

## The journey to professional excellence: A matter of priorities

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**N**ever in the history of our centuries-old profession has there been a more tumultuous and challenging time for the pharmacy leader and manager who strives for excellence. In today's aggressive health care market, the customer demands lower costs, proven high quality, and service excellence with a vigor unequaled in the past. The response has been cost comparisons, productivity standards, quality and outcome measures, and satisfaction surveys, which have placed enormous pressure on leaders to demonstrate excellence. This pressure is frequently reflected in hospital staff reductions, directors being unemployed or working the night shift, clinical programs being placed in jeopardy, pharmacy budgets being reduced, and vital pharmaceutical services being outsourced to the lowest bidder. In many cases, pharmacy leaders have assumed a defensive position and a virtual siege mentality—waiting for the next assault to occur.

Less commonly, we discover leaders who, in equally difficult circumstances, have turned almost insurmountable threats into opportunities for excellence in patient care. Exemplary programs that provide excellent pharmaceutical care in acute care hospitals, ambulatory care clinics, home care, and managed care community pharmacy settings are producing dramatically positive financial and clinical outcomes. In some cases, pharmacy leaders in large integrated health systems are developing comprehensive programs that ensure exceptional quality of care for patients across the entire health care continuum.

As we struggle in our own careers, we ask: In these times in which everyone is facing constant change and

turmoil, what explains the difference between the leaders who continue to excel and those who struggle only to survive? This question represents the predominant challenge for all pharmacy managers and leaders. More than a century ago, Ralph Waldo Emerson described his similarly challenging times: "This time, like all times, is a very good one . . . if we but know what to do with it." There are no easy answers, but I believe that those professionals who continue to excel in difficult times demonstrate that there always are answers.

After years of striving first for an excellent unit dose system, then for an excellent medication administration program, after that for an excellent drug information and clinical program, and most recently for an excellent integrated pharmacy system, I have reached an interesting conclusion. Regardless of one's accomplishments or the recognition one receives for such laudable programs and activities, professional excellence ultimately implies more. I believe such accomplishments, while recognized as milestones of excellence, are only byproducts of the consistent day-to-day journey toward such worthy goals. In other words, professional excellence is more than any destination or achievement; it includes the journey itself. I would like to discuss the requirements necessary to sustain this journey.

As a basis for my discussion, I offer several assumptions about today's health care environment. I believe it is critical to understand these as we make our journey.

Important issues for health care today

Because of the information revolution, today's challenges really are unprecedented. It is

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likely that each generation of professionals has considered its own era to be the most challenging. However, I believe that today's challenges are unprecedented in two ways. First, constant change and turmoil appear to be permanent conditions rather than the cyclical experiences they were in the past. It seems that the "permanent white water" referred to by Gouveia<sup>1</sup> in his 1989 Webb lecture might today be viewed by most as a constant flood. Second, today's incessant changes are driven by an information revolution, led by the continuously improving personal computer, that is unique in the sense that the information we must deal with is coming with a speed, volume, and accessibility that are unprecedented. Everyone now has access to this information, not just managers but also employees and customers. The result is better-informed employees, payers, and patients who will demand and receive more from today's health care system.

Excellence is not optional. Today's health care payer, patient, and society demand excellence in quality and service without exception.

Value can and will be measured. All of the elements that constitute value are now being reported and measured routinely. These elements are commonly quantified as  $\text{Value} = (\text{quality} + \text{service})/\text{cost}$ .

There is a finite amount of money for health care. The American public has decided there will be a limited amount of money for health care in the United States. This changes everything for the traditional cost-plus mindset that health care providers had in the past.

Pharmacy is the only profession for which drug therapy is the highest priority. Although others may claim drug therapy as a priority, pharmacy is the one profession that truly is focused on and dedicated to appropriate drug therapy as its highest priority. Achieving this priority implies moving far beyond the basics of drug distribution to address all requirements for patient care, including the appropriate choice and use of drugs for a specific patient.

Threats are opportunities. Successful leaders and their staffs consistently demonstrate that threats and challenges, when faced with a positive attitude and proper effort, can become opportunities.

