

## **ACPE Self Study Narrative Report**

Submitted September 5, 2017

Comprehensive Visit – October 3-5, 2017

### **Overview of the College of Pharmacy at Chicago State University**

The Chicago State University College of Pharmacy (CSU-COP) was granted Full accreditation status at the June 20-24, 2012 ACPE Board of Directors meeting. The College is pleased to submit this self-study report in support of continuation of Full Accreditation. Significant progress and changes and developments related to the professional program and college since the last comprehensive on-site visit in April 2012 is as follows.

#### Section I: Educational Outcomes

- The CSU-COP has implemented an additional live NAPLEX® review in April, procured additional online support through RxAcademy®, implemented End of Module Individualized Study Plans, purchased Exam Master readiness tools, and set cut scores for each End of Module quiz and Pre-NAPLEX® exit examination.
- The College set mandatory pass rates for all Key Assessments (Drug Cards, Calculations, Medical Terminology, and Comprehensive Examinations) in all cohort years – P1 to P4 and set feedback loops to ensure that students can be assisted in overcoming their challenges to meet proficiency in each of these key assessments.
- The College has implemented P1-P4 curricular and co-curricular learning experiences to increase the self-awareness of student knowledge, skills and affective domain dispositions. In particular, these efforts culminate into a collective whole through the development of professional portfolios.

#### Section II: Structure and Process to Promote Achievement of Educational Outcomes

- The College updated College its competencies and outcomes to the 2013 CAPE outcomes to include: providing patient care, using health care resources, promoting health wellness, effective communication, and improving professional knowledge and skills.
- The College has initiated integration of interprofessional education/practice (IPE/P) activities to the Doctor of Pharmacy in August 2016 in partnership with Loyola University Chicago and College of Health Sciences at Chicago State University (CSU) at all levels.
- An Early Alert System (EAS) has been implemented by the College to facilitate student progression.
- There was a delay of over two years by the Illinois Legislature to approve full funding for any Illinois university in fiscal year 2015-2017 but in July 2017 the Legislature approved funding for fiscal year 2018. Although the University was put on notice for Higher Learning Commission (HLC) Criterion 5 related to funding, the University continues to be fully accredited and remains on the Standard Pathway for accreditation with HLC. In January, 2017, the CSU Board of Trustees voted to end financial exigency. Because the College of Pharmacy is primarily tuition-funded, the state budget funding delay did not adversely impact the daily operations of the College.

- Faculty/staff hiring updates: The Pharmaceutical Sciences Department is currently fully staffed; there are four vacant positions within the Pharmacy Practice Department in which active recruitment is underway; and there is one vacant administrative support position within the Office of Student Affairs in which an active search is ongoing. It is anticipated that Interim administrative positions (Dean, Associate Dean of Pharmacy Academic Affairs, Capstone Director) will be finalized soon, in concert with various University appointments.

### Section III: Assessment of Standards and Key Elements

- In Fall 2014, the College implemented ExamSoft to build standards-aligned question banks and administer examinations in a web-enhanced platform. Over a three-year rollout period, faculty have learned to build questions; categorize them by standards, competencies, Bloom's taxonomy, and other useful classifications; administer quizzes and examinations; and run a variety of test reports including the student-focused Strengths and Opportunities Reports.
- In Fall 2015, the College implemented the Top 200 Drug Card Examinations as a co-curricular College Key Assessment for the P1 to P3 cohorts.
- In April 2016, the PCOA replaced the College's Milemarker exam at the P3 level.
- examinations, such as PCOA, NAPLEX®, and MPJE.
- In Spring 2016, the College piloted Exam Master readiness tools / questions banks for the NAPLEX® examination. In Fall 2016, test banks for PCOA readiness were validated as part of the P3 self-directed study program. In Spring 2017, all didactic levels became available to support Individualized Learning Plans.
- The College Key Assessments were aligned into a single system in which students are expected to meet specifically set cut scores on each component (Drug Cards, Medical Terminology, Calculations, and Comprehensive Examinations/Milemarkers) and complete Individualized Learning Plans to remain in 'good academic standing.'
- The College also updated the Unit Assessment and Evaluation Plan to reflect both the assessment of academic measures and the evaluation of program effectiveness and compliance for academic support and auxiliary function measures.

## Overview of the Self Study Process

The Chicago State University College of Pharmacy (CSU-COP) By-Laws and Governing Policies charge the College's Self-Study Standing Committee with the responsibility of assessing and reporting the performance of the College in relation to meeting accreditation standards. The 2016-2017 committee, co-chaired by a college of pharmacy faculty member and the Assistant Dean of Assessment, was charged with leading the Self-Study process for the ACPE Accreditation comprehensive on-site visit for FY 17. The co-chairs of the committee oversaw the process of information gathering, review and report compilation prior to submission. The members of the 2016-2017 committee were:

Sneha Srivastava, PharmD (Co-Chair)  
Michael Danquah, PhD (Co-Chair)  
Nancy C. Grim Hunter, PhD (Co-Chair)  
Anna Ratka PhD, PharmD, RPh, CPE  
Duc P. Do, PhD  
Deborah Harper-Brown, PharmD  
Lalita Prasad-Reddy, PharmD  
Janene Marshall, PharmD  
Heather Fields, PharmD, M.P.H.  
Elmer Gentry, PhD  
Ahmd Azab, PharmD  
Antoine Jenkins, PharmD  
Mohammad Tauseef, PhD  
Nadeem Fazal, MD, PhD  
Tatjana Petrova, PhD  
Alex Kantorovich, PharmD  
Luba Burman, PharmD, BCPS  
Naomi Simwenyi, MS  
Ruslan Garcia, P2  
Chyla Pennington, P3  
Brittany Hall, P3  
Traci Worrell, P2  
Fatima Khaja, PharmD, PhD., Preceptor

Though primarily led by the aforementioned committee, every CSU-COP faculty, administrative, student, and staff member had input into the process to help ensure a comprehensive and reflective document. Specifically, each member of the Self-Study Committee was asked to chair/co-chair a subcommittee to address the development of each standard. Committee members worked with other COP personnel to gather pertinent supporting evidence and provided descriptive text for each standard. Additionally, time was set aside at the faculty retreats in January and August 2017 for discussion and suggested emendations from stakeholders, including preceptors. After the first draft of the report was completed, a repository of the report and supporting evidence was created in LiveText® and made available to the entire COP and student readers for factual and editorial review. This input was used to generate a revised report after which an administrative review was completed. Subsequently, information was entered into the Assessment and Accreditation Management System (AAMS) and the Committee met to discuss and self-assess each standard in preparation for submission.

## **Standard 1: Foundational Knowledge**

*The professional program leading to the Doctor of Pharmacy degree (hereinafter “the program”) develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient- centered care.*

### **1.1 Foundational Knowledge**

#### *College Mission*

The mission of Chicago State University College of Pharmacy (CSU-COP) is the development of student and faculty scholars who will impact the health care needs of people in the region, state and the nation. The College will provide a strong foundation in the knowledge, integration and application of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to transform students into practitioners who are committed to humanistic service, capable of providing patient-centered care, and innovative leaders in advancing the pharmacy profession. The College embraces the mission of the University to educate individuals from diverse backgrounds to enhance culturally competent care and reduce health care disparities.

#### *Professional Outcomes*

1. Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon evidence-based therapeutic principles, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact outcomes.
2. Manage and use health care system resources, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk population, and other health care providers to improve health outcomes.
4. Apply (Utilize) effective verbal, non-verbal, and written communication strategies to patient care, education, and advocacy, and to professional interactions (collaborations) with other health care providers and stakeholders involved in delivery of (various components of) health care.
5. Contribute to improving the profession’s knowledge, skills, and values by advancing oneself and the profession through leadership, professional citizenship, innovation, and active involvement in service activities and professional organizations.

These elements within these five Professional Outcomes were grouped into the following nine Competency categories: Foundational Knowledge and Skills, Provide Patient Care, Provide Population-Based Care, Manage Resources and Medication Systems, Promote Disease Prevention and Health Promotion, Manage Literature and Information Effectively, Demonstrate Moral

Reasoning, Clinical Ethics, Professional and Legal Responsibility, and Demonstrate Personal and Professional Development.

The student obtainment of the professional outcomes and competencies is achieved through the core/elective professional courses, comprised of innovative didactic and experiential coursework, preparing entry-level graduates to enter many facets of pharmacy practice. Content from both the biomedical/pharmaceutical and clinical/social administrative areas are presented in an integrated fashion throughout specified courses such as the DAST (Drug Action, Structure and Therapeutics) four semester sequences and the DMTM (Disease and Medication Therapy Management) two semester sequences. Leadership and team management skills are embedded in the Pharmacy Management Course as well as some of the IPPEs, with the small group learning communities fostering additional skill development and growth in these areas.

#### *Performance: Key Assessments*

The following is a summary of the performance of our students on specific key assessments and standardized examinations:

- *North American Pharmacist Licensure Examination [NAPLEX®]* – The program was improving with each class towards meeting a pass rate of 90% on the first attempt. The target NAPLEX® first-time pass rate is 95%. The first-time pass rate for the Classes of 2014, 2015, and 2016 was 90.9%, 76.5%, and 71.19%, respectively. These scores are lower than the state and national mean, yet are similar to our PEER schools. This outcome is not what the College anticipated considering the continuing strategic work on building the pass rate and scaled scores to the desired goals. [01.02, 01.03, 01.09, 01.13] The college has continued to strengthen its initiatives to achieve its targeted NAPLEX® first-time pass rate of 95%. Although pass rates declined over the past two years, all other predictors indicated the program was moving in the right direction. We also reanalyzed data from the Class of 2015 to identify hidden problematic areas which when addressed could improve first time pass rates. Recommendations by the Ad hoc NAPLEX and Retention Committees and the Assessment Committee are discussed in Standards 10 and 24. [01.17]
- *Multistate Pharmacy Jurisprudence Examination [MPJE®]* – The data for the MPJE® is complex and not easily comparable across states because the test has both state and national law content. The College's pass rate for the State of Illinois for the Classes of 2014, 2015, and 2016 was 91.07%, 84.00%, and 62.07%, respectively. These pass rates were lower than the College's target MPJE® pass rate of 95%. However, it appeared that our performance was similar to or above several of our PEER schools. Candidates often prepare to take the state-test edition for the area in which they plan to seek employment and may not make it a priority to do well on the Illinois edition that is required for licensure. The program plans to take a look at Illinois-specific test objectives and work with the Law class faculty to implement strategies to increase this pass rate in future years. The program analyzed the data from the Classes of 2014 to 2016 and added targeted workshops in November and May for the P4 Class of 2017 class in an effort to increase the readiness to pass this examination. [01.04, 01.14]

- *Milemarker Examination / Pharmacy Curriculum Objectives Assessment (PCOA)* – In 2014-2016 the P3 Milemarker Examination was administered each Spring. However, in April 2016, the PCOA replaced our Milemarker at this level. (The P1 and P2 Milemakers are still in place.) The Class of 2017 (at the P3 level) performed at the 37<sup>th</sup> percentile on this national standardized examination. The College invested in the ExamMaster® resource and implemented a pilot Self-Study program for the Class of 2018 as P3 students. The Class of 2018, as P3 students, performed in an unexpected way. Although the total cohort performed at the 16<sup>th</sup> percentile [range = 1<sup>st</sup> to 93<sup>rd</sup> percentile] on the PCOA, the data suggests that there is more to the story. Anecdotally, those students who meaningfully participated in the Self-directed Study program did well, particularly in the biomedical sciences. Individual meetings were held with each student as a feedback loop and determined the following general trends: (1) Students were more worried about passing the upcoming course examinations the following week rather than putting their best effort into this non-binding examination, (2) Some students need a refresher course on effective time management, and (3) Students need an incentive to prioritize their time to use the resources they were provided (i.e. Exam Master). Recommendations by the Ad hoc NAPLEX and Retention Committees and the Assessment Committee are discussed in Standards 10 and 24. [01.01, 01.12, 01.17]
- *P1 and P2 Comprehensive Examination / Milemarker – Top 200 Drugs* – Now in the second year of implementation, the P1 and P2 cohorts were given a series of gateway quizzes (P1) and benchmark examinations (P2) in order to qualify to sit for the P1 or P2 Comprehensive Examination in late Spring 2017. The P1 and P2 examinations are leveled to match the skills and knowledge outcomes expected. Students who did meet or exceed the 75% cut score on the P1 Comprehensive Examination of the Top 200 Drug Cards on the first attempt was 37.5% (24/64). The remaining 40 students (62.5%) were given a second chance to meet the cut score after Spring finals. Of this group, 12 students (18.75%) of the cohort were required to participate in the five-week Supervised Study program. All 12 students met and/or exceeded the cut score to be returned to the status of being ‘in good Academic Standing.’ Similarly, 80.0% (60/75) P2 students met and/or exceeded the cut score. Of the remaining 15 (20.0%) students, only eight (10.7%) were required to participate in the Supervised Study program. All students met and/or exceeded the cut score and as a result were returned to the status of being ‘in good Academic Standing.’ The cut score was raised from 70.0% in AY 2016 to 75% for AY 2017 and 80% in AY 2019. The slight increase in the number of students required to participate in the 2017 Summer Program as compared to the 2016 Summer Program is related to the increase in cut score expectation from 70% to 75%. [01.17]
- *Focus Group Survey / Alumni Survey* - In general, the program is meeting the expectation of students in Program Values (Mission, Vision, Goals), Curriculum, and Personal and Professional Development, Capstone, and Learning Communities). However, based on the feedback, the program made some adjustments in AY 2017 in scheduling to increase the timeframe for the Capstone Experience so that time was built in to develop appropriate research plans and IRB proposals and still have time to complete the research project in a meaningful way. In addition, the program recruited additional external capstone mentors to extend the range of opportunities and learning experiences available. [01.06, 01.07, 01.08, 01.16, 01.19]

### *Innovative Solutions*

In Spring 2016, the Curriculum Committee proposed an expanded three-day orientation program for Fall 2016 to include ‘classes’ in each of the P1 courses to highlight the expectations of the course and to review pre-requisite knowledge and skills. This program was refined the following year based on recommendations of the Ad hoc NAPLEX and Retention Committees.

