Remarks at Paul F. Parker Award Luncheon

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It is a wonderful honor to be selected to receive this year's Paul Parker Award. When I think of the accomplishments and especially the innovations that have resulted from the careers of both Dr. Parker and the impressive list of previous award recipients, it makes me proud but also humble to be included in this group.

This award is special because it is bestowed by one's peers, fellow residents who understand the expectations of a graduate of the University of Kentucky program. My thanks to the selection committee and especially my nominator, for one cannot receive an award without first being nominated.

My connections to Dr. Parker extend far beyond the Kentucky experience. I have spent my entire academic career at the University of Michigan where Dr. Parker is remembered as a hospital pharmacy resident mentored by another exceptional leader in pharmacy, Donald Francke.

Also, one of Paul's major volunteer activities that doesn't receive much recognition was his long-time commitment to the United States Pharmacopeia, an organization that has been important in my volunteer life as well. In fact, Paul finished his 20 years as a member of the USP Board of Trustees, including 17 as USP Treasurer in 1990, the same year I started my first USP volunteer commitment, serving on its Drug Use Review Expert Committee.

The legacy of Paul Parker truly has cast a long shadow that has influenced me well beyond the three years I spent in Kentucky.

As other Parker Award winners have done, before preparing my remarks I reviewed the comments of previous recipients posted on the UK Pharmacy Residency website (http://www.mc.uky.edu/residency/history.html). Those thoughts which describe the contributions of Paul Parker and extol the importance of carrying on the leading, mentoring, innovating and other qualities we learned in our program are well articulated. There is little I could have said better. So what is now left for me to say? At first it seemed it would be best for me to encourage you to read those comments and then sit down. However, neither I – nor you, for that matter – will get off that easily.
Please do read the other award winners’ remarks, for, as Ray Maddox (R44), said in his award presentation from a few years ago, “There is much wisdom in these comments.”

Each of us has his or her story about interviewing for and begin accepted into the UK program. I suspect my experience was one of the more unusual.

During the last year of my Bachelor’s degree program in Pharmacy at the University of Wisconsin in Madison, I had to make decisions about where I had wanted to go with my life – a problem I had not addressed very well up to that point. I knew that upon graduation I would have had exceedingly little practice experience in the profession upon which I was about to embark: three hours a week in a community pharmacy for a one semester elective course and practically nothing in the inpatient setting – a situation perhaps hard to believe given the extensive practical experience pharmacy students receive today.

At that point I was already considering graduate school in pharmacy social and administrative sciences, but concluded that if I was going to study the use of medicines in some way, I would benefit from more experience in that use. And why not get that experience at the best place – the University of Kentucky!

Not knowing the usual interview protocol – which was probably a good thing – I contacted the College explaining I had plans to visit friends at UK at the end of the semester and was told I could interview for the program while I was there.

So bright and early one December morning I appeared, as scheduled, at the College of Pharmacy – not the hospital – then located on Washington Avenue. I was ushered into an office and had a pleasant conversation with Prof. Richard Doughty, a name some of you will recognize. There was very little discussion of my reason for being there until Prof. Doughty commented, “It’s too bad, you can’t interview for the program while you are here in Lexington.” Now, in preparing for this day I had given thought to what I believed would be almost any question or eventuality that would arise. But that comment was not one of them.

I don’t remember exactly what I said at that point and I am not sure if it was the persuasive case I made or the pity that Prof. Doughty took on me – I suspect it was the latter – that caused him to say, “Let’s see what we can do.”

Prof. Doughty got on the phone and within minutes Keith Parrot (R34) appeared, resplendent in his white shirt, white pants and white coat – the uniform de rigueur. So Keith, my white knight, whisked me off to a busy, if rather unstructured, day of interviews. In all honesty, I don’t remember much about the day. I know I met with Paul Parker but can’t recall the particulars. My most vivid memory was when Keith took me to have lunch in the residents’ dining room with several other pharmacy residents all dressed alike in those white coats and pants or skirts. While they didn’t exactly represent the height of 1970’s fashion, I was impressed that the pharmacy and medical residents had the same uniform and shared the same dining room. This
to me was an outward sign of interprofessional cooperation and respect – a perception that was confirmed when I returned as a new resident.

So my first lesson learned occurred before I even entered the program: Don’t assume that because you are told something is true or correct, that it is so. The need to reconfirm important assumptions applies whether one is scheduling an interview, dosing a drug in a renal-compromised patient or approving an annual department budget. And the equally important corollary: Be prepared to respond when the unexpected occurs, as it will.

