

Leadership: The Nexus Between Challenge and Opportunity

Reports of the 2002-03 Academic Affairs, Professional Affairs, and Research and Graduate Affairs Committees

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Issues and Challenges in Pharmacy Education

In her 2002 AACP Presidential address, Dr. Barbara G. Wells described the significant impact pharmacy educators have had on the preparation of new practitioners and pharmacy practice during the past several years.¹ More importantly, she listed a number of challenges confronting the pharmacy academy and the pharmacy profession at present and in the foreseeable future, "The challenges before us define our opportunities and responsibilities to transform pharmacy education and the profession...." Achieving these transformations will require "...leadership of a kind and quality that is seldom seen in professional life."

Pharmacy education and practice have faced challenges throughout their long intertwined history as eloquently described by Buerki in his history of the first 100 years of the American Association of Colleges of Pharmacy (AACP).² An examination of the leadership through most of the first 100 years of AACP reveals individuals who provided vision, persistence, and action in creating needed changes in education and resulting practice. Primarily an association of deans for the first 70 years of its existence, AACP reflected the central and often solitary role of deans in leading their institutions and often the practice of pharmacy in their respective states by participation on the Boards of Pharmacy and/or state pharmacy examination committees. A small and select number of deans and faculty, buttressed by the recommendations of timely national surveys of pharmacy practice, provided much needed leadership for changes in the content of the pharmacy curriculum and the appropriate length and title of the pharmacy degree during these first 70 years of existence.

What is so unique about the challenges described by President Wells? The leadership of the past provided by "gifted and highly committed individuals," served pharmacy education and practice well over many decades. Perhaps as President Wells suggested, "the stakes have been raised." When pharmacy education and practice accepted the challenge of changing from a product- to a patient-focused health profession, the measure of success and failure of that new professional mission was transferred from the educator and practitioner to the patient. There is increasing evidence that appropriately educated and trained pharmacists providing comprehensive

pharmaceutical care can positively improve patient health outcomes, but that practice is more the exception than the rule. President Wells posited that we in the academy and the profession can successfully transform pharmacy education and the profession to meet these newest challenges through more diverse and extensive leadership— leadership provided not only by select small number of individuals, but by a much more inclusive number of academic administrators, faculty, practitioners, and students. She further challenged the academy and Association to provide leadership development opportunities for all those who aspire to lead.¹

A Historical Perspective of AACP Leadership Development Activities

To paraphrase the philosopher George Santayana, those who cannot remember past AACP programs are apt to repeat them, both good and bad. Following the Association's reorganization in 1972, the first nondean, Dr. Robert V. Petersen of the University of Utah, was elected President. The subsequent and increasing involvement of associate/assistant deans, faculty, continuing education directors, and librarians in AACP engendered by the reorganization provided an opportunity for new voices and opinions on the conduct of the future of pharmacy education to be heard on a national level. The flow of federal "capitation" grants to pharmacy colleges and schools along with the mandated initiation and growth of clinical pharmacy practice and practitioners dramatically increased the challenges facing pharmacy education and practice. Whether in anticipation of or in reaction to these circumstances, the AACP reorganization was certainly "just in time." Without the increased participation and leadership exhibited by individuals from all segments of the academy during the 1970s, the successful incorporation of experiential education in the curriculum and the "new" practitioners on college and school faculties would have been impossible.

While college and school and AACP leadership in the 1970s remained dean-dominated, faculty became increasingly involved in leading Association activities as presidential officers, chairs of the Council of Faculties (COF), members of the Board of Directors, and through service on committees during the 1980s. Strategic planning became an important focus of the Association, a practice that carried over into member institutions.³ Strategic planning provided colleges and schools of pharmacy a tool for asking the unasked questions, such as what were institutions trying to accomplish in their educational and research programs and how, when, and where, the changes were going to occur in light of current evolving environmental trends. Challenges facing pharmacy education in the 1980s included a decrease in applications, a rapid increase in female student enrollment, faculty recruitment and retention, the single versus dual degree debate, and periodic severe state financial exigencies that on occasion resulted in threatened program closures or mergers. These and other challenges were topics of considerable discussion at AACP meetings. The 1982 Argus Committee encouraged AACP to investigate the feasibility of management-skill training programs and leadership development through a system of committee appointments of increasing complexity and responsibility within the Association structure. The committee noted that at present, there were no programs, courses, and seminars devoted to teaching the basic management skills required by pharmacy deans. Among the committee's recommendations was a survey to determine the feasibility of sponsoring management-skill seminars for deans and potential deans.⁴

The AACP interim meetings throughout the 1980s were designed specifically for the Council of Deans (COD). The meetings took place in Washington, D.C. and were scheduled to allow attendees to incorporate visits to Capitol Hill and selected federal agencies. These interim COD meetings provided an informal environment for new dean mentoring by seasoned colleagues. Annual meeting programming contained sessions addressing many of the contemporary challenges facing pharmacy education and the standing committee reports from this era are still valuable for their insightful approach to significant problems. The 1980s witnessed the first significant movement by the Association into leadership/management development programming with the first leadership conference, "The College of Pharmacy in a Changing Environment," held in October 1984 in Indianapolis, IN. The program was presented in cooperation with the American Council on Education and sponsored by Eli Lilly & Co.⁵

In May 1987, a focus group of COD and COF representatives met with a consultant and determined that it was appropriate for AACP to establish a comprehensive, structured, on-going program designed to assure and enhance executive management and leadership in colleges and schools of pharmacy.⁶ This led to the development of the AACP Academic Management System (AMS). AMS was planned and initiated through the leadership of Executive Director Carl E. Trinca and AACP leaders, most notably Deans William Kinnard, Jack Cole, and Michael Schwartz. The first AMS, held in February 1988, was a two and one-half-day conference for the institution management team and was attended by 150 deans and other institutional representatives from 46 member institutions.⁷ AMS programming continued annually either prior to or following the interim meeting, until the content was incorporated into the Association's interim meeting in 2000. AMS, COD, and COF programming at the interim meetings throughout the 1990s and into the 2000s have addressed many different leadership and management issues. Another AMS product was a compilation of papers on leadership/management issues authored and reviewed by members of the academy.⁸ Currently out-of-print, the AMS papers were important not only for their content, but also for focusing attention on the importance of academic leadership/management development.

Leadership/management skill development for new deans and prospective deans received a boost in 1989 with the initiation of the New Pharmacy Deans Program, sponsored by Glaxo and then GlaxoWellcome. After the first several programs, the content was prepared and presented by Triangle Associates.⁹ The New Pharmacy Deans Program was also attended by a number of individuals nominated by deans as potential academic leaders. Many of these

individuals have gone on to become deans and department head/chairs in colleges and schools of pharmacy. A sponsor request to include other health professions' deans resulted in the addition of new deans of nursing, dentistry, public health, optometry, podiatry, osteopathic medicine, and allied health sciences. Moreover, the name was changed to the Academic Leadership Institute (ALI) in 1995. The ALI was valued by participants who profited from the opportunity to interact with other new deans both within pharmacy and among the other health professions. The ALI introduced many of the participants to the now ubiquitous 360-degree evaluation technique used in leadership/management development programs. ALI participants nervously anticipated the interpretation of their SYMLOG[®] and SKILLSCOPE[®] results and suggestions for "improving their scores." Loss of sponsor funding for the ALI resulted in its discontinuation in 2000. AACP, alone and in cooperation with members of the Federation of Associations of Schools of the Health Professions (FASHP), has been unsuccessful to this date in identifying outside support for a new deans leadership development program.

