

Persistence and Patience— Necessities for New Faculty Members: Experiences of a First-Year Pharmacy Practice Faculty Member at a Public University

Nanette Bultemeier

INTRODUCTION

In my desk drawer at the office I keep a small piece of paper from a personal journal that I had used to jot my thoughts as I was completing my application to pharmacy school. “Ten-year goal—once I am established, I’d like to further my education in such a way that I will be able to integrate my knowledge as a pharmacist with my skills outside of pharmacy and apply them to a related field such as education”

After graduating with my Pharm.D., I continued my education by completing a pharmacy practice residency and a primary care residency. I was hired as an Assistant Professor of Pharmacy Practice at Oregon State University about 2 years ago, in August 1999. It has been ten years since I wrote my ten-year goal as a first-year college student.

I have been asked to share my experiences as a new faculty member

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so that current and future new faculty members, senior colleagues, and pharmacy school administrators can gain insight into this important transition. A brief description of my position and the college prefaces my account of the first year.

My Position

As with many pharmacy practice faculty, my responsibilities include teaching, research, clinical practice, and university service. My position at Oregon State University is tenure eligible; however, I have a two-year, fixed-term appointment (termed a “run-in period” in my contract) before my position is converted to tenure-track. This pushes back my university-level three-year and five-year reviews by two years. The option of a two-year run-in is offered to tenure-track pharmacy practice faculty at Oregon State University because of the time demands of developing a clinical practice. Ultimately, I think the two-year run-in period improves my likelihood of future success in establishing a research program because I do not have the dual pressures of clinical practice and research in the first and second years. The run-in period also gives me the opportunity to establish collaborative relationships and to identify and pilot areas of study.

I am fortunate that my contract describes many specific expectations for my position. For example, I need to plan to devote a minimum of 40% of my effort to scholarship, but a significant portion of my time in the first year may be devoted to establishing my responsibilities at the outpatient clinics. The areas receiving greatest emphasis for promotion and tenure will be teaching and research.

As a result of the restructuring of the College of Pharmacy that has occurred since a change of dean about nine months before I started my position, the Department of Pharmacy Practice has been granted permission by the university to hire non-tenure-track clinical faculty. The dean has offered practice faculty a one-time, six-month window of opportunity to move from tenure track to nontenure track. This has prompted me to take a hard look at my reasons for coming to Oregon State University in the first place.

When I was searching for my first academic position, I tried to learn about tenure—why tenure systems are used, why they are so controversial, what a person usually has to do to attain tenure, what happens if a person does not attain tenure, and so on. Armed with the vagaries that I was able to pick up about tenure, I then talked to pharmacists in tenure-track, non-tenure-track, and adjunct or volunteer positions to find

out about the advantages and disadvantages of tenure-track, non-tenure-track, and volunteer affiliation. I learned that expectations for tenure track and nontenure track are very much dependent upon the university in question. Some universities have higher expectations for external funding and publication than others. Since faculty candidates seldom, if ever, are told the number of publications or dollars in external funding that are expected. I did Medline searches to find out how many and what types of articles senior faculty had published and guess-estimated the amount and types of funding they brought in. I also talked to faculty members at various universities about the scholarly activities of their own faculty and those of their peers at other universities.

I also considered my training. Even though I did tailor my specialty residency to include more teaching and scholarly activity than most programs, many would argue that I am not qualified for a tenure-track position because I have not done a fellowship or do not have a Ph.D.

Finally, and most importantly, I considered my professional interests. Although I very much enjoy establishing new clinical services and helping patients, I think that I can have a greater impact on patient care and the profession of pharmacy by teaching students. I have known since graduating from high school that I wanted to teach at the university level. I like to write and want to contribute to the pharmacy and medical literature. I have another 35 or 40 years of work ahead of me. I do not want to restrict my career options. I want to grow and be challenged in my career.

One of the reasons that I first considered the position at Oregon State University was because it is tenure track. There are very few tenure-track positions available for ambulatory care faculty, probably because the time demands of a clinical practice make the development of a successful research program very difficult. Being given the opportunity to change from tenure track to nontenure track has prompted much research-related introspection and anxiety. I did not want to set myself up for failure, but I decided that it was worth the risk to remain in a tenure-track position. I am prepared, however, to look at my progress at my three-year review and make a tough decision about staying at Oregon State University, moving to a different school at a clinical track level, going to graduate school, or leaving academe entirely.

