



“How much we need leaders in hospital pharmacy!”

== **GLORIA NIEMEYER FRANCKE** ==
(1955)

At the time she received this award, Gloria Niemeyer Francke was Secretary of the American Society of Hospital Pharmacists and Assistant Director of the Division of Hospital Pharmacy, American Pharmaceutical Association, Washington, D.C.

Responsibilities of ASHP Affiliated Chapters

One of the significant developments in the growth of hospital pharmacy has been the springing up of organized groups throughout many parts of the country. Fortunately, these local organizations have aligned themselves closely with the American Society of Hospital Pharmacists, each affiliated chapter having a constitution and bylaws patterned after those of its national organization and each requiring membership in the national professional groups—the Society and the American Pharmaceutical Association. In so doing, these groups of hospital pharmacists have also subscribed to the objectives of the APhA and the ASHP. The very fact that these chapters are closely affiliated with the national organizations—having the same ideals, the same goals—gives hospital pharmacy great strength.

With this strength has come a need for the national organizations and the individual affiliates and members to take certain responsibilities in order that one unit, one common goal and concord, will exist.

The need for affiliated chapters established in local areas throughout the United States is evident. In fact, organization of local groups of hospital pharmacists preceded formation of the national Society. In a survey of hospital pharmacy organizations in the United States in 1939, we find that already 11 local or regional groups were active. In this survey, the author pointed out that among the “hospital pharmacy associations now existing in the United States, a feeling of isolation predominated. Thus the main purpose of this survey is to cement each group, each association together, enlightening each as to how the other functions . . .” As pointed out by Dr. Alex Berman in *Ten Years of the American Society of Hospital Pharmacists*, this implied that only a national hospital pharmacy association could weld together the disconnected regional hospital pharmacy groups and dispel the “feeling of isolation.”

Thus, the American Society of Hospital Pharmacists had its roots in these already established local groups. Leaders of these chapters became the first leaders in the Society.

We who are in association work are often asked to enumerate the services made available from the national organizations—or what do I get for my membership dues? We like to think that tangible benefits are provided, but is not membership in your own professional group more meaningful than what you get out of it? For years, we have been talking about what the Society can do for you, and now what about the responsibilities of the affiliated chapters and the individual members to the Society? With unity comes progress. Only by carrying out our responsibilities in our affiliated chapters and the Society will we be able to move forward towards the betterment of hospital pharmacy and the entire profession.

With the growing needs in hospital pharmacy, the national organization must be ready to assume an ever important role in the profession. Hospital pharmacy must have a voice in matters concerning practice in this specialty. Major problems facing the profession today—education, substitution and duplication, cost of drugs, international problems related to drug distribution, and many others—all affect hospital pharmacy practice. In all of these, we must look to the ASHP chapters for help.

Development of the affiliated chapters of the ASHP has been a significant contribution to the total organization. Probably in no other specialty in either the hospital field or pharmacy has such a small group made such great strides in so few years. Your own Michigan Society has played a part in this progress. But, above all, there has been a growing need for adequate pharmaceutical service in the nation’s hospitals. Increases in the number of hospital beds and the trend towards centralization of medical care increase the need for your services as hospital pharmacists.

So tonight let us look at this development from the standpoint of our own organization and its affiliated chapters. From time to time, we must evaluate our contributions in relation to the profession as a whole and assume our share in its strength. We need to examine continually the present concept of our organization, measuring ac-

complishment against objective, practice against idea, and, perhaps from time to time, redefine our goals.

Before considering the responsibilities of our affiliated chapters in relation to our objectives and goals, let us for a moment look at the Society from the “local level.” At the 1955 Annual Meeting, it was reported that the Society has 43 affiliated chapters. Of these, three are regional groups and 40 are state or local organizations. An additional three groups have recently applied for affiliation. These chapters represent a great part of our membership and must accept certain responsibilities in the national organization.

And now with this brief background, *what* can the chapters do to strengthen our Society, hospital pharmacy, and the profession? What part should they play in the national organization? And above all, what are their responsibilities?

It has been said that “organization begins when people combine their efforts for a given purpose. The first principle of organization is coordination, which is the orderly arrangement of group effort to provide unity of action in the pursuit of a common purpose.”

Organizations cannot be put into narrow categories. The Society’s local groups follow no one set pattern. The national organization has not attempted to set up a program to be followed by all chapters. Still, great contributions have been made by each group. We must expect a type of disorder in organization—a multitude of expressions and ideas—differences of opinions. Or, as the poet has said: “The chaos is come of organized disorder.” From these expressions, we must determine attitudes and define our common goals.