AACP offered several programs to assist member institutions in implementing needed change in curriculum design and educational outcomes following acceptance of the doctor of pharmacy degree as the sole professional degree for pharmacy in 1992.¹⁰ These included invited staff visits and evaluations of an institution's readiness to change, the Center for the Advancement of Pharmaceutical Education (CAPE) educational outcomes panel and publication, and the AACP Institute (the Institute). The Institute was structured to convene teams of deans and faculty to develop "take home" plans for curricular and institutional change needed to implement the doctor of pharmacy degree and phase-out of the baccalaureate degree program in pharmacy. AACP Scholar-in-Residence and subsequent President Robert E. Smith modeled the original Institute on a successful team leadership development program, the Asheville Institute on General Education, a collaboration of the Association of American Colleges and Universities with the University of North Carolina at Asheville.¹¹ Since its inception in 1996, the Institute has proven to be one of AACP's most successful team leadership development programs, addressing the continuum of curricular development and assessment over the past several years.

In 2002, AACP focused its entire annual meeting, "Hallmarks of Leadership," on leadership and leadership development. In addition to the general and special sessions, Section and SIG programming focused on the topic of leadership development. A new meeting activity, the breakfast roundtable, provided an opportunity for small groups to consider a variety of topics with a facilitator. One of a number of excellent general session speakers, Dr. Steve Graham, Director of the President's Academic Leadership Institute of the University of Missouri System, addressed the issue, "Academic Leadership: Is it REALLY all that different?"¹² Graham identified some of the common problems associated with academic leadership and leadership development. They include:

- ☐ Academic leadership requires team not individual efforts, but the nature of academic work often rewards individual efforts;
- ☐ Academics often hold old notions of leaders and leadership (i.e., "lead" can be a four-letter word); and
- ☐ Faculty are reluctant to take leadership roles because there are no rewards, it detracts and distracts from research and teaching, and may not be compatible with the personalities of some faculty members.

Dr. Graham's assessment of the University of Missouri's leadership program's successes and failures was revealing, and provided some direction for future efforts in this area by the Association. Graham reported that the following activities work and are critical for success:

- ☐ 360 degree assessment;
- ☐ Investment of time by the participant;
- ☐ Development of an individual network of peers and coaches;
- ☐ Sharing of problems and solutions across campuses and disciplines;
- ☐ Working on common problems with others;
- ☐ Relationships and trust are critical to success;
- ☐ Support from university and/or college administration is essential; and
- ☐ Someone has to be responsible and champion the initiative.

Dr. Graham also listed some of the activities that do not work:

- ☐ Web-based discussion boards;
- ☐ Extensive work before sessions (i.e., homework);
- ☐ Expectation of full support from the dean; and
- ☐ Expectation of 100 percent participation.

The Missouri program employs team-building activities, case studies, focused and interactive content, follow-up, and more follow-up. The program is expensive, both in terms of financial support and time commitment by participants.

Dr. Graham's assessment of "what worked and what didn't work" was similar to the suggestions of an AACP deans focus group on leadership/management programs convened at the 2000 AACP Interim Meeting.⁹ AACP staff conducted the focus group to solicit input regarding desirable traits of future leadership/management initiatives, including the possible revision of the original AMS leadership/management papers. This latter effort did not meet with much enthusiasm, even if the series was converted from paper to Web-based. Reading about leadership was criticized as being a passive activity and supports Dr. Graham's observation that homework does not work. Alternatively, the 360-degree evaluations were viewed very positively as a potentially useful AACP service. Most of the focus group participants had attended the New Pharmacy Deans Program or ALI and found it to be useful, particularly the case studies and peer interactions. Didactic sessions were less valued. Team leadership development was identified as very valuable and the AACP Institute was suggested as a possible venue or model. The importance of active learning and peer interaction was continually emphasized, with some nostalgia exhibited for the old COD-only interim meeting, where one-on-one interactions were common. Current AACP meetings provide a venue for unstructured peer interactions, often outside of the meeting room environment. Although the dean focus group participants were not interested in formal training programs, they did agree that it might be useful for those interested in pursuing an academic leadership position in the future, such as department chair or deanship. In the area of management, development of a management "toolbox," similar to that suggested by the 1997/1998 Argus Commission was suggested.¹³

Academic Leadership Revisited: 2002-03 Standing Committees

The challenges and complexities confronting academic pharmacy are manifold and growing. They significantly impact the ability of academic departments, institutes, and centers to fulfill their missions in teaching, research, and service. Examples of these challenges include difficulties in recruiting and retaining chairs and directors; challenges in recruiting faculty who are adequately prepared to develop research programs; problems in filling residency and fellowship positions; a declining interest in academic careers among graduate students, professional students, residents, and fellows; difficulties in accessing resources to support faculty development; and obstacles in developing outstanding clinical teaching sites and assisting practice sites in evolving their programs to address their patient care needs.

A lack of leadership skills and preparation among deans, academic chairs, vice chairs, assistant and associate deans, and directors is seen as an obstacle to the successful resolution of these challenges. These leaders and managers may not understand what is expected of them, how to build the shared vision, how to lead independent-minded faculty, or how to manage the complexities in day-to-day departmental affairs. Additionally, these individuals are often not given the discretionary resources or authority to reward those they are assigned to lead.

In view of these significant challenges facing academic pharmacy, AACP President Barbara G. Wells asked the Academic Affairs, Professional Affairs, and Research and Graduate Affairs Committees to meet together to identify the leadership characteristics and skill sets needed by deans, chairs, vice chairs, assistant and associate deans, directors, and other aspiring administrators.¹ Prior to the committee meetings, AACP staff sent a questionnaire to deans, associate/assistant deans, department chairs, and directors of experiential programs asking them to list the five most important issues or problems that leaders in academic pharmacy will encounter in the next five years. The results of the survey were analyzed and provided to committee members prior to the meeting.

Before meeting to consider their respective charges, committee members and staff liaisons participated in an interactive session with Drs. Nance Lucas and Rob Sheehan (the facilitators) from the University of Maryland's James MacGregor Burns Academy of Leadership.¹⁴ The goals of the session were to introduce a common language on leadership/management to the participants, identify desirable characteristics and skills of leaders, and consider ideas for delivery models for leadership development programming for all segments of the academy.

Following a group exercise where each participant was asked to identify who they considered to most exemplify the qualities of leadership, the facilitators addressed an issue that generates considerable discussion regarding programming content for leadership development: the Leadership & Management or Leadership versus Management conundrum. The versus group often uses the Warren Bennis quote that "Managers do things right. Leaders do the right thing."¹⁵ Harvard Business Professor John Kotter has added, "leadership and management are two distinctive and complementary systems of action. Each has its own functions and characteristic activities. Both are necessary for success..."¹⁶ However John Gardner observed, "Every time I encounter utterly first-class managers they turn out to have quite a lot of leader in them."¹⁷ Other group activities produced parallel lists of common descriptors of leadership and management attributes, and a consensus list of competencies for any individual in an academic leadership position.