The College

The College of Pharmacy is in curricular transition. The last B.S. and post-B.S. Pharm.D. classes will graduate in 2001. The first entry-level Pharm.D. class will graduate in 2003. The first two years of the en-

try-level Pharm.D. program are taught on the main campus of Oregon State University in Corvallis. The second two years are taught on the campus of Oregon Health Sciences University (OHSU) in Portland. The Pharm.D. degree is jointly conferred by the two schools.

The Oregon State University and OHSU campuses are 75 miles apart. The majority of the pharmacy practice faculty members, including myself, are based in Portland. Because the College of Pharmacy's space on the OHSU campus is limited, I do not yet have office space with the rest of the pharmacy practice faculty. My office is in the Internal Medicine suite on the other side of the OHSU campus.

MY EXPERIENCES

In some respects, the first day on the job was like the first day of college classes as a student: the big, unfamiliar campus; the myriad of new faces; the buzz of productivity; and the sense of opportunity. It was a bit overwhelming. To help focus my thoughts and energies, one of the first things I did was write my mission statement.

Mission Statement 8/99

As an educator, practitioner, and researcher, I am responsible for raising the level of pharmacy practice. I am responsible primarily for the training of pharmacy students. In providing clinical pharmacy services to the outpatient clinics, I am a role model to pharmacy students. Students' experiences will be practical and will prepare them to be practitioners in the "real world," wherever the target practice setting. I represent all of clinical pharmacy services to the providers in the clinic. My research questions, affirms, or refutes therapeutic modalities, teaching methods, or clinical pharmacy services in ambulatory care settings.

This vision provided direction and purpose to my daily activities during the first year. It helped me to stay focused on my responsibilities and goals. I think it might be a helpful exercise for other faculty members, whether they are new to academe or mid-career.

Teaching

My teaching responsibilities were limited during the first year, with the intention that I would have more time to devote to developing a clin-

ical practice. Logistically, this has been possible because of the curriculum transition. During the first year, I was a preceptor for two students on ambulatory care rotations. I facilitated about a dozen small group sessions, and I attended the year-long weekly Pharm.D. seminar course. I did not teach any didactic courses.

I had a lot of autonomy in developing my ambulatory care rotation. The rotation I offer students is modeled after the practice environment of my second year of residency. The students conduct visits two or three half days per week with patients who are scheduled to see the clinical pharmacist at the Internal Medicine Clinic. These visits are typically for diabetes education or management, smoking cessation counseling, medication management or review, or hypertension management. The first day or two, I have the students observe visits that I conduct. Then I have them conduct the visit while I observe. Once I am comfortable with the students' skills and knowledge, the students conduct visits on their own and present patients to me for review before the patients leave. The students spend one half day per week at the Diabetes Center, seeing patients in conjunction with an endocrinologist. The students also rotate through a nurse-managed anticoagulation clinic for six half days. When they are not seeing patients, the students respond to drug information questions from the providers and work on various projects. The students also participate in a weekly journal club, present cases, and provide in-services at the clinics.

I prefer structure and objectives as a learner and find them even more important as a teacher since I am managing the students' learning experiences as well as my teaching, clinical, and research responsibilities. I compiled a student notebook that contains a description of the rotation, rotation objectives, expectations and assessment, information about key personnel with whom the students will interact, important numbers and resources, and key readings on ambulatory care practice. I developed a prerotation student assessment form specific for diabetes knowledge, skills, and attitudes that I use to tailor the rotation to the students' needs. I would like to expand the assessment to other disease states. At the beginning of the rotation, I give each student a calendar with clinic times, presentation dates, assignment deadlines, journal clubs, case conferences, preclinic conferences, and grand rounds. This organized approach keeps us on track and is appreciated by the students. At the American Association of Colleges of Pharmacy (AACP) 2000 Annual Meeting, I picked up some new ideas at the poster sessions that I am considering incorporating into the ambulatory care rotation. The dean

strongly encouraged attendance at this meeting by all faculty members, and I am glad that I attended.

I enjoy teaching students on rotation. I definitely expend more energy and put in longer hours when students are with me. I invest a lot of time the first week, introducing students to the staff at the clinic and showing them where things are and how things work. I think the students do best when they feel that they are part of the team and understand their role. Despite my initial concerns that the students would take issue with my authority because of our similarity in age, the students have been respectfully receptive to my guidance and evaluation.