We have a limited amount of time. Because of the changing demands of today's payer and a competitive marketplace, time is truly limited for pharmacists to respond to these challenges. If pharmacists do not respond, these opportunities will be defaulted to others or solutions will be mandated by politicians and bureaucrats with questionable motives and minimal expertise.

#### A matter of priorities

In short, it seems that today's pharmacy leader faces almost overwhelming demands to do more with less. When working longer, harder, faster, and even smarter is not the answer, what is? I believe the answer was stated many years ago by the Vietnamese philosopher

Lin Yutang: "Besides the noble art of getting things done, there is the nobler art of leaving things undone. The wisdom of life consists in the elimination of the nonessentials."

In other words, the answer must be a matter of priorities. Those who consistently excel seem to do so by staying focused on a simple but critical set of priorities. Through three decades of practice and learning from the best in our profession, I have identified seven priorities that appear to be common to a successful journey to professional excellence. Although these are not necessarily presented in order of importance, the first two priorities, by their very nature, form the foundation for the other five.

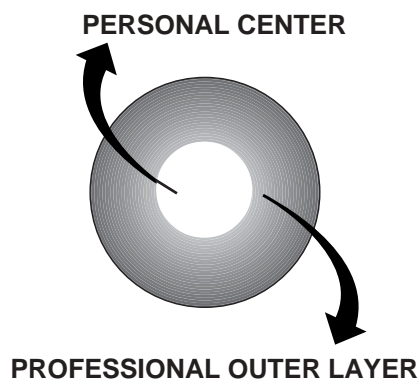
#### Priority 1—Build on a core of principles

The first and most critical priority is that all other professional priorities be built around a personal center or core of principles. This core includes our personal fundamental values and beliefs, which become the basis for our goals, communications, actions, and responses. All we are and do is founded on this core. In today's chaotic health care world, we are constantly challenged in both direct and subtle ways to question, if not abandon, our core of principles for material or personal gains and sometimes even for career survival.

The core of principles can be best described as consisting of two layers: a central core of personal and philosophical principles and an outer layer of professional principles based on and intricately linked to the center (Figure 1). Other than for discussion purposes and as the basis for other priorities, the distinction between layers is imperceptible: the core appears and functions as one. It is an integral part of our personality and professional practice because it is simply who we are. It is not something we have to routinely discern or frequently discuss.

The personal center. The personal center of our core of principles is deeply rooted in our family background, upbringing, environment, and culture. It includes beliefs and values that encompass the four major

**Figure 1.** Components of core of principles on which professional priorities are based.



areas of human experience, which Covey and others<sup>2</sup> define as spiritual, physical, mental, and emotional or societal needs. These are balanced and integrated within each of us in a unique way.

Such personal principles usually include our view of ourselves, humanity, and a god or higher power according to our beliefs, as well as our sense of right and wrong and of justice. They also include our view of money and material things, our sense of personal and societal responsibility, and, ultimately, our overall view of life and our hope for the future. Experts say much of this is determined before the age of five and continues, mostly unchanged, for the rest of our lives. However, a majority of us spend our entire lives further defining and understanding this central core while striving to live and behave accordingly. This is no small struggle in a world that often tries to persuade us otherwise, as described in this ancient maxim: “The greatest warrior is the one who conquers himself.”

The principles I strive to maintain in my personal core are gratitude, humility, honesty, purity, unselfishness, and love. Whatever an individual adopts as his or her credo, these principles mean something only when demonstrated by actions and example rather than by words or promotion.

The outer professional layer. The outer professional layer of the core of principles is completely based and built around the personal center and can be no better than the personal center. It includes our basic calling to a higher purpose, our commitment to patients and to humanity, and our professional ethics, honesty, and integrity. Also included is our search for knowledge and our commitment to continual learning and questioning. The outer professional layer encompasses our respect for and relationship with peers and other professionals, our professional priorities, our work ethic, our charitable instincts, and our philosophy on payment for professional services. Many of these principles are based on our sense of history, including our view of great professional leaders of the past, our didactic and clinical training experiences, and, especially, our teachers and mentors. Usually within the first few years of practice, most of us have established a vision of ourselves professionally that we tend to live out for the balance of our careers.

