



010: Shifting from a Clinical to a Manager/Leadership Position, Advice and Suggestions for how to make the Transition
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Speaker 1: Welcome to the ASHP Official Podcast, your guide to issues related to medication use, public health and the profession of pharmacy.

Jodi Taylor: Thank you for joining us today for the Pharmacy Leadership Podcast. Our discussion for this podcast series focuses on leadership topics within pharmacy practice, including the business of pharmacy, development of leadership skills, career transitions and more. My name is Jodi Taylor and I currently serve as Associate Professor and Department Chair of Pharmacy Practice at Union University College of Pharmacy and I'll be your host for today. With me are Doctor Daniel Lewis, Pharmacy Manager at the Heart and Vascular Institute of the Cleveland Clinic; Doctor Luke Miller, Director of Pharmacy at Ascension Seton Hays; and Doctor Anne Nguyen, Pharmacy Manager at Houston Methodist West Hospital. Thank you for joining us today Dan, Luke and Anne.

Let's get started talking about today's topic, clinician to manager. Most clinical pharmacists entering their career do so with the intent of providing clinical services and direct patient care and their focus and development is centered on becoming an expert in their area. Dan, I'd like to start with you today. What is it that led to your transition and what experiences or mentorship gave you the confidence to shift into a more formal leadership role?

Daniel Lewis: Thanks for that introduction. I appreciate it. Honestly, to answer that question, I think it's likely something different for every individual. For me, it really came down to my ongoing longterm career path in professional development and that also a phone call from a colleague asking me to transition and make that leap. I think that's an important piece too. I know looking at this in retrospect now, the term accidental leader is really being coined into literature, but really that just refers to someone who's been successful in their organization, developed credibility and trust to a point where they're offered a leadership position moving forward.

While I think there was a point of... While this may have been the case for me, as I look back, I also see myself having always gravitated towards some of these leadership roles in my practice over time as well. Prior to going into management, I had been a clinical pharmacist for 15 years, had opportunities to lead projects, develop clinical services, work with students and have clinical roles to precept residency programs as well, all of which I think gave me good experience and led to my professional development and transition into management, but I also feel



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like I've had great mentors along the way which modeled leadership roles and provided a lot of good opportunity for me to learn from along the way as well and this really guided my transition for me.

Overall, I think this went a long way for my transition. But at the end of day, I think you just have to make a decision and realize if it's right for your career path or not. For me, it was more of a natural progression, something that I saw myself doing over time and something that I had really thought about probably over the last five to six years in my clinical development. That said, I think this upcoming generation of leaders, I think they have a lot of... more opportunities than maybe I had thought about it in the past. We've had the advent of dual degree programs, providing master's degree training, administrative residencies, more pharmacy leadership programs. I think the ASHP Manager Bootcamp, some of the pharmacy leadership academies through ASHP as well. I think all of these improve the ability of people to be more purposeful in their approach and hopefully more prepared to move into leadership in the future.

Jodi Taylor: Awesome. Luke, can you tell us a little bit about your experiences in transitioning to a Director of Pharmacy role?

Luke Miller: Yeah, I'd be happy to. It's a really... Again, thank you for the introduction. Now really to just kind of jump off what Dan said, for me personally, it was really I just found myself gravitating towards larger programs or larger initiatives that we were rolling out for our intuition. And really, that just kind of led to a natural desire to impact patient care from a larger perspective or really broaden my focus from the individual patient to see how can I impact more patients and improve the quality and evidence based care from a larger scope. Really, I think the key takeaway here is always be open to new opportunities and continue to learn and grow. And really, you never know where your pharmacy career may take you and it's just important to always be open.

Jodi Taylor: Absolutely. And as a clinician, you're really used to being a content expert and being able to go to the literature to support what you're doing, but not everything in leadership comes with a reference or a manual or a randomized controlled trial. Anne, what issues did you find yourself least prepared for and are there tools that you discovered to help you along the way?