In my second year, I will be team teaching the ambulatory care rotation with two other ambulatory care faculty members. This should be beneficial for me because I will have a constant stream of students on rotation in the clinics for four half days per week, yet I will have blocks of time when I do not have patients scheduled and do not have students. I have been advised by many faculty members at Oregon State University and at other universities to protect my time for scholarly activity as much as possible.

Because the Pharm.D. entry-level curriculum is still in development, there are many uncertainties for me about didactic teaching responsibilities that will start when our first class reaches the third professional year, which will be my third year on faculty. As plans are finalized for the curriculum, I should have a clearer idea of my teaching load. The addition of didactic teaching to my schedule will provide a new set of challenges. Getting instructive feedback from senior faculty members on my lectures and handouts will be important to shaping my teaching style.

Coming into my position, I knew that I wanted to establish a specialty residency in ambulatory care. In my experience as a resident, many residency preceptors remarked that having a resident is one of the most rewarding aspects of their position. A good resident can also help increase practice and research productivity and assist with teaching responsibilities. The primary obstacle to directing a residency is usually obtaining and maintaining funding. I have been fortunate in that one of my colleagues at the College of Pharmacy offered to share the directorship of an ambulatory care/managed care specialty residency that has an established funding source. Our first resident will start as I go into my second year as a faculty member. I am looking forward to this teaching opportunity.

One of my other teaching-related goals, which has been encouraged by my department chair, is to obtain a joint faculty appointment at the

level of Clinical Assistant Professor in the Department of Medicine at the School of Medicine. Dual appointments are looked upon favorably by the College of Pharmacy. The appointment in the Department of Medicine represents the teaching and support that I provide to medical students, medical residents, and faculty in the clinics. It is formal recognition of my contribution to interdisciplinary education and to scholarship in the Department of Medicine. While I cannot obtain reimbursement for the clinical services that I provide, I can contribute to the teaching mission through pharmacotherapy consultations and educational programs. In addition, much of my clinical research will be collaborative with primary faculty in the Department of Medicine. I requested the appointment through the clinic's medical director, who is also the Division Head of Internal Medicine in the Department of Medicine. She agreed that an appointment in the Department of Medicine was appropriate and provided the paperwork and a letter of recommendation.

Practice

The focus of my first year on faculty has been the development of an Internal Medicine Clinic practice site. I essentially started a new practice since a pharmacist had not practiced in the clinic for over three years, and in that time there had been a lot of turnover. Fortunately, the clinic's medical director strongly supports a multidisciplinary approach to patient care and learning. When I started, she outlined three areas with which the clinic needed help: medication refills and documentation, sample medications, and drug interactions. She also said, "Tell us and teach us what a clinical pharmacist can do because most of us do not know." She sent out an e-mail message to all of the clinic's faculty and staff announcing my arrival. I posted flyers and sent e-mail messages describing the clinical pharmacy services that I was offering, how to refer patients, and how providers could contact me for consults.

My services started out general—answering drug information questions, educating patients about their medications, and making pharmacotherapy recommendations. It took several months for me to understand the needs of the patient population and the providers. It took even longer to flesh out the needs of specific physicians. A few physicians immediately began to make referrals and to seek out drug information. Others were more tentative, only coming to me occasionally with questions. Over time, patterns of referrals and patients' needs became apparent. I am glad that I allowed the needs of the patients and the providers to shape the types of services that I provide, rather than going in with the

intent of providing a particular service and hoping that there would be a need for it and that there would be support. If I had not taken the approach that I did, I would have lost several important areas of intervention, especially medication management in patients with complex medical illness and those with limited English-speaking abilities.

The first weeks and even couple of months of setting up clinical pharmacy services were tough. It seemed as though I was constantly explaining who I was, what I did, and why I was there. Even that was not easy: I was doing something that many of the staff had never heard of a pharmacist doing in the clinic, I was not employed by the clinic or the hospital, and I was not able to bill for my services. The staff would say, "Tell me again, why are you here?" I would remind them that I was there to establish clinical pharmacy services that support the experiential learning of pharmacy students as well as to provide the framework for my clinical research. I would go on to describe how it would be a win-win relationship for the clinic and the College of Pharmacy. The patients would get extra attention on their medication-related issues, the nurses and physicians would have a resource for medication questions, and pharmacy students would learn about the use of medicines in primary care. The look I read in most people's faces was, "Ok, whatever you say, let's see what you can do." Essentially, I would have to demonstrate my value.