Paired descriptors used to differentiate leadership and management behaviors/activities include:

Leadership Management

- ☐ Vision/Direction Marshalling resources
- ☐ People oriented Task oriented
- ☐ Right things Right way
- ☐ Free thinking Organized thinking
- ☐ Proactive Reactive
- ☐ Communicator Maybe not
- ☐ Why? How?
- ☐ Serve others first Maybe not
- ☐ Inspire Perspire
- ☐ Take risks Avoid risks
- ☐ Break Fix

The consensus list of leadership competencies identified includes:

- ☐ Consensus building
- ☐ Articulate a shared vision
- ☐ Ability to motivate
- ☐ Networking or relationship skills
- ☐ Effective communication skills, including listening
- ☐ Perspective, or ability to see the big picture
- ☐ Develop human resources

The facilitators then briefly introduced the group to several models of leadership, including Relational Leadership,¹⁸ Servant Leadership,¹⁹ and Transformational Leadership.²⁰ The concept of Transformational or Transforming Leadership was originally developed by James MacGregor Burns and is described to occur, "when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality."²⁰ Transformational leadership focuses on values such as integrity, excellence, and collaboration. The facilitators provided additional support for the view of leadership as a process or "way of being." A personal view of the transformational leadership model in academia in general and pharmacy in particular by AACP President Barbara Wells provides additional valuable insight into the concept of academic leadership development.²¹

Using the results of the staff-conducted survey of the top issues facing pharmacy, the committee and staff participants were then asked to identify the top five major issues facing pharmacy education today. They include:

- ☐ Lack of shared vision among practice faculty, science faculty, and pharmacy practitioners;
- ☐ Faculty recruitment and retention;
- ☐ Professionalization of students;
- ☐ Changing from a teaching to a learning environment in our institutions; and
- ☐ Resource acquisition/allocation and mentoring and development of faculty (tie).

Participant groups then developed lists of the three to five core competencies for effective leadership for faculty, associate/assistant deans, department chairs, and deans of colleges and schools of pharmacy. There was remarkable consistency in the identified competencies among the groups. These included consensus building, ability to articulate a vision, networking skills, credibility/integrity, communication skills including listening, and ability to make a decision. Comparing the needed competencies and the top five major issues facing pharmacy today, there is compelling support for President Wells' admonition that something must be done to increase the number of leaders and level of leadership in the academy.

The facilitators completed the session by describing a variety of leadership development delivery models, along with advantages and disadvantages of each model (Appendix). Not surprisingly, there is no quick and easy method available to produce new leaders. To echo John Gardner, leadership development is a life-long process.

The facilitators further suggested that before the Association goes deeper into developing programs, a needs assessment should be used to determine what leadership skills and abilities would be best addressed through AACP-developed programs and what other skills are appropriately addressed in programs that are already available to deans, department chairs, and faculty. There should be little concern given as to whether the program deals with leadership or management, because they are complementary. It was agreed that a wide variety of programs should be offered to meet the needs of a wide spectrum of career stages across the academy membership.

Academic Affairs Committee

The Academic Affairs Committee was asked to focus on the specific aspects of leadership that impinge upon faculty recruitment, hiring, development, and retention, as well as the characteristics and skills that enable leaders to

acquire resources essential to develop faculty and maintain quality instructional programs. Specifically, the committee was asked to:

- ☐ Identify the characteristics and skills needed by existing and aspiring academic leaders to deal effectively with faculty recruitment, hiring, and retention, including faculty development, as well as to be successful in garnering the resources needed to maintain quality instructional programs;
- ☐ Identify current successful practices related to the identified challenges that can be transferred from one institution to other settings; and
- ☐ Recommend specific mechanisms that AACP and colleges and schools of pharmacy can use to foster leadership development and enable development of leadership characteristics and skill sets to address these challenges.

The 2002-03 Academic Affairs Committee discussed leadership from the perspective of how it is exhibited across all faculty and administrative ranks, across the different functional areas in academia (i.e., leadership in teaching, leadership in research, leadership in service), and across different stages of an academic career. A foundational assumption was that leadership is not dichotomous (i.e., leader/not leader), but rather is a process and that no one individual will possess or exhibit all characteristics and skills associated with leadership and being a leader.

Starting with the consensus list of leadership competencies identified in the facilitated interactive, cross-committee session, the Academic Affairs Committee discussed the specific academic challenges of faculty recruitment and retention and narrowed the list to the following abilities as key to success in leading the institution or unit (such as a department or center) through those challenges:

- ☐ the ability to articulate a vision;
- ☐ the ability and willingness to mentor faculty at different career stages;
- ☐ the ability to function proactively to advance the mission of the unit;
- ☐ the ability to communicate effectively; and
- ☐ the ability to build relationships and understand the needs and perspectives of various constituencies and stakeholders.

A focus on leadership development was not new for the Academic Affairs Committee. The 1993-94 Academic Affairs Committee identified the shortage of academic leaders as a challenge for pharmaceutical education.²² The committee attributed the expanding roles of academic leaders to the increasingly complex nature of academic institutions and the environments in which they function. The committee identified the following knowledge and skills as necessary to academic leader's success:

- ☐ academic management;
- ☐ research management;
- ☐ business skills;
- ☐ fund-raising skills;
- ☐ interpersonal skills; and
- ☐ human resources management.

The primary skill for success as an academic leader identified by the 1993-94 Academic Affairs Committee, reaffirmed by the 2002-03 Committee, was the ability to provide a vision for the future and the ability to motivate others to share in achieving that vision. Underlying success, therefore, rests in the team-building skills.

Successful Practices In an effort to facilitate sharing among colleges and schools and to identify and enhance existing activities aimed at challenges in pharmaceutical education, AACP members were asked to share with the 2002/03 Academic Affairs, Professional Affairs, and Research and Graduate Affairs Committees the processes and practices they developed and implemented and found to be particularly effective. Specifically, models for developing leadership in pharmaceutical education as well as model practices for leading and managing the pharmacy college or school within the current environment of faculty shortages, decreasing resources, increasing reliance on campus-community interaction and cooperation, and growth of multi-unit/interdisciplinary research programs were sought.

Faculty Recruitment, Hiring, Orientation, and Retention In the areas of faculty recruitment, hiring, orientation, and retention, colleges and schools were asked to

- ☐ Describe practices that have been successful in the search process for faculty and administrators (particularly assistant and associate deans, department chairs), faculty recruitment, and hiring, and to distinguish, if appropriate, between practices for recruitment of faculty in pharmaceutical sciences and faculty in clinical sciences and practice;
- ☐ Describe formal and informal practices and programs that have been successful in the development faculty skills for research and scholarship, teaching/learning, and/or practice development;

- ☐ Explain how new faculty are prepared for and oriented to all aspects of being a faculty member and expectations for their performance as faculty members; and
- ☐ Distinguish, if applicable, between programs for pharmacy-educated faculty and those intended for those faculty without a pharmacy background.

