sat next to Paul Parker, and at one point during dinner he turned to me and said, "Finally I have a resident who is in academic administration. Tell me about your job." I carefully explained to him that I oversaw students, the curriculum, and academic affairs. He

immediately responded, “Sounds boring as hell to me,” then he turned away and began talking to someone else. Those of you who knew Paul knew that he was actually saying “sounds boring as hell to me” because he was not one to sugarcoat anything he was thinking. However, in his own Parker-like way he was issuing a challenge to me: “That job sounds like a lot of day-to-day drudgery—managing schedules and enforcing policies. What’s needed in pharmacy education is some real leadership.” It was that unspoken challenge that has been the difference between a potentially dead-end job and the most exciting and satisfying career path I could ever have chosen.

When I left Kentucky, I was a competent and confident clinical practitioner. However, what I actually learned in the Kentucky residency program were some fundamental values and/or principles. And as I look back on the past 30 years, I realized that those core values *were* and *are* Kentucky. They started out as Paul Parker’s values and have remained an integral part of the residency program. It really doesn’t matter if the pharmacy director is Paul Parker or John Armistead, or whether the Dean is Joe Swintosky or Ken Roberts—the same qualities that were valued 30 years ago are still valued today. I see them in my fellow classmates, and I see them in former residents whom I’ve worked with in Georgia over the years: Doug Miller, Bob Anderson, Leslie Jagers, Rusty May, Joe DiPiro, and even our newest faculty member from Kentucky, David DeRemer. So if you’ll bear with me for the next few minutes, I’ll try to articulate what I think the residency program at Kentucky is all about and how it has been such a tremendous influence on my life.

1. *All people are important*

When I flew into Lexington for my residency interview, I was greeted at the airport by

the Dean formerly known as resident Bob Blouin. He asked if I minded stopping by the Medical Center because he had check on a few patients. While we were in the hospital, he introduced me to Ken Record also a resident at the time, who was also there finishing up with patient related activities. Ken, in turn, introduced me to one of the pharmacy technicians.

It was pretty evident from that one visit that to the Kentucky folks, it didn't matter who you were—student, resident, technician, patient, pharmacist, faculty member, or physician. Everyone was treated as one of the family. Everyone was important, yet in the grand scheme of things, no one was any more important than anyone else. This closeness, this openness, this respect for others started many years ago with Paul and Addie Catherine and has been continued throughout the years by Rapp, Foster, Amerson, Piccoro, Smith, and all the other faculty, pharmacy administrators, and academicians associated with the program. And it's evident that this is instilled into the residents today: I don't know how many e-mails I have received from April Adams reminding me of deadlines and asking if I needed anything--like a walker, wheelchair, or portable O₂.

2. “I don't know” is an unacceptable answer to a question.

The residency program was all about going over and beyond what was expected. Being asked a question and saying, “I don't know” simply was not acceptable. You would have thought that Bob Rapp or Tom Foster would have been the first and the worst to get on your case for an “I don't know answer,” but actually they were mild in comparison to Ann Amerson. If there was ever a drug information question to which you answered, “I don't know,” she would very calmly look up over her glasses with her red hair and blue eyes, smile and ask, “Have you exhausted all possibilities to find the answer?” In her own reserved way, she was saying,

“Surely this is not the first time in the history of the universe that this question has been asked. And if it *has* been asked, you should be able to find the answer.” Which of course meant you were supposed look beyond the deHaen cards or Meyler’s *Side Effects of Drugs* or even the Dead Sea Scrolls to come up with the answer.

I first realized how important that this “over and beyond the call of duty” attitude was when I had my first medicine rotation. On the very first day of rounds, my team was standing outside the patient’s room discussing her case when the attending physician turned to the others on the team and said, “There are two outstanding services in this hospital—pharmacy and physical therapy. We have a pharmacist on this team—utilize him.” I knew this compliment had nothing to do with me because it was my first day and no one knew me. The “excellent pharmacy services” he was referring to pertained to the residents and faculty who had preceded me and was a real testament to the program that Paul Parker had established. At that point the attending proceeded to ask me a question, which of course I didn’t know the answer to. But within the next 20 minutes I had the answer to his question and from that point on, I tried to anticipate the questions rather than merely to react to them.

Due to my Kentucky “professional upbringing,” I still understand that “I don’t know” with no follow up is unacceptable, and I don’t think that any student, faculty, resident, custodian, administrator, or parent has ever left my office without an answer to a question or at least the guarantee of an answer in the near future.

3. Don’t take things too seriously

The Kentucky program has always sought residents who possess leadership potential.

Back in my day, this was actually a double-edged sword. The program back then was three years in length, and there were about 12-14 of us per class, which meant there could be 40 of us attending a residents' meeting at the same time. It was always fun to watch 40 "leaders" try to discuss or agree upon anything. It was worse than the UN—people arguing, pounding on the table, speaking in tongues, or getting angry and leaving. But while we could complain about almost anything, we were equally good about making fun of anything. In fact, we could make fun of anyone, any place at any time. But most of all, we could make fun of ourselves. This talent gave rise to Lampoon, an annual event that preceded even my time at Kentucky.

