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# FRONTLINE FIRST: WHERE LEADERSHIP BEGINS IN THE PHARMACY

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# DISCLOSURES

THE PLANNER AND SPEAKERS HAVE INDICATED  
THAT THERE ARE NO RELEVANT FINANCIAL  
RELATIONSHIPS WITH ANY INELIGIBLE  
COMPANIES TO DISCLOSE.

# OBJECTIVES

**AT THE END OF THIS SESSION, LEARNERS SHOULD BE ABLE TO...**

## IDENTIFY

Identify core leadership skills for pharmacy technicians and pharmacists.

## DIFFERENTIATE

Differentiate between leadership types using the “Big L / Little l” framework.

## RECALL

Recall two skills that support continuous professional development in pharmacy practice.

# AGENDA

**01.** Leadership Principles

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**02.** Pharmacy Teammates as Leaders

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**03.** Continuous Professional Development

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**04.** Leadership Application

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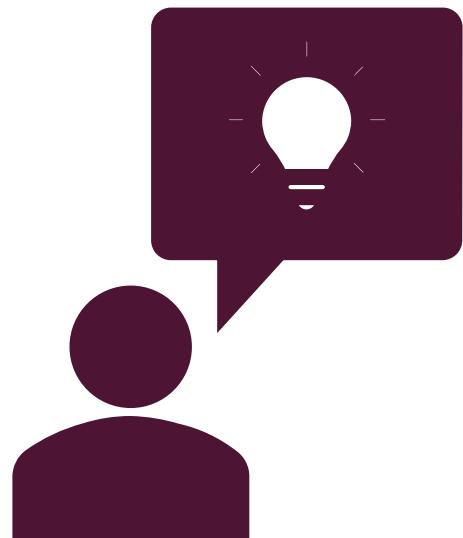
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01.

## LEADERSHIP PRINCIPLES



**WHAT QUALITIES COME TO  
MIND WHEN YOU THINK OF  
A GOOD LEADER?**

*“In its most basic sense, leadership is about mobilizing a group of people to jump into a better future.”*

—John P. Kotter

“ ”

# WHAT IS A LEADER?

A leader is someone who...



