

**LEADERSHIP & ADVANCING THE PROFESSION**

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**( R-8 )**

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**(Opening Comments.....)**

Being honored with the Paul F. Parker Award is, without a doubt, the highlight of my career. It is truly a great honor to be recognized by the UK residents & staff in the name of Paul Parker. I would like to thank all of you for being here today, and I appreciate this opportunity to provide some reflections on how the UK residency experience, and in particular Paul Parker, impacted my professional career.

As I began to prepare my comments for this occasion, I realized that many of you here today may never have met Paul Parker, and you know him only through the stories related to you by those of us who were fortunate enough to know him as a preceptor, mentor, friend, and colleague. In my comments today, I would like to tell you just a little bit about how Paul Parker and the UK Pharm.D. & Residency program influenced my career and, in fact, continues to guide me in my professional life and my current position.

I'll never forget the first time I met Paul Parker. In the spring of 1969, after having been in practice as a BS pharmacist for 4 years, and being very disillusioned with the type of pharmacy practice that I had experienced thus far in my career, I was ready to leave the profession for medicine, dentistry, or hospital administration. Then I stumbled onto a "drug company throw-away" announcing the initiation of the UK Pharm.D. program with a picture of the program's first-two "pilot" students – Jerry Johnson and Pat Moynahan [Mullins] (later to be known as R-1). After a few phone calls, I was invited to interview..... "And, by the way, plan to stay all day"..... and, "Oh yes, by all means, bring your wife."

At that time, Paul's office was the first office on the hospital's administrative corridor. He did not have a desk, but he did have carpet on the floor and a small credenza where he kept his new-fangled dictating machine, several pads of paper and numerous # 2 pencils with erasers; and an ash-tray. Yes, at that time Paul smoked – or, should I say he lit cigarettes. During my interview time with Paul, he talked with great enthusiasm about the UK program, all the while holding a lit cigarette between his first two fingers, as the ash grew longer and longer, until it inevitably fell onto the carpet just before burning his fingers. Then, with a quick brush of his sometimes unshoed foot, he gently made the ash disappear into the carpet. But Paul's overwhelming enthusiasm for the neophyte Pharm.D. & residency program, and his obvious commitment to patients and to advancing pharmacy as a profession, made his idiosyncrasies inconsequential to a 27 year old pharmacist searching for something more from his profession. It was clear – one of Paul's strongest leadership traits was the self-confidence, ethics, integrity, and ability to inspire and create change – in people, in systems, and in the profession.

During the daylong interview, I also met such notables as Charlie Walton, Bob Rapp, Ann Amerson, Bill Miller, and Greg Chudzik (later to be known

as R-2)..... “But what about doing the Pharm.D. without the residency,” I asked. “No,” Paul said, “the only way you can do the Pharm.D. is to combine it with the 3-year residency. Yes, that’s a 3-year commitment, but you won’t regret it.”

Well, I certainly never regretted doing the residency, but the very next year – 1970 – several exceptions were made to the “3-year residency rule”, and Bob Rapp, Ann Amerson, Bill Miller, Tom Samuels, and Wayne Conrad enrolled in the Pharm.D. program, but NOT in the residency. As you might imagine, this caused a few ruffled feathers with the 6 residents who, by this time, felt like 2 more years was an eternity. But, life goes on, and what seemed, at the moment, to be an unfair situation, really turned-out to be a truly unusual and “once-in-a-lifetime” experience. On one hand, Bob Rapp, Ann Amerson, Bill Miller, Tom Samuels and Wayne Conrad were residency program preceptors. On the other hand, they were also classmates, as we all were taking the entire second-year medical school curriculum, at the same time..... Meanwhile, Dr. Walton was personally tutoring all of us in pharmacology..... Of course the residents still had to cover all the evening, night, and weekend shifts on the “Unit Dose Desk”.....  
.....And, in case you haven’t already guessed, the residents

had to walk to work in 2-feet of snow, up-hill, both ways..... and all for only \$3,000 a year.

But where was Paul Parker in all of this. Did he know what was going on? Of course he did. He knew that getting individuals to stretch themselves beyond their self-imposed mental and physical limits would give them the ability, courage, and endurance to achieve goals far beyond the well-defined boundaries of the current societal expectations and professional standards or practice norms. Yet, he always challenged our assumptions and our decisions, not necessarily because he disagreed, but because we wanted us to think more deeply about those assumptions and decisions.