I can't over-emphasize how important the skill of being able to laugh at yourself is during one's career. We all have stressful jobs in pharmacy, whether they be in the health care arena, academia, or industry. There's not a week that goes by in which I don't see myself as stressed to the max or frustrated or misunderstood or undervalued. Fortunately I can draw upon my residency experience to put everything into perspective. I just keep saying to myself, "You gave up a life of making critical decisions on patients' health problems and medications for a higher calling, one that is far more taxing and critical. You have been charged by the taxpayers of Georgia with the responsibility for deciding whether pharmacology should be taught at 9:00 or 10:00. And not only have the taxpayers of Georgia charged you with this awesome responsibility, but they are actually paying you for these decisions!" The residency program definitely trained me not to take myself or my job too seriously.

4. If I can make it there, I'll make it anywhere.

One day during my residency the computer system in the pharmacy went down, and all orders had to be hand-processed and filled. It was almost a week before parts could be found

and the system was brought back on-line. Then a week's worth of orders had to be put into the computer and MAR's reconciled so that patients would be properly charged for their medications. Dr. Parker called all the residents together for what we would later term his "crisis-disaster" meeting. He said he wanted us all to work on getting everything back in working order, but he didn't want us to spend over 12 hours a day in the hospital. We were all laughing hysterically, because on a typical day when everything was running smoothly, we put in more than 12 hours a day.

The Kentucky program was and still is hard. There were many periods where just meeting our patient responsibilities, going to class, and working in Unit Dose meant that we would go for more than 30 hours without being able to go to bed. This experience was invaluable to me because it helped define what my limits were. Through the years, if I had to miss a night's sleep because of a sick child and then make a major presentation the next day, or if I got called into the hospital in the middle of the night, or if I had to be at work three or four weekends a month, it was no big deal because I had experienced far greater challenges in the residency program. They may not have been my most spectacular performances, but I knew I was going to survive them all and be just fine.

5. Death—the final frontier

Some years after I had completed my residency, I realized that one of the most important things I had learned at Kentucky was about death. Let me use 3 examples to explain this. 1) When I reflect back on unsuccessful codes, there was a consistent pattern: bad or no cardiac rhythm and blood gases that kept dropping to 7.35 or below—this obviously resulted in a physiologic death. 2) While I was a resident, there was a patient who had been in 7ICU for

almost a year with countless bowel fistulas. Finally this patient had improved to the point where she could be transferred to a regular room. Within 10 days of the move, she fell while someone was helping her out of bed and died of a subdural hematoma. 3) Example #3: It was not uncommon in our geriatric population to find couples who had been married 40 or 50 years. One of the two would die, and within 3 months, the surviving spouse would die.

All three of these examples have something in common. In each case, the patient's environment had changed, and they were unable to exist in that environment. I believe that's the real meaning of death—when your environment changes and you are unable to exist in that environment, you die. And I'm convinced that this applies to people, plants, or programs.

And while I don't spend a lot of time thinking about the literal meaning of death, there is not a year or maybe even a month that goes by where I don't think about the figurative meaning from a personal or programmatic standpoint. With regard to the Kentucky residency, it didn't matter that the three-year residency program ended, or that the Pharm.D. program became entry-level, or that the Drug Information Center was closed. This program has always been able to survive even the most radical of changes because it's been fundamentally strong and vibrant.

On a more personal note, I've always thought about death with regard to my career. Change occurs just about every day. Just when you think you have a program fine-tuned, somebody imposes another set of rules and everything changes. Being able to say, "I don't want to change" means that despite how much you protest, you are able to alter your direction and deal with the change. Saying, "I won't change" means that you need to find another job or retire. And saying "I can't change" means that your professional death is imminent. My career goal is to know the difference between "I won't change" and "I can't change" so that I can still go out on top.

While I am both honored and humbled today to receive this award, I'm also a little embarrassed, maybe even a lot embarrassed. Somehow it just doesn't seem right to accept an award from a program that's been your source of inspiration for the past 30 years. I was so lucky to have been accepted into this program; to have had the classmates, fellow residents, and faculty that I had; and to have had all the opportunity to learn and to grow. My only accomplishment to date has been to take what I learned in the program and pass it down to our current and future generation of pharmacists. Paul Parker took a word, a single word, and re-defined it to mean the highest quality in residency training, professional commitment, family, tradition, comradery, cutting edge research and pharmacy practice, compassion, dedication, and excellence. It's a word that transcends unit dose or pharmaceutical care or medication therapy management. It's a word that gives all 325+ of us a common bond and a rich heritage. Kentucky. May this residency program continue to thrive for a long, long time!

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