Influences others towards shared goals



Works with others to achieve common objectives



Builds collaboration and motivates positive change

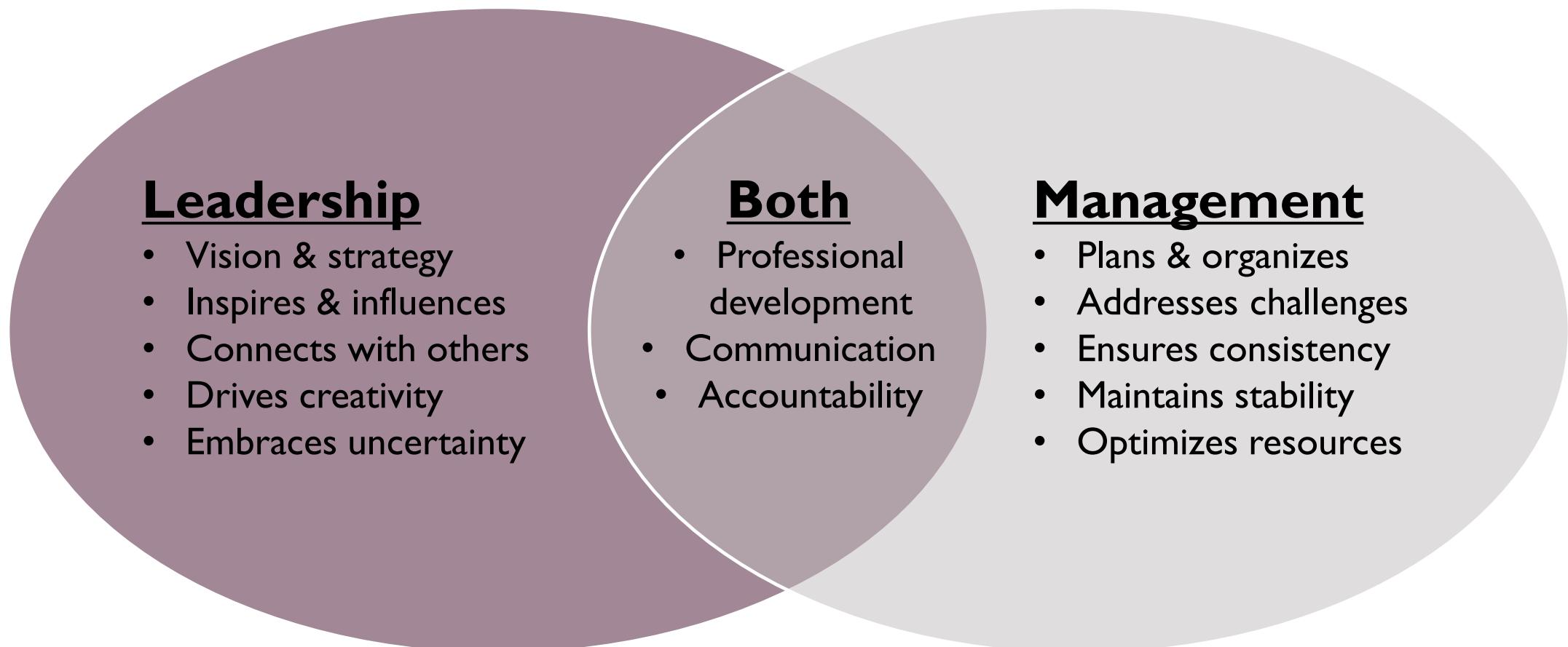


Balances effectiveness, purpose, and ethics



Makes people want to be led, not just comply

# LEADERSHIP ≠ MANAGEMENT



“

*“Leadership is the art of  
accomplishing more than the science  
of management says is possible.”*

—Colin Powell

# BIG L VS. LITTLE L LEADERSHIP

## BIG L LEADERSHIP

- Formal authority
- Positional and structural
- Decision-making authority
- Provides accountability and strategic direction
- **Ex:** Pharmacy Director, Pharmacy Manager, etc.

## LITTLE L LEADERSHIP

- Informal influence
- Everyday leadership shown through actions
- Local impact, driving culture and adaptability
- Champions change and models best practices
- **Ex:** Clinical Pharmacist, Pharmacy Technician, etc.

## BOTH ARE ESSENTIAL

Big L builds the framework; little l brings it to life.

# LEADERSHIP STYLES



## Autocratic

**Leaders make decisions independently**

Beneficial for quick decisions but can reduce morale and creativity

**Example:** A pharmacy technician takes control during a dispensing cabinet outage, directing peers to use manual processes without discussion.

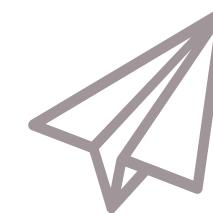


## Democratic

**Team input in decision making**

Promotes collaboration but is time consuming

**Example:** A department shared governance initiates new site-specific protocols.



## Lassiez-Faire

**Minimal leader involvement; team autonomy**

Provides autonomy for skilled staff to innovate but can lead to confusion for new team members.

**Example:** Preceptors give residents full control over their year-long or quality improvement projects, only stepping in if asked.

# LEADERSHIP STYLES (CONTINUED)



## Servant

**Prioritizes team needs and growth.**

Builds trust and loyalty but may overlook organizational goals.

**Example:** A pharmacy technician volunteers to train new hires on automation systems and sterile compounding to ensure they feel confident and supported.



## Situational

**Leadership style changes based on context.**

Flexible and effective but requires strong emotional intelligence.

**Example:** A residency preceptor uses a modeling style at the beginning of a rotation, then shifts to facilitating once the resident is comfortable with the workflow.



## Transformative

**Inspires and motivates towards a shared vision.**

Drives innovation and engagement but is resource intensive.

**Example:** A pharmacy technician promotes a vision of zero medication errors, motivating colleagues to adopt best practices and continuous improvement.

# ASSESSMENT QUESTION #1

**Which scenario illustrates the difference between Big L and little l leadership?**

- A. A pharmacy director enforces compliance with policies, while a manager delegates tasks to staff.
- B. A pharmacy manager creates a new strategic plan, while a technician suggests workflow improvements during daily operations.
- C. A clinical pharmacist completes a medication review, while a director updates the budget.
- D. A supervisor schedules staff shifts, while a manager approves vacation requests.

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02.