In Spring 2017, the College passed mandatory pass rates for all Key Assessments (Drug Cards, Calculations, Medical Terminology, and Comprehensive Examinations) in all cohort years – P1 to P4. The College is progressively raising the cut scores each year as we gain confidence that our faculty-developed question sets are valid and reliable. For example, the cut scores for Drug Cards started at 70% in AY 2016, was 75% in AY 2017, and will be 80% in AY 2018 and 85% in AY 2019. Each Key Assessment administration has a feedback loop to ensure that students can be assisted in overcoming their challenges to meet proficiency in each of these key assessments.

Effective Fall 2017, the P1 Readiness Inventory is now being fully administered to the Class of 2021. (The College helped to develop and validate question banks in Exam Master.) Drawn from pre-requisite content (Anatomy & Physiology, Basics in Nutrition, Biochemistry, College Algebra, College Statistics, General Biology, General Chemistry, General Psychology, Microbiology, Organic Chemistry and Sociology), the examination helps to identify Strengths & Opportunities areas that can be included on Individualized Learning Plans for those students who do not perform at/above a 75% cut score in content sub-areas. In Spring 2018, faculty-developed question banks in Reading Comprehension and Academic Vocabulary for Pharmacy Students are expected to be ready for pilot. The Ad Hoc Retention Committee will continue to monitor and refine the plans to impact retention of students. [01.05, 01.17]

### *Expectation to Meet and Exceed Higher Order Critical Thinking Skills*

The College implements a Research Capstone project as a graduation requirement. The Professional Year 4 (P4) students are involved in scholarly/research projects under faculty mentorship. The year-long capstone experience engages pharmacy students in development of methods for data collection, collection and analysis of findings, preparation of results for dissemination, presentation of results as a poster, and communication about the results during a competitive poster session. Many of these projects generate novel findings that contribute to advancement of research on drug development and result in student co-authorship of peer-reviewed journal articles.

To support the skills necessary to be successful by the time the student begins the Research Capstone project, the program identified courses that specifically target the development of critical thinking skills and has embedded scoring guide elements in the IPPE and APPE rotations with the intent to measure such skills in course assignments to increase the development of these essential skills. [01.10, 01.11, 01.15]

### *Interpretation of AACP Survey Data*

The AACP standardized surveys are reviewed annually by the assessment committee. Based on trends from 2013-2017, CSU-COP had scores similar to our peer schools and the national benchmark regarding questions pertaining to various aspects of students’ foundational knowledge.

Preceptors and alumni also overwhelmingly either agreed or strongly agreed that the CSU-COP PharmD program prepared students to apply knowledge from the foundational sciences to the provision of patient care, evaluate scientific literature and provide medication expertise as part of patient-centered care. Our scores were in line with our peer schools and the national benchmark.

## **Evidence**

- [01.01 Outcome Data - PCOA](#)
- [01.02 Outcome Data - NAPLEX](#)
- [01.03 Outcome Data - NAPLEX - By Competency Areas](#)
- [01.04 Outcome Data - MPJE](#)
- [01.05 AACP Table: Analysis of Student Performance](#)
- [01.06 AACP Survey - 2016: Graduating Students](#)
- [01.07 AACP Survey - 2016: Preceptors](#)
- [01.08 AACP Survey - 2016: Alumni](#)
- [01.09 Outcome Data - Didactic - Exam Soft](#)
- [01.10 Outcome Data - IPPE - CORE ELMS](#)
- [01.11 Outcome Data - APPE - CORE ELMS](#)
- [01.12 NABP Peer Comparison - PCOA](#)
- [01.13 AACP Peer Data - NAPLEX](#)
- [01.14 AACP Peer Data - MPJE](#)
- [01.15 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [01.16 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [01.17 Ad hoc Committee reports - Retention and NAPLEX](#)
- [01.18 Notable Achievements, Innovations or Quality Improvements](#)
- [01.19 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 2: Essentials for Practice and Care**

*The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.*

### **2.1 Patient Centered Care**

Program Outcome # 1 of the CSU-COP PharmD curriculum states that pharmacy graduates will be able to “provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon evidence-based therapeutic principles, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact outcomes.” This is introduced early on in the PharmD curriculum, is addressed in a multi-modal approach throughout the curriculum, with an increasing complexity of patient care issues as the student progresses through the curriculum.

In the first year of the PharmD curriculum, students are introduced to the principles of patient care within their first skills lab course, patient assessment, which includes both didactic lectures and laboratory practice. In this course, students are taught and assessed on their ability to perform appropriate vital signs and blood pressure assessment, blood glucose and other point-of-care testing, and other basic physical assessment. Once competencies in patient assessment have been met, students are then encouraged to participate in community based outreach activities of health screenings that introduce them to practicing these skills in a real-life patient setting.

The second year of the curriculum is focused on the introduction to therapeutics, as well as the continuation of the patient skills lab courses. Applied patient care is a two semester course with a lecture and laboratory component. In applied patient care students are introduced to the principles of medication use, including dispensing, packaging, and patient counseling. Through this course, students also learn the principles of optimal care, by performing medication histories, medication reconciliation, drug utilization review, and dealing with “difficult” patients. Additionally, within the second year students begin their therapeutics focus. Students participate in once-weekly case presentations and workshops where they work through a patient case, and are required to present their care plan in small groups.

The third year of the PharmD curriculum concludes the therapeutic course sequences, and introduces the Disease Medication Therapy Management course. Throughout each semester, students follow a virtual patient, providing them the opportunities to practice their patient information gathering skills, assess need for therapy, implement a patient-centered care plan, and evaluate and monitor therapy over the course of the semester. This application-based case reinforces concepts learned earlier in the PharmD curriculum and encourages utilization of critical thinking skills and the clinical reasoning process.

The fourth and final year of the curriculum where students complete their APPE rotations allows for cultivation of clinical skills and the clinical reasoning process that was introduced earlier in the didactic portion of the curriculum. Students complete a variety of patient care rotations, and on all patient-centered rotations are required to complete checklists, that ensure specific skills were introduced and practiced while on rotation. [02.08]

## 2.2 Medication Use Systems Management

The CSU-COP PharmD curriculum introduces students to various human, financial, technological and physical resources for the optimal use of medication use systems early in the curriculum. During the first semester of first professional year, the students are introduced to various medication use systems in the course PHAR 6120: Introduction to Health Care Systems. The course focuses on the structure and composition of the United States health care delivery system. It introduces the role of various political and economic issues that impact the delivery of healthcare as well as the practice of pharmacy. The course also discusses the role that pharmacists play in the delivery of healthcare and their relationship with other healthcare professions.

In the course PHAR 6124: Patient Assessment, first year professional students learn to use various assessment techniques such as patient interviewing, medication history taking and triage skills. The course introduces the concept of caregivers, reinforcing the idea that the patient may require human and financial resources in order to receive optimal care. It also reinforces the collaboration between pharmacy and other healthcare professions such as physical therapists, social workers and case managers, expanding the students' understanding of how to best care for their patients.

The Drug Action, Structure and Therapeutics sequence (PHAR 6231- 6338) as well as Disease and Medication Therapy Management sequence (PHAR 6322-6323) continue to reinforce the various concepts in the management of medication use systems throughout the second and third professional curriculum years. Psychosocial concepts are often an integral part of patient cases, allowing the student to become proficient in the care of patients who may be uninsured or under-insured, patients who may have difficulty in accessing their medications, those who may have disabilities or those who face cultural or language barriers.

During third professional year, the Pharmacy Management course (PHAR 6321) focuses on pharmacy operations management, pharmacy financial resources oversight, personnel management and human resources, medication-use process management, compensation mechanisms for pharmacy services, medication safety initiatives, error prevention strategies, developing and marketing services, innovative services provision and related issues in professional pharmacy practice.

Finally, during the APPE rotations, students continue practicing the optimization of medication use systems management through collaboration with other healthcare professionals, as well as during their actual patient care activities. Prior to graduating, students must complete a variety of rotations that expose them to both community and hospital medication management systems, allowing them to become practice ready upon graduation. Due to the location of the College, many of the rotations place students in hospitals or pharmacies that service the underserved populations, once again exposing students to the need for optimal care of every population and utilization of various government assistance programs to aid in that care. [02.02, 02.03]

## 2.3 Health and Wellness

The College prepares students to design prevention, intervention and educational strategies for individuals and communities through an array of curricular and co-curricular experiences.

In the first professional year, the course PHAR 6122: Professional Practice II – Public Health: Policy, Prevention, and Wellness, focuses on public health policy, health promotion, and disease prevention initiatives. Population-specific applications, quality improvement strategies, and research processes utilized to identify and solve public health problems are discussed.

Additionally, a four (4) hour weekly service-learning practicum (IPPE) in a community-based public health service center or advocacy organization allows for application of principles. Also, students determine factors that contribute to health disparities and evaluate the potential impact on population health and through an in-class activity/ project, plan and design a program (or a modification of a current program) that addresses a public health problem. For example, students are assigned an “at-risk” community in the surrounding areas of the west and south sides of Chicago and are tasked to submit a proposal for a health promotion initiative (STI’s, hypertension, obesity, etc.); in completing the group assignment, students are encouraged to visit the neighborhood and while visiting, consider how neighborhood factors (availability of grocery stores, pharmacies, adequate sidewalks, etc.) could impact the recommended initiative.

Correspondingly, in the Patient Assessment PHAR 6124 course, students learn to use a “Fall Risk Assessment” tool to identify medication-related risk factors that are relevant to particular patient populations.

In the second professional year, students obtain the American Pharmacists Association Pharmacy-Based Immunization Delivery certificate in the Applied Patient Care course (PHAR 6225). Then in the P-3 professional year, students screen for immunization appropriateness as well as immunize in the IPPE PHAR 6325, Professional Practice V-Applied Practice Skills Community.

Also throughout the year, the College and student pharmacy professional organizations participate in a number of health fairs and initiatives. As outlined in Standard 11 (Interprofessional Education), the University’s partnership with the American Heart Association Check.Change.Control™ program has also allowed pharmacy students to collaborate with other health professions students at the University to implement blood pressure screenings and encourage heart health. The Student National Pharmaceutical Association annually participates in the national Power to End Stroke Initiative (PTES). During this event, students provide direct outreach to patients and/or healthcare providers/students and educate the community at large on stroke and the importance of blood pressure screenings and heart health activities (nutrition, exercise, etc.). [02.10]

## 2.4 Population Based Care

In the Research Methods and Pharmacoepidemiology PHAR 6123 course and in the PHAR 6122: Professional Practice II – Public Health: Policy, Prevention, and Wellness course students are introduced to the underpinnings of pharmacoepidemiology and epidemiology, respectively, to approach population-based care and principles. In these courses, students explore how population-

specific applications, quality improvement strategies, and research processes are utilized to solve public health/population problems.

