

VIEWPOINTS

Leadership is Not a Soft Skill

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As volunteers within various pharmacy organizations, we have become more sensitized to the crucial role of language in communicating desired messages. For example, the term *community* pharmacy is now preferred over *retail* pharmacy. At no time is messaging more crucial than during times of change. The academy is facing changes in the practice/health care environment, updates to Accreditation Council for Pharmacy Education (ACPE) standards and guidelines, and the revision of the educational outcomes proposed by the Center for the Advancement of Pharmaceutical Education (CAPE).

The newest iteration of the CAPE competencies, which will be disseminated at the 2013 American Association of Colleges of Pharmacy (AACP) Annual Meeting, is the result of the 2010-2011 Academic Affairs Committee recommendation to include, for the first time, competencies from the affective domain.¹ The committee report stated “the expanded view of the curriculum allows faculty to look at curricular elements already being done but not further identified by trait (ie, students are not being held explicitly accountable in that manner thus resulting in a ‘hidden’ curriculum).” Several speakers at the CAPE listening session hosted by AACP at the 2012 Annual Meeting specifically talked about the need for “soft skills” such as leadership.

Soft skills? Leadership is not *soft*; it is *hard*. This was not the first time we have heard that phrase. Over the years we have seen the challenges through which student pharmacists grow their professional accomplishments and leadership skills in preparation for their careers and for life. For most individuals (faculty members included), leadership development requires life-long commitment to the difficult concepts of self-efficacy, self-assessment, reflection, entrepreneurship, and leadership and advocacy.¹

So how did leadership get designated as a soft skill? If one looks at the 3 primary focus areas within pharmacy education, they include the clinical sciences, pharmaceutical

sciences, and social and administrative sciences. Historically, the clinical sciences have been linked to therapeutic issues and patient care. Pharmaceutical sciences, aligned with basic sciences such as pharmacology and medicinal chemistry, have been referred to as the hard sciences and are usually quantifiable and measurable; consider mathematical skills. Finally, the social and administrative sciences (management, communications, ethics, law, etc) are occasionally considered soft sciences which relate in part to less tangible constructs.

We diminish the importance of leadership when we refer to it as a soft skill. Leadership, however, is a hard skill for a variety of reasons. For example, it is one of many traits that intersect with professionalism.² Leadership involves interpersonal and intrapersonal skills and is fostered as a student or a faculty member learns and develops from various experiences over his or her career.

Leadership is hard because it is hard to quantify in education where what we do as educators takes root in the students. How much of what we teach students would have emanated from their own character, experiences, and mentoring? What can we actually measure and assess to know that students achieved the desired outcomes? Are students’ achievements reflective of our influence on them or merely a fertile university environment? Ultimately, it could be some or all of the above. These and other questions are addressed in the Student Leadership articles within this issue of the *Journal*. Contributors to this theme issue offer a variety of strategies and perspectives to assist colleges and schools of pharmacy.³

A renewed emphasis on the affective domain requires a reframing of the academic paradigm because we have the learner for only a finite time. Consider the model of input, throughput, and output over a student’s life where throughput represents the time he or she is in pharmacy school. It becomes evident that the student is participating in pharmacy education for a very short interval. Some of these affective traits can be nurtured, and then hopefully they will continue to evolve and develop as students become health care professionals committed to lifelong learning.

There is potential synergy between the CAPE educational outcomes update and ACPE’s efforts to gather

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input for the next revision of accreditation standards. The CAPE revisions affirm that values, attitudes, behaviors, and beliefs are essential elements of a comprehensive pharmacy education. We support the efforts to broaden the skill sets throughout the entire educational enterprise including postgraduate education. It will be hard work, but that should not discourage us from doing our best. Together we can work on the hard skills knowing leadership is one of them!

REFERENCES

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