Pharmacists Must Be Leaders
Perspectives on Leveraging Leadership to Improve Patient Care

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Chief Executive Officer
## Disclosure Information

**ASHP creates and provides products, services, and programs in the following areas:**

- Accreditor of pharmacy residency and technician training programs
- Developer of drug information and related publications
- Publisher of the peer-reviewed scientific journal, *AJHP*; member magazine, *InterSections*; and consumer website, SafeMedication.com
- Convener of national and international educational conferences, meetings, and workshops
- Developer of pharmacist and technician certification resources
- Provider of pharmacist and pharmacy technician continuing education
- Provider of pharmacy practice and medication-use process consulting services
- Supporter of the ASHP Research and Education Foundation and ASHP Political Action Committee
- Other products and services related to the practice of pharmacy

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<th>NAME:</th>
<th>Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP</th>
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<td>Chief Executive Officer, ASHP</td>
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Objectives

• Describe contemporary leadership perspectives applicable to colleagues and patients

• Identify essential leadership knowledge, skills, and attributes to advance practice and impact care

• Describe strategic leadership imperatives in the current environment

• Illustrate examples of leadership excellence across the pharmacy enterprise
Contemporary Leadership Perspectives

• Authenticity

• Importance of Individuality: *Chess vs Checkers*

• Constructive Dissatisfaction

• Disruptive Innovation
Authenticity

- **Possesses self-knowledge:** knowledge of one’s own strengths and weaknesses
  - Views oneself as a “work in progress”

- **Creates a sense of belonging:** inspires followers

- **Represents True North:** alignment of values, purpose and motivations

- **Demonstrates transparency**
  - Open communication
  - Shares “why” to help colleagues and patients understand reasons for change

Importance of Individuality
Ex., Checkers vs. Chess

• All the pieces are uniform and move in the same way
• They are interchangeable
• They all move in the same pace, on parallel

• Each type of piece moves in a different way
• You can’t play if you don’t know how each piece moves
• You won’t win if you don’t think carefully about how to move the pieces to work together

What Do Great Leaders Do?

• Great leaders *discover, develop* and *celebrate* what is different about each individual and what works for them by:
  
  – Turning one person’s particular talent into performance
  
  – Identifying and deploying the differences among people
  
  – Challenging each person to excel in his or her way
  
  – Finding ways for individuals to grow

Capitalizing on Uniqueness

• Leverage natural abilities, rather than focusing on weaknesses

• Makes individuals and patients more accountable

• Builds a stronger sense of team

• Creates interdependency and helps people appreciate each other’s skills

Leadership: Why Each Individual Matters

- **Big L**: individuals with a leadership title
- **Little l**: individuals who demonstrate leadership in their practice
  - Positively influences peers
  - Has initiative: volunteers to try new roles and responsibilities
  - Takes ownership

“Every pharmacist must be a leader in their practice or on their shift. Each must connect with their inner drive, their passion for what they do and for making things better.” -Sara White

Constructive Dissatisfaction

A term coined by United Parcel Service (UPS)
Founder & CEO, James E. Casey, 1907-1962

Lessons from UPS, D. Scott Davis (current CEO)

– Constant evolution to advance
– Adapt to conditions
– Remain nimble and agile
– Evaluate situation (context) to support decision-making
– Never being satisfied and looking for ways to improve

SOURCE:
Disruptive Innovation  
Clayton Christensen

• Process by which a product or service begins with simple applications at the bottom of a market and then aggressively moves up the market, eventually displacing established competitors. Examples:
  – Steel industry
  – Mainframe computers → Personal Computers
  – Traditional Healthcare Providers → Retail Health Clinics
  – MeMD®, Amwell®, and others
  – Mobile Health APs

• Maintaining status quo → embracing change
  – Supports “out of the box” thinking, productive conflict and testing new ideas to drive advances

SOURCES:  http://www.claytonchristensen.com/key-concepts/
Stempniak M. 5 Implications for hospitals now that retail is health care’s new front door. H&HN, http://www.hhnmag.com/articles/7048-five-implications-for-hospitals-now-that-retail-is-health-cares-new-front-door#.V5Cr34Nipn1.email
Disruptive Innovation in Pharmacy