Additionally, the Drug Action, Structure and Therapeutics course sequence (PHAR 6321 to PHAR 6338) throughout the second and third professional years that integrates pathophysiology, medicinal chemistry, pharmacology and pharmacotherapeutics in an organ system approach, address medication/disease state therapy management relating to various population groups (pediatric, geriatric, woman's/men's health, etc.). As clinical guidelines are discussed to devise treatment/monitoring plans throughout the course sequence, particular emphasis on the prevalence/incidence of diseases among special populations (racial/ethnic, age, gender, etc.) are highlighted to pin-point relevant population-based care insights. [02.01, 02.04, 02.05, 02.06, 02.07, 02.08, 02.09, 02.12]

### Interpretation of AACP Survey Data

The CSU-COP assessment committee reviews the AACP standardized surveys for students, preceptors and alumni each year. Trends from 2014-2017 indicated that CSU-COP had scores in line with our peer schools and the national benchmark regarding questions that focused on practice and care. At least 93% of alumni, 91% of students and 83% of preceptors either agreed or strongly agreed with statements that the CSU-COP PharmD program equipped students with the essentials for practice and care.

### Evidence

- [02.01 Outcome Data - Didactic - Exam Soft](#)
- [02.02 Outcome Data - IPPE - CORE ELMS](#)
- [02.03 Outcome Data - APPE - CORE ELMS](#)
- [02.04 AACP Survey - 2016: Graduating Students](#)
- [02.05 AACP Survey - 2016: Preceptors](#)
- [02.06 AACP Survey - 2016: Alumni](#)
- [02.07 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [02.08 COP Affective Domain Inventory](#)
- [02.09 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [02.10 Notable Achievement - AHA CSU CheckChangeControl IPE](#)
- [02.11 Notable Achievements, Innovations or Quality Improvements](#)
- [02.12 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

### **Standard 3: Approach to Practice and Care**

*The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.*

The CSU-COP curriculum and co-curriculum learning experiences impart multiple opportunities for students to develop the skills, abilities, behaviors and attitudes to solve problems, educate/communicate and advocate on behalf of patients. Interprofessional activities are threaded throughout the didactic and experiential curriculum while allowing students to explore cultural sensitivity issues as they develop cultural competency. [03.01, 03.06, 03.20]

#### 3.1 Problem Solving

Unlike most College and Schools of Pharmacy, CSU-COP has a research requirement for all students. Specifically, the “Capstone Research Project” is designed to allow fourth year professional students to apply and integrate knowledge learned throughout the curriculum to the development and implementation of a research-based project. In addition to developing and implementing the project, students will also create a research manuscript suitable for publication and create a poster suitable for formal poster presentation. Capstone Research Projects commence in the beginning of the fourth professional year, with assignments completed throughout the fourth year. Final culmination involves formal poster presentation at the annual CSU-COP Capstone Research Day that occurs in spring.

Capstone research projects utilize a scholarly approach and reflect the diversity of research performed in the profession of pharmacy. Research projects can include, but are not limited to, laboratory research, clinical research, educational research, business plan development, public health and drug utilization review. Capstone Research Mentors, along with the Director of Capstone, guide and mentor students along the Capstone Experience. Research mentors include faculty, preceptors, employers, pharmacists, and other interested parties. Additionally, research projects involving pharmacy and other health disciplines are encouraged and welcomed.

Additionally, opportunities to identify problems, prioritize potential solutions and implement strategies are embedded in various courses throughout the curriculum. For example, in the two-semester course sequence, Disease and Medication Therapy Management (DMTM) I (PHAR 6322) and DMTM II (PHAR 6323), students utilize all of the skills learned in previous courses to identify medication problems and recommend appropriate drug therapy in a simulated environment. Also in the Drug, Action, Structure and Therapeutics (DAST) course sequence, where students receive instruction in Pathophysiology, Medicinal Chemistry, Pharmacology and Therapeutics together, students apply the knowledge in a series of case workshops where they assess a patient's condition(s) and develop a care plan using knowledge from each discipline. [03.07, 03.20]

#### 3.2 Education

In Applied Patient Care I (PHAR 6225) students participate in a self-care counseling media project to promote patient education and advocacy. The students are divided into groups and each group is

given a self-care product (e.g., Flonase, Nexium). The students have to use technology (e.g., Podcast, YouTube video) to create a media presentation to discuss the product, product administration, and counseling points. They also have to create a patient handout/brochure to educate the patient on the product using patient friendly language.

Applied Patient Care II (APC II) PHAR 6226 employs a number of assignments, experiences and assessments designed to provide students with skills in patient education and advocacy. One of the practice lab sessions, requires students to communicate with a “difficult” patient. A lecture/discussion on interacting with a “difficult or challenging” patient is provided prior to this lab. The patient may be rushed, sad, display signs of low health literacy, picking up a potentially embarrassing prescription (e.g., antiviral for genital herpes) or have a psychiatric disorder such as major depression or schizophrenia. The students are asked to prepare both a new prescription and refill for dispensing. They are not aware of the challenging situation until they enter the room to counsel the patient on their prescriptions. The students are required to assess the needs of the patient and to adapt their delivery of education accordingly. [03.10]

*Group Presentations for Professional Practice I - Introduction to Pharmacy Practice (PHAR 6121)*-In order to expose the P1 students to various pharmacy professional organizations, especially the ones that focus on community pharmacy, the course coordinators divide the class into learning community group pairs, assign a pharmacy professional organization to each group pair, have students make a video and informational handout, and have them present to the rest of the class. The video must contain specific information about the organization, including its mission and vision, services and benefits to the members and community, and impact on health policy. The video must be created by the group pair and each student in the group pair must participate in the video. Each group pair goes in front of the room, presents their video, and answers questions from the audience. Each student has the opportunity to evaluate the other members of their group pair with regard to teamwork, participation, and contributions to the preparation of their video and informational handout using a peer assessment evaluation form. The form is then submitted to the course coordinators. [03.10]

### 3.3 Patient Advocacy

The importance of patient advocacy by providing patients with information regarding their health and wellbeing so that patients can act in their own best interest for positive outcomes is paramount. To prepare students to address the health care needs of the community, particularly the underserved and other at risk populations, first professional year students are enrolled in the “PHAR 6122, Public Health: Policy, Prevention and Wellness” course. This public health course is designed to examine the role of pharmacists, public health practitioners, advocates and policymakers in specific public health functions including health promotion, disease awareness and prevention, emergency preparedness, and policy development. Students also learn about population-specific applications, factors that contribute to health disparities, cultural awareness/sensitivity, quality improvement strategies and research processes utilized to identify and solve public health problems. In addition to didactic learning, this course includes a four (4) hour weekly longitudinal service learning practicum in community-based public health service centers or advocacy organizations which allows for application of course principles. The public health oriented practice sites are located throughout the Chicago metropolitan area and provide services for diverse communities (older adults, cancer patients, etc.). Example sites include the Cancer Support Center (Homewood and Mokena), Northwest Special Recreation Association

(children and young adults with disabilities), and White Crane Wellness Center (older adults). Students are engaged in community education/outreach, and other activities that allow students to assist their sites in providing services to its clientele. A significant number of students are engaged at hospices where they are responsible for serving as patient volunteers and companions. Students are trained by the hospices regarding end of life issues as well as how to interact appropriately with hospice patients and their families. Additionally, during this course, students are incentivized via extra credit to participate in the annual Illinois Legislative Day, where the College, in partnership with the Illinois Pharmacists Association and the Illinois Council of Health System Pharmacists, advocate as it relates to practice and patient-care legislative and regulatory initiatives. [03.09]

### 3.4 Interprofessional Collaboration

Before attempting a meaningful process for interprofessional education (IPE), the College helps student develop the basic skills required for effective IPE. At orientation, P1 students are assigned to a learning community. Based on their personality profile and learning style, students with diverse backgrounds are selected for each group. With the guidance of a faculty advisor, students can begin to learn to effectively work and communicate with others unlike themselves, and to learn to enhance their leadership skills. Team dynamics preparation is focused on development of communication, ethics, and conflict resolution skills. Both the structure and the functions of group projects, especially in the P1 and P2 years, allow students to work with individuals whose education and training differs from theirs. In the IPPE/APPE programming, students have exposure to working with various individuals in the hospital and community settings. Other IPE experiences are described in more detail in Attachment 03.17 and in Standards 11(IPE), 12 (pre-APPE), and 13 (APPE). Examples include: (1) the American Heart Association *Check.Change.Control™* program in which IPE teams of CSU pharmacy, nursing, occupational therapy, public health, and health care administration students provide campus-wide blood pressure screenings and education on heart health; (2) IPPE and APPE mentorships to assist students to learn effective communication with nurses, physicians, hospice personnel and others; (3) the Loyola University Simulation center experience in which P4 students work as members of an IPE team together with medical and nursing students and (4) the APPE site at Rush University in which P4 students and 3<sup>rd</sup> year medical students work with ambulatory patients under the supervision of two physicians and a clinical pharmacist who serve as preceptors to these teams. [03.01, 03.05, 03.15, 03.17]

### 3.5 Cultural Sensitivity

The College curriculum provides many opportunities for students to learn about cultural sensitivity, social determinants of health and health disparities. Within the curriculum, there is ‘sub-curriculum’ related to cultural competency. Students receive content related to cultural competency in several courses across the entire curriculum particularly as it relates to health disparities. [03.11, 03.18]

### 3.6 Communication

In Applied Patient Care I (PHAR 6225), P2 students are recorded during mock interviews. Students play the role of the pharmacist and the faculty member plays the role of the patient. Students have to use SCHOLAR-MAC to assess the patient’s medical condition, which is dry eye or ear wax. After determining the patient’s ailment, the student then counsels the patient on the appropriate use of eye or ear drops, and demonstrates to the patient how to use the product. The mock counseling

session is recorded in individual patient counseling rooms. At a later date, the students receive a copy of the video via a private YouTube link. After student's watch their video, they write a reflection and self-assess their performance. Students are graded on answering questions related to their performance such as how would they rate their performance, quality of information provided to the patient, and verbal and nonverbal communication skills. Additionally, this class assignment was turned into an educational research project. Students evaluated themselves on their performance initially after they left the counseling session and again after they saw their video using the same questionnaire. Results showed that students have the ability to self-assess and the video counseling activity does lead to improved professional communication.

The Applied Patient Care II (PHAR 6226) course employs a number of assignments, experiences and assessments designed to provide students with skills in patient education and advocacy in challenging situations. The students are required to assess the needs of the patient and to adapt their delivery of education accordingly. In addition, APC II utilizes professional communication in which students research, develop and present a poison prevention talk for children (Grades K - 4) at local elementary schools within a 10-mile radius of campus. Students are required to complete the online Poison Prevention Education Course which provides them with background information for them to develop their presentation. The training is done individually and students submit a certificate of completion to the course coordinator. Once they have completed the training, they meet in groups to develop an age-appropriate poison prevention presentation. Students professionally dressed in their CSU-COP student white coat, use a variety of presentation techniques (visuals, skits, question and answer, etc.) to engage the children during the presentation. In addition to poison prevention information, students also provide the children information about the role of the pharmacist.

In an effort to regulate the manner in which student case presentations and pharmaceutical care plans (PCPs) are assessed, the Case and Student Presentation Workgroup was formed to create standardized methodologies that should be utilized by faculty members during evaluations. These methods will be used across the span of the curriculum in any core or elective course where students are required to present patient cases and/or submit either SOAP notes or PCPs. By creating a uniform process of measuring the ability of the students to successfully complete these tasks, confusion both from the evaluator and the student's perspective should be eliminated. Additionally, the committee continues to develop guidelines, as needed, for faculty to assist in developing patient cases. [03.02, 03.03, 03.04, 03.06, 03.08, 03.12, 03.13, 03.14, 03.16, 03.19, 03.20, 03.22, 03.23]

### Interpretation of AACP Survey Data

The AACP standardized surveys are reviewed yearly by CSU-COP assessment committee. Data from 2014-2017 showed that CSU-COP had scores similar to the national benchmark and peer institutions when it comes to questions that deal with approach to practice and care. Majority of students, preceptors and alumni either agreed or strongly agreed with statements that the CSU-COP PharmD program appropriately equipped students with the skills to attain the outcomes of this standard. However, the percentage of preceptors and alumni respondents who disagreed with statements regarding student preparation to design, implement and evaluate viable solutions to patient care problems and to engage as a member of an IPE healthcare team was higher than the College desired. This is being addressed by the Curriculum and IPE committees, respectively.