For me, this outer layer is grounded in the belief that a true profession is based first on service to others, specifically patients and their families. This layer also includes my beliefs about the necessity of continual learning, rapport through teamwork, respect for other professions, and even work ethic, demeanor, and personal appearance.

The core as a basis for other professional priorities. In summary, it is this core that we can rely on to appropriately establish the rest of our professional priorities, make just and sound decisions for our patients, and stave off threats to our ethics and profession-

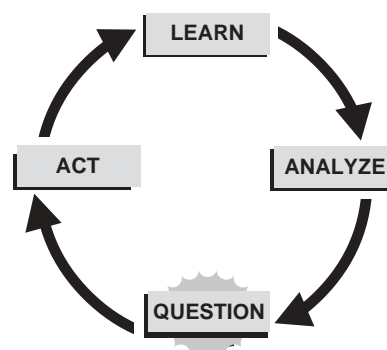
al integrity. It is through this core that we will continually renew the “soul” of pharmacy described by Zellmer in his 1996 Whitney address.<sup>3</sup> This soul then becomes our basis for setting professional priorities and leading our staffs toward creative improvements in the delivery of pharmaceutical care, rather than simply surviving the next siege by consultants or politicians. Perhaps most important of all, our core of principles will allow us to practice with an uncommon assurance, joy, and peace of mind. This concept was described so clearly by two very different individuals more than a century apart. According to Ralph Waldo Emerson, “Nothing can bring you peace but yourself; nothing can bring you peace but the triumph of principles.” And in 1994, in *Living Your Values*, Ron Anderson, M.D., chief executive officer of Parkland Hospital, wrote “Values, not circumstances, assure us joy.”

#### Priority 2—Perfect a process for continual learning

To effectively handle constant change while continuing to pursue excellence, the successful professional leader invariably develops and perfects a personal process for continual learning and decisive action. This process must ensure quick, consistent results in minimal time to enable adjustment to a rapidly changing environment. As a fundamentally sound golfer perfects his swing or a gifted musician perfects her command of the scales, professionals practice and perfect the process for continual learning and decisive action until it becomes natural. The process works best when simple but sound. Like our core of principles, this process is personal and is often developed on the basis of our education and mentors but even more often on the basis of experience gleaned from our successes and failures. My observations of the excellent leaders I have known and some personal experiences have led me to conclude that the process of continual learning is best described as a cycle (Figure 2).

Steps in the cycle of continual learning. Depicting the process of continual learning as a cycle is fundamental because the steps of the process are con-

Figure 2. The cycle of continual learning.



nected and form an integral part of our daily personal and professional life. The four basic steps are learn, analyze, question, and act.

*Learn.* Constant change invariably requires continual learning if professional excellence is our goal. New information, new problems, and new professional challenges require a receptive mind and make learning our highest priority. Thus “learn” is placed at the top of the cycle. Learning provides the fuel for the cycle. When the professional leader stops learning, the process of achieving professional excellence quickly stops and eventually regresses. The learning step is the critical assignment for every professional leader confronted with the daily explosion of information and related challenges. The great directors and leaders of our profession, such as Clifton Latolais, Paul Parker, and David Zilz, all had this hunger for learning that continually fueled their journey to excellence.

*Analyze.* The next step is to objectively analyze the information, options, and ideas gained through learning. This step combines the analytical and deductive reasoning skills taught in our scientific curriculum with our professional and life experiences. For the most part, pharmacists and pharmacist leaders are proficient at performing this step. Conventional wisdom and scientific teaching often lead us to believe that, if this step is performed objectively and is based on valid data, a sound conclusion and foundation for action is inevitable. Although critically important, the result of analysis alone is seldom completely sound. Most professional leaders who routinely excel appear to employ another important step before they act.