Ten colleges and schools of pharmacy submitted descriptions of 15 strategies and programs, including:^{23,24}

- ☐ faculty compensation plans;
- ☐ search committee structure, orientation, and processes;
- ☐ faculty orientation and development programs focused on institutional culture, administrative structure, faculty governance, curriculum design, teaching and learning strategies, state legislative processes, information technology, promotion and tenure expectations and procedures, fiscal systems, and personnel services, research support services;
- ☐ faculty mentoring programs; and
- ☐ off-cycle promotion reviews.

Leadership Development for Staff, Faculty, Students, and Administrators In the area of leadership development for staff, faculty, students, and administrators, colleges and schools were asked to:

- ☐ Describe formal and informal leadership development practices and programs that have had a positive impact on their institutions; and
- ☐ Describe formal and informal activities designed to encourage student interest in pursuing an academic career.

Eight (8) colleges and schools provided descriptions of 10 various initiatives, including:^{25, 26}

- ☐ a grant-funded, multi-session, non-credit personal and professional leadership program for students;
- ☐ residency training with leadership development and preparation for an academic career as a focus;
- ☐ student training in team building;
- ☐ didactic and experiential education opportunities with an academic career focus;
- ☐ guidance on negotiation;
- ☐ teaching skill development for teaching assistants; and
- ☐ interdisciplinary community-based projects.

Resource Acquisition In the area of resource acquisition, colleges and schools were asked to:

- ☐ Describe how they have managed any specific aspect of the current budget crisis and how faculty are involved, either formally or informally, in financial resource acquisition;
- ☐ Describe initiatives to build successful alumni relationships for fund-raising, student development, and participation in the educational program; and
- ☐ Identify administrative structures that have enabled successful development activities.

Initiatives to garner resources through establishment of an endowment, provision of clinical services, and legislative activity were described by two colleges.²⁷

Institutional Organization, Structure, and Planning In the area of institutional organization and planning processes, colleges and schools were asked to:

- ☐ Describe innovative approaches to defining the administrative roles of assistant and associate deans, department chairs, and directors in the face of financial and programmatic challenges; and
- ☐ Provide examples of short- or long-term planning that has led to significant positive institutional change.

Descriptions of six strategies and programs were submitted by five colleges and schools of pharmacy, including:^{28, 29}

- ☐ establishment of an Office of Educational Development to support outreach and continuing professional development for pharmacists, provide pharmacy-related instruction to non-pharmacists, and support the integration of instructional technology within the college programs;
- ☐ programming for and involvement of prepharmacy students;
- ☐ policies for space allocation;
- ☐ use of "structural tension charting" for strategic planning; and
- ☐ use of a coordinating council for departmental management.

Academic-Practice Interfaces and Experiential Education In the area of academia-practice interfaces and the implementation of experiential education programs, colleges and schools were asked to:

- Describe collaborative or partnering arrangements that have enhanced relationships with the local, state, and/or national practice communities;
- Explain how practitioners are involved in the educational program;
- Describe innovative approaches to influence practice and translate research into practice; and
- Describe successful administrative and funding models for experiential education.

Descriptions of 15 programs and initiatives were submitted by 11 colleges and schools of pharmacy. Among the programs implemented at these institutions are:^{30, 31}

- partnerships between a college or school and a community group or community health center to deliver health promotion/wellness programs or to provide pharmaceutical care services to underserved populations;
- use of practitioner (pharmacists and other health care professionals) to facilitate student groups in problem-based learning courses;
- programs for coordinated student rotation assignment;
- use of professional staff as "faculty extenders" in the management of experiential education programs;
- coordination/combination of administrative responsibilities in student affairs and experiential education; and
- use of a relational database to manage information across training sites, preceptors, and students.

Professional Affairs Committee

Pharmacy faculty in the 1970s, 1980s, and early 1990s had phenomenal impact on the development of practice models and approaches to patient care that improved the quality of care, promoted the safe and effective utilization of medications, and defined new roles for pharmacists in community/ambulatory pharmacy and health-system pharmacy. They helped shape pharmacy as a clinical profession in all settings. A profound need still exists for evolution of practice models in multiple settings such that evidence-based medicine and documented best practices can flourish and medication and medical errors can be minimized.

The Professional Affairs Committee was asked to focus on specific aspects of leadership that impinge upon the academic/practice interface, especially where the college/school and the practice site share personnel and other resources to deliver patient care and provide teaching/learning opportunities. Specifically the Committee was asked to:

- Identify the issues, needs for, and obstacles to effective leadership at the academic/practice interface (i.e., independent and chain community pharmacy, ambulatory clinic pharmacy, long-term care pharmacy, health-system pharmacy, and managed care pharmacy);
- Define the roles of the academic leader in these settings, (taking into consideration the context of the administrative structure);
- Identify the leadership characteristics and skill sets needed by the effective academic leader in these settings; and
- Recommend specific mechanisms that AACP and colleges/schools of pharmacy can use to foster leadership development and enable development of leadership characteristics and skill sets to address these challenges.

Background The 2002-2003 Professional Affairs Committee began with a discussion of issues, challenges, and needs for leadership at the academic/practice interface to ensure successful professional education programs and advances in practice across settings directed toward optimal patient care. Of the top five major issues facing pharmacy education today identified in the joint committee meeting, "lack of shared vision between educators and practitioners" is the key issue at the academic/practice interface. While, articulating the college or school vision for leading practice change is decidedly a leadership responsibility of the dean, those faculty and administrators who function at the academic/practice interface are partners in articulating the vision. Committee members discussed the importance of bringing practice into the academic process as well as reaching out to practice.

An important outcome of pharmacy education is socialization of students into the profession of pharmacy. Achievement of this outcome depends upon a partnership between the academic institutions and the profession. The scope of the academic/practice interface is broad, ranging from local to national. At the local level, schools and colleges of pharmacy develop and maintain formal affiliations with external practitioners and practice sites for provision of professional program experiential education (early through advanced experiences) and post-graduate professional residencies and fellowships. Also at the local level, close working relationships with state professional associations/societies and regulatory agencies (i.e., state boards of pharmacy) are necessary to influence policy and promulgate regulations to enable advancements in practice and evolution of the pharmacist's role in patient

care to better serve the public need. Generating the essential objective data needed to inform policy making is at the core of the academic research mission. At the national level as well, academia joins with national professional associations in shaping policy for the profession and advocacy for public policy issues in the national professional legislative agendas. There are many examples of academics assuming elected leadership positions in state and national professional organizations and academics being selected for honors and/or fellowship status by professional associations for their contributions to practice.