## **Evidence**

- [03.01 IPE Learning Experiences](#)
- [03.02 Outcome Data - Didactic Courses - Exam Soft](#)
- [03.03 Outcome Data - IPPE - CORE ELMS](#)
- [03.04 Outcome Data - APPE - CORE ELMS](#)
- [03.05 Outcome Data - IPE](#)
- [03.06 Curriculum & Co-Curricular Experiences](#)
- [03.07 Outcome Data - Problem Solve & Critical Thinking - Exam Soft, CORE ELMS](#)
- [03.08 Outcome Data - Communicate Effectively - Exam Soft, CORE ELMS](#)
- [03.09 Outcome Data - Advocate for Patients - Exam Soft, CORE ELMS](#)
- [03.10 Outcome Data - Educate Others - Exam Soft, CORE ELMS](#)
- [03.11 Outcome Data - Cultural Awareness & Sensitivity - Exam Soft, CORE ELMS](#)
- [03.12 AACP Survey - 2016: Graduating Students](#)
- [03.13 AACP Survey - 2016: Preceptors](#)
- [03.14 AACP Survey - 2016: Alumni](#)
- [03.15 IPE Presentations and Publications](#)
- [03.16 ACPE Std 3.2 and 3.6 - APC Patient Education - Communication - Rubrics](#)
- [03.17 IPE Learning Experiences](#)
- [03.18 Cultural Sensitivity Course Alignment](#)
- [03.19 Faculty Feedback on Proposed Curriculum Changes](#)
- [03.20 Student Engagement - Co-Curricular Activities](#)
- [03.21 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [03.22 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [03.23 Notable Achievements, Innovations or Quality Improvements](#)
- [03.24 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 4: Personal and Professional Development**

*The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.*

### A Commitment to Developing a Culture of Self -Awareness and a Self-directed Learning

The College has implemented a combination of curricular and co-curriculum learning experiences intended to increase the student's self-awareness of their knowledge, skills and affective domain dispositions or ways of being that contribute to the development over time from novice student to professional pharmacist. In particular, these efforts culminate into a collective whole through the development of professional portfolios.

P1 students are introduced to the Student Pharmacist Affective Domain Inventory and asked to self-assess the inclinations, abilities, and/or applications of a range of both individual and patient-care context settings. The students reflect on their self-determined choices as well as write a reflection on their understanding of what it means to be a Pharmacist as their first Portfolio-related assignment. In the PHAR 6122 course, Professional Practice II – Public Health and Wellness, P-1 students also participate in the “Diversity Shuffle” exercise to help uncover hidden biases that they may have toward certain cultural groups in the hopes self-exploration of individual attitudes and pre-dispositions that may affect the delivery of quality patient care. Then students discuss how individual prejudices and biases may impact negatively on patient outcomes.

Each professional year, students revisit the Inventory and their “Pharmacist” statement as well as document key curricular and co-curricular learning experiences in their professional portfolio. The student reflects on their awareness of each COP Competency or Standard and their growth in meeting those expectations. Faculty and Learning Community Advisors, with the assistance of the Assistant Dean of Assessment, evaluate the portfolios and provide feedback to the students to set personal priorities for development in the coming year. Individualized Learning Plans are made with the Learning Specialist and Learning Community Advisors, as needed, to increase the opportunity to demonstrate self-accountability.

In a related way, students at all levels – either through the Early Academic Warning program, the P1 and P2 Top 200 Drug Cards program, and the P3 Self-directed Learning Program, must also develop Individualized Learning Plans as an intentional mechanism through which students can learn to prioritize their time and meet learning and skills objectives.

The P1 and P2 Top 200 Drug Card Exams are particularly designed to facilitate self-directed learning. Students must ‘qualify’ to sit for the final P1 or P2 Comprehensive Examination by passing a series of P1 Gateway Quizzes or P2 Benchmark Examinations. Students document each 20-hour block of self-directed study prior to taking the next quiz or exam. Students quickly learn to prioritize their study time to ‘qualify’ for the April examination. Failure to ‘qualify’ may lead to an Individualized Learning Plan over the summer months in order to ‘clear’ the hold on their account to register for Fall.

Those who do not pass the Comprehensive Exams are given a retake after finals clear the hold on their grades. Students unable to pass the retake exam are required to develop an Individualized Learning Plan and spend ‘targeted quality time’ with faculty over a five-week period in the summer term in order to re-qualify to take the Comprehensive Examination. In the two years of this program, students who participated in the summer program addressed their learning challenges and successfully passed their comprehensive exams.

The P3 program reviews biomedical and clinical science concepts often measured on the PCOA. This process also serves as a bridge to the P4 pre-NAPLEX® self-directed review program. Both the PCOA-related concepts and the NAPLEX® Blueprint concepts are facilitated through the Exam Master resource which permits student to generate their own “exams” on topic areas. Just as in the P1 and P2 years, P3 and P4 students develop Individualized Learning Plans when challenges are encountered. Our data and observations in the last two years indicate that a greater number of students are beginning to address their personal and learning challenges earlier in the program and are likely to increase their performance on each of these key assessments on the first attempt.

#### 4.1 Self-Awareness

Self-awareness training is an integral part of the experiential education program at CSU-COP. Quality learning experiences combined with meaningful reflection help to achieve the College’s goals to optimize student personal and professional development. A set of collective and individual reflection exercises are utilized throughout the introductory pharmacy practice experiences continuum which are designed to enhance self-awareness, professionalism, and leadership skills.

During P1 to P4, Professional Practice courses utilize group and peer reflections. In PHAR 6121, Professional Practice I - Introduction to Community Practice, two (3) hour reflection sessions facilitated by the IPPE Director are used to help students share experiences, highlight positive and negative observations, and make clear connections around pharmacy practice, trends in the field, and professional behaviors. PHAR 6223, Professional Practice III – Institutional Orientation, serves as orientation for PHAR 6224, Professional Practice IV - Introduction to Institutional Pharmacy Practice practicum. Students explore professionalism and leadership concepts via blog posts. In PHAR 6224, preceptors are able to use online forum student reflections to identify future discussions and learning experiences topics relevant to the student. In PHAR 6325, Professional Practice V - Applied Practice Skills in Community Pharmacy Practice, both written and in-person reflections are utilized to help the student prepare for making the academic transition into pharmacy year 4. [04.03, 04.07, 04.19]

As knowledge sharing activities also extend beyond the classroom with the use of technology where vibrant and open reflections are carried out using an electronic platform (i.e., Moodle, Core ELMS). The resulting learning environment is one which allows students to be both highly engaged and reflective.

Aside the experiential education components, additional mechanisms to support continuous professional development and personal growth include portfolio management, interprofessional education and capstone research. Two recent capstone projects focused on sources of stress and mechanisms to cope with the stressors. Results from those projects have informed College activities co-curricular programming to include additional opportunities for University Counseling Center personnel to assist students. Furthermore, workshops, targeted lectures, and co-curricular activities on leadership and professionalism are also embedded throughout the curriculum. The

College identified best practices for developing self-awareness in our curriculum and presented these findings at the 2017 AACP annual meeting. [04.19, 04.21]

#### 4.2 Leadership

Several courses and co-curricular activities include lectures and workshops for personal and professional development. For example, in PHAR 6223, Professional Practice III - Institutional Orientation, students explore their leadership style under the guidance of a pharmacist leader in Institutional pharmacy practice. Guest lecturers, as pharmacy leaders, help students make connections around the importance of professional and leader-like behavior in the field, and supports the notion of a pharmacist leader being an integral role in the pharmacy practice model. In addition, a lecture titled “Connect the Dots” help students better understand an emotional intelligence framework, behavioral modeling, and decision-making. Students become more self-aware and responsive to feedback after these sessions and gained a deeper perspective of pharmacy practice.

In PHAR 6321, Pharmacy Practice Management, the differences between a leader and a manager are discussed in detail and frame the outlines of the course. Students reflect on their own leadership or managerial styles as evidenced by the Myers-Briggs Type Indicator® (MBTI®) personality test. Active learning exercises prompt students to self-organize in teams and use the personality assessment data to determine a group leader and manager. In these activities, students within each team are provided different pieces of information and are required to collaboratively engage with each other to solve a problem. These exercises, followed by a reflection process, simulate problem based learning. Finally, a team-based business case project requires students to develop an innovative pharmacy practice model or service to be implemented in 10 years from now. Tasks include analyzing current trends, developing a mission and vision, and anticipating a future pharmacy landscape. The students also had to grapple with innovation and think outside of the box to develop proposed designs.

The College encourages students to seek leadership opportunities in student and professional organizations. First year professional students are typically given one membership in a major professional organization of their choice, which includes APhA, SSHP, SNPhA or SCCP, to ensure student have a strong introduction to professional organizations and leadership opportunities. [04.02]

#### 4.3 Innovation and Entrepreneurship

Both innovation and entrepreneurship are identified as important concepts in the development of student pharmacists. In PHAR 6321, Pharmacy Practice Management, these concepts are incorporated into curricular delivery and course assignments, including pharmacy informatics. In addition, students participate in an Institutional Pharmacy Practice Blog hosted by Drs. Bryan McCarthy and Kevin Colgan, of the University of Chicago Medical Center. In the blog, students are asked to comment on recent technological advances in dispensing apparatus such as automated dispensing cabinets and sterile compounding devices and robots. In teams, students develop an innovative clinical service or committee to solve a clinically relevant scenario. In the process, they are asked to reflect upon the challenges to implement their recommended innovation and use their MTBI® indicators to determine which of their personal traits would assist them with implementation. [4.16, 4.17]

PHAR 6549, Community Pharmacy Ownership, is an elective course that has been sponsored by Cardinal Health for the past three years. Students interact closely with current independent pharmacy owners to understand the current trends and demands of independent ownership. The culminating activity of the class is a “Pharmacy Shark Tank” business plan competition. Students work in teams to develop their pitch for creating their own innovative, independent pharmacy practice. They present their business plans to a group of potential investors and the best plan wins the competition. For this activity, the College has had the opportunity to host actual pharmacy brokers and independent owners as judges/investors. [04.15]

Finally, the College has a \$20,000 per year scholarship that is awarded to a student in the third professional year of the program. In 2013, Cardinal Health donated \$125,000 to expose student pharmacists to the value of independent pharmacy ownership in urban and rural communities and provide the needed strategies to help ensure these small businesses are competitive in the modern workplace. Students participate in an essay and interview process with the Dean and representatives from Cardinal Health. Questions are focused on their particular interests in pharmacy ownership. Scholarship winners also receive a trip to the annual “Pharmacy Ownership Bootcamp.” Upon graduation, the alumni are eligible for an additional \$20,000 in funding to assist in the opening of their own independent pharmacy. Of the six recipients, one is a junior partner in an independent pharmacy and two recipients work in management in an independent pharmacy. [04.04]

#### 4.4 Professionalism

Curricular and co-curricular activities are designed to enhance the development of professionalism starting with a discussion of professional behavior and decorum expectations at New Student Orientation. Upper class professional students share realistic expectations in a session called “Success in the P1 Year”. Students are assigned Learning Communities during orientation and team building/communications activities are conducted to initiate development of appropriate professional relationships and support systems. In addition, a “Session for Family and Spouses” program provides families with strategies to assist their student as they matriculate through the program. [04.22]

Following orientation, first year professional students recite the Oath of Professionalism at the CSU-COP White Coat Ceremony. For the past three years, the keynote speakers have been an alumnus of CSU-COP. Students are expected to wear their white coats where appropriate to serve as reminder of the oath they have taken to act professionally. [04.23]

Students are also encouraged to participate in one of 19 professional organizations. The Office of Student Affairs supports travel of delegates to national meetings, sponsors representatives in patient counseling or compounding competitions and scientific poster sessions, such as ASHP Midyear. Students also demonstrate proficiency through reflective exercises regarding profession decorum and engagement in their portfolio discussions. [04.06, 04.24]

Throughout the year, the Office of Student Affairs offers co-curriculum workshops that assist students with professional and academic development. Participation in these workshops is mandatory for students on an academic plan. Workshop topics include time management, test taking skills, and learning styles. [04.01, 04.05, 04.08, 04.09, 04.10, 04.11, 04.12, 04.13, 04.14, 04.18, 04.20, 04.25, 04.26, 04.27, 04.28, 04.29, 04.31]

## Interpretation of AACP Survey Data

The AACP Graduating Student Survey Data showed that CSU-COP had scores in line with our peer schools and the national benchmark regarding questions that focused on personal and professional development. A majority of students either agreed or strongly agreed that the College had equipped them with the needed skills. Additionally, the data for preceptors was similar to our peer institutions and the national benchmark. Preceptors overwhelmingly either agreed or strongly agreed with all questions in this standard. The data from the alumni survey showed the percentage of respondents who ‘disagreed’ with preparation in terms of developing new ideas and approaches to practice and accepting responsibility for creating and achieving shared goals was higher than desired by the College. The Curriculum Committee will review these findings in Fall 2017 and may recommend changes.