## PHARMACY TEAMMATES AS LEADERS

# QUALITIES OF EFFECTIVE LEADERS

Accountability

Adaptability

Communication

Cultural awareness

Decision making

Emotional intelligence

Empathy

Focus

Innovation

Integrity

Mentorship and coaching

Problem-solving

Professionalism

Resilience

Teamwork and collaboration

Vision



Leadership and patient outcomes



Interdisciplinary collaboration



Leading change in healthcare



Leadership in everyday tasks



Leadership during crisis

## **WHY IS LEADERSHIP IMPORTANT WITHIN PHARMACY**

## PHARMACY TECHNICIANS IN ACTION

- Identification of workflow inefficiencies and proposing changes to improve patient safety
- Serving as a resource to nursing regarding medication procurement
- Training pharmacy technician students and youth apprentices on their roles and responsibilities
- Participation in department and system committees
- Modeling best practice medication history reconciliation
- Leading initiatives such as proper waste disposal or controlled substance discrepancies
- Shortage management

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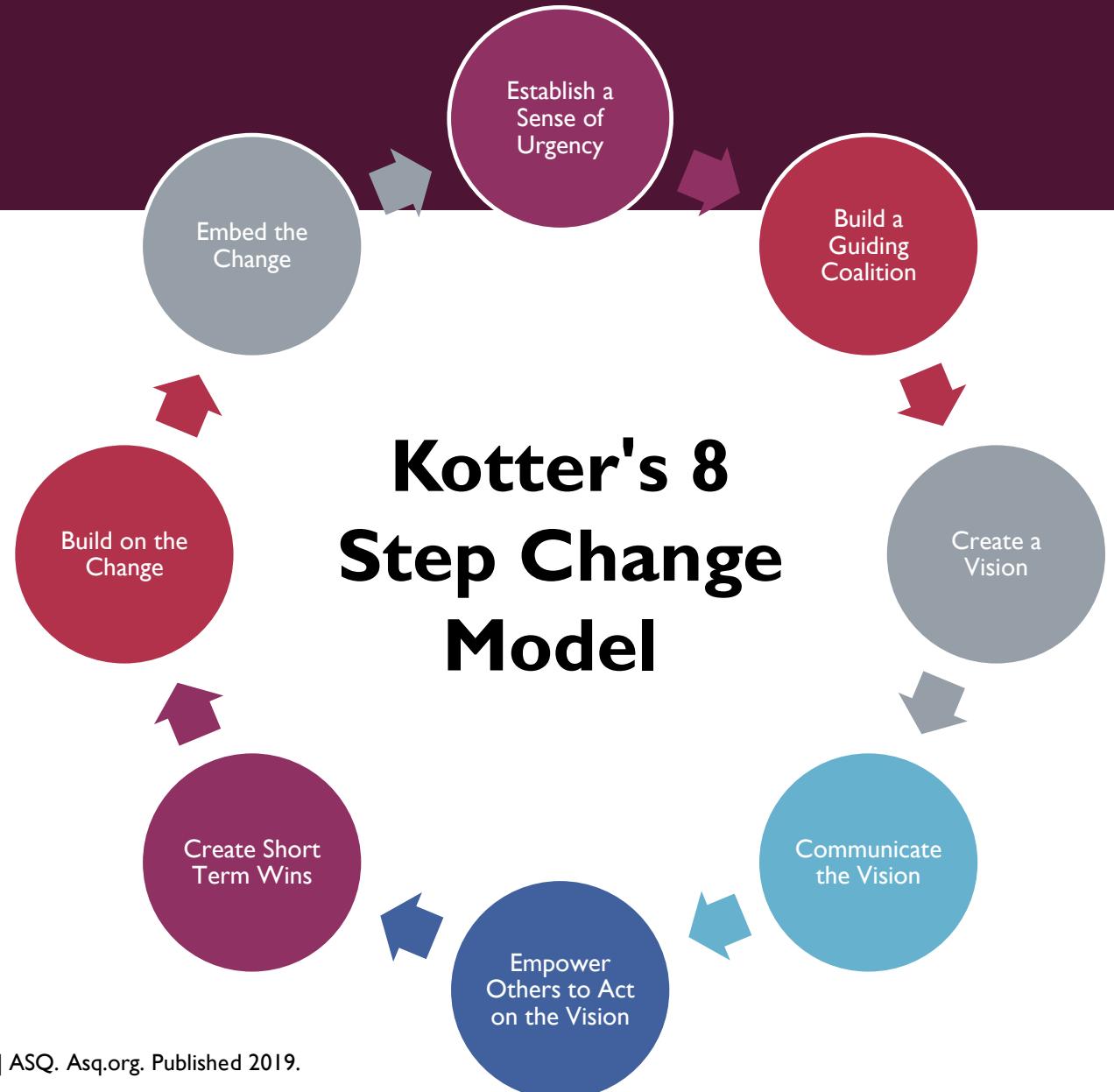
## PHARMACISTS IN ACTION

- Building rapport with nursing during unit rounding
- Pharmacy liaison for various pharmacy committees
- Being a resource to interdisciplinary teams such as providers and nursing
- Providing learning opportunities to pharmacy students and residents
- Leading performance improvement projects
- Developing pharmacy workflows and policies

# CHANGE MANAGEMENT

The methods and manners in which a company describes and implements change which includes preparing and supporting employees, establishing the necessary steps for change and monitoring implementation success.