At first I thought I would attempt to outline for you some of the projects which have been carried out by the ASHP chapters. But much of this has been reported through *The Bulletin*, and I would prefer to spend the time discussing briefly our greatest need in hospital pharmacy—leadership.

Further, I could mention some of the responsibilities as outlined in the Constitutions and Bylaws and elaborate on why affiliated chapters must keep the national organization’s office informed about their activities, why membership in the ASHP and the APhA should be a requirement for membership in the local group, et cetera. But these are fundamental responsibilities with which you are all familiar.

And so it seems quite apropos tonight for us—at this H.A.K. Whitney Award Lecture—to appeal to you and all the affiliated chapters for leadership. Mr. Whitney *led* the way in so much that is ours today. As stated in *Ten Years of the American Society of Hospital Pharmacists*:

Harvey A. K. Whitney has inspired all who practice in this specialty by his leadership and untiring efforts in bringing about a national organization for hospital pharmacists. As the first chairman of the American Society of Hospital Pharmacists, one of the first editors of The Bulletin and a leader in establishing the internship programs, hospital pharmacists will always recognize his role in the advancement of their specialty during this era.

We must keep in mind that every leader is not necessarily a national figure. True, it

is probable that those who become leaders in local groups will find their way to working in activities on a national basis. Some become disillusioned with working with a national group. Projects move more slowly, and by nature the American people expect everything to move forward fast and in great proportions. Hospital pharmacists are no exception.

Just to stir our thinking and in the hope that Society members will be giving some thought to the need for leadership in the ASHP, we might mention some of the qualities of a good leader and translate these into action in the ASHP and our affiliated chapters.

Although tonight we are thinking primarily of the need for leaders in hospital pharmacy, actually every enterprise in life is bound up with leadership—the problem of providing able individuals to help others achieve useful goals.

How much we need leaders in hospital pharmacy! And here the local chapters of the ASHP *must* play an important role. We need people who know *good* hospital pharmacy practice. We need people who are familiar with the problems of hospital pharmacy. We need people who have worked with hospital pharmacists and who are familiar with the activities of the ASHP. We need hospital pharmacists—members of the Society—who actively support the American Pharmaceutical Association and know something about its affairs. But above all, we need people with a sense of professional pride, those who accept their role in the Society as being a part of their role as a professional person, not on the basis of what do I get but what can I give.

Recently, when thinking a great deal about leadership, particularly in the Society, I found these qualities outlined. They appeal to me and, though modified somewhat to apply to our organizations, they carry the message which I would like to bring to you tonight.

The *first quality* of a good leader is a harmonious or sympathetic relationship with the group he is working with. There must be an appreciation of what the individuals in the group are doing—and with this goes a measure of confidence, sincerity, integrity, and humility.

A *second quality* is ambition—not for ourselves but for the cause, our profession. Those who have this quality take pay for their work, but they do not work for pay. I guess that is like saying: “I would gladly work without pay if I could but afford it.”

A *third quality* is knowing where you want to go with your group—you must have a goal. I heard a story once which illustrates this very well. A teacher advised the students in her class to “learn to play the game of life.” One boy spoke up and said: “But how can we teacher when we don’t know where the goalposts are?” And so it is in the Society activities. We must define our goals.

The *fourth quality* is that the good leader will face opposition creatively. He must be tactful, tolerant, and understanding of the other person’s point of view. The following quotation, taken from John Erskine’s *The Complete Life*, points out the importance of seeing the other person’s point of view:

We continue to think as though we had stayed at home. We have not really budged a step until we take up residence in someone else’s point of view.

And *five*, the good leader must have skill and inspire confidence. This might be translated into knowing your job and your organizations. Here, hospital pharmacists have not always taken every opportunity to learn about what is going on in the Society. When hospital pharmacists are appointed or elected to positions of responsibility, they are not always adequately prepared to accept. They have not taken the necessary time to learn about the details of organization, the activities of the committees, et cetera. Attendance at Annual Meetings and institutes and attention to publications all contribute to knowing your Society, its objectives, and what it stands for. This would apply as well to the day-to-day work in your pharmacy.

A *sixth* quality of the good leader—and to me the most important—he must have enthusiasm. In Proverbs, we read: “Whatsoever thy hand findeth to do, do it with all your might, heart and soul.”