Anne Nguyen: Thanks for the intro and it's my pleasure to be here. That's a great question. I think that really depends on individuals with more leadership training. For myself,



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I went through the PGY1, PGY2 Master and Pharmacy Administration, so I... with the [Hasting 00:05:08] Program and it prepared me a great deal for the position I'm currently in, which is a manager role. But I think for those that don't have this formal type of leadership, it's really hard for them to transition from a clinician into a manager role. For me, even with the formal training, I still struggle and I think the least prepared for, I would say, is the personal management and finance management. It includes having a difficult conversation, coaching, conflict resolution, HR issues. As a resident in the program, you get to observe your preceptor, you talk about it with case studies, but you don't really get the opportunity to do these types of coaching, difficult conversations. I think that's been the hardest for me as I transition from being an internal medicine clinician into a manager role.

As I've gone through this journey in the past two years, what I realize that has helped me a lot would be the first thing is really building the team and getting to know the people at a personal level, get to know their likes, their dislikes, what their favorite snacks or hobbies, really choose how they like to be recognized, just everything about them and that build a whole team dynamic in the coacher. I think that really essential. The first 90 days are so crucial to build that relationship and get to know the team and not to make any major changes or any major changes at all, right.

Other resources I find very helpful, I have the read the book Crucial Conversations and this is the type of book that you read it, you come back to it and you read it some more as you encounter some of these scenarios and it gives you play by play what to say and how to say it and how to approach certain things. I felt like that's really helpful. My director gave me... In terms of performance evaluations, he gave me a book on 100 phrases you should consider and how to approach performance eval in terms of giving feedback. Another book I felt was very helpful is The First 90 Day book where it helps to get you grounded.

The last thing that I felt was very helpful in terms of... from a personal management is really get to know your HR team. They are there for you. It depends on the organizations and how large your team is, you get assigned an HR rep and I think you have to really build a relationship with them because they may have seen a lot of scenarios and really coach you through and making sure that you're protecting the department, as well as the organizations and doing things



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the right way. When it comes to the finance piece of it, the residency did a great job in terms of introductions.

But when it came to my first budget, doing it, I think it was very hard for me to just trying to grasp it all and having a mentor as a director who coached me through the different types of scenarios and sitting one on one with him, as well as getting to know the finance team, really meet with the finance person that assigned to you department and just have them go through Finance 101, "This is what our hospitals are doing. This is what we're expecting." I think that really helped me. And of course, they also offer some leadership as well as financial webinars and seminars and attending those will also be very, very helpful.

Lastly, I think building your Board of Directors, which comprise of individuals inside and outside of the organization to kind of help you go through your career path. And as you encounter some of these challenging situations, just having someone to talk to and give you advice. Kind of like it takes a village to raise a child, I think it really takes a village to build a good leader and you really can not do it alone and you need the entire team to do it.

Jodi Taylor:

Thank you Anne. Dan, what tools did you find helpful along your way?

Daniel Lewis:

I think Anne hit on really a lot of those issues that I would focus on as well. Coming off of being a clinician for a number of years, I think some of the things I was more, or at least better prepared for, are things like project management, having good time management skills and being able to communicate across multiple disciplines, both within our pharmacy colleagues, as well as some of our providers, as well as administrators. But I would agree with what Anne was saying, I think some of the things that we don't always see, at least I didn't see as a clinician, were more focused around those developing of relationships within colleagues and being able to drive those crucial conversations or have those types of conversations when you're trying to lead others or lead a group to meet a certain expectation or goal. Over time, I think those are things that many of us have to stumble through, but Anne gave a few really great resources that folks can look into as well to learn more about this as well. I would echo the Crucial Conversations books is a great read for those looking at this.

In addition, I would also say reaching out to your human resources individual early on so you better understand the policies and procedures and then also get some guidance from those individuals. And then at the end of the day, just be willing to



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learn. Don't be afraid to ask for help or reach out to your other managers or directors in your area to try and build some of those skillsets that you still have to develop as well.

Jodi Taylor:

Thank you so much. You guys really mentioned one topic that I want to go a little bit further into. It has to do with the skillsets of a manager. So, many of the skillsets that are associated with being a good clinician, like specialized knowledge and time management and project management, doesn't necessarily translate directly to people skills and the skills that you need to manage people. So Luke, I'd love to hear a little bit about the strategies that you employ, that you found effective as you directed a new team.