## Kotter's 8 Step Change Model

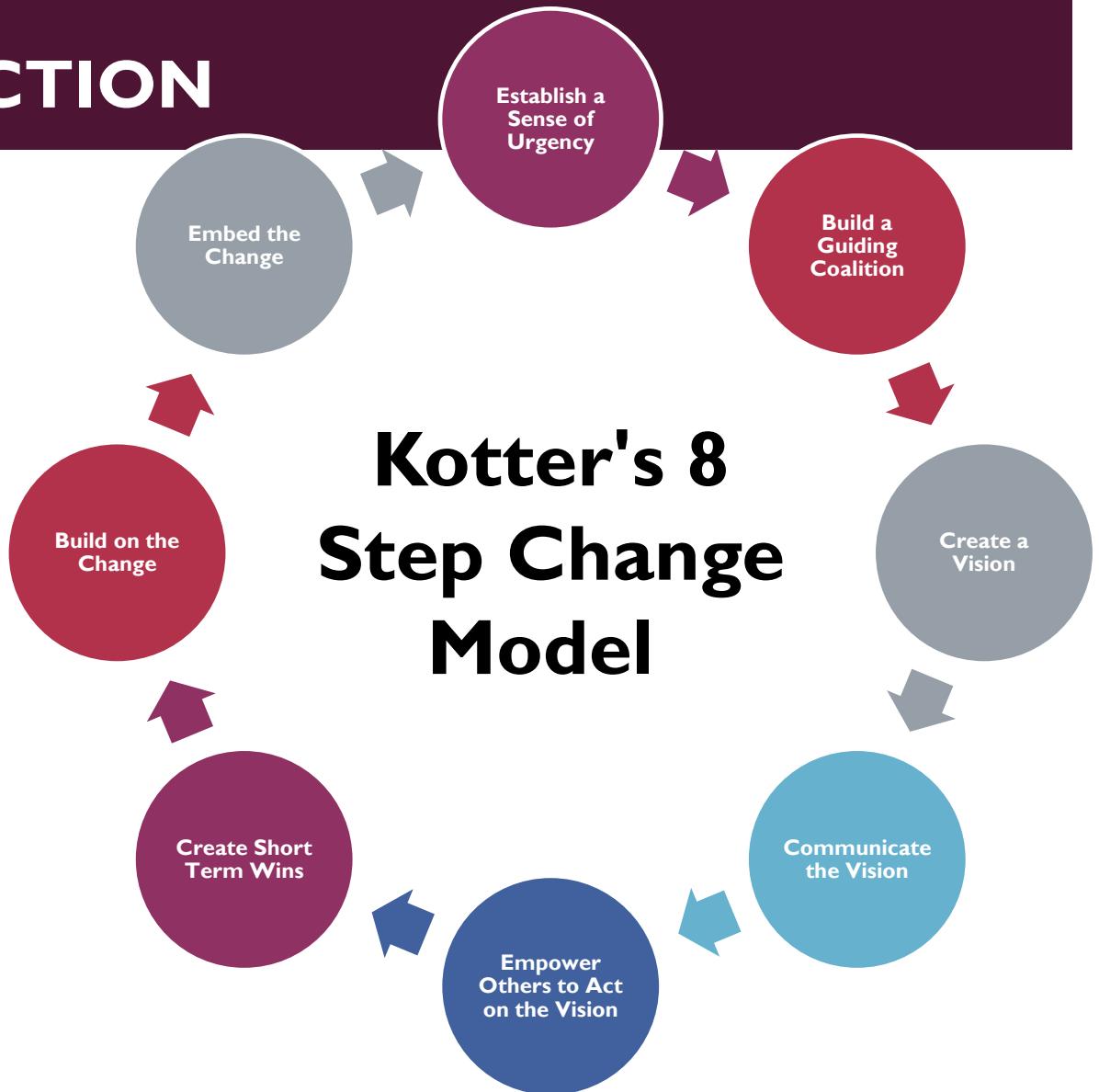


# CHANGE MANAGEMENT IN ACTION

## IV Fluid Shortage of 2024

- Establish a sense of urgency
  - Technicians centralized IV fluids out of automation
- Communicate the vision
  - On-site pharmacists communicated the gravity of the need to conserve fluids with interdisciplinary teams
- Build on the change
  - Technicians began batching with other IV fluid manufacturers so the Baxter vial-mate bags could be used on inpatient units
- Embed the change
  - VPS pharmacists adjusted orders in real-time using delegated authorities, directly influencing the care provided to patients
  - Pharmacy technicians helped track inventory. For sites that manage fluids, they communicated with centralized purchasers.
- Create short-term wins
  - Early identification of decreased use demonstrated success leading to supply on hand lasting longer