At an organizational level, the academic/practice border is permeable and extensive. It can be characterized in various ways. There are business partnerships related to education for students and for practitioners (e.g., contracts with individual or corporate pharmacies, health systems, managed care corporations, long-term care facilities, etc., for professional student experiential education arrangements, shared faculty positions, residency funding and placement, as well as for training programs for pharmacy staff). Likewise there are business partnerships related to research (e.g., contracts for drug utilization review or drug information services). Joint practice-based research collaborations between academic institutions and pharmacy service providers can contribute to advancing practice and providing rich educational environments. Faculty expertise is applied to grant writing, designing, conducting, and reporting practice-based research findings. At the level of the individual practitioner or population of practitioners, pharmacy education institutions provide continuing professional development opportunities either alone, or in partnership with professional organizations. Many professional programs invite practitioners' participation as guest lecturers, practice laboratory instructors, or discussion facilitators in didactic courses. At the institutional level, to keep the practitioner viewpoint and profession wide policy concerns close to academic planning, alumni boards, practitioner advisory boards, and practitioner appointments to college strategic planning and curriculum committees are critical assets to academic institutions.

Effective Leadership at the Academic/Practice Interface Schools and colleges of pharmacy have neither sufficient capacity nor diversity of practice environments within their institutions to provide the total experiential education component of professional education for their students. Professional pharmacy programs rely heavily on the profession for practitioners willing to serve as preceptors for the continuum of early through advanced practice experiences in the curriculum. The advanced practice experience accounts for 25 percent of the doctor of pharmacy program and must be viewed as a vital segment of the professional curriculum. While individual programs differ in governance (public or private), size, and mission, some characterizations of advanced practice experience at the national level can be made. Eighty-two (82) percent of colleges and schools use some faculty jointly funded with a practice site, while up to 60 percent of total rotations nationally are taught by adjunct or volunteer faculty.³²

Responsibilities identified that require leadership in administration of the experiential program relate to teaching/learning, student affairs, and faculty, practice/patient care, and business/management:

- Teaching/learning experiential curriculum design
- Outcomes assessment
- Site selection, development and quality assurance
- Creating practice models
- Student affairs issues
- Recruitment, appointment and development of volunteer faculty as educators
- Contract negotiation with external partners
- Building consensus for shared vision for practice
- Planning, priority setting
- Negotiation with upper administration for program resources

There is a tremendous opportunity for influence on educational outcomes and the practice community through the experiential program. Yet, Harralson found these programs frequently are "being directed by non-tenure track, junior faculty members with limited experience."³³ Low status in the institution coupled with limited authority and resources set up a situation that undermines influence and challenges effective leadership. If administration of the experiential curriculum is considered in terms of the varied areas of responsibility (listed above) it encompasses, it appears quite complex. As the Committee conceptualized the roles necessary to maintain a quality experiential curriculum, it became clear that a leadership team is necessary. The Committee identified academics who practice or develop practice and engage in practice-based scholarship, practitioners who teach, administrators who support practice faculty or practitioners, individuals who are responsible for administering practice-based education, and external non-academic partners as essential components of the experiential education leadership team. The academics in this model comprise the target audiences for Association leadership development for success at the academic/practice interface.

First and foremost, pharmacy practice faculty are expected to exhibit leadership in their practice, teaching and scholarship. The academy expects faculty to be innovative by developing new practice sites and/or new courses. They are expected to exert influence. Practitioners who serve as preceptors in the experiential program need guidance and training to be effective in their faculty role. The administrators (dean, assistant/associate deans) who support practice faculty and initiatives at the academic/practice interface facilitate the academic/practice partnerships, garner resources, negotiate financial arrangements, cultivate opportunities, appoint personnel, and

drive the shared vision. Department heads/chairs are faculty advocates. They link the department to the institution's mission for resource allocation. Their responsibilities include human resources administration and faculty development, budget and program evaluation. The responsibility for mentoring and socializing faculty resides with the head or chair. The experiential program directors are responsible for sites (developing and quality assurance), students (setting expectations for conduct), volunteer faculty (recruitment, development, training), teaching/learning (design learning experiences, define outcomes, conduct assessment).

The committee made a number of suggestions to colleges and schools of pharmacy to improve effective leadership at the academic/practice interface:

Colleges and schools have an obligation to develop preceptors as effective, caring educators. Preceptor development should include a leadership component.

Because of the central role that experiential programs play in the training of pharmacists and interfacing with practitioners, the program director should have sufficient practice, academic, and/or management experience to have credibility with other faculty and practitioners as well as direct the program in a manner that facilitates the college or school's ability to influence advancement of the practice of pharmacy. The title (e.g., Program Director or Assistant Dean) should identify this as a position of administrative authority whether or not it is a tenure track faculty appointment.

The position description for the director of the experiential program should clearly identify to whom the person reports (e.g., dean or department head/chair) and state the criteria for promotion and, if applicable, attainment of tenure.

Colleges and schools should develop a philosophy for team leadership of the experiential program, recognizing the need for experience in education, practice and administration.

Practice faculty development (both as educators and as leaders in practice) should be supported as a high priority. The institution should clearly articulate expectations and evaluation for the practitioner role and faculty role.

The director of the experiential program should be a member of the curriculum committee and assessment team.

Integrate external practitioner faculty as important members of the institution.

Recommendations to AACP from Professional Affairs

Recommendation 1: Develop resources that will introduce target audiences to academia's value system, key expectations and responsibilities for academic positions in pharmacy practice and the corresponding leadership skills needed to thrive in the academic environment. Audiences could include pharmacy students, pharmacy practice residents or others.

Recommendation 2 Partner with ASHP and APhA to structure residencies to include academic leadership development components for training academicians.

Recommendation 3: AACP should continue to partner with other professional practitioner associations to offer programs on academic career entry and development as an academic in pharmacy practice.

Recommendation 4: Collect data on shared faculty positions to illustrate how successful models are constructed, funded, and evaluated.

Recommendation 5: Provide curricular resources to colleges and schools to assist them in meeting the education needs of their external practitioner faculty.

Research and Graduate Affairs Committee

Successful research programs are increasingly interdisciplinary. Most colleges and schools of pharmacy suffer from limited resources for graduate assistantships, residencies, fellowships, and faculty and student development. The investment (e.g., start-up packages, salary, travel support, and space) in the recruitment, retention, and development of new faculty grows each year. These funds are essential to the success of new faculty who are expected to establish productive, funded research programs in a relatively short period of time. However, in many cases this investment alone is inadequate to foster success in young faculty. When this occurs, it is a costly failure, not only for the faculty member, but also for the college or school. In addition, there seems to be a declining interest in academic careers among many graduate students, residents, and fellows, and many faculty candidates are inadequately prepared to establish productive research programs.

The Research and Graduate Affairs Committee was asked to:

Delineate the issues confronting the department chair, vice chair, associate dean for research, and institute or center director and the roles of these individuals in meeting the challenges listed above;
Identify the characteristics and skill sets needed by academic leaders in addressing these issues and by management personnel running laboratories and research groups;

Discuss the place of innovative administrative structures to deal with these challenges;
Discuss how graduate programs, residencies, and fellowships should be preparing future academic leaders; and
Recommend specific mechanisms that AACP and colleges and schools can use to foster leadership development and enable development of leadership characteristics and skill sets to address these challenges.