*Question.* The third and most overlooked step in the cycle is the instinctive and intuitive questioning of the conclusions drawn from analysis. It involves asking that additional question before acting, giving a unique perspective to a problem or challenge, and making comparisons against previous conclusions or existing structures and norms. In the overall learning process, it becomes a second opinion for ourselves. The critical importance of this step was emphasized by Albert Einstein, perhaps the greatest thinker of this century, when he said, “There comes a time when the mind takes a higher plane of knowledge but can never prove how it got there. All great discoveries have involved such a leap. The important thing is not to stop questioning.”

Those who consistently excel seem to have this unique perspective that gives them the insight to ask the right question or see through a perplexing problem with remarkable clarity. This is probably at least partly due to that “sixth sense” that great leaders and exceptional professionals exhibit. It is through questioning that the excellent clinician assimilates all of a patient’s symptoms and diagnostic data and moves beyond the obvious to a clinical conclusion or diagnosis that others overlook or simply do not see. This step, when properly employed, does not take an inordinate amount of time

or cause delay. It just flows logically as part of the overall learning cycle to the appropriate conclusion and forms the basis for the final step (action). Questioning serves as a catalyst for the rest of the cycle. The action required as a result of questioning is often more learning, which enables the cycle to continue. Thus learn-question becomes the driving force for the continual learning cycle.

In my experience, the intuitive ability to ask the right questions requires a perspective and clarity of thought that come most easily and consistently under certain conditions. These include maintaining the state of mind that results from setting aside regular daily quiet times for meditation, spiritual reflection, and prayer; taking time to think; honoring a personal commitment to take time away from work to pursue simpler and more basic interests far from the professional world (e.g., fishing and backpacking in the wilderness of New Mexico or Colorado). It has been my experience that most truly innovative ideas are a result of spending time outside our normal environment. For me, reading, communicating, interacting with professionals, and pursuing interests in areas far from pharmacy seem to stimulate creative thoughts that challenge my normal paradigm and the usual or obvious answers. Regardless of how an individual finds it, the clarity of thought and peace of mind that come from nurturing this “quiet center” is essential for the questioning perspective and insight of the excellent leader.

*Act.* The final step in the continual learning cycle is to take action on the basis of the first three steps. If those are done well, action comes with timely assurance and ease. The best professionals and leaders I have known seem to take action with such resolve and confidence that it appears easy. Upon closer examination, it is almost always the result of an effective and perfected learning cycle.

Applying the core of principles to the learning cycle. These steps of the learning cycle usually flow most effectively when built around the solid core of principles previously described (Figure 3). Those principles serve us well as the constants we can depend on when sorting through the many variables encountered in today’s challenging health care learning cycles.

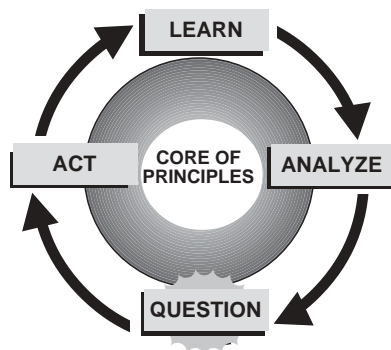
Although I have presented the continual learning cycle as a critical personal priority for leaders who excel, it has equally profound implications for the staff of such leaders. Invariably the concept of a continual learning and questioning cycle becomes a fundamental part of the culture of excellent professional departments.

### Priority 3—Harness technology and information systems

Excellence in pharmacy practice now and in the future depends on how we, as pharmacy leaders, use automation technology and information systems. First, we must realize that these powerful tools are beginning



**Figure 3.** Incorporation of the core of principles and the cycle of continual learning as a framework for professional excellence.



to free us as pharmacists. How many of us remember the struggle of carrying manual profiles with us on patient units? Who could ever identify all the drug interactions that are now detected so easily by the computer? Because of such technology, we are able to shift our attention and tasks away from distribution and toward clinical practice, many of us for the first time. Properly applied, such technology and automation promise to enable us to continue that shift until, soon, distribution as we know it will require a minimal amount of the pharmacist's time. Likewise, the demand for information systems to provide the necessary data to prove clinical and financial outcomes is becoming critical. W. Edwards Deming, the father of continuous quality improvement, acknowledged this with humor and remarkable clarity when he said, "In God we trust; all others bring data." In the real world, where health care demands productivity and quality supported by data, this priority is definitely no longer optional.

