

# Leadership lessons learned to be shared by Dr. Wells at 2012 CPNP Annual Meeting

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Dr. Barbara Wells, Dean of the University of Mississippi School of Pharmacy, believes that all pharmacy practitioners are leaders in that all are change agents who influence the thinking of patients, students, and colleagues. Dr. Wells' will impart her wisdom as a leader to the 2012 CPNP Annual Meeting audience when she serves as Monday's keynote speaker. Her presentation is designed to help participants select strategies to maximize their ability to bring about change in their professional setting and realize their potential to build programs, improve the care of patients, and increase personal effectiveness.

Get a glimpse into what Dr. Wells will share with attendees as she provides a taste of her views on leadership in pharmacy in the interview below.

## **AS YOU NEAR YOUR RETIREMENT DATE AS DEAN OF THE UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY, WHAT DO YOU LIST AS THE MOST IMPORTANT LEADERSHIP LESSONS YOU HAVE LEARNED OVER YOUR VERY PRODUCTIVE CAREER?**

I have learned that every communication, whether with your superiors, colleagues, or team members, is an opportunity to build trust. Trust is an absolute requisite for the ability to lead. It is foundational. Without trust one cannot lead. There are many ways to build trust, not the least of which are to always tell the truth, walk the talk, and to never make promises that you can't keep.

## **WHAT DO YOU BELIEVE ARE THE MOST IMPORTANT QUALITIES OF A LEADER, WHETHER IT IS IN HEALTH CARE, BUSINESS OR THE ACADEMIC REALM?**

Trustworthiness, confidence, honesty, integrity, and a sense of self-efficacy. The best leaders want to see other people be successful.

## **WHAT KIND OF ADVICE WOULD YOU OFFER MEMBERS WISHING TO TAKE LEADERSHIP ROLES IN THE CHANGING PROFESSION OF PHARMACY?**

Seek out mentors. Even the most senior of us can benefit greatly from having mentors, but mentoring is essential for early and mid-career people. Most growing professionals need several mentors, as no one can provide the mentoring that is needed in all areas. Some mentors may be at your home institution, and some may be at other institutions. Benefitting from mentorship requires a

commitment from both the mentor and the person being mentored. These are relationships that must be nurtured over the long haul. Don't be shy about asking an admired and competent professional to serve as a mentor. The worst that can happen is that they have to say no because of a lack of available time.

I would also encourage growing leaders to develop a statement of their own mission and goals (both personal and professional) and work with their mentors and supervisor to craft a development plan to help them achieve those goals.

## **GIVEN YOUR EXPERIENCE IN THE ACADEMIC ENVIRONMENT, WHAT SPECIFIC LEADERSHIP STRATEGIES ARE ESSENTIAL FOR EFFECTING CHANGE AND BUILDING PROGRAMS WITHIN THIS ARENA?**

- When negotiating, we must always negotiate in good faith. Without good faith, there will be no trust and therefore no agreement. Everyone involved in the negotiation must feel that they have won something.
- Leaders must always, always, always be truthful.
- Leaders must always have the best interest of the followers and the organization at heart. Always be guided by principles and purposes, not just by the importance of winning.
- Continuously develop your communication skills.
- Spend time with people who are grounded and who can help you stay grounded.
- Don't forget the leader's responsibility to provide inspiration. This is what can set you apart from the other leaders.
- Know when to talk. Know when to listen.

## **HOW HAS THE PROFESSION OF PHARMACY CHANGED THROUGHOUT THE COURSE OF YOUR CAREER?**

There are a lot more pharmacy associations now than when my career began. The good news is that many of the national associations now collaborate on important initiatives, and they try to come together to advocate for the issues on which they can agree.

There are pockets of excellence in health-system pharmacy, community pharmacy, and in multiple other settings where great strides have been made by highly competent practitioners, skilled leaders and champions

who are excellent communicators. However, for many community pharmacies, practice has not changed that much for the last two to three decades.

There are suggestions on the horizon that we may be approaching a tipping point for community pharmacy in that more and more community pharmacists will soon be committing themselves to meet patients' clinical and educational, counseling, and consulting needs than ever before. Rapid progress is possible because opportunities to bill for services are becoming a reality, because the Colleges of Pharmacy have been committed to preparing graduates to competently provide these much needed clinical services for several decades, and because the pharmacists who were trained in product-centered modes are now retiring.

There are many more recognized specialties now than early in my career, and many specialists have made impressive success in advancing their own practices, their specialties, and more importantly, in advancing patient care. Psychiatric pharmacists have truly established themselves as essential members of the team in many settings over the last four decades, and they are making a phenomenal difference in the care of patients. But I think we would all agree that much work remains to be done, as many psychiatric patients are managed in settings without the benefit of specialized psychiatric clinical pharmacy services.

There is no question that technology has changed pharmacy. Even in those setting where services provided to patients have not changed that much since the 60's, the technology has changed. Even though we complain profusely when the technology doesn't work, none of us would for a second go back to the days when that technology did not exist. Technology allows us to provide more advanced services to patients and allows us to almost immediately access critically important information on many topics, including pharmacotherapeutics.

Early in my career, very few pharmacists were doing research, except for those who earned PhDs and worked for industry or educational institutions where they could do mostly basic science research. Now, many pharmacists have been trained such that they can conduct investigator initiated clinical and translational research. Many have become independent researchers, and many have been well funded now for a very long time.

Pharmacists command much more respect now among other health professionals and among their patients than they did two or three decades ago. This respect and trust

can provide the foundation for even greater progress in the future in advancing patient care.

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