I recall trying to explain to Paul why I wanted to re-focus my Pharm.D. course-work and residency rotations from clinical practice and specialization toward pharmacy practice leadership and administration. Paul challenged me like only a true mentor could. Not that he disagreed. He just wanted to make sure I was doing it for the right reasons, and he wanted to be certain that I was really convinced, within myself, that this was the right thing for me to do. Finally, I found the key. I told Paul that if clinical pharmacy was really going to thrive, prosper, and be the future of

pharmacy, there needed to be Directors of Pharmacy, with a patient-oriented clinical vision, who would create opportunities for clinical pharmacist specialists to practice at a level commensurate with their background and training. Only then would clinical pharmacy achieve its real potential. Since my thoughts matched with Paul's vision, he agreed, and he set-about working with my major professor and academic committee to allow me to take the final year of the UK MBA program and re-arrange my 3<sup>rd</sup> year residency rotations. I was truly blessed to spend most of my final year with Paul himself and the balance with John Butler and Cliff Hynniman working on a variety of administrative & operational assignments.

As the ASHP Midyear meeting drew close, Paul helped all of us to prepare our CVs. He insisted that each of us write and re-write a "Professional Goal" statement to be included on the first page of our CV. After about the 10<sup>th</sup> draft, I finally got it. For Paul, a "goal" is just out of reach, but not out of sight; a guiding principle that brings meaning and purpose to one's professional career; a life-long pursuit. The "Professional Goal" I wrote for Paul in 1972 continues on my CV even today..... "To provide the highest quality of professional pharmacy services and to support and contribute to

the further development and expansion of clinical pharmacy practice through efficient and effective administration of pharmacy programs.” Thank you, Paul, for setting the agenda for my life. And thank you for teaching me the importance of being able to articulate one’s vision in a way it can be understood by the pharmacy staff, as well as the medical staff, nursing staff, and health system administrators.

But Paul’s influence didn’t end with my graduation from UK in 1972. I know now that Paul was very instrumental in me becoming the Director of Pharmacy at Hamot Medical Center in Erie, Pennsylvania. Not only did he personally know the CEO at Hamot, but he promised that I would do a good job. Two years later, when I asked Paul for advise on starting a residency program at Hamot, Paul suggested that we affiliate with UK, pay for a UK resident position, and he would send one of the UK residents to Hamot – some 450 miles from Lexington – for extramural rotations of at least 6 months. What a win-win opportunity. For the next six years Bill Kelly and I were blessed to have a constant flow of UK residents at Hamot..... Mike DiPirro (R-23), Ann Patterson (R-47), Mary Berg (R-52), Mike Halbert (R-58), Brent Whitehead (R-65), Steve Bollish (R-83), Cindy Raehl (R-92), Gene Gibson (R-96) and Pat Plezia (R-101). With the aid

and assistance of these UK residents, Hamot's pharmacy program grew to a level of national recognition for its innovative clinical programs in a community hospital. Finally, as UK moved away from the 3-year residency combined with the Pharm.D. toward a 2-year post-Pharm.D. residency, Hamot transitioned to its own free-standing residency program, and recruited a UK Pharm.D. graduate into the first residency class.

A few years later, Paul influenced my career yet again. An opportunity at the University of Pennsylvania presented itself. But the competition was stiff. Filling the seat of a former Whitney Award winner was a frightening thought, but Paul assured me that I was ready. He encouraged me to take-on this new challenge as another "learning experience." Of course, I now know that Paul also wanted to spread his influence – through me – to yet another part of the country. Following Paul's leadership style, upon my arrival at PENN, I immediately announced that we would be changing the old post-BS "Residency in Hospital Pharmacy" program to the then-new "Residency in Clinical Pharmacy," and we would be recruiting only post-Pharm.D. applicants. You would have thought I dropped a bomb on Philadelphia. Well, maybe I did. And, to rub salt into the wound, I recruited Gene Gibson (R-96) to be my Assistant Director for Clinical Services. I

also convinced John Gans, then the Director of the Clinical Pharmacy Program at the Philadelphia College of Pharmacy and Science, to create a position for Gene's new wife, Lisa Lawson (R-88). Gene & I never looked back, pushing forward and bringing the UK philosophy of clinical pharmacy practice to Philadelphia. In 1987, Sarah Miller (R-157) came to PENN to do a 3<sup>rd</sup>-year Specialty Residency in Nutrition Support.