As I was establishing my clinical practice, I pursued billing for services. I did this for two reasons. First, the care that I provide to patients is of value. I do not want to give away services. I did not think this would be a good precedent to set. Second, 100% of my salary comes from the College of Pharmacy. I do not think that the College of Pharmacy should pay me to provide care to patients, even if it is in the setting of teaching pharmacy students. After all, physician educators bill for patient visits on days that medical students are working with them. I reasoned that there are several ways to go about "recovering" the value of the clinical services that I provide. One way is through billing third-party insurance. Another is through contracting with the medical group or the capitated managed care plans. A third way is to apply for grants to develop and evaluate clinical pharmacy services and interdisciplinary educational programs. Although no one at the College of Pharmacy has formally said that recovering the value of the clinical services that I, or any of the other pharmacy practice faculty members, provide is an expectation, I do think that it is an avenue for bringing money back to the college that should be explored.

I began investigating reimbursement opportunities by making inquiries about whether OHSU and the medical practice were capable of or interested in billing for clinical pharmacy services. What I discovered was layer upon layer of administration and politics and very little reimbursement potential. It was a frustrating endeavor. There are a number of relationships through which I attempted to maneuver in my quest for billing: the complex relationship among the hospital, the clinics, and the physician groups; the delicate, although strengthening, relationship between the medical center's Department of Pharmacy and the College of Pharmacy; and the relationship between Oregon State University and OHSU. Probably the most important thing that I learned, though, was the importance of respecting the reporting structure that exists within large institutions and communicating as much as possible with the people in power.

Since third-party billing is not an option at present, I am hesitant to ask the medical group for a percentage of my salary. I cannot generate revenue from the overhead that I am currently using. I considered trying to set up contracts for service with the capitated managed care plans, but ultimately I decided that this was more than I wanted to get into. At this time, I will probably have more success pursuing grants to develop and evaluate clinical pharmacy services and interdisciplinary educational programs than going after third-party reimbursement or contracts with the medical group or managed care plans. And, hopefully, I will be able to turn the grant-funded projects into publications, making it a favorable scenario.

Beginning my career as the lone clinical pharmacy specialist in the outpatient clinics presented other challenges. I did not have anyone immediately available to critique my recommendations. I did not have anyone to explain personality idiosyncrasies or professional philosophies, such as, "Don't expect any referrals from Dr. So-and-So because she likes to manage her patients herself." Most of my venting was done long distance via e-mail or phone with one of my residency preceptors. I was reluctant to go to the other ambulatory care faculty members at my college because I did not want their primary impression of me to be that I was struggling or that I was a complainer. I was just hitting a few bumps in the road.

Midway through my first year, I came upon an unexpected opportunity. I was offered the responsibilities of a clerkship site of a preceptor who was leaving the College of Pharmacy. I think I got every new clinical faculty member's dream: I inherited an established relationship with a physician who is a former clinical pharmacist, a great teacher for phar-

macy students, a role model for patient teaching, a clinical researcher, and a specialty practitioner in one of my areas of interest. This relationship has been vital to the development of my clinical and research network at OHSU.

Perhaps I have taken on more projects and responsibilities in my clinical practice than a seasoned faculty member would. Many of the opportunities which on the surface looked like “time drainers” have actually been extremely important to the growth of my practice and to the support of my research. For example, one of the services that I provide for the Internal Medicine Clinic is simply “medication management,” which includes educating patients about their medications, making medication lists, and filling medication boxes. Through this service, I discovered a patient population that appears to be underserved by the current system of providing pharmaceutical care. I am now undertaking a major research initiative to study medication use in non-English-speaking patients.

Professional credentialing and involvement in the American College of Clinical Pharmacy (ACCP) Ambulatory Care Practice and Research Network (PRN) have also been important aspects of my first year. I took the Board Certified Pharmacotherapy Specialists (BCPS) examination and the Certified Diabetes Educator (CDE) examination in my third month as a faculty member. At that time the information was fresh. I was motivated, and my teaching responsibilities were minimal. I am glad that I pursued these credentials when I did. It was an important accomplishment to pass the BCPS exam because it seems to have become a rite of passage among new clinical pharmacy specialists, especially those who are faculty members. The CDE credential has been important for my acceptance among other diabetes educators and appears to have improved the confidence of some physicians in my abilities as a diabetes educator. The ACCP Ambulatory Care Practice and Research Network listserv and networking sessions have been useful resources in developing my practice.