**Unit Dose**: Change from bulk bottle of floor stock to unit dose to improve medication safety

**Clinical Pharmacy**: Transition from dispensing role to using pharmacist's knowledge to improve medication therapy

**Pharmaceutical Care**: Framework to evaluate and optimize medication therapy based on a comprehensive methodology

**Comprehensive Medication Therapy Management**: Responsibility for ensuring optimal, safe and effective medication use across all healthcare settings
Disruptive Innovation: Advances in Pharmacy Practice

Satellite Pharmacies  
Ambulatory Clinics  
Vaccinations in Community Pharmacies  
Collaborative Practice  
Interdependent Prescribing

Disruptive Pharmacy Leaders

- Harvey A.K. Whitney
  - Established first hospital pharmacy internship now known as a residency program in 1927 at University of Michigan
  - Led establishment of a hospital division of the American Pharmaceutical Association, which became ASHP in 1942
  - Co-founder of The Bulletin of the ASHP, which in 1958 became *the American Journal of Hospital Pharmacy (AJHP)*

From the PRESIDENT:

It will hardly be necessary for me to remark on the pride I take in greeting you as Chairman of this our own organization. An organization that is represented in the Council and the House of Delegates of the American Pharmaceutical Association. In considering a theme for this initial meeting I do not believe I could do better than to quote from an essay in "Casting Out of the Cellar." To indicate the nature of the editorial let me quote a statement or two, e.g., "The time has come for hospital pharmacists and hospital administrators...to face realisitcally with the public and with governmental officials the true situation of the public's health...The American Society of Hospital Pharmacists...are situations which we have been too long conscious, too long inactive and which we should propose to overcome by an energetic display of our professional abilities and those elements of professional character that will give us recognition and a proper place in the public health services. This, as I see it, is our best opportunity for services. This, as I see it, is our best opportunity for services. This, as I see it, is our best opportunity for services. This, as I see it, is our best opportunity for services. This, as I see it, is our best opportunity for services.

H. A. K. Whitney
Chairman.
Disruptive Pharmacy Leaders

• Michael Cohen
  – Working as a clinical pharmacist in late 1960’s identified medication errors as a concern and began a regular column in *Hospital Pharmacy*
  – Established voluntary reporting of medication errors 35 years ago
  – Established *Institute for Safe Medication Practices*, which has international divisions in countries such as Spain, Canada and Australia

           https://www.ismp.org
Disruptive Pharmacy Leaders

- **Joseph A. Oddis**
  - ASHP CEO from 1960-1997
  - Helped build a strong foundation for health-system practice
    - Established ASHP as the international source of drug information and pharmacy practice literature
    - Led the development of *ASHP Best Practice Standards* including the hospital formulary system
    - Envisioned and led creation of ASHP Residency Accreditation
  - Created the ASHP Midyear and Annual meetings
  - Created ASHP Research and Education Foundation

SOURCE: [http://www.ajhp.org/content/54/16/1815.full.pdf](http://www.ajhp.org/content/54/16/1815.full.pdf)
Disruptive Pharmacy Leaders

- **Mary Anne Koda-Kimble**
  - Dean Emeritus, University of California, San Francisco (UCSF)
  - Dedicated to the advancement of clinical pharmacy, which began at UCSF with the first satellite pharmacy
  - Collaborated with other editors to put together the world's first clinical pharmacy therapeutics textbook, *Applied Therapeutics*, based on patient case histories

Pharmacy Leadership Knowledge, Skills and Attributes
Knowledge and Skills

Pharmacy Leadership Responsibilities

- Operations
- Financial Management
- Clinical Practice
- Human Resources
- Regulatory
- Technology
- Quality and Safety
Attributes of a Leader:

What Does Leadership Look Like?

- Creating a Nurturing Environment
- Positivity
- Mentoring
- Team Skills
- Transformational Leadership
- Emotional Intelligence
Attributes

• **Creating Nurturing Relationships**
  – Active listening
  – Displaying understanding by mirroring ideas
  – Welcoming feedback and honest exchange of ideas
  – Being accessible
  – Expressing gratitude for hard work
  – Sharing with and opening up to others

*Leadership is a balance between achieving goals and caring about staff, colleagues, and patients*

Attributes

• “Positivity”: belief that change and challenges create opportunities
  – “Yes, and vs. Yes, but”, language of leadership

• Mentoring
  – **Traditional**: Supports growth of the protégé by coaching, listening and guiding individuals
  – **Reverse mentoring**: Protégés and patients also provide mentoring to individuals in leadership roles