Luke Miller:

Yeah so, I think really you can hear from Dan and Anne, one of the challenging things coming in is really fast interactions and how to manage a team. Really as clinicians, we all have those one interactions, whether it be with physicians or nurses, and sometimes those conversations can be very tough too, but stepping into a formal leadership role really kind of expands that to a whole new level and really coming in and how do you direct a new team. First and foremost, I think you need to provide overall direction to the team. What's the focus of your department, where are we headed, what are our goals and how are we going to get there? Really tying that all back to our core mission or values as an organization and also as pharmacists or pharmacy technicians.

Next is really kind of establishing trust with your associates I think, both your pharmacists and your technicians. And really, there's a couple different ways that you can do that. I think first and foremost, really engaging them in the work where possible. Now, we talk a lot about asking for feedback and soliciting feedback, but many times our pharmacists and our technicians and our team members, they're really the experts in the work that they're doing. Transitioning from that clinician role and really from being an expert in that field to... you may be in cardiology or you may be an oncology specialist or something and transitioning to a clinician coordinator role or something like that where now your scope is a lot broader and you're not the expert. That's kind of an uneasy feeling for some of us, so really leaning on the team and leaning on your experts, whether it be from a clinician perspective or operational perspective or safety perspective, really deferring it back to them as the experts.



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As part of that feedback, we can request feedback all day, but we really want to respond and take that feedback. Something that I personally strive to do is really take action on those things. If someone has a recommendation for an improvement or they want to try something new, an innovative space or new service or new patient counseling, take action on that. Try and demonstrate wins back to the team, whether it be in a clinical focus or operational focus and free them up to really do what they're trained to do and desire to do.

Next is really find out what motivates them and continue to motivate the team. We're all motivated for different reasons. We are all here to serve our patients and provide the best care possible. But really taking a step back, finding out their goals, what's important to them as a professional, whether it be desire for publication or desire for research or looking for more involvement in projects or committees, really finding out what pulls them or what their passionate about and really capitalizing on that and empowering them to continue to grow as professionals.

Jodi Taylor: That's awesome. Thank you. Anne, what tricks did you have to develop to effectively lead your team?

Anne Nguyen: Yeah. Luke cover a lot of those great points. One thing that I would add to that is as a manager, my philosophy's really shaped the slogan by Eleanor Roosevelt, "People don't care how much you know until they know how much you care." I think it's true too, regardless of what role you take, clinician, manager or director, and I think relationship building is so important in that, especially when you're directing a new team, and you really want to show them that you care and you care for them not just as a pharmacist or technician, but you care for them as a person outside of work. I think being able to build that relationship and get to know them at that personal level, which I mentioned before, what's their favorite snack, how many kids they have, what do their kids do, and just strike up the conversation so they really truly know that you're invested in them, not as a technician or a pharmacist, but as a person.

I think it's also important for leaders to take a look at are you able to plan some type of team building activity outside of work. Oftentimes within the pharmacy, things are really crazy, phone calls, nurses call, doctors call and all these different types of demands, and sometimes our pharmacists and technicians tend to get into the groove and just doing things without really spending quality time. I think



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outside of work, venture in terms of any type of venue, go bowling or laser tag, really get people put down their barriers and start talking more at a personal level. I think that's really important to get to know folks at a deeper level.

Luke kind of mentioned this about motivation. What motivates people? What do they want to do? When I sit down with my folks, our one or one, I ask them, "What is your career goal? Where do you see yourself in the next year for a performance eval or in the next five years? Where do you see our pharmacy practice model?" Really introduce them, but really get them outside of the pharmacy. Go to conferences so they can see what others are doing and where the profession is going. All that encompasses in terms of driving the goals of... set up the expectations and really get them to know that you don't just get to know them as a pharmacist or technician, but know them as a person.

I think last thing is... and I think this might be one of the hardest thing as a manager or director, is really being able to provide them updates on the goals and the metrics, right. We always start out with, "This is what we want you to obtain," and people do what you measure. You have to look as the director/manager, are we measuring the right thing? Are we asking people to do the right thing and not just doing things right? We have to provide them just kind of with anything that we're asking them to do, saying, "Yes, you are on the right track," or "No, you're not. Let's go back and provide you feedback on how you can do better." I think that close the loop part is one of the hardest things as a manager, just because you have so many other priorities that take up your time.