Now that I am established in the internal medicine and specialty practices, my next step is to redefine my clinical services such that there is a stronger overlap with my research efforts. One way that I will do this is by delegating some clinical responsibilities to my resident. Another way will be to focus my energies in areas where there is external funding or where there is potential for external funding. And, of course, one of the most important and probably most challenging ways to establish a stronger overlap between my clinical services and my research efforts will be to begin to say “no” and be more selective in my activities.

Research

One reason I took this position is that it offers me the opportunity to put a substantial amount of time into scholarly activity. This is a challenge for me because the focus of my training was in practice and not research. In my first year as a faculty member, my three research-related objectives have been to establish relationships that will foster collaborative research, to participate in workshops and seminars that will improve my research skills, and to identify research support services and granting agencies.

I have found the physicians with whom I work in the clinic to be supportive of my research ideas. A couple of the physicians who are more research intensive regularly bring ideas to me now. I have the sense that I am building momentum with other providers as they become aware of my interest in and ability to contribute to scholarly activities. I am making inroads at establishing relationships with pharmacy faculty and area pharmacists. Two of the pharmacy faculty members are especially interested in collaborative research, and we are embarking on several projects. One of the more senior faculty members, in particular, has provided me with opportunities to tap into his population-based approach to research through collaboration with a managed care organization. My vision is that this type of initial collaborative research will continue to grow to the extent that I will be able to sustain an independent research program.

I attended several research skill development programs this year. In addition to the university's standard introduction to the research office and the required human subjects training, I attended the American Association of Colleges of Pharmacy (AACP)/American College of Clinical Pharmacists (ACCP) Grant Writing Seminar, the ACCP Annual Meeting research-track presentations, and an Oregon State University proposal-writing workshop. I am also taking an on-line grant-writing course. I keep a file of grant opportunities and a calendar of the deadlines. Many of the programs I attended recommended setting aside an hour each day to write. I am determined to do this on a regular basis in my second year as a faculty member.

When I started at Oregon State University, I knew there were resources available to support new faculty research; I just was not sure how to get connected. Information about research support services, such as statistical services and survey development, has been trickling in via e-mail, casual conversations, and university programming. I have been slowly discovering training and development opportunities at the OHSU

General Clinical Research Center. I have been building a file of these research support services. This is something that would have been helpful to have when I started. Although many of the faculty members have reassured me that they can provide assistance with navigating proposals and budgets between both Oregon State University and OHSU, these are still two of the more elusive aspects of the research process for me.

Overall, I am excited to begin studying a few of the many therapeutic, teaching, and clinical service questions with which I seem to be deluged. I keep a file of ideas for research projects and review articles; it is bulging. I also have a file in my Palm Pilot for ideas that occur to me outside the office. I have a quotation from Thomas Edison on my office bulletin board that says, "If we all did the things we are capable of doing, we would literally astound ourselves." Prioritizing and narrowing my focus are my current challenges in the area of research.

Service

I serve on two College of Pharmacy search committees and on the extended-education committee. I have learned a lot about the college and faculty members' interests by working on the search committees. It has been a good experience. My time commitment to these committees has been modest, which I think is appropriate for a new faculty member.

At OHSU, I serve on three committees: the Internal Medicine Clinic Care Management Team, the Internal Medicine Leadership Team, and the Diabetes Task Force. My participation on these committees has been important to my success at developing clinical services and establishing collaborative relationships. To what extent this service counts toward promotion and tenure, I will need to clarify before my tenure clock starts.

My service within the profession includes participating on the board of one pharmacy organization and on a committee of another. I would like to advise a student organization once we have the entry-level Pharm.D. students in Portland. I benefited a great deal from organizational involvement as a student, so I would like to foster professionalism and leadership skills in our students through professional organizations as an advisor.

Collegiality

The majority of my time has been spent in my office at the clinic and in the clinic itself. This has enabled me to develop strong collegial rela-

tionships with the medical faculty and staff. However, I feel somewhat removed from the pharmacy practice faculty because my office is on the other side of campus. Office space at the OHSU campus is sparse. It is not uncommon for new practice faculty to only have offices or cubbyholes at their practice sites. I “visit” the college to check my mail, to attend meetings, and, occasionally, to teach. I do not know the pharmacy faculty as well as I would like. We have only had three “monthly” departmental meetings during the first year. The infrequent meetings, along with not having an office with the rest of the faculty, have been barriers to my acclimation to the faculty and my sense of teamwork. Although I have been assured that we will have more departmental meetings in the coming year, I need to make a better effort at becoming part of the team.