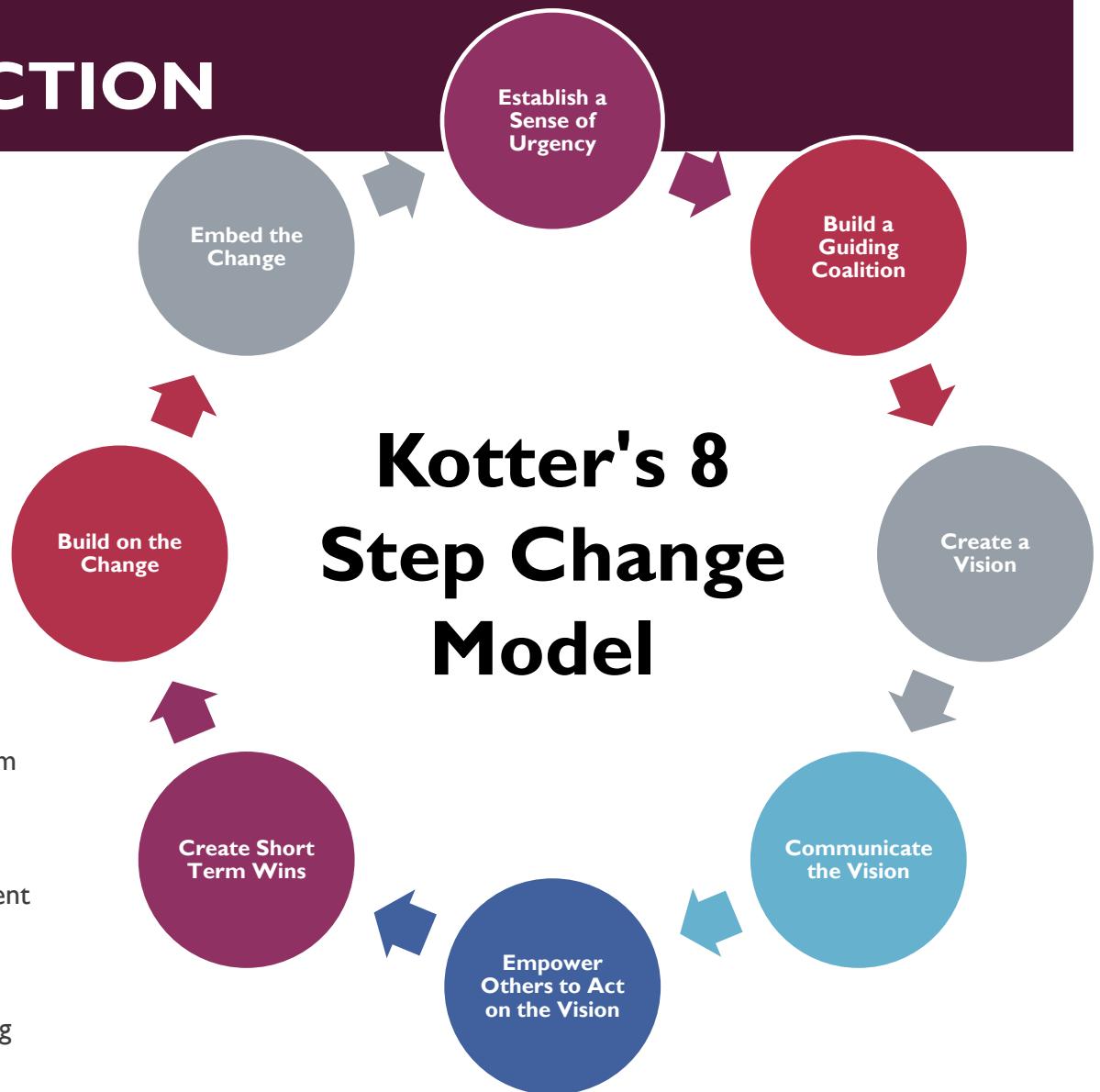
## Kotter's 8 Step Change Model



# CHANGE MANAGEMENT IN ACTION

## PointClickCare (PCC)

- Establish a sense of urgency
  - Allows technicians to complete more accurate and timely medication histories
- Build a guiding coalition
  - All pharmacy technicians that complete medication histories were provided access to this platform. Additional individuals were able to request access as well.
- Empower others to act on the vision
  - Pharmacy technicians are collaborating with facility clinicians and non-AH teammates to decrease the frequency of medication history errors
- Build on the change
  - Sharing where to find information regarding intrathecal pain pumps, insulin infusion pumps, and special instructions for held medications within the platform with other teammates
- Embed the change
  - Pharmacy technicians have added the PCC alert column to their triggered patient lists to help embed the change into the workflow
- Create short-term wins
  - Transitions of care team is continuing to work with PCC to optimize formatting and information provided to teammates



# ASSESSMENT QUESTION #2

**Which of the following is not considered a core leadership skill for pharmacy teammates?**

- A. Effective communication and active listening