And in organizational work, it is important that the good leader have a realistic sense of the lethargy of people. Truly, we cannot drive. Timing is important, and the leader knows that people do less when pushed.

We could stop here since with leaders having these qualities, we are bound to succeed. Perhaps we all cannot be leaders, but I am sure that all of us have at least some of these qualities.

These qualities of leadership must be translated into action in the American Society of Hospital Pharmacists and its 43 affiliated chapters. Specific application falls into many categories, and I am outlining some of the ways in which your affiliated chapter can provide even greater contributions.

These qualities of leadership can very well apply to our ASHP chapters. They also apply to the national organization, although the very roots of our Society are in the local groups and in your individual efforts.

The leader in the local group recognizes the fact that his chapter is made up of hospital pharmacists who have varied backgrounds in education and experience. These people have reached the position they now hold by traveling different roads. One, there are those who have followed the same educational program which all undergraduate pharmacy students follow and then simply accepted a position as a hospital pharmacist where they learned by doing. Two, there are those who have followed the usual undergraduate course with a master’s program along with specialized training in hospital pharmacy. And three, there are those who have taken what might be called the straight internship, that is training which is not combined with graduate work in a school of pharmacy. We know that in each case the road traveled has some merit, and it is difficult to evaluate one method over the other.

Too, in the leader’s relationship with the group, he recognizes the fact that the members are practicing in different types of institutions—government, nongovernment, large, small, specialized, et cetera. Consequently, the problems vary from one institution to another and may call for an appreciation of what your fellow member is doing.

With these understandings, the leader will inspire confidence, sincerity, integrity, and humility—the first quality of a good leader.

Application of the second quality—ambition—is perhaps not too rare. Those who

have ambition for the profession will make every effort to help others improve their pharmacy service. There are perhaps hundreds of ways in which this can be accomplished through your local meetings. Providing regular programs, special seminars, panel discussions, and continuing projects and working with the various committees all contribute towards this end and, in turn, foster ambition among the other members. Too, encouraging new people to enter hospital pharmacy, fostering establishment of internships, and working with the schools in providing courses in our specialty all contribute towards providing better pharmacy service. Here we must recognize that progress in the profession is based on advancement of education and training of the future hospital pharmacists.

We have talked about goals in a general way. I keep thinking of the lines from a poem: “Keep your goal in sight and labor toward it day and night.” In Society work, we have two types of goals: first, the long-range objectives which are set down in our Constitutions and Bylaws and which usually remain the same; and second, the immediate goals which can be accomplished this year. Our long-range objective—providing pharmaceutical services which will contribute to better patient care—provides a basis for our total Society program. Projects in local groups must be keyed to the needs of members in the different areas. Thus, in defining our goals in the Society from year to year, we look to our leaders to analyze the greatest needs in hospital pharmacy. In your local groups, this requires diligent leadership; but here there is a great opportunity to serve your local Society, the national groups, and the profession.

We have also mentioned that the good leader will face opposition creatively. Opposition in hospital pharmacy, as in any group, is inevitable. It is a sign or symptom of an unmet need. View it as an opportunity and find out what the need is. Sometimes understanding can be brought about in a simple manner by offering the opportunity to discuss the problem at hand. Perhaps this sounds a bit too elementary when actually we know that facing opposition requires the greatest of statesmanship, diplomacy, and all that goes to make for good leadership. Sir Winston Churchill, one of the greatest leaders of our time, is known for his facing opposition in spite of all else. On the occasion of Churchill’s 80th birthday last year, John Masefield paid tribute to this great leader with this four-line verse:

*This Man, in darkness, saw; In doubtings, led;
In danger, did; in uttermost despair
Shone, with Hope that made the midnight fair
The world he saved calls blessings on his head.*

Skill and confidence come from knowing. Nothing can replace knowledge and diligent work. Only a few years ago, Mr. Hansen, recipient of the 1951 H. A. K. Whitney Award, spoke to you on “Work by the Side of Work.” His message applies very well to all we are saying tonight. Here, I would like to emphasize the importance of your knowing something about your profession. To understand the relationship between the various specialties in pharmacy, to know of the work of the American Pharmaceutical Association as well as your own Society, to follow the trends of the

colleges and boards, to have some understanding of the role of industry in the profession will give you the background needed in order to fulfill an important role in your chapter and in the Society.