SOURCES:  Wagner DC. Choosing to use the most powerful model in the world *Am J Health Syst Pharm*. 2014; 71: 1128-1135.
Mentor and Protégé
Mutual Growth

Mentor and Protégé (Patient) - 2 Way Interface

SOURCE: Adapted from Gray WA. The mentoring relationship.
Attributes

• **Team Skills**
  
  – Create a team environment
  
  – Support growth of skills needed to work successfully with intra- and interdisciplinary teams
    
    o Respectful interactions
    
    o Listening skills
    
    o Positive interpersonal skills
  
  – Value of collective wisdom
Importance of Teamwork

My supervisor told me that teamwork depends on the performance of every single member on the team. I had trouble understanding it until my supervisor showed me how the office typewriter performs when just one key is put out of order. All the other keys on your typewriter work just fine except one, but that one destroys the effectiveness of the typewriter. Now I know that even though I am only one person, I am needed if the team is to work as a successful team should.

Attributes

• Transformational Leadership
  
  – *Intellectual stimulation* – challenging assumptions, soliciting ideas, taking risks

  – *Inspirational motivation* – articulating future visions

  – *Individualized consideration* – attending/listening to the needs of colleagues (and patients)

  – *Idealized influence* – behaving in a way an individual can identify and possessing shared values

Attributes

• **Emotional Intelligence**
  - Twice as important as technical skills and IQ
  - Essential attribute that must be cultivated in pharmacists
  - Improves communications skills and professionalism
  - **Critical element in creating a culture of safety**
  - Five Components:
    - Self-awareness
    - Motivation
    - Social skill
    - Self-regulation
    - Empathy

Leadership Excellence

Paul Pierpaoli

• “Individual pharmacists need **will** as well as **skill** for advancing practice.”
  – “The ultimate determinant of our progress is the strength and persistence of will of each individual practitioner”

• “Leaders and practice innovators from every era of hospital pharmacy have been iconoclasts” - challenging the current state

• Leaders need bilingual skills to effectively navigate organizational priorities and lead the pharmacy enterprise

Leadership Excellence

**RADM Pamela Schweitzer**

• The first woman to become the USPHS’s Chief Pharmacy Officer

• Responsible for providing leadership and coordination of USPHS pharmacy programs and professional affairs for the Office of the Surgeon General and the Department of Health and Human Services

• “My goal is for the profession not to be left behind”

• “We need to inspire and support leadership development among pharmacists to assume leadership in all of its aspects across all programs”

Leadership Excellence

Burnis Breland

• Learning how to adapt to rapid changes while providing a vision for staff

• Meeting patients’ needs, organizational needs, and the needs of other professionals

• Advancing the profession through building a practice model that enables pharmacists to provide safe, effective, and efficient use of medications

• Assuming responsibility for drug therapy outcomes

• Providing optimum clinical value to the patient and economic value to the institution

Pharmacy Strategic Leadership Imperatives
Pharmacy Strategic Leadership Imperatives

- Patient-Centered Care
- Inter-Professional Care
- Change Management
- Optimizing Medication Use
- Reducing Overutilization; “Deprescribing”
- Demonstrating Value and Enhanced Patient Experience
- Prepare for the Future NOW

Pharmacy Leadership Strategic Imperatives

IMPROVED PATIENT CARE
Pharmacy Strategic Leadership Imperatives

• **Patient-Centered Care**
  - Ensure safe and effective medication use in and across all sites of care

• **Interprofessional Care**
  - Respect for each member’s role in patient care, “*practice at top of license*”
  - Create new models of care

• **Change Management**
  - Leverage changes in healthcare environment to create new opportunities for pharmacy practice
  - Engage student pharmacists, residents and staff in piloting new programs and services

Pharmacy Strategic Leadership Imperatives

• **Optimizing Medication Use**
  – Develop patient-specific comprehensive, inter-professional, and transferable pharmacotherapy plan for each patient
  – Monitor and follow up to ensure therapeutic endpoints and goals are met
  – Involve pharmacists in interdependent prescribing as part of team-based care

• **Reducing Overutilization ("deprescribing")**
  – Develop and implement clinical guidelines
  – Consolidate drug therapy
  – Sustained effort to reduce unnecessary drug use
  – Ensure that the most cost-effective medications are utilized
  – Examples: antimicrobials and opioids, Choosing Wisely®