But being able to slow down... I have a phrase saying, "You have to slow down in order to speed up," and this is one of the things that, even myself, I'm learning to reflect and reassess and make time for my staff and have one on one and give them feedback. People management is really an art and not a science. I think this is something I'm continuing learning and it's a work in progress for me.

Jodi Taylor:

So one of the themes that I'm hearing from you guys is that really getting to know your team is very, very important. Now for some leaders, they transition into leadership roles by coming into a brand new organization and they are getting to know a completely new team, while some leaders transition into a leadership role within their current organization. Dan, I'd love to hear from you about which one of those described your experience and what strategies you used to get to know your team and then how best to present yourself in your new role as a leader?



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Daniel Lewis:

Yeah Jodi, I've had the experience of transitioning into both of those areas. So I've had the experience of transitioning into my current organization, so moving from a primarily clinician role into a managerial role over individuals who were colleagues in a clinical side, but then more recently over the last three years, I transitioned into a what I would consider more of a new organization or a different organization than where my primary practice site was. I think both of those bring their different challenges.

In the first, you at least have a better understanding of the individuals that you're working with, but things change a bit. You're no longer the member at the water cooler in those morning conversations. A lot of the things that are being discussed, as you walk in, those discussions end. It's different because you used to be part of that group. At the same time, I think it's ensuring that you establish, as Anne kind of mentioned, and maintain those relationships because it's still vitally important. While people will exclude you at times from some conversations, it's going to be important to bring individuals in, especially when you're trying to develop goals and finalize planning for the department as a whole.

I think coming into a new organization, the thing for me was making that initial impression and taking time to learn about the individuals that were going to be on my team. This takes time. But at the same time, it pays dividends in the long run. In addition to your team, I think it's also important to learn the organization, meet with influential leaders outside of pharmacy, get a better understanding of what the landscape and culture of the organization is and what may be some of the overarching goals that can align with what you want to complete within pharmacy. How you can align pharmacy goals with the organizational goals I think is important.

I think really it comes down to spending time and meeting with your staff. Listening to your employees goes a long way. When I say listening, I mean active listening, so establishing that you're interested in the work that they do and that you want to learn from them, in addition to help guiding them. Also, trying to understand the skillsets of the individuals and what they may be good, what are the areas that they may need some improvement and then what are their preferred communication styles and getting to know what their priorities are as individuals and as a team. I think this helps guide, early on, how you set goals and longterm priorities for your department and your organization.



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I did want to echo one thing that Anne mentioned before. I think it's very important to resist that temptation to make immediate, more sweeping changes, no matter how much you might want to. I think coming in from another organization, you will want to do that. There's going to be that temptation because you have seen things or think that things will work better or things that had worked better at an organization that you're coming from. But I think it's important to pause at that time and, especially those first 90 days, and ensure that you understand the landscape of the organization you're coming into and ensure that those types of changes are going to actually resonate with the staff and with the group that you're working with and then also making sure you're getting input because these might things that had been tried in the past and didn't really succeed. I think that's going to be... All of those things are important I think coming into a new organization in order to be successful.

Jodi Taylor:

Great advice. Luke, can you tell us a little bit about your experiences?

Luke Miller:

Yeah. Really, I think Dan did a phenomenal job at outlining that transition and really getting to know the team. I think what I would emphasize is just continuing to have those regular touch-points with staff. Many institutions have a certain framework for that. Here within Ascension, we have what's just called Regular Leader Rounding, so it's just a regular monthly touchpoint, depending on the size of your institution. I mean, it's really a nice scripted conversation where it goes through a couple key things; what's working well, where we can improve, any ideas, any barriers you're having. I really just emphasize kind of keeping that regular touchpoint with all associates. It's just so crucial to engage them in the work and be really aware of what barriers they may be facing from day to day.