- B. Emotional intelligence and empathy
- C. Inventory management and order entry accuracy
- D. Decision-making and problem-solving
- E. Mentorship and coaching
- F. Adaptability and resilience

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03.

## **CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)**

# INTRODUCTION TO CONTINUOUS PROFESSIONAL DEVELOPMENT



Self-directed, cyclical, **lifelong**, outcomes-based process



Emphasizes **personal responsibility** for growth

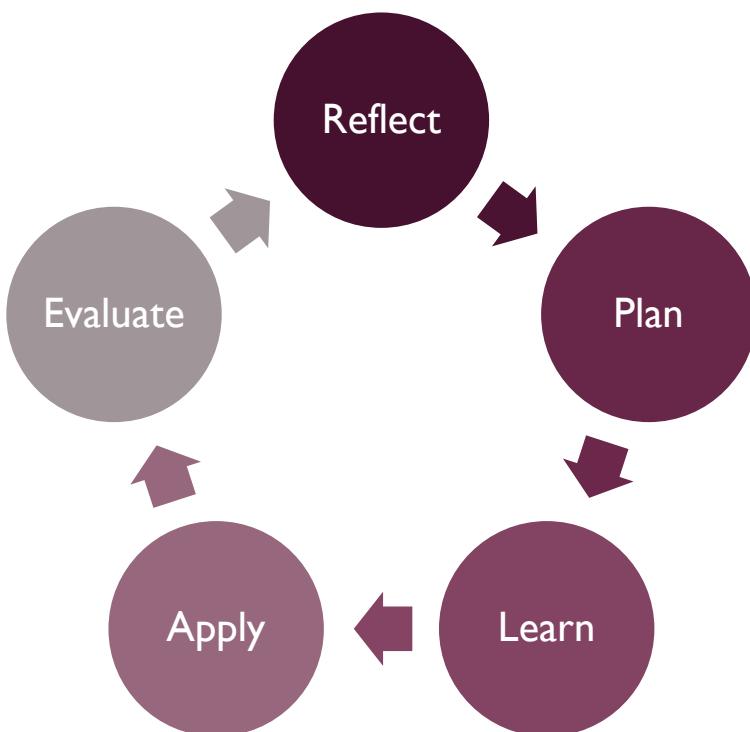


**Goals:** Support career development  
Maintain and enhance skills and knowledge  
Stay current with evolving standards and best practices



**Benefits:** Personal growth  
Career advancement  
Improved patient outcomes

# CPD CYCLE



## REFLECT

Identify gaps in knowledge and skills

## PLAN

Set SMART goals and choose learning activities

## LEARN

Engage in formal/informal learning activities

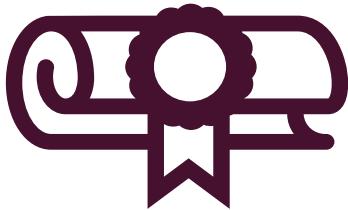
## APPLY

Implement new knowledge into practice

## EVALUATE

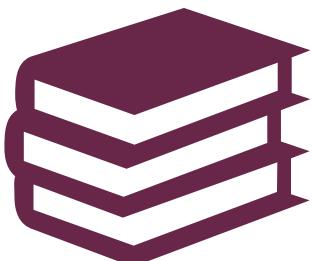
Assess impact and adjust future plans

# TYPES OF CPD ACTIVITIES



## Formal Learning Activities

- Complete certificate programs or specialty training
- Participate in workshops or conferences
- Enroll in academic courses