**Sources:** Abramowitz PA. The evolution and metamorphosis of the pharmacy practice model. *Am J Health-Syst Pharm.* 2009; 66: 1437-1446
Choosing Wisely: [www.choosingwisely.org](http://www.choosingwisely.org)
Pharmacy Strategic Leadership Imperatives

• **Demonstrating Value**
  – V (Value) = Q (Quality) + S (Satisfaction) / C (Cost)
  – Create Medication Effectiveness Dashboard (MED) of indicators to measure the effectiveness of the medication use system including outcomes, safety, cost and productivity
  – Improving patient experience

• **Prepare for the Future Now**
  – Population health
  – Pharmacogenomics
  – Application of new technology
  – Digitalized/virtual information
  – Envision changes to the profession

Leadership Excellence Across the Pharmacy Enterprise: Improving Patient Care
Leadership Across the Pharmacy Enterprise: L and I

LEADERSHIP

Inpatient Pharmacists

Clinic Pharmacists

Pharmacy Technicians

Residents, Student Pharmacists

Pharmacy Managers
Pharmacy Practice Model Leadership

**Code Sepsis:**
*Improving Sepsis Care; Saving Patients’ Lives*
Wake Forest Baptist Hospital, NC

**Leadership**

**Inpatient Pharmacists**

**Code Sepsis Program**
Pharmacist led code-sepsis interventions as part of a team approach

**Baseline:** Sepsis screen to antibiotic administration:
427 minutes in ICUs

**After Code Sepsis Program established:**
31 minutes in ICUs

**Mortality Index:**
1.65% → 0.8%
Saved 200 lives/yr

**ASHP 2013 Best Practice Award**
Antimicrobial stewardship service
Pharmacist led antimicrobial stewardship service in the ED

Baseline: Physicians intervened on 50% of positive cultures for inappropriate therapy

Post-Pharmacy service initiation: 80% intervention rate by pharmacists

Advancing Pharmacy Practice through the Implementation of a Heart Failure Medication Management Clinic
Brookdale Hospital, NY

Heart Failure (HF) Medication Management Clinic
Pharmacist-led HF clinic staffed by interprofessional team
Baseline 30 day HF readmission rate: 29.4%
After HF Clinic established: <3%

ASHP 2012 Best Practice Award
Safe Medication Transitions Program
Cedars-Sinai Medical Center, CA

Transitions of Care Pharmacists

Leadership

Safe Medication Transitions Program
Pharmacist post-discharge follow up of high risk patients with focus on those with low medication adherence and literacy (MedAL) using a pharmacist-developed algorithm.

Readmission rate: 2.8 times higher in pts with low MedAL

Medication-related readmissions prevented: 16%

2014 Hospital Hero Award, National Health Foundation
Comprehensive Models of Pharmacy Leadership: 
Veteran’s Health Administration (VA)

VA is the largest integrated health care system in the United States

- 1,233 health care facilities, 168 medical centers
- Serves more than 8.9 million patients a year
- Pharmacy Services
  - Approx 9000 pharmacists, 600 residents/fellows, 4,500 technicians
  - Approx 3600 clinical pharmacy specialists with scopes of practice to manage multiple chronic disease states
    - One CPS for every three patient panels in primary care

SOURCES:  
http://www.va.gov/health/aboutVHA.asp
Comprehensive Models of Pharmacy Leadership: Veteran’s Health Administration (VA)

- Pharmacists are credentialed based on licensure, post-graduate training, experience.

- Privileges are granted at the facility level and provide authorization to provide patient care services.

- Extensive primary care provided, but also have clinical pharmacy specialists in many outpatient settings including: endocrinology, cardiology, infectious diseases, mental health, hepatology and pain management, etc.