## Evidence

- [04.01 Outcome Data - Professionalism](#)
- [04.02 Outcome Data - Leadership](#)
- [04.03 Outcome Data - Self-awareness](#)
- [04.04 Outcome Data - Creative Thinking](#)
- [04.05 Co-curricular Experiences](#)
- [04.06 Tools for Personal/Professional Growth & Development \(Portfolio\)](#)
- [04.07 Process of Continuous Self-directed Life-long Learning](#)
- [04.08 Outcome Data - Didactic - Exam Soft](#)
- [04.09 Outcome Data - IPPE - CORE ELMS](#)
- [04.10 Outcome Data - APPE - CORE ELMS](#)
- [04.11 AACP Survey - 2016: Graduating Students](#)
- [04.12 AACP Survey - 2016: Preceptors](#)
- [04.13 AACP Survey - 2016: Alumni](#)
- [04.14 AACP Addendum Survey](#)
- [04.15 Notable Achievements: Innovation & Entrepreneurship - Cardinal Health & Shark Tank](#)
- [04.16 Professional Practice III - Leadership and Professionalism Blog Activity](#)
- [04.17 PHAR 6321 Innovation Activity](#)
- [04.18 Faculty Feedback on Proposed Curriculum Changes](#)
- [04.19 AACP School Poster - Developing Self Awareness](#)
- [04.20 COP Moodle Courses: Co-Curricular & Key Assessment Program Activities](#)
- [04.21 Capstone Projects - Student Stress](#)
- [04.22 New Student Orientation Agenda - Professionalism](#)
- [04.23 White Coat Ceremony - Professionalism](#)

- [04.24 COP Student Organizations - Professionalism](#)
- [04.25 COP Student Affairs Professional Development Workshop Series](#)
- [04.26 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [04.27 COP Affective Domain Inventory](#)
- [04.28 AACP Addendum - Affective Domain Survey - ACPE Standard 4](#)
- [04.29 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [04.30 Notable Achievements, Innovations or Quality Improvements](#)
- [04.31 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 5: Eligibility and Reporting Requirements**

*The program meets all stated degree-granting eligibility and reporting requirements.*

### 5.1 Autonomy

Under the guidance of the University's Provost and Senior Vice President of Academic Affairs, the Dean of the College of Pharmacy has autonomy for the advancement of the degree program, including financial, physical and human resource management. Each Office or Department Chair within the College has its own assigned budget to meet the needs of its area. The University employs a purchase order process with requisite authoritative sign-off ability from the unit head, Dean, and Provost via a University Procurement Office protocol. The College has both a faculty representative and the Dean as active participants on the University Budget Committee (UBC) to ensure that College is fully represented in the budget planning process. [05.01, 05.05, 05.08]

### 5.2 Legal empowerment

In April, 2006, the Illinois Board of Higher Education granted authority to Chicago State University to establish the School of Pharmacy and offer the Doctor of Pharmacy (PharmD) degree. In July, 2007, Higher Learning Commission included the College of Pharmacy in the University's accreditation status. The Chicago State University College of Pharmacy was granted Full accreditation status at the June, 2012, ACPE Board of Directors meeting. The College remains in this status until June, 2018. [05.03]

### 5.3 Dean's Leadership

The Dean is the principal operating and academic officer of the College and reports to the Provost and Senior Vice President for Academic and Student Affairs. The Dean, a licensed pharmacist, is responsible for the following: accreditation and self-study for CSU-COP, budget management; development and articulation of long-range programmatic goals and objectives; supervision of academic activities; coordination of fundraising activities; integration of educational and service activities and balancing the relationship between patient care and educational activities; and the recruitment and appointment of competent faculty and staff. The Dean is responsible for the development, coordination, implementation, and continuation of education, research, and service programs in CSU-COP, initiation, implementation, and continuation of programs for the recruitment and admission of qualified students; implementation of standards established by the faculty for academic performance and advancement; assurance that the college provides programming for faculty growth and development; assurance that the College meets union contractual guidelines and regulations and maintenance of the visibility of pharmacy and CSU-COP both on campus and to external constituencies; and for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and notices of planning for substantive changes. The Dean provides academic and professional leadership for the College. In this role, the Dean imparts an awareness of direction and trends in healthcare and effectively unites and inspires faculty and students toward achievement of institutional goals and objectives. The Dean also participates in the affairs of professional pharmaceutical societies and organizations, and cooperates with institutional officials and leaders in the profession. The Dean represents the College on both the President's and Provost's Executive Councils and University Accreditation Steering Committee. [05.05]

Dr. Carmita Coleman assumed the role of Interim Dean of the College of Pharmacy on January 1, 2016, upon retirement of Dean Miriam Mobley Smith in December, 2015. Prior to being named to this role, Dr. Coleman was the Associate Dean of the Office of Pharmacy Student Affairs since July, 2012. By February, 2016 and secondary to a lengthy period with the lack of a state budget, the Board of Trustees declared financial exigency, which ended in December, 2016. Dr. Coleman continued to lead the College during this difficult time with special focus on fiscal and human resources management. In light of these circumstances, there was an increased turnover in faculty and staff, but currently, most open positions have been filled. It was also during this time that Dr. Coleman led the faculty and staff through a change management process to ensure stability and identify areas of opportunity for the College, especially in regards to accreditation. During the time, the College hosted both a focused visit in April, 2016, and submitted an Annual Monitoring Report in April, 2017 to ACPE. All annual, required ACPE Data Reporting surveys have been submitted prior to the deadlines.

Faculty approved a new comprehensive NAPLEX® preparation program and overall mile marker assessment program to get a better determination of student achievement. There was a strategic shift of the Assistant Dean of Assessment to the Office of the Dean from the Office of Academic Affairs to ensure full programmatic assessment, not only academic. Under oversight of the Dean, two educational consultants were retained, an alumni survey was conducted resulting in a re-energized alumni engagement program, a feasibility study was completed to explore program expansion, and the Dean's Advisory Council was revitalized, bringing various pharmacy constituencies to the College for guidance and input on current programming and offerings.

Although the Community Pharmacy Residency was established under her predecessor, in 2017, the College hosted an ASHP site team seeking accreditation for the first time. This partnership with Walmart Pharmacy is the only one of its kind in the country. Dr. Coleman and her team established the infrastructure to expand its residency programming naming the Director of Residency Programs.

Seeing an increased need for fundraising, Dr. Coleman was Principal Investigator on two multi-year, multimillion dollar NIH grants, with the expectation of an additional submission by November, 2017. She serves the University on the University Accreditation Steering Committee, University Budget Committee, and the University Tuition, Fees, and Waivers Committee, specifically serving as Chair of the Tuition Subcommittee. Even in light of these financial difficulties, she has been able to sustain programming without a recommendation to increase tuition rates for the third consecutive year. Dr. Coleman leads through inclusion and has worked diligently with faculty, staff, and students to ensure that their voice is heard in strategic plans of the College.

#### 5.4 Regional/Institutional Accreditation | 5.5 Accreditation Actions

At the University-level, the University has maintained a full-accreditation status with the Higher Learning Commission (formerly known as the North Central Association Higher Learning Commission) since its' inception in 1941. On July 11, 2007, the North Central Association (NCA) Higher Learning Commission (HLC) notified the University that the Doctor of Pharmacy (PharmD) degree was included in its accreditation status. In Spring 2013, the University underwent a full assessment which resulted in Reaffirmation of Accreditation until 2022-23.

At the June 30, 2016, Board Meeting, the Trustees of HLC made a decision to place the University on sanction of Notice for a period of two years. The University had a regularly scheduled HLC Assurance and Federal Compliance visit on January 23 and 24, 2017. During that time, the site

team particularly evaluated the University's compliance with Criterion 5, the Criterion that put the University at-risk for noncompliance. At its' June, 2017, meeting the HLC Board voted to defer action on the University's Notice sanction until their next meeting in November, 2017. A team is expected to visit the University on September 7 and 8, 2017, to evaluate the University's compliance with Criterion Two, Component 2C and continued compliance with Criterion Five, Components 5B and 5C. The Dean has been in contact with ACPE regarding substantive changes relative to the University accreditation status, including the notice of sanction.

The status of accreditation at the University is inter-related to the status of accreditation for the College of Pharmacy. Therefore, the College of Pharmacy was fully engaged in the University's recent institutional self-study and site visit in January 2017, as well as the upcoming September, 2017 visit. A number of the College's faculty, administration and staff were involved in the development and oversight of the report through committee and sub-committee participation including Dr. Nancy Grim, Dr. Anna Ratka, and Dr. Carmita Coleman who served in key roles on the University Accreditation Steering Committee. In addition, Dr. Mohammed Newaz served as a liaison to the Chairperson's Association, which gave critical faculty voice to the process. Several other faculty served on committees as well.

An advantage of this level of involvement helps to ensure that the College's activities are aligned to University-wide mission-related initiatives and it provides an opportunity for faculty to grow new knowledge and skills and awareness of how the College of Pharmacy fits in the system of accountability by approval and accreditation entities. Continuous levels of involvement of COP faculty, staff, and administration in the university accreditation processes assures that the needs required to be met for the College to remain in compliance with the ACPE Standards will be communicated and addressed at the University level.

The College of Pharmacy is approved by the Illinois Board of Higher Education (IBHE) under the auspices of Chicago State University to offer the degree Doctor of Pharmacy with all the rights, privileges and authority granted accordingly. Reports are submitted annually to IBHE through the Office of the Associate Vice President of Academic Affairs and Provost. Program Review Reports are submitted via the University Academic Affairs for the College of Pharmacy every five years. The review decisions determined by the University Program Review Committee are included in the annual IBHE reports. In addition, the University Assessment Committee (UAC) and the Planning, Measurement and Evaluation (PME) Committee require annual submissions of Plans and Reports to ensure the integrity of the academic program and the effectiveness of the College in meeting the needs of that program through financial and other resource planning cycles. The College also participates in the annual American Association of Colleges of Pharmacy (AAPC) Reports and Survey processes. [05.02, 05.03, 05.06, 05.07, 05.10]

### 5.6 Substantive change

The Dean is responsible for reporting substantive changes, particularly relating to accreditation, and two reports have been made. Former Dean, Dr. Miriam Mobley Smith reported her retirement in December, 2015, and the naming of Dr. Carmita Coleman as Interim Dean, as of January 1, 2016. In July, 2016, Interim Dean Coleman contacted ACPE regarding the University's Notice of Sanction from the Higher Learning Commission. Additionally, all required Monitoring Reports have been submitted to ACPE, as required. Any additional changes would be noted in those documents. [05.04, 05.09]

## **Evidence**

- [05.01 University and College Organizational Charts](#)
- [05.02 Assurance of HLC Institutional Accreditation](#)
- [05.03 State of Illinois Authority to offer Doctor of Pharmacy degree](#)
- [05.04 COP Accreditation Monitoring Reports - April 2017 \(COP\)](#)
- [05.05 Human Resources - Description of Level of Autonomy of COP at CSU](#)
- [05.06 HLC Accreditation Notice and CSU Response](#)
- [05.07 HLC Assurance Visit Report, 2017](#)
- [05.08 University Budget Planning Process](#)
- [05.09 COP Notices of Substantiative Change](#)
- [05.10 ACPE Certificate](#)
- [05.10 Notable Achievements, Innovations or Quality Improvements](#)

## **Standard 6: College or School Vision, Mission, and Goals**

*The college or school publishes statements of its vision, mission, and goals.*

### 6.1 College or School Vision and Mission | 6.2 Commitment to Educational Outcomes

The College vision, mission and goals are published on the [www.csu.edu/collegeofpharmacy/](http://www.csu.edu/collegeofpharmacy/) home page, in the CSU Graduate Catalog, and in the COP Student Handbook. [06.01] The current editions were the result of a 2011 review process in which the College examined its mission and vision statements and determined that it remained closely aligned with the new mission and vision of the University at that time. Through the website, the posters with the University mission, vision, and values displayed in campus buildings, CSU employees, students, and the community understands the importance of implementing the mission, vision, and core values in the all activities and events on and off campus.

The vision of the College of Pharmacy is to “be recognized for its impact on the health care needs of diverse populations through its contributions in education, training, scholarship, service and research. The College will serve an integral role within the University by providing a culturally diverse and intellectually stimulated community of scholars engaged in the collective creation and dissemination of knowledge.”