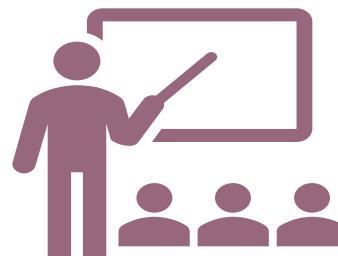
## Informal Learning Activities

- Read and reflect on literature, guidelines, or clinical updates
- Participate in journal clubs
- Listen to professional podcasts or webinars



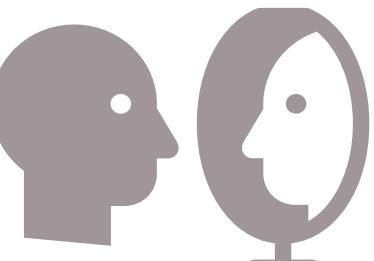
## Experiential Based Activities

- Lead or contribute to quality improvement projects
- Develop protocols and policies
- Precept learners or mentor colleagues



## Professional Engagement

- Serve on professional committees
- Write or publish articles, posters, or research
- Present at meetings or conferences



## Self-Directed Activities

- Complete self-assessment tools
- Create and follow a professional development plan
- Connect with mentors

# SKILLS THAT SUPPORT CPD

Self-assessment  
and reflection

Goal setting

Accountability

Critical thinking

Problem solving

Time  
management

Communication  
collaboration

Seeking and  
incorporating  
feedback

Prioritization

Flexibility

# ASSESSMENT QUESTION #3

**Which skill is most critical for identifying gaps in knowledge and skills?**

- A. Accountability
- B. Time management
- C. Flexibility
- D. Self-assessment and reflection

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04.

## LEADERSHIP APPLICATION



Leadership can be developed at any stage in your career



Understanding key traits and distinctions from management helps you coach, provide feedback, and address challenges effectively



Reflecting on an individual's knowledge and skill set as well as their areas of growth can help them determine goals within their development plan

## APPLYING THE PRINCIPLES

# REFLECTION AND PREPARATION

- Reflect on:
  - Yourself as a person
  - Yourself as a professional
  - Your professional practice
  - Your knowledge and skills
  - Your areas of growth
  - Your learning preferences
- Identify learning needs and opportunities

# SMART GOALS

SMART goals provide clarity and specificity to development objectives, creating a time-based roadmap for successful completion of those objectives.

**S**

**Specific:**  
clear and  
well  
defined

**M**

**Measurable:**  
can be  
measured, has  
a metric

**A**

**Achievable:**  
realistic and  
attainable

**R**

**Relevant:**  
pertinent  
to your  
overall goal  
and values

**T**

**Timely:**  
there is a  
time-frame  
to when  
the goal will  
be met

# DEVELOPMENT PLAN



SHORT TERM GOALS: 1  
YEAR PLAN



LONG TERM GOALS: 3 TO  
5 YEAR PLAN



IDENTIFY ACTIVITIES TO  
HELP YOU MEET THESE  
GOALS



REVIEW AT LEAST  
ANNUALLY

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Sally is a pharmacy technician II and would like to work towards a promotion to pharmacy technician III.

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She has been with Advocate Health for 3 years and mainly staffs in the IV room.

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She currently helps train new team members but would like to take on a larger role within sterile compounding.

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## DEVELOPMENT PLAN SCENARIO

# DEVELOPMENT PLAN EXAMPLE

## Reflect

- Advance sterile compounding knowledge
- Understand regulatory compliance
- Enhance leadership with training and workflow optimization

## Plan

- Within 6 months, complete the USP <797> sterile compounding certification and upload to my CPD portfolio
- Within 3 months, conduct two training sessions for new hires on aseptic technique and document sessions in CPD log as well as collect feedback from participants

## Learn

- Review USP <797> standards
- Review Advocate Health SOPs

## Apply

- Contribute to SOP updates and quality assurance documents
- Complete teammate competencies and sample testing

## Evaluate

- Completion of USP <797> certification
- Completed 2 aseptic training sessions for new hires