The only other thing I would add is there's another nice book out there that was actually recommended by one of my mentors and it's called *Walk Awhile In My Shoes*. It really is an interesting book because it has two perspectives, really from the formal leader and that from the frontline associate. It really goes through both... a couple different examples from both sides. It always provides such a good perspective that every once in a while, I pull it back out and read it again just to kind of take a step back from the work we may be doing.

Jodi Taylor:

I'd love to talk about another difficult topic that tends to arise when career point transitions occur. A lot of great leaders realize that they can't do it alone and that's a very difficult thing for them. Anne, you mentioned the phrase, "It takes a



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village," so I'd like to start with you. How did you make the shift from feeling that you needed to be the expert in all things to then becoming a person who delegates tasks to others and what successes did you find in making that shift?

Anne Nguyen:

Yes Jodi, thanks for... That's a great question and I think it's so hard. Like I said, I transitioned from being a clinician to being a manager and kind of what you eluded to, would be the content expert, you want to do everything because you knew exactly what you need to do. But when you transition into a manager as there's so many competing priorities, it's hard to really do and do it well. I think a part of being manager, you're not a doer, you really oversee how do you develop your staff, how do you develop individuals to succeed. So even from a succession planning standpoint, right, if you leave the organization, are you leaving it in a better hand? I think that's one thing I have to continue reminding myself to do, as we are Type A achievers, want to do everything, it has to be perfect. I think that's unrealistic to expect others to do the work exact the same way that you have done it. I think that's one thing that as a manager, you have to learn to let go of that expectation and start to realize that you have to make in terms of priorities and also from a staff development standpoint.

What I find helpful is kind of going back to what we all been discussing regarding really getting to know the team, really getting to know the individuals. In every organization, we have those high learners, high achievers that want to do more and I think that as a manager, you want to identify those individuals that want to succeed, that want to take on additional projects and you want to help them by really provide the mentorship they need and professionally develop them so, any case, if we have an opening as a supervisor role or some type of managerial role, they can step into it and be successful.

In order to do that as a manager is really start getting to know the individuals at their career goals, what motivates them and start thinking of what you are currently doing as a manager and what can you transition into them in terms of projects. So when I start in my role as a manager, I always, for example, do the New Nursing Orientation where I give a presentation for an hour every two weeks. It's something that I know I enjoy doing. I loving it, getting to know the nurses, but I realize there's a pharmacist on my team that loves, loves to talk to our nurses and will really be the face of pharmacy, so I start asking him and I coach him to take on this role. That actually longterm, thinking about it, it gives me back



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one hour of my life for two weeks where I can spend my energy elsewhere where you wouldn't be able to prioritize.

So those are the top activities. As a manager, really reflect and assess what's taking a lot of your time that you can potentially, in terms of projects, that you can empower your staff to help you with and in addition, help them to become a better leader. I mentioned that as one example, but how about precepting trainees, like students or residents or helping with the schedules so that for those that more operationally savvy or gravitates towards that, maybe ask them to help with scheduling or any sort of workflow improvement project. One thing I really want to emphasize is that before we delegate, we have to mentor these individuals to be successful and the goals that we set for them has to be smart. It has to be... It has to be realistic, it has to be compound, it has to be attainable for them to be able to be successful. We don't want to give them a project and they fail. I think will just not a good strategy.

We want them to grow and tell them that it's okay if you don't do it right, it's okay if you make mistakes along the way. I mean, it is a part of learning. It's important as a leader for you to sit down with them and tell them these type of things so they don't feel overwhelmed and pressure to do everything perfect. Because I think as a whole profession, I know in terms of pharmacists, we're Type A. We want to do everything right. We're detail oriented. We want everything to be perfect. I think when we step into a management role or management type of activity, things are not going the way you are expecting it to be. It won't be perfect because you're going to rely on other service lines to help you and things might just stop in the middle because you are waiting others. So really coaching them and providing them mentorship.

To wrap it up, I would say, one, identify individuals that you feel will grow and succeed and want to learn more and take on extra things and extra projects that you can provide that guidance and mentorship. Two, you want to make sure that the projects are obtainable and realistic in the timeline you give and really coach them along the way.

Jodi Taylor:

Thank you Anne. I love how a lot of your topics really would shift how we view delegation in general. Luke, I'd like to hear from you. What tips can you share to help others who are learning to become delegators as well?