In 1991, another opportunity to spread the UK philosophy presented itself. This time in Charleston, West Virginia at Charleston Area Medical Center. That spring I recruited Laura Welch (R-203) to help me build a clinical program and start a residency program. Shelly Hoppe-Schliesser (R-214) came the following year to take-over our fledgling drug information program. Since West Virginia University did not yet offer a non-traditional Pharm.D. program for BS pharmacists interested in continuing their education, following the Parker philosophy of "get-on-with-it," I contacted UK and worked with Ann Amerson, John Piccoro and others to arrange for pharmacists on my staff to enroll in UK's non-traditional Pharm.D. program in exchange for agreeing to precept other non-traditional Pharm.D. students for their clerkship experiences. Within just a few years, 8 of the pharmacists at CAMC had enrolled in the UK program, and all of them

completed it and went on to do greater things. Needless to say, I am very proud of their commitment and desire to excel. I am also appreciative of my friends and colleagues at UK who worked through several obstacles to create the opportunities for these motivated young pharmacists. You might be interested to know that at least one of those non-traditional Pharm.D graduates went on to do a specialty residency in Critical Care and has significantly changed pharmacy practice in her institution.

In the spring of 1996, I started the most challenging opportunity of my career – Grady Health System in Atlanta. My start date at Grady was April 15<sup>th</sup>. And on July 1<sup>st</sup>, we started a residency with two residents. I must have heard Paul whispering in my ear “Get-on-with-it.” The following year, Suzanne Graf (R-230) joined Grady along with 3 other clinical specialists. Over the years, the clinical staff has grown to over 30, including Wendi McKinzie (R-233), and most recently Donald Harvey (R-237). I have now implemented the UK philosophy of clinical pharmacy practice & clinically-oriented residency programs at 4 different institutions, and with this year’s residency class at Grady, I have now touched the lives of over 100 residents as a pharmacy director and leader. I hope I have made a difference in those residents’ lives, and I hope Paul would be proud.

Paul..... I miss your mentoring... your prodding... your encouragement... your leadership.

As I conclude, let me share a few thoughts about leadership with the current residents here today. There are only a few key leadership traits that all great leaders share. Paul Parker had those traits and used them wisely to create change and advance the profession. Here they are:

- Paul reflected a calling to a higher purpose, a commitment to patients, and an enthusiasm for the profession that just wouldn't quit. He never lost faith in pharmacy.
- Paul could always see the "big picture." He had vision – that mental picture of a better way of doing things; and a drive to push beyond the norm; yet, a pragmatism grounded in reality.
- Paul had the ability to clearly articulate his vision to all levels of the pharmacy organization, as well to physicians, nurses, hospital administrators and the community. And, he had an unusual ability to get others to share his vision.

- Paul was a life-long learner. He continued to learn throughout his life – learning, analyzing, questioning, and acting. “Get on with it.”
- Paul mentored future leaders – encouraging them when necessary, and prodding them when necessary – coaching them about what should be considered in certain situations, and guiding them in self-discovery.

Now it’s up to you – all of you younger residents. Because you are a Kentucky Resident, you will be called-on to lead, whether you think so or not. Recognize your responsibility. Accept it. Embrace it. And respond to that “higher purpose” for your patients AND for your profession.

**(Closing.....)**

In closing, let me share a few personal notes.

This past week I had the opportunity to talk with Addie Catherine Parker, Paul’s wife. As many of you know, she now lives in Hopkinsville, KY in an assisted living complex operated by her church community. Her daughter and grandchildren live close by, and they visit often. She continues to be very active in her church and still drives occasionally, but only in the daytime. Most often her son-in-law picks her up for church because

parking is difficult when it is crowded. If you are ever in the Nashville area, I am sure she would enjoy a visit. Addie Catherine asked me to extend her warmest greeting to all of you and to wish all of you a very blessed Christmas.

Finally, please permit me to recognize a few special people in my life.

First, my very good friend and professional colleague of 33 years..... Bill Kelly. Bill & I worked together at Hamot Medical Center in Erie Pennsylvania for 8 ½ years. Hamot was the first job for both of us following completion of our Pharm.D. & residency programs. Although Bill graduated from the University of Michigan, he quickly adopted the Kentucky residency program, and was an outstanding preceptor for those early UK residents, including Cindy Raehl (R-92), who rotated to Hamot.

Next, let me recognize Gene Gibson (R-96). Not only was Gene one of those UK residents that rotated to Hamot, but for nearly 10 years, Gene & I worked together at the University of Pennsylvania. Gene taught me how to spell Pharmacokinetics and Pharmacoeconomics. Thanks Gene.

And on a very personal note – last evening, my daughter, Sirena, surprised me by flying in from St. Louis to be for this event. Thank you so much for making this time even more special.

Finally, permit me to acknowledge my wife, Carolyn. Like Paul's wife, Addie Catherine, she has been my best friend, my help-mate, and yes, sometimes my harshest critic. But through all the up's and down's of trying to live up to Paul's expectations, she – like Addie Catherine – was there in support, including inviting many of those residents to stay in our home when they came to interview. Like Paul & Addie Catherine, we're a team. My successes are her successes – my wife, Carolyn.

Thank you all, so much, for this wonderful honor.