I also learned that day how the residents helped, collaborated with and generally looked out for each other. Sure, Keith was told to come to get me but he and some of his colleagues truly went out of their way to make sure the impromptu interview schedule went smoothly.

(As a sad aside, I learned recently that Keith Parrott died earlier this year – much too premature – after an academic career at Oregon State University. I had hoped to reconnect with Keith after many years to once again express my appreciation for his efforts but it won’t happen. I urge you not to make a similar mistake.)

I must have projected early in the program that being the best clinical pharmacist was not my ultimate career goal. I hope it was by my statements and not by a lack of effort. As Dean Bob Blouin (R52) described me in his Parker Award remarks a few years ago: Duane was “an administrative resident disguised as a clinician (the proverbial wolf in sheep’s clothing).”

A review of the list of 18 Kentucky residents who have won the Parker Award reveals that almost every one if then currently is or has been in an important administrative position. Five are currently pharmacy school deans, others have been associate deans and still others hold or have held very important administrative positions at health systems or other organizations. I suspect a similar career pathway has been followed by many Kentucky residents.

So my response to Bob – who is an excellent administrator, by the way – and others who had cast aspersions – always in jest, I assumed – on those few of us who early on had administrative inclinations is that we knew from the start where we were going to end up. It just took the rest of them longer to figure that out for themselves!

But, in fact, my career was not really built around being an administrator, per se. At the University of Michigan I did spend time as a department chair and also created, and for a while directed, a center but never filled a deanship or similar high level position. While my current position as the Chairman of the Board of USP does rise to that level, it is a post-retirement, volunteer position, hardly one upon which to build a career.

Rather, I recall describing my desired focus to Dr. Parker as “population-level pharmacy” – I must have read that phrase in a book somewhere. As I remember telling him, it is fine that there will be many good, clinical pharmacists to help individual patients, but there needs to be a smaller but no less competent cadre of pharmacists with additional skills who know how to
examine patterns of drug use for appropriateness and to design and evaluate programs at the patient, health professional, system and public policy levels to improve that use. I think he liked that, at least as a start – although one couldn’t always tell from Dr. Parker’s responses. But, as my major professor, he made me elaborate and refine that statement and accompanying goals throughout my time at UK to eventually arrive at a more sophisticated statement that positioned me well to move on to the next step when I left Kentucky. Another lesson well learned that I have always insisted my students do also.

So how did the program uniquely help prepare me for my career ahead? A strength of the program was its ability to create unique learning experiences. I’ll illustrate with two examples.

At that time each resident was required to complete an off-site experience officially known as an extramural rotation – referred to by some, often mistakenly, as an extramural vacation. To get my “real-world” experience, six months after my arrival at UK I packed up and headed off to the far-eastern Kentucky town of South Williamson on the Kentucky-West Virginia border. Although best known as the location of the infamous Hatfield-McCoy feud, South Williamson was also the location of the pharmacy headquarters of the 10-hospital chain now called Appalachian Regional Healthcare under the leadership of another Paul, Paul Baumgartner and his assistant pharmacy director, David Solomon.

There I participated in innovative ambulatory care practices – including the clinic where there were no prescriptions. After seeing a patient the physician handed the medical chart to the pharmacist often with a drug name but no regimen or sometimes with just instructions for the pharmacist to determine both the drug and the regimen. Then, after the technician filled the prescription, the pharmacist called the patient into his office for the counseling session. This experience was great for me since my clinical interests were in outpatient care – another anomaly in this time when the average length of stay in US hospitals was greater than 11 days, and the ratio of outpatient to inpatient visits was only one third of what it is today.

To me, more valuable than practicing in those programs was the opportunity to help design and conduct evaluations of them and to create staffing guidelines for expanded programs. I also was involved there in early research on the then-new concept of drug utilization review and had opportunities to learn how professional organizations influence medicines and medicine use when I attended an ASHP Board of Directors meeting and my first USP meeting in Washington, DC, thanks again to Paul Baumgartner, the ASHP President-elect at the time.

In the spring I returned to Lexington for a year but then, in my third year, I headed out of town again, this time to Morehead where I spent my entire last year at the St. Claire Medical Center. (I may hold the resident record for least time spent on clinical rotations at UK.) Again this setting presented unique opportunities. As hard as it may be to believe today, there had been no pharmacy department at the hospital until shortly before I arrived. Bruce McWhinney (R27), whose main responsibilities were as a UK pharmacy field professor, was the part-time director of pharmacy and had hired a new UK graduate as the first staff pharmacist. Together we
designed and implemented the pharmacy physical facility, a TPN and IV admixture service, a pharmacokinetic dosing service, medical and nursing staff in-service education programs and several other programs and services.