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Luke Miller:

Yeah. Really, just to kind of expand on what Anne said, for many of us, I think earlier on in our career really as clinicians, we take such pride in the work we do. We work on a clinical initiative or a drug use evaluation and we are the owners of that project and really look to deliver back a topnotch project. So when you transition to that leadership role, initially that can be a little challenging to let go of some of that or let go of some of that control or ownership. But really, it's kind of a win-win when it comes down to it when you look at delegation or successful delegation. It really can expand the reach of your pharmacy services, of your department. You can do exponentially more. And at the same time, you really can increase the empowerment of your staff, which really increases their engagement and ownership of the work. So really all around, when you can successfully delegate like that in the smart fashion, it really empowers your staff and expands the reach of your program.

Another thing I think I would just mention is that what I personally found is it's actually now a little bit rewarding to see staff successes. So before, I would deliver a project and be really proud of this drug use evaluation I did. But now, when we look for delegation and see many of our pharmacists or even our technicians coming back with these projects, it's just a whole different sense of rewarding perspective from a leadership standpoint.

Jodi Taylor:

I really loved... The thing that both of you said that it was about empowering your staff. I want to kind of use that to wedge into our next topic, which is what do we need to go as our next step? It's not enough to just keep your team empowered and to keep them engaged, but also to be able to keep them directed because you as the leader have to be able to report out and meet expectations of the larger leadership team. Luke, what strategies have you used to communicate pharmacy goals to upper management and then how do you direct your team's initiatives to align with the overall goals for the organization?

Luke Miller:

That's such a great question. And something really as transitioning to a leadership role is such a vital thing that you have to do day in and day out. First and foremost, really understanding your organization. I think Dan spoke a little bit about it before, understanding the culture of your department and also the organization, so taking a step back and really looking, what are our site priorities or what are the priorities off our network or our health system?



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For us, an example would be reduction of hospital acquired infections. So taking a step back and looking at things from that perspective, how can pharmacy tie in, how can we support these site goals? Is it looking at reduction of antibiotic use so we have less potential for C. Diff infections or something along that line and really tying it back to the site priorities? Many times our senior leaders often are not pharmacists, right, so how can we really demonstrate value to them and demonstrate value to our site goals or health system goals and tie that back in?

At the department level, I think it really comes down to strategic planning. Now, I think that is probably one of the most underutilized tools across many different departments. Looking at a focus for the upcoming fiscal year, where do we tie in, what are our priorities and how do we tie them back to those of our organization? Also, really maintaining that constant communication with our organization leaders is important, right. We want to continually keep a pulse on what's important to them and also deliver value back to them, demonstrate how the pharmacy or pharmacy services are having an impact and whether that's from clinical care, evidence based guideline use or even from a budgetary standpoint. Many times you look at the top threats to financial wellbeing of an institution, pharmaceuticals are right up there at the top.

We look at orphan drugs, we look at many new drugs coming to market, cost and medications, things like that, pharmaceutical inflation, those are all really key things that our senior leaders are aware of. Or if they're not, they should be aware of. And really, it's on us as pharmacy leaders to demonstrate that value back to them, both from a patient safety and quality perspective and also from an efficacious use of medications in the cost effective way.

Jodi Taylor: Dan, what strategies have you employed to communicate goals between your pharmacy team and administration?

Daniel Lewis: Yeah. I think Luke did a great job of summarizing some. I think just to emphasize some of his points, it is coming down to knowing the priorities of the organization and how does pharmacy align with those? I think that's extremely important and that using the examples of opportunities to leverage pharmacy services into different areas that we may not have been a part of in the past. I think the growth in the ambulatory area is a great example of this as we've gone to pay for performance goals and realizing the opportunity that pharmacists serve in this environment has led to abilities for us to add additional FTEs to support the



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organization in meeting our longterm strategic goals in the ambulatory side. I think that's just one example, but realizing that larger scope and understanding where the organization lies allows you to plan within the pharmacy to see how you support that as well.