Background The 2002-2003 Research and Graduate Affairs Committee (RGAC) discussed the impact of increasing interdisciplinary research on departmental leadership, and the role of an associate dean for research. The RGAC agreed with the report of the 2001-2002 RGAC that it is increasingly necessary for colleges and schools of pharmacy to have their faculty members involved in interdisciplinary or multidisciplinary research programs (IPs) to receive significant research funding, particularly from the NIH.³³ To most effectively participate in IPs, pharmacy colleges and schools must identify areas of strength where their existing or future faculty can productively contribute, including taking on new leadership roles. Newly hired faculty may have joint appointments between the college or school and an IP. The 2001-2002 RGAC addressed many of the potential problems associated with joint appointments, which pose a particular challenge to department chairs with regards the evaluation of these faculty members for promotion and tenure. The research contribution of jointly appointed faculty, however, while difficult, may not pose the same leadership challenge with regards to fulfilling the department's mission in serving the professional degree curriculum.

As IPs become more common at many colleges and schools of pharmacy, particularly those in research-intensive universities, departments are often given a Hobson's choice to participate. Either make a shared position appointment between the IP and department or make no new appointment at all. While faculty members with the knowledge and skills to participate in IPs may be desirable for the research mission of a college or school of pharmacy, their knowledge and skills may or may not be germane to achieve the desired outcomes of a contemporary pharmacy curriculum. The department chair will be challenged with dealing with the potentially conflicting situation of building and maintaining an active, interdisciplinary research-focused faculty, while simultaneously meeting the department's instructional responsibilities in an outcomes-based curriculum.

It is desirable that the teaching and research missions of the department should be accomplished utilizing all departmental faculty, even though the relative contribution of each individual faculty member to the research and teaching mission of the department may differ, each according to their talents and goals. The balance between teaching and research will also be a function of rank and time in rank. For example, a non-tenured junior faculty member may need more research time when starting out and establishing a research program, including time for a grant preparation and submission. A senior faculty member who is no longer accepting or attracting graduate students may assist the department by accepting extra teaching responsibilities. However, these differential contributions to the teaching and research missions must be not be accompanied by differential valuations of their "worth." Balancing individual faculty members talents and goals and departmental responsibilities is not an easy task for the chair and depends greatly on a departmental "culture" that places departmental success before individual success, although both are inexorably intertwined. Establishing and maintaining a culture of collegiality coincident with the pressures at the departmental, college, and university level for increased productivity in both the research and teaching missions will require leadership not only by the chair, but all departmental faculty, particularly senior faculty.

Research discoveries are always out ahead of curricular content. One strong argument for universal faculty scholarship is the view that faculty doing active research in their disciplines positively impacts student learning in several important and distinct ways. One is that active scholars can enthusiastically share with students the most recent knowledge or "products" of science and technology. More important however, is conveying to students the understanding of science as a process or practice (i.e., the scientific method), the best problem-solving process yet developed by man. The 2000-2001 RGAC report stated, "Students and practitioners cannot evaluate the medical

and pharmaceutical literature or use it to conduct and evidence-based practice if they do not understand how to interpret the validity and limits to extrapolation of research studies, particularly clinical research."³⁴

Faculty Recruitment and Retention Faculty recruitment and retention have been identified as one of most significant issues facing colleges and schools of pharmacy. The conversion from a baccalaureate to the doctor of pharmacy degree over the past decade has primarily focused attention on the shortage of qualified practice faculty and student practice sites. However, colleges and schools of pharmacy have also reported significant numbers of unfilled pharmaceutical science positions.^b Additionally, the decline in the numbers of professional degree pharmacy graduates continuing on to Ph.D. programs in the pharmaceutical sciences has resulted in fewer Ph.D.-level pharmaceutical science faculty members with a pharmacy background.³⁵ This has provided recruitment and retention challenges and opportunities for a pharmaceutical science chairs and departments. The RGAC discussed many aspects of the recruitment and retention and reached consensus on a number of issues:

- Recruit and hire individuals in areas of departmental strength, not weakness or deficiency;
- Hire the most qualified individual available;
- Actively and systematically orient new non-pharmacy educated faculty to the pharmacy curriculum and the contemporary mission of the profession;
- Fill curricular deficiencies or "holes" with lecturers or non-tenure tract faculty;
- Do not hire full-time faculty primarily for a specific research skill (e.g., instrumental analysis, molecular technique) to complement an interdisciplinary research area in the department or across the university (core laboratory services); and
- Faculty with joint appointment with the college/school and an interdisciplinary center on campus, should have their respective responsibilities spelled out in writing.

Rationale Increasingly, colleges and schools of pharmacy are merging traditional disciplinary departments into one or two pharmaceutical science and practice departments. In the pharmaceutical science departments, faculty are being hired for their "cutting edge" research, with less attention being paid to filling vacancies or new positions in traditional pharmaceutical science disciplines, or to teach a specific course or course content. In the past, colleges and schools of pharmacy often recruited and hired faculty to teach particular courses or content, and it was not unusual for some faculty to teach the same course or content for a large part of their academic career. With the explosion of information becoming available from the biomedical and pharmaceutical science communities, one faculty member would have work full-time just to keep up with the rapidly changing content for one pharmaceutical science or pharmacotherapeutics course, leaving no time to develop a research program or other scholarly endeavors.

A common method for dealing with this dilemma is the use or development of faculty as specific content experts, providing instruction for course sections, sharing the course with several other faculty members. If a new faculty member does not have specific expertise in any of the required curricular areas, the department chair must identify areas where expertise can be developed to insure the faculty member significantly contributes to the department's teaching mission. Depending on department size or personnel, expertise in a required curricular outcome area may not be present in the department. The department chair must play a primary role in deciding whether development of missing expertise by a current department faculty member or outsourcing that specific teaching responsibility is most cost-effective. Outsourcing includes hiring a part-time or adjunct faculty members, acceptance of courses

offered by other institutions (e.g. Web-based), or contracting with non-academicians (e.g. Compounding Centers of America).

The influx of pharmaceutical scientists without a professional pharmacy degree into academic pharmacy also poses a potential issue for faculty retention. New non-pharmacy degree faculty can either view themselves as having a career in biomedical research while holding an appointment in pharmacy or as having an academic career with the purpose of advancing the mission of pharmacy education and pharmaceutical research. Either view, if too strongly held, could result in a faculty retention problem for the institution. For example, if the new faculty member primarily views his/her appointment as a biomedical science research appointment, with no interest in the mission of pharmacy education, the probability of their leaving academic pharmacy for academic medicine or the pharmaceutical/biotechnology industry is high if their research program is successful, or alternatively, if their disinterest in pharmacy education is translated into poor teaching performance, they may be asked to leave the institution. Conversely, a faculty member with a strong interest in the mission of pharmacy education who devotes too much effort to familiarize themselves with all the nuances of professional practice to have their teaching more "relevant," may neglect their research and thus not obtain promotion and tenure. Both situations result in a lost investment for the institution. The RGAC recognized the important role of the department chair in introducing and orienting the non-pharmacy background faculty member to the profession of pharmacy, the college/school's *raison d'être*, but also expressed the need for a larger AACP involvement, particularly for assimilating pharmaceutical science faculty into pharmacy education, given that an increasing number of department chairs themselves do not have a pharmacy education background.