Three new faculty members, including myself, started around the same time. One of the more senior faculty members from the college had a welcoming party for us. This was a great way to get to know everyone on a more personal basis. Since then, we have met as a faculty three more times on a purely social basis. There are a couple of faculty members with whom I get together on a regular basis outside of work. These friendships have provided good escapes from the stresses and long hours of work.

I think it is difficult for most of our practice faculty to establish and maintain productive relationships with the basic science faculty and vice versa because we are on different campuses. The relationship that the practice faculty has with the basic science faculty is collegial. I get the sense that both groups would like more interaction. At this time, I am satisfied with the relationship. I feel there are several basic science faculty members I could approach to review grant proposals or to ask advice about promotion and tenure. The full faculty has met twice in the first year for meetings. We interacted on a more social basis at the dean’s holiday party and at the graduate retreat, where faculty members come together to hear presentations by the graduate students and Pharm.D. candidates.

Mentorship

A mentor is someone who guides and facilitates. A mentor gives you a map, points out ruts in the roads, and lets you go, go, go. I have a mentor from my second residency. She has been an incredibly important source of guidance, comfort, and encouragement during this first year. I do not have a formal mentor at Oregon State University, yet. There is no

formal mentoring program, although there are plans for one. I would like to have a formal mentoring program in place. Several faculty members have provided important “curbside” mentoring, such as inquiring how I am doing in developing clinical services, encouraging me not to get too wrapped up in providing clinical service, giving advice on record keeping for my dossier, and offering to review manuscripts and proposals.

The person who models teaching and leadership for me most right now is the director of the Internal Medicine Clinic. I like her listening and problem-solving styles and the way she interacts with students, residents, and faculty. She is an enabler. Her interest is in education, and her drive is to study educational processes and outcomes. I have benefited greatly from the teaching in-services that are presented at the monthly section meeting of Internal Medicine, which she chairs. She has many qualities that I try to emulate.

University Interface

Although my office is not physically located on the Oregon State University campus, I am as connected as I want to be. I receive e-mail about goings-on. I receive the campus paper and the College of Pharmacy newsletter. The interface with which I am more concerned is OHSU. Many of the practice faculty teach, provide service, do research, use library resources, and rely on the network support services of OHSU, but the College of Pharmacy is not formally recognized as an entity of OHSU. A business plan between the College of Pharmacy and OHSU is under development. The business plan is essential for having facilities to train our students in the classroom and in practice. I think that the business plan is also important from the perspective of a researcher whose primary study site is at one university and promotion and tenure system is at the other.

GENERAL

The essence of my orientation as a new faculty member was really just all of the experiences that I brought with me. It has taken patience and persistence to make it through the first year. Much of the attractiveness of being a faculty member is the autonomy; however, it has been difficult for me to appreciate the autonomy in the first year. The auton-

omy has seemed more like “do it yourself” rather than a stimulus for creativity. I cannot deny that it was a stressful year.

A friend who is considering a career in academe recently commented, “It seems like people in faculty positions are constantly balancing a huge number of projects and still have more ideas they want to study than they will ever have time for.” There is a certain amount of anxiety that goes along with balancing 10 to 20 projects at various stages of completion. It is truly amazing that anything ever gets done. On top of that, I am trying to find a balance between work and everything else. I suspect, however, that I will be grappling with the balances of work and free time/family time throughout my career.

One of the more important reasons that I accepted this position at Oregon State University is that it puts me closer to family. My only sibling and his wife are within driving distance, which makes it easier for us to visit as a family when my parents fly out from the Midwest. The Northwest is an appealing place to live. Portland is a metropolitan area with a small-town feel. I do miss the sun sometimes, but the lush green of the trees and the mountains help to make up for it. I am glad to be part of a community again after being in two different cities during my residencies. It is beginning to feel like home.

Two years of hindsight is not enough to enable me to read into a lot of the naivety, successes, and misadventures that I have described. It has been a helpful exercise to think through it and write about it. I have accomplished more than I realized, and I had more structure and purpose going about my accomplishments than I thought. I also identified areas that I want to improve. I hope this description provides useful insight to current and future new faculty, senior colleagues, and pharmacy administrators.