“The mission of Chicago State University College of Pharmacy (CSU-COP) is the development of student and faculty scholars who will impact the health care needs of people in the region, state and the nation. The College will provide a strong foundation in the knowledge, integration and application of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to transform students into practitioners who are committed to humanistic service, capable of providing patient-centered care, and innovative leaders in advancing the pharmacy profession. The College embraces the mission of the University to educate individuals from diverse backgrounds to enhance culturally competent care and reduce health care disparities.”

Overall, the College’s vision and mission closely align with that of the University. The College and the University have primary focus on providing higher education for a diverse student population. Mission and vision statements affirm commitment to diversity reflecting differences in the ideas, viewpoints, perspectives, values, religious beliefs, backgrounds, race, gender, age, sexual orientation, ethnicity, and socioeconomic status. In Fall 2015, the average age of a CSU student was 31.9 years old; 69% were women; 69% African American, 9% Hispanic, 5% Caucasian, 3% Asian/Asian-American, and 14% other; 54% lived below the poverty line; and 44% of undergraduate students were first generation college students; 86% received financial aid.

Students from diverse background and educational needs are provided with access to quality higher education through a transformative educational experience. In addition to commitment to teaching, research, and service, there is emphasis on student development in areas of leadership and entrepreneurship to empower them to transform communities. The University core values are reflected in the College’s mission and vision. For example, the College provides students with intellectual development; creative and innovative thinking and learning; personal, professional, and academic excellence and integrity; diversity; leadership, service, philanthropy, and entrepreneurship; and life-long learning. The transformative educational experience is reflected in the College mission statement about transforming students to practitioners and innovative leaders.

The mission, vision, and core value statements for the University and the College collectively provide evidence that access to higher education is a priority; outreach efforts focus on improving access to higher education for underserved and/or first generation and/or nontraditional students. In addition to our handbooks and catalogs, the mission and vision are also entrenched in internal documents such as our University Planning, Measurement and Evaluation (PME) plans and reports that connect the mission and vision to measureable goals that drives the budget planning cycle as well as our University Assessment Committee Reports. [06.03, 06.04] The College performs and functions by addressing the principle components outlined in the mission and vision and evaluating our effectiveness in meeting our priorities.

### 6.3 Education, Scholarship, Service and Practice

The vision and mission statements demonstrate the College's commitment to professional education, research and scholarship, professional and community service, pharmacy practice and continuing professional development.

“To accomplish its mission, the College of Pharmacy is committed to:

- Recruiting, retaining and graduating student pharmacists from diverse populations;
- Recruiting, hiring and retaining qualified faculty from diverse populations who will be engaged as teachers, scholars, researchers, service providers, mentors and leaders;
- Recruiting, hiring and retaining staff dedicated to supporting the educational mission;
- Offering a curriculum that cultivates analytical thinking, ethical reasoning and decision-making, intellectual curiosity, multidisciplinary and interprofessional collaboration, professionalism and service;
- Enabling students and faculty to provide patient-centered care to diverse patient populations through the safe, evidence-based and cost-beneficial use of medications;
- Fostering an environment for student engagement which encourages leadership in campus, public and professional communities;
- Refining programmatic and curricular goals, policies and procedures through ongoing assessment and evaluation;
- Establishing and enhancing community, educational and professional partnerships;
- Expanding institutional resource capabilities through active pursuit of extramural funding support;
- Developing and strengthening post-graduate education and training opportunities;
- Providing programs and services that promote a supportive atmosphere for life-long learning and continued personal and professional development for students, alumni, faculty and staff.

## 6.4 Consistency of Initiatives

As outlined below and as included in the supporting evidence [06.05, 06.06, 06.07], the following initiatives showcase how the College's initiatives are outlined with the vision and mission:

### *Professional Education and Pharmacy Practice*

The curriculum is built on a philosophy of integration and progressive expectations. The core of the curriculum is an 8 course sequence (Drug Action, Structure, and Therapeutics) that integrates pathophysiology, medicinal chemistry, pharmacology and pharmacotherapeutics in an organ system approach. This course and the Disease and Medication Therapy Management courses allow the student to develop communication, clinical judgement, SOAP note writing, patient assessment, and patient management skills in a systematic and progressive manner. This same approach is used in the Professional Practice sequence. Students are instructed and trained to provide contemporary pharmacy practice services through a sequence of practice skills courses and an introductory experiential program that is integrated throughout the curriculum. Students begin with courses that introduce basic skills and knowledge and progress to courses that provide training in patient and provider communications, drug information and literature evaluation skills, and to health-systems pharmacy practice.

### *Student, Faculty and Staff Diversity*

Standards 6.1 and 6.2 described the collective efforts of the University and College in recruiting students from diverse and underrepresented populations. As described in Standard 4, the Office of Student Affairs has led a number of recruitment efforts. This past year the College has hosted four on-campus information sessions; visited 80 Colleges/universities; attended 8 professional and graduate school fairs/career days; participated in 8 community outreach activities and maintained contact with 120 pre-health advisors. Additionally, the College hosted a two-day virtual pharmacy fair. The College is revising current collateral marketing brochures and plans to increase recruitment efforts to minority serving institutions and rural colleges and universities during the 2016-17 academic year.

The College has also experienced continued success in recruiting, hiring, and retaining a highly qualified and diverse faculty and staff representing various cultural/ethnic, geographical, gender, age and academic backgrounds.

### *Research and Scholarly Activities*

Research and scholarly activities for faculty and students are given high importance. Every faculty member is expected to engage in research and related scholarly activities. Science faculty are currently involved in research collaborations within the University, College and externally including faculty/scientists from institutions, such as the CSU College of Arts and Sciences, Loyola University, Midwestern University College of Pharmacy, Rush University Medical Center, and University of Illinois at Chicago College of Pharmacy.

Faculty and student pharmacists engage in a number of community-based research and service initiatives that include providing medication and health-related education through a number of partnerships, including an annual on-campus vaccination fair with Jewel-Osco. Two pharmacy

practice faculty are developing a “transitions of care” practice model within the Cook County Hospital and Health System.

In March 2011, the College implemented a Capstone research experience. The goal of the Capstone Project is to allow fourth year professional students to apply and integrate knowledge learned throughout the curriculum through the synthesis of a research-based project that results in a manuscript suitable for publication and poster presentation. The Capstone Project consists of four major components: (1) P-3 Orientation to the Capstone Research Project; (2) Identification of Project/Faculty Mentor (3) Development of Manuscript; and (4) Formal Poster Presentation. Suggested APPE Capstone Projects include (but are not limited to): laboratory research, clinical research, educational research, business plan development, and drug utilization review. Students are currently allowed to work individually or with another student in completing the project.

#### *Service and Leadership*

As detailed in Standard 9, faculty, students and staff are very involved in service activities both internal and external to the College and University. Additionally, one COP faculty member is currently representing the College on the search committee for the permanent University President and in the past faculty have played an important role in University faculty contract renewal and negotiation. External to the University, faculty have served, held office, or currently serve on numerous committees for the American Association of Colleges of Pharmacy, the American College of Clinical Pharmacy, the American Society of Health Systems Pharmacists, the Illinois Council of Health System Pharmacists, the Illinois Pharmacists Association, and the National Pharmaceutical Association.

Nineteen student professional and fraternal organizations have been very active at the College. Student organizations and faculty partnerships have undertaken numerous service and professional endeavors. These have included, but are not limited to, the following: food drives; community health fairs; Diabetes Walk (American Diabetes Foundation); Breast Cancer Walk (American Cancer Society); and Illinois Pharmacy Legislative Day (Illinois Pharmacists Association/Illinois Council of Health- System Pharmacists).

#### *Faculty/Staff Development and Life Long Learning*

As detailed in Standard 9, the Faculty and Staff Development Committee has taken an active role in supporting the College’s teaching, research and scholarly activity components of the College’s mission. Separate staff and faculty development workshops and joint workshops have been hosted. The Committee has hosted programs on pedagogy, classroom assessment and exam writing. The University also hosts a series of workshops that faculty are encouraged to attend. The University also offers a series of on-line courses that are available to staff. Course topics include fiscal management, team leadership, and project management.

CSU Accredited Provider of ACPE CE: The College is an accredited provider of continuing education with ACPE and has a number of key co-sponsorship agreements. For example, the College has co-sponsored continuing education with the Midwest Pain Society as well as the University of Chicago Medicine Department of Pharmacy for their pharmacy grand rounds seminar series.

CSU COP/Walmart PGY1 Community Pharmacy Residency Program: Although the Community Pharmacy Residency was established under her predecessor, in 2017, the College hosted an ASHP site team seeking accreditation for the first time. This partnership with Walmart Pharmacy is the only one of its kind in the country. Dr. Coleman and her team established the infrastructure to expand its residency programming naming the Director of Residency Programs.

Teaching Certificate Program (TCP): The College created TCP in 2012. The TCP is designed to provide participants with the basic knowledge, skills, and techniques related to effective teaching and learning in a professional collegiate environment. Participants engage in both live discussions and self-directed assignments, utilize techniques learned in various educational environments (e.g., clinical teaching, formal lectures, small group learning, etc.), and develop a professional development and teaching portfolio. For the current academic year, four PGY1 residents are participating in the TCP, one PGY1 resident from the CSU-COP/Walmart community residency program; and three PGY1 residents from Community Munster Hospital.

### 6.5 Subunit Goals and Objectives Alignment

The College is organized into operational units consisting of offices and departments, each having defined roles, lines of authority, and responsibilities. The College's offices include the Office of the Dean, the Office of Pharmacy Academic Affairs, the Office of Student Affairs, and the Office of Experiential and Continuing Professional Education and two departmental units; Pharmaceutical Sciences and Pharmacy Practice, which includes the clinical sciences and pharmacy administration. Each operational unit has an administrator, staff, and where appropriate, faculty. Faculty and staff have direct reporting responsibilities to the unit administrator. The unit administrator has direct reporting responsibilities to the Dean. Defined roles for each operational unit are outlined in the COP Bylaws and Governing Policies manual. Each unit has developed its mission, goals and objectives that have been aligned with the vision and mission of the College. [06.08]

### Evidence

- [06.01 CSU and College Mission, Vision and Goals](#)
- [06.02 Focus Group Surveys - 2014-2017: Graduating Students \[Mission, Vision, & Goals\]](#)
- [06.03 Strategic Planning - PME Plans & Reports](#)
- [06.04 Strategic Planning - Governance and Input](#)
- [06.05 APPE Rotations - Health Fairs, Mission Trips - Mission, Vision, Goals & Educational Outcomes](#)
- [06.06 Check Change Control - IPE Team-based Patient Care](#)
- [06.07 College Efforts to Meet our Mission and Vision](#)
- [06.08 Notable Achievements, Innovations or Quality Improvements](#)

## **Standard 7: Strategic Plan**

*The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.*

### 7.1 Inclusive Process

A Strategic Plan for the College was initially approved for 2012 to 2016. Faculty and staff were engaged in a retreat planning process that reviewed the mission/vision of the University, in conjunction with the mission/vision of College to develop an overarching plan for the College. The plan had six domains: 1) Enrollment, Retention, and Graduation; 2) Academic Excellence, Teaching, and Research; 3) Infrastructure; 4) Community Service and Engagement; 5) Shared Accountability; and 6) Cost Efficiencies and Diverse Revenue Streams. Since the initial development, the plan has been revisited annually by the Office of the Dean to determine achievement of identified goals by assigned Committees of the College. The College voted to extend this plan to the end Spring, 2018, with the anticipated hiring of a permanent Dean. The College agreed that the permanent Dean should lead the faculty and staff in the full strategic planning process, upon hire. Additionally, a full planning process could be undertaken at the May (End of the Year) College Retreat in 2018 for implementation Fall, 2018.

In the final year of the original Strategic Plan and at the August, 2016 College Retreat, in light of the various and significant changes that had occurred at the University and the College, the College engaged a change management/organizational development consultant, Dr. Mark Teachout, from the University of the Incarnate Word, HEB College of Business. He led the faculty and staff through a series of exercises that identified their concerns and desires for the College. The College developed a working document that identified changes, problems and opportunities and strategies of acceptance to the changes to the College and University. From that document, the College identified new charges to the existing Marketing Committee, devised strategies for potential development activities, and formed two ad hoc committees, NAPLEX® Preparation and Student Retention. Over the 2016-17 year, these Committees gave periodic updates for faculty votes, resulting in implementation of a progressive student benchmarking process, the hiring of the Business and Development Coordinator, and a NAPLEX® comprehensive preparation review.