Retention of faculty, with accompanying promotion and tenure, must be a major department chair and department goal. Hiring faculty and allowing them to "sink-or-swim" in the promotion and tenure process three to six years later is wasteful of college and departmental resources and is not an acceptable practice. Presently, there is the added possibility that a faculty position vacated due to denial of promotion and/or tenure may become a lost position to the department. If failure occurs, it is generally due to the inability of the faculty member to establish a viable research program due to their inability to obtain external research funding, or unacceptably poor performance in the classroom. Unless the faculty member was hired without due diligence in the search process, the potential for failure can be significantly reduced, by departmental senior faculty and the chair vetting all research funding proposals, and by closely monitoring classroom performance, with remedial measures if necessary.

Assisting new faculty to succeed in obtaining promotion and tenure should be the ultimate responsibility of the department chair, but this does not mean that the chair him/herself must take personal responsibility for assisting each and every junior faculty member. One potential mechanism for assisting new faculty "succeed," is a formalized departmental mentoring program. The program could be constructed in several ways. One would be the assignment of individual senior departmental faculty to serve as mentors to individual new faculty. The pairing of faculty would involve consideration of individual faculty personalities, interests, and availability of time. An alternative would be to assign a mentoring committee made up of three or more senior faculty to each individual new faculty member.

The chair also has faculty development responsibilities with the tenured or senior faculty in the department. It is uncommon for a faculty member to obtain external research funding, particularly NIH funding throughout their faculty careers. The average length of funding of an NIH PI grantee throughout their career is approximately eight years. Therefore, a large majority of grantees are funded only once; with a much smaller numbers obtaining continued funding. The practice of only acknowledging one investigator as the PI of an individual or center grant underestimates the number of faculty who receive NIH funding during their careers, but never-the-less, most faculty experience significant gaps in NIH funding. There are other sources of external funding, including foundations, contracts, or industry, but these sources are generally not accompanied by significant indirect support.

The leadership of the department chair is particularly challenged in situations of lost funding by tenured, senior faculty. While there is the hope and desire of both parties for funding to return, there is also the competing need to support new and existing faculty with additional research space. If funding does not return in a reasonable period of time, the chair may negotiate a sabbatical for reinvigorating or redirecting the faculty member's research program or by assigning additional teaching responsibilities. Successful institutions will be those that provide an effective reward system that recognizes excellence in teaching as well as research. These senior researchers who have lost PI status could serve an important function by heading up "core facilities" that serve others in the college or school or university while providing opportunities for reestablishing and independent research program. Tenured, senior faculty who have lost research funding support provide perhaps the most difficult challenge to departmental leadership, both from the chair and other departmental faculty members.

The Role of an Associate Dean for Research (ADR) The position of ADR is not universal among colleges and schools of pharmacy, even those with significant research and graduate programs. The job descriptions of an ADR also differ significantly from institution to institution, depending on the university's research and graduate education structure. However, the following areas were identified as where an ADR could potentially play a significant role:

- Research space identification, assignment, and reassignment
- Teaching assistant course assignment, monitoring, and teaching skills development
- Graduate student recruitment and retention
- Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) liaison function
- Graduate student progress monitoring through departmental or IP degree programs
- Increasing faculty grant submission and success rate using a faculty grant pre-review process
- Facilitating interdisciplinary research initiatives within the college/school and across the university
- Faculty development

Many institutions require the dean to sign off on all external grant submissions, IRB and IACUC applications for legal reasons. Additionally, department members and department chairs still maintain autonomy over teaching assistant assignments, graduate student recruitment and advising. The position of ADR should not be created to work with only one department on research or graduate education issues because the chair of that particular department is doing an unacceptable job in the area of research or graduate education. The ADR should function to impact on all the departments of a college or school and assist the department chairs and dean in fulfilling their respective research responsibilities. In an environment of interdisciplinary research both within the college or school, and among other units of the university, an ADR can play an effective liaison role between the college and various university-wide IPs, allowing department chairs to focus on internal issues. The ADR could also serve in a leadership role for creating a culture of research throughout the college or school of pharmacy, whose departments often have very disparate "cultures."

Recommendations to AACP from Research and Graduate Affairs

Recommendation 6: AACP should program science topic presentations within the annual meeting general sessions to recognize the important place of science in the pharmacy curriculum.

Recommendation 7: All New Investigator Grant awardees should be encouraged to present the results of their projects at the AACP annual meeting.

Recommendation 8: The AACP meeting should be mandatory attendance for all new science faculty members and additional programming should be directed at this faculty cohort.

Recommendation 9: New faculty should be made aware of the future direction of the profession so that they can identify a place for themselves in the journey.

Recommendation 10: The RGAC proposes that the current AACP Section structure is outdated, considering the increasing interdisciplinarity of the pharmaceutical and biomedical sciences.

Recommendations for AACP Leadership Programming

The identified environmental, contextual, and professional challenges facing pharmaceutical education are coupled with an imminent turnover in senior leadership at US colleges and schools of pharmacy, with 38 percent of deans in 2002-03 aged 60 years or older. There is clear evidence of the need for AACP to continue and enhance its leadership development activities and services to advance the skills of current leaders as well as to develop a pool of individuals with the interest in and skills for academic leadership opportunities in pharmaceutical education. Consistent with the Association's strategic goal that "colleges and schools will have excellent academic leadership and management," the 2002-03 Academic Affairs, Professional Affairs, and Research and Graduate Affairs Committees offer the following recommendation:

Recommendation 11: AACP should establish a Center for Academic Leadership and Management in Pharmacy (the Center). The Center will become an organizational structure within AACP, appropriately staffed, with organized input from member advisory panel(s), responsible for the design and implementation of a structured, on-going, and comprehensive program of leadership and management development for AACP members. The Center should focus the Association's resources and energies on

- promoting academic leadership;
- enhancing management skills; and

assessing leadership characteristics and effectiveness.

The Center's products (programs, resources, and services) must be **structured, curriculum-based, and on-going**. That is, the Association's focus on leadership development should not be *ad hoc* and episodic.

AACP should implement a leadership development program modeled after the AACP Institute on Pedagogical and Curricular Change, evolving the content over time to support progressive leadership development from philosophy (why leadership is necessary, leadership models) to mechanisms (how to lead and manage), to evaluation (how well does one lead). Components of the leadership development program should facilitate the development of priority skills related to success in dealing with the identified challenges in pharmaceutical education, such as:

articulating a vision and understanding and engaging stakeholders;

- o communication skills;
- o interpersonal skills;
- o writing a case statement;

building a faculty committed to the articulated vision;

- o processes for successful administrative and faculty searches (constructing the search committee, use of search firms, interview strategies, strategies to decrease search costs and increase efficiencies);
- o developing consensus; and
- o faculty team building.

The Center will have a broad, **comprehensive** focus to tie together several current AACP initiatives [e.g., formal programs on leadership offered periodically at AACP annual and interim meetings, Council of Deans-coordinated informal roundtable discussions, module 6 of the Education Scholar® curriculum (*Promoting Teaching/Learning Excellence in Your Institution*), media training for AACP Board of Directors members, and multidisciplinary leadership development programs periodically provided by the Federation of Associations of Schools of the Health Professions (FASHP)] with additional programs, resources, and services to be considered by the Center's staff and member advisory panels.