In the ASHP, we have two problems relating to communication, that of the local affiliates keeping the national group informed of activities and, secondly, the national Society keeping you posted. Our publications, the Annual Reports, the conventions and institutes, and our close contact with the officers in each chapter all serve as mediums for communicating ideas. The one provision which has been made for representation in the Society is the House of Delegates, which meets each year in connection with the Annual Meeting. One of the responsibilities of a local society is that some one of your executive committee members attends the ASHP Annual Meeting so that we know what you are doing and you know what we are thinking. The delegates from the chapters must be informed on the activities being carried out on a local basis, the thinking of hospital pharmacists in their local areas, and be ready to express themselves on matters of policy affecting the Society. Equally important is that they return to their respective chapters with new ideas and details of the discussions so that there can be coordination of the activities on the national level with those on the local level. Leaders must take the responsibility for reviewing the Annual Reports and bringing anything of particular interest to the attention of the group.

Too, a delegate to the ASHP meetings can further expand his background, his usefulness to his local chapter, by giving attention to all phases of the total APhA Convention program.

This method of representation—the House of Delegates—in the ASHP has been set up for a purpose. If we are to function properly, if we are to be a body representing all hospital pharmacists in the country, we must be certain that affiliated chapters assume their rightful role. Otherwise, the entire organizational setup breaks down and it becomes impossible for either the national or the local groups to carry out their responsibilities.

We should mention that some of the greatest contributions to better pharmacy practice in hospitals have been made by small groups where the members have worked closely together. Of particular note are groups such as the Utah Society of Hospital Pharmacists. Organized but a few years ago, this group has banded together to form a strong state organization in which I believe every hospital pharmacist in the state is affiliated with the APhA and the ASHP, as well as the Utah Society. Their efforts in working out a pricing schedule and studying problems related to floor stocks and other phases of hospital pharmacy practice have been major contributions.

Local chapters must have active committees and, when possible, coordinate activities with those of the national committees. In some few cases, we have had an opportunity to work closely with the affiliates on projects, and the results have been rewarding. I believe that when we were working on the *Minimum Standard*, it was sent to all of the chapters for comments. The response was good, and the results of the comments were compiled for consideration when the final draft of the standard was worked out. Such efforts can produce fruitful results.

Numerous affiliated chapters have carried out projects and worked closely with the Society's committees. This one activity alone has opened the way to greater participation by a large number of members. Some of the work which has been carried out by affiliated chapters far outranks anything being done by the national group. Among the projects carried out in recent years are the following: promoting or sponsoring some type of continuing educational programs—seminars, institutes, etc.; sponsoring a student visitation program; studying application of the *Minimum Standard for Pharmacies in Hospitals* with particular reference to the Point-Rating Plan; compiling a list of common household poisons along with antidotes; and a large number of special projects for which there has been a need in specific areas.

We would hope that each affiliated chapter would carry out some type of continuing project. Although suggestions have come from the national group from time to time, this is really something which can best be developed by the members of the individual chapters. The national organization should, of course, give some leadership and coordination to the projects. This has been accomplished, to a degree, by our Committee on Special Projects.

We have emphasized the responsibilities of affiliated chapters in the organization. There are possibly even greater areas in which each individual hospital pharmacist can participate. It is accepted that everyone cannot go to all the national meetings. But we do want representation from all groups and, through the delegates, to reach a large segment of our membership.

The role which the greater number of our members are taking—that of improving pharmacy service in their individual hospitals—cannot be overlooked. By sharing your thoughts and knowledge, by carrying out your day-to-day work as a professional person, and by striving towards our fundamental objectives, hospital pharmacists are contributing immeasurably to progress in the organizations and in the profession as a whole. After all we have said about leadership and work in organizations, we still realize that the greatest possibility for progress lies with the individual practitioner in hospital pharmacy.

If we can but carry forward these simple ideas in a small measure, we shall expand the influence of hospital pharmacy in these United States many times—good leaders, participation by all hospital pharmacists, a means of communicating our ideas, and a spirit of unity will join us together.

We again pay tribute to Mr. H. A. K. Whitney, whose leadership brings us here tonight. To those others who have been recipients of the Whitney Award—Spease, Hansen, Purdum, Francke, and Scott—we owe a debt of gratitude.

To all of you—members of the Michigan Society of Hospital Pharmacists—I express my appreciation, not only for this honor tonight but for all you have done for hospital pharmacy. I am ever mindful of the role of the affiliated chapters and individual members in the national organization.

Harvey A. K. Whitney Award Lectures (1950–2005)

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