At the May, 2017 College Retreat, faculty and staff planned collectively for the 2017-18 school year by reviewing all Standing and Ad hoc Committee charges and progress, as well as providing specific guidance for the Committees for the upcoming year, in accordance with the issues identified from the Strategic Plan and the previously developed College working document. By completing this activity, The College's Committees begin the year knowing their responsibilities and expectations for the upcoming academic year and are able to plan over the Summer months, as desired. At each faculty meeting, Committees provide a report on their activities that meet the goals.

Student membership and participation at the committee-level is important. Students have full voting privileges on most standing Committees of the College – Admissions, Curriculum, Scholarship and Awards, Self-Study, Assessment, Grievance, and Professionalism. It is here that the students have a voice to make impactful changes to the College and its programming.

Committee meetings are held to ensure that students are able to participate in a meaningful way.  
[07.01, 07.02, 07.04]

## 7.2 Appropriate Resources

Annually, each unit of the University is required to submit a Planning, Management, and Measurement (PME) report to the University at the beginning of the academic year and an assessment of said report at the end of the academic year to determine progress on submitted plans. The PME reports are based on the mission of the College and the respective unit, as well as goals and objectives identified in the Strategic Plan of the College. The PME plans include clearly elucidated goals and corresponding objectives, learning and program objectives, a timeline for attainment, an assessment and evaluation measure, budget implications and allocations. The subsequent end of the year assessment and evaluation provides a feedback mechanism to determine the effectiveness of the plan.

The College uses an inclusive method to develop their PME plans. Faculty within a department or staff members of an office work cooperatively to identify the goals and objectives for their respective PME plans. They come to consensus on the final document submitted on their behalf. All documents are submitted to the Assistant Dean of Assessment, who represents the College on the University's PME Committee. The University Assessment Committee is where the plans are ultimately reviewed for consistency and feasibility. Annually, feedback is given to the College from the Assessment Committee regarding their plan. The PME plans are also shared with the University Budget Committee. This Committee uses the plans to make decisions on allocations for the University. The University desires to develop overall budget projections every two years, in an effort to plan and forecast. Once state appropriations and enrollments are known adjustments are made to match the projection with the actual budget. Admittedly, with the significant delay in state appropriations for the past two fiscal years, the actual University budget has relied heavily on tuition income and reallocation of reserves monies. Because the College of Pharmacy is primarily funded by tuition revenues, there has not been a significant decline in budget allocations in the years without state allocation. The tuition revenue exceeds the needed funding for the College.  
[07.03, 07.04]

It is notable, that the Illinois Colleges of Pharmacy (CSU, SIUE, and UIC) receive a special line item appropriation from the state. Typically, CSU received \$307,000 in this line item allocation. In FY 16, the appropriation was not received. In FY17, 50% of the appropriation was approved. Fortunately, the entire appropriation has been approved for FY18. The College was able to function without the appropriation through reallocation of funds from the existing tuition revenues.

Funding for student scholarships have not suffered during the Illinois budget stalemate. Corporate scholarship revenue did not suffer. The University receives an appropriation of \$1.6 million for student support. The majority of those dollars are earmarked for student scholarships and support. The funds are distributed through the University's Office of Enrollment Management. The College of Pharmacy Office of Student Affairs makes a request for funding of additional scholarships to the Office. Initially, the College used the funds for general scholarships. The College made a strategic decision to specifically use the scholarships to fund first year professional student scholarships, which was the area where funding was needed most.

In addition, academic deans are required to submit an annual financial pro forma to the Provost and the Vice President of Fiscal Affairs. The pro forma is discussed and also included in the documents

reviewed by the University Budget Committee for budget decisions. Every two years, the Dean is requested by the Office of Human Resources to update the College's Workforce Plan. While the workforce plans can be updated within that time period, the completion of this exercise allows the College of reexamine its current needs and forecast anticipated needs for the program.

### 7.3 Substantive Change Planning

At the current time, the College is not actively planning substantive change to the degree offerings. Last academic year, the Dean and two fourth year professional students conducted a Capstone Project that was a feasibility study on the potential expansion of the College's degree offerings with dual-degrees. The study examined the possibility of offering the PharmD, MPH or PharmD, MBA as a dual-degree. Currently, the College of Health Sciences offers the MPH degree and the College of Business is in the final stages of approval of the MBA with the Illinois Board of Higher Education (IBHE). While the MPH has been long established at CSU, the MBA proposal was written with the knowledge that there is a potential for collaboration with the College of Pharmacy for dual offering. So, very cursory discussions are being had to determine if this degree path would be advantageous. At the April 2017, Dean's Advisory Council Meeting, there was particular interest in pharmacy informatics programming by the College. For the upcoming year, there will be an expansion on the previously performed feasibility study to include the potential for certification or degree offering in this area. The College has already initiated a search for faculty with informatics specialization to enhance core curricular offerings. [07.07, 07.09]

Other substantive changes that are the anticipated are the final placement of permanent Dean for the College. Once this placement is solidified, the subsequent movement in the Associate Dean for Academic Affairs and Associate Dean for Student Affairs can also be finalized, after the requisite search process. The search for permanent Dean has recommenced during this Fall 2017 semester and decision on final placement is expected during the Spring 2018 semester. [07.08]

Regarding substantive change in budget, the University has been approved for Illinois appropriations for FY18. Because the University has already sustained significant cuts in budget and personnel, it is in a more proactive position if additional budget delays are anticipated. The University has had to undergo a substantial planning process to ensure viability for the long-term. The University has also enacted a comprehensive recruitment plan at all levels and initial modest success has already been seen. Because the College is not as dependent on state resources, the budget has not sustained the reductions experienced by other academic units. It has already been determined that tuition will not be increased for the 2018-19 academic year. At its current rate, the College is able to exceed needed funding of its programming; therefore, no substantive change is anticipated.

The Interim President of Chicago State University, Dr. Rachel Lindsey, has acknowledged that she is not seeking to become the permanent President. She is providing leadership and expertise that will enable the permanent President to perform successfully once placed. The University's Board of Trustees has engaged a firm to assist in this process. Dr. Alex Kantorovich serves as the College's representative on the Presidential Search Committee. [07.05, 07.06, 07.11]

## Interpretation of AACP Survey Data

Faculty have been engaged in developing the College's strategic plan. Looking at the data from the AACP faculty surveys for 2013 and 2015, the College had scores similar to peer institutions and the national benchmark. Regarding whether faculty felt the College effectively employs strategic planning, data for the 2016 surveys (n=25) revealed that 20% of the faculty disagreed. In 2017, surveys (n=19) showed a total of 36.9% of faculty disagreed or strongly disagreed with this statement. Concerning the question "the College requested my input during the development of the strategic plan", 26% of 2016 faculty respondents disagreed or strongly disagreed. In 2017, a total of 26.3% either disagreed or strongly disagreed with this statement. The AACP faculty survey data for 2016 and 2017 showed that the number of respondents who disagreed with statements concerning strategic planning was higher than our peer institutions and the national benchmark. It should be noted that the faculty surveys in 2016 and 2017 reflect the transition both in and out of financial exigency and may reflect the frustration in the delayed search process for the key University and College administrative positions described above. The Dean's Executive Council continues to monitor this issue and has taken proactive steps to address Strategic Planning issues as reflected in our updated College Committee charges.

## Evidence

- [07.01 Strategic Plan - 2012-2018](#)
- [07.02 Strategic Planning - Governance and Input](#)
- [07.03 Strategic Planning - PME Plans & Reports](#)
- [07.04 CSU Strategic Plan](#)
- [07.05 AACP Survey - 2016: Faculty](#)
- [07.06 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [07.07 Capstone Poster - Feasibility Study](#)
- [07.08 People Admin - Job Posting - COP Dean](#)
- [07.09 People Admin - Job Posting - Clinical Professor - Informatics](#)
- [07.10 Notable Achievements, Innovations or Quality Improvements](#)
- [07.11 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 8: Organization and Governance**

*The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.*

### 8.1 Leadership Collaboration

The Dean is the chief operating and academic officer of the College and reports to the Provost. The Dean, a licensed pharmacist, is responsible for the following: budget management; development and articulation of long-range programmatic goals and objectives; supervision of academic activities; coordination of fundraising activities; integration of educational and service activities and balancing the relationship between patient care and educational activities; and the recruitment and appointment of competent faculty and staff. The Dean is responsible for the initiation, implementation, and continuation of programs for the recruitment and admission of qualified students; implementation of standards established by the faculty for academic performance and advancement; assurance that the college provides programming for faculty growth and development; assurance that the College meets union contractual guidelines and regulations and maintenance of the visibility of pharmacy and CSU-COP both on campus and to external constituencies; and for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and notices of planning for substantive changes. In this role, the Dean imparts an awareness of directions and trends in healthcare and effectively unites and inspires faculty and students toward achievement of institutional goals and objectives. The Dean represents the College on both the President's and Provost's Executive Councils and University Accreditation Steering Committee.

The Provost's Council meets weekly. This weekly meeting of University academic administration allows for frequent and direct communication of issues and upcoming needs for the academic units. Finally, the Dean of the College has a scheduled bimonthly meeting with the Provost for specialized updates and requests from the College. The President's Executive Council meets bimonthly and is a more comprehensive gathering from departments and units across the University. [08.01, 08.14]

### 8.2 Qualified Dean

Dr. Carmita Coleman assumed the role of Interim Dean of the College of Pharmacy on January 1, 2016, upon retirement of Dean Miriam Mobley Smith in December, 2015. Prior to being named to this role, Dr. Coleman was the Associate Dean of the Office of Pharmacy Student Affairs since July, 2012. Dr. Coleman served from at the University of the Incarnate Word from January, 2005 to May, 2011, as Assistant Dean of the Office of Student Affairs and for a short while during 2011 at the anticipated Midway College School of Pharmacy as Associate Dean of Academic Affairs. Previously, she was Director of Continuing Pharmaceutical Education and faculty at Hampton University School of Pharmacy. She has taught in a wide variety of class in the professional curriculum, but her particular areas of interest are cultural competence, health literacy, and cardiovascular medicine. Dr. Coleman has been invited to present and write in those areas.

By February, 2016 and secondary to a lengthy period with the lack of a state budget, the Board of Trustees declared financial exigency, which ended in December, 2016. Dr. Coleman continued to lead the College during this difficult time with special focus on fiscal and human resources management. It was also during this time that Dr. Coleman led the faculty and staff through a change management process to ensure stability and identify areas of opportunity for the College.

The College hosted a both a focused visit in April, 2016 and submitted an Annual Monitoring Report in April, 2017 to ACPE.

Faculty approved a new comprehensive NAPLEX® preparation program and overall mile marker assessment program to get an accurate of student achievement. There was a strategic shift of the Assistant Dean of Assessment to the Office of the Dean from the Office of Academic Affairs to ensure full programmatic assessment, not only academic. Under the Dean's oversight, the College retained two educational consultants, had an alumni survey conducted resulting in a re-energized alumni engagement program, performed a feasibility study for program expansion, and revitalized the Dean's Advisory Council. The College hosted an ASHP site team seeking residency accreditation for the first time. This partnership with Walmart Pharmacy is the only one of its kind in the country. Dr. Coleman and her team established the infrastructure to expand its residency programming naming the Director of Residency Programs.

With an increased need for fundraising, Dr. Coleman was Principal Investigator on two multi-year, multimillion dollar NIH grants and expects an additional submission by November 2017. She serves the University on the University Accreditation Steering Committee and the University Tuition, Fees, and Waivers Committee, specifically serving as Chair of the Tuition Subcommittee. Even in light of these financial difficulties, she has been able to sustain programming without a recommendation to increase tuition rates for the third consecutive year. Dr. Coleman leads through inclusion and has worked diligently with faculty, staff, and students to ensure that their voice is heard in strategic plans of the College. [08.13]

### 8.3 Qualified Administrative Team

Dr. Anna Ratka serves as Interim Associate Dean of Academic Affairs. She obtained her PharmD degree in 2000 from the Idaho State University College of Pharmacy and PhD in Pharmaceutical Sciences from Poznan University of Medical Sciences in 1985. She has been at Chicago State University College of Pharmacy since January, 2013, as Chair of the Department of Pharmaceutical Sciences. Prior to that she has served as Department Chair at Texas A&M University, Health Science Center, College of Pharmacy and Director of Clinical Research at Institute for Aging and Alzheimer's Disease Research at the University of North Texas. She is highly published and regarded in her discipline.

Dr. Ayesha Khan was named Interim Assistant Dean of Student Affairs in August, 2017. Dr. Khan is a Board Certified Pharmacotherapy Specialist and has been with the Chicago State University College of Pharmacy since August, 2013. She has taught in wide variety of courses at the College and precepted students in Internal Medicine. Dr. Khan has excelled in research and publications as a faculty member. She has been an active participant in the College's governance serving as Chair of the Scholarship and Awards Committee and member of the Academic Standing Committee, several ad hoc committees and student organization advisor.