# LEADERSHIP DEVELOPMENT RESOURCE REPOSITORY

## Enterprise Resources:

- [Enterprise Continuing Pharmacy Education](#)

## MW Resources:

- [Continuing Professional Development Toolkit](#)
- [Pharmacist – Specific Development Resources](#)
- [Technician – Specific Development Resources](#)

# KEY TAKEAWAYS



Leadership is for everyone – not just those limited with formal titles ("Big L")



Leadership vs Management – Leadership inspires vision, creativity, and change while management ensures consistency and stability



Frontline teammates are change champions – Pharmacists and pharmacy technicians help in identifying workflow improvements, training peers, participating in committees, and leading initiatives related to patient safety and efficiency



CPD – Lifelong learning is crucial to our teammates development and empowers pharmacy professionals to grow, adapt, and maintain high standards

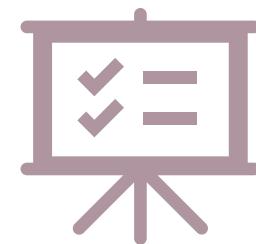
## CALL TO ACTION



Reflect on your own practice and  
**write down one or two actions** you  
will do differently tomorrow



Explore **continuous professional  
development resources**



**Discuss your CPD plan** with your  
direct leader so that they can help you  
to achieve these goals

# REFERENCES

- Kotter JP. *Leading Change*. Boston, MA: Harvard Business Review Press; 2012.
- Kotter JP. Leadership: What Is It? In: Kyle RA, ed. *Leadership Casebook*. Thousand Oaks, CA: SAGE Publications; 2010:3-15.
- Zaleznik, Abraham. Managers and Leaders: Are They Different? *Harvard Business Review*. 1977;55(3):67-78.
- Kotter JP. What Leaders Really Do. *Harvard Business Review*. 1990;68(3):103-111.
- Powell C. Leadership Principles. *Leadership Excellence*. 2006;23(6):6. Accessed December 13, 2025. <https://research.ebsco.com/linkprocessor/plink?id=06013665-8187-3d80-90fc-798da5a2bcb0>
- Finch A. *Mastering Leadership Styles in Management for Success*. Learn Wise Daily. Published 2025. <https://learnwisedaily.com/mastering-leadership-styles-in-management-for-success>
- Oshame, D., & Maureen, O. E. (2023). *Critical analysis of four leadership theories and principles*. *World Journal of Advanced Research and Reviews*, 17(1), 1387–1395. <https://doi.org/10.30574/wjarr.2023.17.1.0187>
- McCarthy J. Building the small “L” in leadership [Internet]. TEDxBabsonCollege; 2022 Mar. Available from: [https://www.ted.com/talks/jack\\_mccarthy\\_building\\_the\\_small\\_l\\_in\\_leadership](https://www.ted.com/talks/jack_mccarthy_building_the_small_l_in_leadership)
- Pielstick CD. Formal vs informal leading: a comparative analysis. *J Leadership Stud*. 2000;7(3):99-113. doi:10.1177/10717919000700307
- Aman M, Arakawa N, Anderson C. Leadership competencies and behaviours in pharmacy: A qualitative content analysis. *Res Social Adm Pharm*. 2025;21(3):340-350. doi:10.1016/j.sapharm.2025.02.001.
- American Society for Quality. What is change management? Organizational, process, definition & tools | ASQ. Asq.org. Published 2019. <https://asq.org/quality-resources/change-management>
- Board of Pharmacy Specialties. Introduction to CPD. BPS Web. Published September 29, 2023. <https://bpsweb.org/2023/09/29/introduction-to-cpd/>.
- Pharmacy Society of Wisconsin. Continuing Professional Development. PSWI. <https://www.pswi.org/CPD/Education-Calendar>.
- Accreditation Council for Pharmacy Education. Continuing Professional Development – Accreditation Council for Pharmacy Education. ACPE. <https://www.acpe-accredit.org/continuing-professional-development/>.
- Rouse MJ. Continuing professional development in pharmacy. *Am J Health Syst Pharm*. 2004;61(19):2069-2076. doi:10.1093/ajhp/61.19.2069.
- Biswas, Ananya. “What Are SMART Goals?” *Atlantic International University*, 16 Sept. 2025, [www.aiu.edu/blog/what-are-smart-goals/](http://www.aiu.edu/blog/what-are-smart-goals/)



**THANK YOU!**

**QUESTIONS?**

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