Beyond emphasizing the essential importance of information systems and related automation and the need for continual self-education to understand the potential of such technology, I offer two more thoughts:

- Leaders who excel today and in the future will invariably give automation technology and information systems the same focused attention and direction that they give clinical and financial concerns. They will consider this to be an investment, because they will know that failure to provide credible data will ultimately limit our ability to prove the value of pharmaceutical care through clinical and financial outcomes.
- Pharmacy leaders must harness these powerful technology and information systems by assuming professional responsibility for control, quality, efficiency, and safety. None of us would seriously consider allowing an outside party to design and implement clinical programs for our health systems, but, in the case of our information systems, many readily yield that role to the computer and automation companies. This allows nonpharmacists or nonpractitioners to literally shape the face of pharmacy, including clinical capabilities and even patient safety. The successful leader will harness the impressive capabilities of these tech-

nological tools by balancing professional responsibility and priorities for appropriate pharmaceutical care with the selective and judicious use of technology.

To accomplish this priority will require a commitment to continual self-education about the capabilities of the constantly changing world of technology and information systems. Without such effort, our working knowledge base and understanding will become obsolete as quickly as our most recent personal-computer purchase.

#### Priority 4—Balance fiscal realities with patient care

Whether or not we like it or approve of it, cost concerns have become the number-one driver of change in health care today, including change in pharmaceutical services. Left to its own devices, the free-market system is highly Darwinian in effectively squeezing out most extraneous costs, resulting in the survival of the most economically fit. Now that the payer has decided that a finite amount of money will be available, health care is no longer exempt from this phenomenon. Each of today's revolutionary health care concepts, such as managed care, integrated health systems, capitation, outcome studies, and disease management, is rooted in cost concerns. Therefore, the pharmacy leader who continually excels in this brutal economic environment will successfully balance fiscal realities with patient care by remembering at least three critical points:

- Fiscal responsibilities must receive as much attention and effort as clinical and technological programs for improving patient care. By "following the money," the successful leader will leverage the economic value of appropriate cost-effective drug therapy to finance the progressive patient services required to ensure such care. This will involve empowering everyone on the pharmacy team to share the fiscal priority by becoming an entrepreneur.
- In addition to frugal management of drug costs, which typically average 8–10% of health care expenditures, the pharmacy leader who excels is now beginning to consider the even greater overall costs that result from inappropriate drug therapy. Global studies and many disease management initiatives are revealing that 25–30% of total health care costs for some chronic diseases, such as asthma and diabetes, may result from inappropriate drug therapy.<sup>4</sup> Bootman and Johnson<sup>5</sup> report that drug-related morbidity and mortality in the ambulatory care setting cost \$76.6 billion annually in the United States. In the context of such a shocking price tag, pharmaceutical care's efforts to improve drug therapy and avoid drug misadventures become economic bargains. If managed care, given its immense economic power, becomes convinced of the value of pharmaceutical care services, such services will flourish. If managed care is not convinced, pharmaceutical care will likely wither from lack of reimbursement. Our challenge is to not let that happen.
- In spite of the financial challenges of today's health

care market, those leaders who excel always manage to maintain a fundamental commitment to balance fiscal reality with concern for quality patient care. Every leader and manager in health care faces daily pressures to betray that balance. Those who achieve professional excellence never yield to such pressures.

The economic priority is our daily reality as well as the basis for the greatest challenge we face now and in the foreseeable future. I believe that this challenge can best be summarized as follows: We are in a race to prove that quality health care is ultimately less expensive than inferior health care. If we fail to win this race, health care is destined to be either socialized or sold to the highest bidder.