The Center's focus will be comprehensive also in that a wide range of leadership and management issues should be addressed. In addition to addressing the breadth of issues and leadership challenges in pharmaceutical education, products must also address the needs of a wide variety of audiences and include a variety of leadership development program models (see Appendix).

The leadership skills and characteristics described within the various models of leadership are not different. Therefore, the Center's programs, resources, and services should not focus on or promote any one particular leadership model but, rather, introduce different models that may have applicability in different contexts, in confronting various challenges, and at different career stages. Because any given faculty member will be called upon to lead and engage in the process of leadership at some point in time, it will be important for the Center to not design and offer leadership development programs, resources, and services solely focused on "positional" leadership. That is, not all products should be faculty or administrative rank-specific (e.g., programs for new deans, programs for senior deans, programs for department chairs).

References

1. Wells BG. Leadership: Our hope for transformation. *Am J Pharm Educ.* 2002;66: 436-439.
2. Buerki RA. In search of Excellence: The first century of the American Association of Colleges of Pharmacy. *Am J Pharm Educ.* 1999;63S: 17-194.
3. Chalmers RK. Strategic planning in AACP. *Am J Pharm Educ.* 1982; 46: 323-327.
4. Goyan JE, Kinnard WJ, Miya TS, Tyler VE, Wolf, HH. Maintaining the quality of pharmaceutical education during difficult times. The 1982 Argus Commission Report. *Am J Pharm Educ.* 1982; 46: 355-363.
5. Trinca CE. Report of the executive director. *Am J Pharm Educ.* 1985; 45: 389
6. Kay DH. Minutes of the Council of Deans business meeting, Charleston, SC, July 13, 1987. *Am J Pharm Educ.* 1987; 51: 472.

7. Trinca CE. Report of the executive director. Introspection: Defining our challenges for the next decade. *Am J Pharm Educ.* 1988;52:397-402.
8. Trinca CE. On volunteerism, essentials and clout: Report of the executive director. *Am J Pharm Educ.* 1990;54:395.
9. Spratto GR. Minutes of the council of deans business meeting, Portland, Oregon, July 10, 1989. *Am J Pharm Educ.* 1989;53:439-440.
10. Sandmann RA. Chair report of the bylaws and policy development committee. *Am J Pharm Educ.* 1992;56:13S-15S.
11. Asheville Institute on General Education. Available at <http://www.aacu-edu.org/meetings/asheville/asheville2003.htm>. Accessed June 4, 2003.
12. President's Academic Leadership Institute (PALI) of the University of Missouri System. Available at: http://www.system.missouri.edu/pali/leadership/ldp_home.htm. Accessed May 21, 2003.
13. Ohvall RA, Knapp DA, Koda-Kimble MA, Rutledge CO. Report of the Argus Commission. Doing right things right! *Am J Pharm Educ.* 1998;62:5S-7S.
14. The James MacGregor Burns Academy of Leadership, University of Maryland. Available at: <http://www.academy.umd.edu/>. Accessed May 21, 2003
15. Bennis W, Nanus B. *Leaders: The strategies for taking charge*. New York: Harper & Row; 1985.
16. Kotter JP. What leaders really do. *Harvard Business Review*, 1990;63(3):103-111.
17. Gardner JW. *On Leadership*. New York: The Free Press; 1990: 4.
18. Komives SR, McMahon TR, Lucas N. *Exploring leadership: For college students who want to make a difference*. Indianapolis: Jossey-Bass Inc.; 1998.
19. Greenleaf RK. *Servant leadership: A journey into the nature of legitimate power and greatness*. Mahwah, NJ: Paulist Press; 1977.
20. Burns, JM. *Leadership*. New York: Harper Torchbooks, Harper & Row; 1978:20.
21. Wells BG. Academic leadership: One dean's perspective. *Am J Pharm Educ.* 2002;66:459-460.
22. Day, RL. Chair report for the Academic Affairs Committee. *Am J Pharm Educ.* 1994; 58:12S-15S.
23. Faculty orientation, retention, and development. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
24. Faculty searches, recruitment, and hiring. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
25. Leadership development for staff, faculty, students, and/or administration. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
26. Encouraging student interest in academic careers. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
27. Resource acquisition. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
28. Organization and structure. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
29. Short-term and long-term college/school planning. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
30. Academia-practice interface. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
31. Administration of experiential education. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=731&DID=4942>. Accessed June 6, 2003.
32. Harralson AF. Financial, personnel, and curricular characteristics of advanced practice experience programs. *Am J Pharm Educ.* 2003;67:112-125.
33. Campbell WH, Anderson WK, Burckart GJ, et.al. Institutional and faculty roles and responsibilities in the emerging environment of university-wide interdisciplinary research structures: Report of the 2001-2002 Research and Graduate Affairs Committee. *Am J Pharm Educ.* 2002;66:28S-33S.
34. Brazeau GA. Chair report for the research and graduate affairs committee. *Am J Pharm Educ.* 2001;65:26S-31S.
35. Profile of Pharmacy Students Fall 2002. Alexandria, VA: American Association of Colleges of Pharmacy; 2003:107.

APPENDIX: Leadership Development Program Models

Multi-day Institute

Advantages

1. Significant amount of content, both didactic and interactive
2. Networking opportunities for participants within and among institutions
3. Focused and intense experience
4. Potential for institutional leadership team development

Disadvantages

1. Expensive in time, travel, and financial cost
2. Enrollment may be limited due to facility availability
3. Enrollment may be limited to increase desired non-didactic interactions

Train-the-Trainers Program (Prepare selected leadership trainers for each institution)

Advantages

1. Sustainability of leadership training at home institution
2. Intense program in leadership development for trainers

Disadvantages

1. High cost for intense program
2. Limited enrollment so may only be able to have one trainer per institution
3. Planning and preparation effort is high

Leadership Coaching (Useful for individuals in leadership positions)

Advantages

1. Assists individual leaders reach their full potential
2. Opportunity to process and reflect on critical incidents with coach
3. Can be useful in assisting leaders deal with specific problems

Disadvantages

1. Limited participation
2. Requires coaches with high levels of experience
3. Cost be very costly

Emerging Leaders Program (Prepares individuals to assume leadership positions)

Advantages

1. Individuals begin program prior to assuming major leadership position
2. Opportunities for participants to interact with mature leaders and develop relationships (i.e., coach, mentor, advisor)
3. Increases awareness and confidence of participants in their capacity for leadership

Disadvantages

1. Participants generally want follow-up programs
2. Time intensive
3. Requires presentation of considerable amount of introductory content

Web-based Programs

Advantages

Cost efficient

1. Extensive reach to participants
2. Provides convenient access to information and supporting materials
3. Facilitates presentation of considerable introductory content

Disadvantages

1. Limited face-to-face interaction
2. Labor intensive to manage web site
3. Technology may limit participation, but this is becoming less of an issue