At the same time I practiced two days a week at the clinic next door, again in another unique – for its time – family practice arrangement. You see, I was not totally bereft of clinical skills.

Recognizing that it was these special, often unique, experiences that made the Kentucky program of most value to me, I have tried to encourage and create such experiences for my students. It often takes significant effort – sometimes as much effort to convince students to engage in these special experiences as it did to actually create them – but one sees the payoff when a student flourishes in a new area of interest or discovers a new approach to analyzing a situation or a better way to evaluate a program.

By now, you are probably asking, “This is all very nice, but did this guy ever have any real inpatient training at the UK Medical Center?” In fact, my first inpatient rotation was in pediatrics (probably the area that interested me least, except for surgery – which turned out to be my second inpatient assignment). John Piecoro, my mentor, introduced me around and then left for a couple weeks of vacation. About a week later, a newly arrived first-year resident, Barb Magera (R62), showed up to learn from this veteran, seasoned by an entire week of experience – talk about the blind leading the blind. But it was one of those important “character building” opportunities that we all have experienced and benefitted from, whether we want to admit it or not.

I want to share one anecdote from my inpatient rotations – from this pediatrics rotation. There was a little premature baby, Brian A. Brian was born with severe GI problems so he couldn't tolerate food. His birth had occurred before I joined the pediatrics service; I remember making up his total parenteral nutrition solution in the Central Pharmacy. Somewhere along the way, the wrong yellow solution was hung and instead of TPN, Brian got amphotericin. We know how caustic “ampho-terrible” is in the best of situations so imagine the effect it had on little Brian. For months, he got exceptional care but the damage had been done and eventually he succumbed to the multiple insults his tiny body had endured.

I know this experience wasn’t unique to me. All veteran pharmacists have had their own “Brian” experience. I know that pharmacy was not the cause of this problem – at least not the proximal cause. But did pharmacy bear some responsibility? If not – who did? What systems should have been in place to prevent this calamity from happening? And then the even more difficult question must be raised: What is the appropriate response to dealing with what may be a futile situation? My “Brian” experience and a couple of others like it further strengthened my desire to work beyond direct patient care on solutions to prevent or resolve medication use problems. Although I didn’t pursue a clinical career, my Kentucky practice experiences provided a useful foundation that I couldn’t have gotten any other way.
Well, I made it through the program and with encouragement from another classmate with similar interests, Steve Schondelmeyer (R50), went on to even further education under an equally impressive mentor, T. Donald Rucker. But that is a story for another time. In reading the bio on me penned for the residency newsletter, the Kentucky Konnection, I smiled at the sentence, “After completing many degrees and years of education, Dr. Kirking continued to educate, lead, and innovate.” – a nice summary statement.

I have been asked several times if I regretted my decision to devote three years to the intense Kentucky PharmD-Residency program when my career went in a direction different from clinical practice. I am always quick to reply, “No! It was a very good decision.” Was it because I received a strong background in how medicines worked? Well, perhaps. Was it because I was exposed to innovative ideas about pharmacy practice which I was able to build upon later in my career. Yes, in part. Was it because I interacted with some great people from whom I was able to learn and apply that learning to whatever aspect of pharmacy I went into? Yes, that was also part of it. Was it because I developed and was able to refine personal qualities and skills that were instrumental in shaping both my professional career and my personal life? Yes, that was important.

But the most important reason why my three years in Kentucky was time well spent was that without it, there wouldn’t be a Marilyn Kirking. Remember when I said there was one staff pharmacist – a new graduate – at St. Claire Medical Center where I spent my last year. That pharmacist was Marilyn Howard, later to become Marilyn Kirking. My wife doesn’t have an R number, but she does have a UK pharmacy degree and has had a career doing important things in pharmacy. Fortunately for me, she must feel similarly about the importance of the time in Kentucky because she has been beside me – sometimes behind me, appropriately pushing a little – for the 35 years since we left Kentucky. Without her support my career would not be close to what it has been. She deserves a big portion of the credit for my receiving this award.

Wherever you may be in your career journey, whether you are like me deciding on how to best cover the remaining miles, or in mid-career, actively creating the next leg of that ongoing journey, or just beginning to think about what direction your journey should take, I encourage you to make it a high priority to continue to foster meaningful personal and professional relationships that will make the journey ultimately more productive and certainly more enjoyable.

Thank you again for this award and the opportunity to share these reflections.