#### Priority 5—Be a leader extraordinaire

Most of us read and subscribe somewhat to today's popular management theories that emphasize collaboration, group thinking, teamwork, and continuous quality improvement. All of these concepts have merit of their own. However, the combination of constant, overwhelming change with the explosion of information makes even the most independent-thinking staff yearn for steady, competent, and confident direction toward clear goals. For this, a strong leader who combines the best traditional traits with new skill sets is needed. I have made three important observations about such excellent pharmacy leaders:

- Behind every excellent professional staff is a courageous, competent, principle-centered leader with a vision so clearly stated and shared that it becomes the staff's own. This was best described centuries ago by Lao Tzu in *The Art of War*: "As for the best leaders, the people barely notice their existence. When the best leader's work is done, the people say: 'We did it ourselves.'" Today's breed of professional staff demand no less than such a leader, one who somehow combines strength with guidance, allowing professional freedom and creativity while moving toward common goals.
- Successful leaders create a learning culture within their organization. Continual learning and questioning are fundamental to organizational pursuit of excellence, just as they are to the personal pursuit of professional excellence. Thus today's leader must belong to a new breed best described by the following quote from Senge's *The Fifth Discipline*: "The traditional view of leadership is based upon assumptions of people's powerlessness, their lack of personal vision and inability to master the forces of change, deficits which can be remedied only by a few great leaders. In a learning organization, leaders are designers, stewards, and teachers. They are responsible for building organizations where people continually expand their capabilities to understand complexity, clarify vision, and improve shared mental models, thus they are responsible for learning." This unique leader creates a culture in which the continual learning cycle is fundamental for all staff in the organization.
- Leaders must be clinicians, and clinicians must be

leaders. For too long there has been an accepted, if not promoted, chasm between many leader-managers in pharmacy and many clinicians. Both are critical to excellence in patient care, and each must seek to change and embrace the other through willingness, understanding, education, and communication. A professional department cannot consistently excel beyond the level of its leadership, and, by definition, a leader can be no better than his or her staff.

#### Priority 6—Establish a new practice model for pharmacy

I agree with many of our leaders who believe that a sea change of enormous proportions will be required if pharmacy is to achieve a more significant role in patient care. Nothing short of a new practice model is required. This starts with us, as leaders and professionals, and means we have to re-evaluate our traditional thinking and practice by adopting at least three important philosophies. (Although these three elements seem somewhat simple on their own, implementing them requires a monumental transition in both thought and action for most of us. But remember, our continuing journey depends on it.)

A successful profession is always people-centered. In recent decades, health-system pharmacists have struggled with the people relationship. With the tendency first to hang on to the mortar and pestle, then to the typewriter, and now to the computer, the profession has focused practice on drug products and related tools rather than on the patient and his or her family. With current trends and technology, there soon will be no more ointments to compound, no more unit doses to package, and no more carts to stock. There will likely be no more intravenous solutions to prepare, no more vials to fill, and fewer drug information questions to answer. Machines and computers will do most of these things. Therefore, there must be a viable, visible, and reimbursable role for the pharmacist to perform directly with the patient. This role will become the basis for a new and invaluable practice model for the profession. Ivey<sup>6</sup> referred to this in her 1993 Whitney address as a "paradigm shift." In last year's Webb lecture, Shane<sup>7</sup> described such a pharmacy model as the "pharmacy without walls," implying the critical importance of moving practice beyond the traditional walls of the hospital, following patients and meeting their non-acute needs.

It is essential to consider the whole patient. Health care in the United States, including pharmacy, has traditionally treated the patient's conditions individually rather than considering the health care needs of the whole patient, including prevention and staying well. We approach the patient's heart disease, diabetes, hypertension, and pregnancy with a delivery system that is in turn divided into primary care physicians, specialists, physician assistants, pharmacists, nurses, and therapists. There are even divisions within pharmacy: hospital, ambulatory care, managed care, home

care, and community. We seldom work together on a common plan for the patient. The typical result is a system that is too expensive and too prone to errors, omissions, and duplications, often resulting in increased morbidity and mortality. Almost universally this approach, at the very least, results in a poor quality of patient care and service.