He also mentioned departmental strategic planning and I think that as part of our organization, we're a multiple site system, and we have tried to align ourselves as a system to do things in step with one another. So we have a higher strategic planning process for all our sites, but then it's how do those align with the main campus of the Cleveland Clinic? How do we assure that those goals are then... resonate within our staff and then how do we even bring that down to each of the different areas within and the different managerial areas? So how do I bring that back to my staff and what are the things that we can do to align with departmental planning in the future as well?

I think the other piece to it is just regular communication too, so it's not good just to meet once a year and put together the strategic plan, but you've got to keep it alive and regularly discuss the departmental meetings and monthly one on ones with your staff and then also with your one on one meetings with upper management as well to kind of share where you are with those accomplishments and where are you at with completing some of the goals you had set. Or if goals change or if there needs to be a shift or a change because of one reason or another, I think it's important to be able to report that out earlier on in the year to say, "How do we pivot or how do we make changes now in order to still be successful at year end, based on new data that might emerge as well?" I think all of those are kind of examples of how you can better align with some of the goals within the organization.

Jodi Taylor:

Thank you. Well, we've covered a lot of really big topics today, so I want to close out our time together by asking about the benefits of moving into a management role? So I'd like to start with Anne. What opportunities have emerged in your career as a result of your transition?

Anne Nguyen:

That's a great question. I think for me, the two most rewarding experience for me as a manager is being able to see others to succeed. People make or break your day and I think if people peace, as well as the most stressful part of the job, but also the most rewarding part of the job. As a manager, I really want to empower, engage and equip others to maximize their full potential. And kind of what Luke



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mentioned before is that it's so rewarding to see someone, you mentor them through and they come and they just show the work that they able to demonstrate. I would say every time I see that, I have this like butterfly feeling in my gut and just so excited to see that they are blossoming and really growing. I would say that's one of the most rewarding experience for me.

The other one I would say is being able to make an impact to hundreds, to potential thousands of patients as a manger. As a clinician before, it's more a one on one with patient education, helping them with their therapy or working with the nurses and doctors. So I think as a manager, you'll able to impact change at a local level of your facility or if you're multi departmental or multi hospital system where you can impact change at that level and really impact change for patients and even for your employees, hundreds of thousands at a time, and I feel like that's just what every responsibility that comes as a manager, but I think that's the power that you can make in terms of the change for your staff, but as well patients.

Those are the two things that really motivate me to get up every day and wanting to come to work and just be excited about the professional pharmacy as we move forward.

Jodi Taylor: Thank you Anne. Dan, can you share some of the positive benefits of leadership in your career?

Daniel Lewis: Yeah Jodi. I think there have been a number and I... Thinking about prior to my movement into management, a lot of where I saw benefit or drive within practice was seeing growth within individual students or residents and being able to guide them to successfully complete the program or move on into them starting their career and into a new organization or achieving the goals that they had set for themselves. I think moving in and early on in management area that a lot of that resonated and transitioned over, so it was meeting with my staff, trying to establish what are your short term goals, what are your longterm goals, what are the things that you want to achieve and then trying to come up with plans of how do we develop individuals to allow them to meet those things?

There's always going to be barriers and road blocks along the way. Individuals are motivated by different things, so it's being able to work one on one with individuals to meet those goals, but overall, it's been really rewarding to pharmacists move on and move into presenting for the first time at a national



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meeting or completing a research project and presenting it in front of our staff and watching folks grown in those areas, I think has been really rewarding from my standpoint.

Bigger picture, and I think Anne kind of touched on this as well, I think it's also what do you leave behind for the profession? And having the ability to serve in more of a leadership capacity, you have the ability to set the vision for the organization that you're working with. A lot of that allows for growth and development of how pharmacists perform in your organization and then also how you report out at national meetings and help frame some of the work that's being done to the profession as a whole as well, so all of those are I think what keep me waking up and coming to work every day and keep me looking forward to being able to work with the group that I have.

Jodi Taylor:

That is an incredible note to end on and that's all the time that we have for today. I want to thank Doctor Dan Lewis, Doctor Luke Miller and Doctor Anne Nguyen for joining us today to discuss clinician to manager. Join us here on Tuesday where we will be talking with ASHP members about leadership topics within pharmacy practice. Have a great day.

Speaker 1:

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