Comprehensive Models of Pharmacy Leadership: 
Veteran’s Health Administration (VA)

VHA directive defines process for determining Scope of Practice for pharmacists who provide direct patient care, which includes:

- Initiating, continuing, discontinuing, and modifying therapy
- Developing and documenting therapeutic plans—utilizing the most effective, least toxic, and most economical medication treatments
- Evaluating drug therapy and patient’s response
- Conducting order consultations with other health care providers
- Ordering, performing and reviewing lab tests that are necessary to support drug therapy
- Obtaining health and drug histories
- Providing patient and health care professional education

SOURCES:  
http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1732  
http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=4055#sthash.ABYvosVM.dpuf
Comprehensive Models of Pharmacy Leadership: Kaiser Permanente

• One of the nation’s largest, not-for-profit, non-governmental health plans, serving over 10 million members via 38 hospitals and 618 clinics

• Interprofessional healthcare teams with pharmacists in inpatient, ambulatory and home care settings

http://share.kaiserpermanente.org/article/fast-facts-about-kaiser-permanente/
Comprehensive Models of Pharmacy Leadership: 
**Kaiser Permanente**

- **Beginning in 1992, Kaiser Colorado established model for advanced pharmacy practice**
  - Clinical Pharmacy Anticoagulation Service established in 1996, one of the largest in the nation
  - Specialty clinical pharmacy services: asthma, diabetes, nephrology, cardiology/heart failure diseases, international travel, long term care
  - Established Clinical Pharmacy Call Center to support nurses with medication-related questions

**SOURCES:**
Putting it All Together

- Leadership is a continuous learning process

- **Individual performance impacts institutional/organizational performance**

- **Focused and effective leadership is central to pharmacy practice advancement:**
  - At the bedside
  - In the pharmacy
  - In the clinic
  - In the administrative office

- **Pharmacists must be adequately prepared to take on the leadership roles that will:**
  - Help drive practice change
  - Optimize patient care across the entire spectrum of care
A Dozen Stimulating Yet Different Perspectives on Leadership

*Use Them to Help You Develop Your Style*

A leader is best when people barely know he/she exists, when his/her work is done, his aim fulfilled, they will say: we did it ourselves.

*Lao Tzu*

SOURCE: http://www.forbes.com/sites/kevinkruse/2012/10/16/quotes-on-leadership/
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**Effective**

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**Visionary**

Leadership is lifting a person’s vision to high sights, the raising of a person’s performance to a higher standard, the building of a personality beyond its normal limitations.

*Peter Drucker*

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**Wise**

The best executive is the one who has sense enough to pick good men/women to do what he/she wants done, and self-restraint enough to keep from meddling with them while they do it.

*Theodore Roosevelt*

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**Inspiring**

A leader takes people where they want to go. A great leader takes people where they don’t necessarily want to go, but ought to be.

*Rosalynn Carter*

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**Results-Driven**

Leaders think and talk about the solutions. Followers think and talk about the problems.

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Great leaders are almost always great simplifiers, who can cut through argument, debate, and doubt to offer a solution everybody can understand.

*Gen. Colin Powell*

SOURCE: http://www.forbes.com/sites/kevinkruse/2012/10/16/quotes-on-leadership/
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*Gen. Colin Powell*

**Dream-Catcher**

If one is lucky, a solitary fantasy can totally transform one million realities.

*Maya Angelou*

SOURCE:  http://www.forbes.com/sites/kevinkruse/2012/10/16/quotes-on-leadership/
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**Leader vs. Manager**

Management is about arranging and telling. Leadership is about nurturing and enhancing.

*Tom Peters*

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**Clear Direction**

Management is efficiency in climbing the ladder of success; leadership determines whether the ladder is leaning against the right wall.

*Stephen Covey*

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**Leadership Essentials**

There are three essentials to leadership: humility, clarity and courage.

*Chan Master Fuchan Yuan*

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**Integrity**
The supreme quality of leadership is integrity.

*Dwight Eisenhower*

When I grow up, I want a pharmacist on my healthcare team!
Post-Assessment Questions

1) Great pharmacy leaders:
   a) Turn performance and creativity into improved patient care outcomes
   b) Are constructively dissatisfied
   c) Capitalize on uniqueness
   d) Hold individuals and teams accountable and celebrate their successes
   e) All of the above

2) Disruptive Innovation is a process by which a product or service begins with simple applications at the bottom of a market and then aggressively moves up the market, eventually displacing established competitors.
   a) True
   b) False
Post-Assessment Questions

3) Which pharmacy leader co-founded The Bulletin of the ASHP, which in 1958 became the *American Journal of Hospital Pharmacy (AJHP)*?
   a) Mary Ann Koda-Kimble
   b) Michael Cohen
   c) Harvey A.K. Whitney
   d) Joseph A. Oddis

4) Attributes of transformational leadership include all except:
   a) Idealized influence
   b) Intellectual perception
   c) Inspirational motivation
   d) Individualized consideration