With appropriate implementation of pharmaceutical care and disease management concepts, we have the opportunity to develop a revolutionary new practice model. Such a model will consider the whole patient by using a comprehensive pharmacy system across the continuum of care. Some of us who practice in integrated health systems are beginning to “connect the dots” between pharmaceutical services provided in acute care, ambulatory care, and managed care settings, and it is exciting to offer such comprehensive services to our patients. The implications and opportunities for improving patient care are almost unlimited.

Evidence-based drug therapy—It’s about patient outcomes. The new practice model will focus on end results (i.e., patient outcomes) measured by objective indicators or evidence. Just as the practice of medicine is rapidly evolving into evidence-based medicine, pharmacy must evolve to focus on evidence-based drug therapy. In 1990, Hepler and Strand<sup>8</sup> proposed a new model for pharmacy practice when they introduced the concept and definition of pharmaceutical care. The critical phrase within their definition—“for the purpose of achieving definite outcomes that improve a patient’s quality of life”—clearly highlights the focus of this new model.

Definitive measurement criteria such as the Healthplan Employer Data and Information Set (HEDIS) indicators for managed care are becoming the standards for provider accreditation and evaluation. As a result, measuring patient outcomes is not just a desirable concept but a reality. HEDIS 3.0 includes vital indicators regarding drug therapy, such as the use of  $\beta$ -blockers after myocardial infarction and appropriate drug therapy for uncomplicated otitis media. In the health system where I practice, we are proactively pursuing these. We do not see them as problematic bureaucratic standards but as critical opportunities to validate pharmaceutical care with positive patient outcomes.

#### Priority 7—Kindle the fire within

The seventh priority is the most difficult to describe and yet possibly the most fundamental to our success. Every successful leader and professional I have known, studied under, or worked with has invariably had an unquenchable zeal for practice, or a “fire within” as Covey et al.<sup>2</sup> described it. The almost overwhelming challenges and opportunities for pharmacy today and in the future will certainly allow little, if any, room for the leader and professional who lacks this enthusiasm and zeal for practice.

Excellent professional leaders all seem to possess an ability to stay focused and act on their priorities while maintaining a balance between idealism and reality, as well as a sense of the future, while dealing with the challenges of today. Their optimism and enthusiasm seem always to be based on a passion, a fire within, for the practice of pharmacy. That somehow continually sparks an excitement for this unique profession, which offers an intriguing blend of chemistry, biological and medical sciences, technology and business, and the art of human relations.

To kindle this fire within, a professional leader must have an unwavering lifetime dedication to the following simple but important guidelines:

- Stand on principles. Practicing with an uncompromising core of beliefs and principles always serves as the stable and primary source of the fire.
- Engage in continual learning. As discussed previously, continual learning and questioning provide a steady source of enthusiasm.
- Study heroes. In spite of today’s cynical society, it is not only acceptable but critically important to have heroes. Pharmacy has many heroes; study them well.
- Associate with winners. Winners all have the fire within, and it is infectious. Associate with winners whenever possible.
- Enjoy the journey. Professional practice, like life, is a journey, not a destination, so we might as well have fun and enjoy the trip.
- Focus on others. Caring for others distinguishes a true profession from the rest and becomes the ultimate source of professional and personal fulfillment. Thus pharmacy must always seek to be patient-centered.
- Pass it on. The greatest way to keep and kindle the fire is to pass it on. Every great professional leader is invariably also a great teacher and mentor.

I believe one of our greatest playwrights, George Bernard Shaw, was describing such passion for his work and life when he said

This is the true joy in life . . . being used for a purpose recognized by yourself as a mighty one . . . being a force of Nature instead of a selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy. I am of the opinion that my life belongs to the whole community and as long as I live, it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die. For the harder I work the more I live. I rejoice in life for its own sake. Life is no brief candle to me. It is a splendid torch which I have got hold of for the moment, and I want to make it burn as brightly as possible, before handing it on to future generations.

#### Summary

Today and for the foreseeable future, it appears that we will confront continual challenges and almost overwhelming change that could easily disillusion and distract us from our primary purpose of patient care. To avoid that possibility and to ensure our continuing

journey to excellence, let us remember and teach: It is always a matter of priorities.

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