Dr. Nancy Grim is the Assistant Dean of Assessment for the College of Pharmacy since 2014. Dr. Grim brings special expertise to the College of Pharmacy by possessing a PhD in Education, an advanced degree in chemistry, and certification in theological studies. She previously served as Associate Dean in the College of Education at Chicago State University. Dr. Grim's varied skill set makes her particularly qualified to lead assessment activities for the College. She chairs the Assessment Committee and is ex-officio on most standing and ad hoc Committees of the College. She has led the College in revising the Assessment and Evaluation Plan, establishing the annual College Key Assessments and Benchmarks with feedback loops, and supporting the self-study process.

Dr. Charisse Johnson is the Assistant Dean of the Office of Experiential and Continuing Professional Education. Dr. Johnson was one of the founding members of the College of Pharmacy, beginning her tenure as Director of Experiential Education in 2007. She is a graduate of the University of Illinois at Chicago College of Pharmacy earning both her PharmD and MS in Pharmacy Administration in 1998 and 2003, respectively. Dr. Johnson has led the reorganization and expansion of this office with the addition of two Directors (IPPE and APPE) and continuing professional education activities under her purview.

Dr. Yolanda Hardy is the Chair of the Department of Pharmacy Practice since 2015. Dr. Hardy was also one of the initial faculty members of the College of Pharmacy joining in 2008. She has a wealth of teaching experience at the College and at her previous appointments at Northeastern University School of Pharmacy and in the pharmacy technician program at South Suburban College. Under Dr. Hardy's leadership, the department has established both a Course Coordinator's Bootcamp and a faculty mentorship program.

Dr. Mohammad Newaz is the Chair of the Department of Pharmaceutical Sciences. He holds both an MD from the University of Chittagong and PhD from the National University of Malaysia. Dr. Newaz has significant administrative experience from both the International Islamic University and Texas Southern University, where he served from 2003-2007. Dr. Newaz joined Chicago State University College of Pharmacy in 2010 and has a wealth of teaching experience. [08.01, 08.02, 08.05]

#### 8.4 Dean's Other Substantial Administrative Responsibilities

The Dean's primary responsibility is to the College of Pharmacy. Any assignments on University Committees or Councils are relative to the position of Dean.

#### 8.5 Authority, Collegiality, and Resources

The College is subdivided into Offices or Departments relative to the job duty. There are four offices of the College – the Dean, Academic Affairs, Student Affairs, and Experiential and Continuing Professional Education. There are two Departments of the College – Pharmacy Practice and Pharmaceutical Sciences.

All Executive Administrators of the College are under the auspices of the Office of the Dean. This includes all positions at the Associate/Assistant Dean level and Department Chair, which constitutes the College's Executive Council. The Dean meets weekly with the Executive Council to provide information from upper administration, receive updates from each College unit, and ensure communication between the units.

The Dean's Office has an Office Administrator. This Administrator chairs a bimonthly meeting with all other office staff to provide guidance, discuss issues, and provide updates to the Offices, as needed. A new position within the Office of the Dean is the Budget and Development Coordinator. This position is assigned to track budgetary issues, develop beneficial partnerships for development activities, provide support to alumni and visitors to the College, and monitor and update social media for the College.

Each Department or Office holds bimonthly meetings with its constituencies to provide updates of the College and upper administration, receive updates on activities, and ensure communication. The College holds monthly All College or Faculty Meetings to ensure adequate communication. The College holds Retreats in August, December, January, and May. The Retreats are utilized to provide information and training, an extended forum for sharing ideas and communication, and

time for strategic planning. Finally, the Retreats are a mechanism to provide an opportunity for fellowship between the faculty and staff.

The Dean and Associate/Assistant Deans hold per semester Town Halls with the student body and End of Module meetings for the fourth year professional students. Additionally, email announcements are highly utilized with faculty, staff, and students. All members of the University community are assigned a University-email address, which is utilized for group or individual communications. [08.01, 08.03, 08.04, 08.07]

#### 8.6 College or School Participates in University Governance

Union contracts outline the rights and responsibilities of most University employees, a majority of whom are represented by the University Professionals of Illinois (UPI) or civil service employees represented by Local 4100. Executive administration is governed by individual contracts with the University. Pharmacy faculty represent the College on Faculty Senate and on every standing University Committee. Members of the Dean's Executive Team also serve on several University-level committees to ensure that College activities and University activities are in sync. College faculty and staff participate on Search Committees for hiring internal and external to the College. [08.06, 08.08, 08.12]

#### 8.7 Faculty Participation in College or School Governance

The College is governed by Bylaws that were collectively developed by faculty and staff of the College of Pharmacy. Standing committees and their composition are clearly outlined in the Bylaws. Faculty, staff and students serve on the College's Committees. The College's Committee on Committee is responsible for populating the Committees and holding votes for positions, annually and if vacancies occur. Department Chairs are consulted to ensure faculty members have an appropriate level of Committee assignments and are not overburdened. The Office of Student Affairs handles the call for student service on the College's committees to ensure that students are in good academic and professional standing, and are trained for Committee participation. Standing Committees have charges; however, committee charges can be expanded to meet the needs of the Colleges. All Committees (Standing or Ad hoc) are expected to have a report for submission to the College Faculty Secretary for the at All College meetings. [08.01, 08.03, 08.07, 08.16]

#### 8.8 Systems Failures

Currently, official student records are stored by the Office of Records and Registration of the University. Since 1998, the University has used the SCT Banner platform as the backbone for its administrative computing and support services. All student, financial, procurement, and budgetary platforms ultimately communicate with Banner. The University's Information Technology Division has responsibility for the upkeep and maintenance of this platform in accordance with the Department of Education regulations. The University's Office of Records and Registration is responsible for the official student record.

Furthermore, the College of Pharmacy employs the PharmCAS/WebADMIT database in its admissions processes. All data from this system is eventually migrated into the Banner system to be incorporated into the University's official records. The Office of Student Affairs has enhanced access to student records via the Banner System and update regularly. Additionally, the Office of Student Affairs maintains secured hardcopy files of student records for review, as needed. [08.15]

## 8.9 Alternate Pathway Equitability

The College does not employ any alternate pathways for the completion of the Doctor of Pharmacy (PharmD) degree. [08.09, 08.10, 08.11, 08.17, 08.18, 08.19]

### Evidence

- [08.01 College Organizational Chart](#)
- [08.02 COP Executive Team - Job Descriptions](#)
- [08.03 COP Committees Charges and Members](#)
- [08.04 CSU Financial Policies and Procedures](#)
- [08.05 Curriculum Vitae - COP Executive Team](#)
- [08.06 Faculty Participation in University Governance](#)
- [08.07 COP Bylaws](#)
- [08.08 CSU Faculty Handbook](#)
- [08.09 AACP Survey - 2016: Faculty](#)
- [08.10 AACP Survey - 2016: Alumni](#)
- [08.11 AACP Table - Distribution of Faculty by Department and Rank](#)
- [08.12 UPI Local 4100 Union Faculty Contract](#)
- [08.13 Leadership, Authority, and Responsibility of the Dean - Advancing Pharmacy Education](#)
- [08.14 University and College Organizational Charts](#)
- [08.15 Information Technology Division - Application Services](#)
- [08.16 All College Meeting Agenda and Minutes](#)
- [08.17 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [08.18 Notable Achievements, Innovations or Quality Improvements](#)
- [08.19 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 9: Organizational Culture**

*The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.*

According to the Chicago State University College of Pharmacy mission statement, the College is committed to (1) “Fostering an environment for student engagement which encourages leadership in campus, public and professional communities” (2) “Establishing and enhancing community, educational and professional partnerships” (3) “Developing and strengthening post-graduate education and training opportunities” and (4) “Providing programs and services that promote a supportive atmosphere for lifelong learning and continued personal and professional development for students, faculty and staff.”

### 9.1 Leadership and Professionalism

*College Bylaws:* The College Bylaws provide a mechanism for faculty and staff participation in the formulation, modification, and implementation of the College’s policies, procedures, and practices governing educational programs, faculty development, student development and other matters necessary to accomplish the mission and goals of the College and the University.

Additionally, the faculty shall be responsible for the governance of its affairs including, but not restricted to, student policies, admissions, curriculum, faculty promotion and tenure policies, recommendation for conference of degrees and such operational policies are specified by the By-laws. As such, faculty constitutes the chairs and members of the various College committees such as the Curriculum Committee, Admissions Committee, and Grievance Committee.

*Student Pharmacist Council:* The College has an active Student Pharmacist Council to help ensure student governance effectiveness. The Council consists of student representation from each of the professional years and with representation from the seventeen student organizations. Officers are elected each year and they meet regularly to discuss council business. The Assistant/Associate Dean for Student Affairs meets with the council multiple times throughout the academic year and seeks the council’s input on a variety of matters impacting students.

*Students/Student Organization Collaborations:* Seventeen student professional and fraternal organizations have been very active at the CSU-COP. Student organization and faculty in partnerships have undertaken numerous service and professional endeavors. These have included, but are not limited to, the following: food drives; community health fairs; Diabetes Walk (American Diabetes Foundation); Breast Cancer Walk (American Cancer Society); and Illinois Pharmacy Legislative Day (Illinois Pharmacists Association/Illinois Council of Health- System Pharmacists).

*Faculty and Staff Development Committee:* The Faculty and Staff Development Committee has taken an active role in supporting the College’s teaching, research and scholarly activity components of the College’s mission. Staff development workshops, faculty development workshops as well as joint workshops have been hosted. The Committee has hosted programs on pedagogy, classroom assessment and exam writing. The University also hosts a series of workshops that faculty are encouraged to attend. The University also offers a series of on-line

courses that are available to staff. Course topics include fiscal management, team leadership, and project management. [09.10, 09.11, 09.12, 09.13]

## 9.2 Behaviors

The “Chicago State University’s Code of Excellence” as well as the “Pharmacists Code of Ethics,” “Oath of a Pharmacist” and the “Pledge of Professionalism” form a firm foundation of the expected behaviors of student, faculty, staff and administrators. Furthermore, expected behaviors for staff/administrators and as well as faculty are outlined by the University’s Human Resources Manual and the Faculty Contract, respectively. The Department Application of Criteria (DAC), developed by the respective college departments and approved by the Faculty union representatives and university administration, outlines the requirements for faculty retention and productivity expectations.

The College’s Academic policies and procedures (as included in the College’s Student Handbook) also outline expected behaviors for the student body. Policies address areas such as academic standing, academic misconduct, class attendance, dress code, criminal background checks/drug screens, etc. The Professionalism Committee, with membership representation from both students and faculty, develops policies and makes recommendations to the faculty on all matters related to student professionalism and is also responsible for hearing and adjudicating cases involving unprofessional behavior. Additionally, the Grievance Committee adjudicates student appeals.

College-wide retreats and college-wide meetings for faculty and staff are two venues in which issues relating to professionalism and collegiality are addressed. Professional behavior is expected of all members of the College. The College institutes numerous strategies to promote professional behaviors among student, faculty and staff. One example is the Annual White Coat Ceremony each fall semester for the first year professional students. Additionally, the College hosts the Annual Scholarship and Award Ceremony to recognize student academic achievement as well as faculty excellence in teaching. Preceptors are also recognized annually with the awards “IPPE Preceptor of the Year” which is officially presented at the Annual Scholarship and Award Ceremony and the “APPE Preceptor of the Year” and “CSU Faculty Preceptor of the Year” which are presented at the P-4 Annual Awards Banquet. The Annual Student Volunteer Appreciation Luncheon recognizes the exceptional contributions that student volunteers make to the community. Annually, scholarship funds are awarded for student excellence in service, citizenship and leadership.

*Professionalism:* Professionalism is embedded throughout the curriculum but specifically in courses, such as the Professional Practice IPPE course sequence (Professional Practice I-VI), Health Care Systems, Patient Assessment, and Pharmacy Management, and Pharmacy Law/Ethics.

Additionally, the College has a Professionalism Committee. The charge of the Committee is to develop policies and make recommendations to the faculty on all matters related to student professionalism. The Committee is also responsible for hearing and adjudicating cases involving unprofessional behavior. The Committee works closely with the COP Office of Student Affairs, Pharmacy Student Council, and University Office of Student Affairs to coordinate and align policy recommendations.

***Building Community:*** The College has taken a very active approach to addressing professional behavior and harmonious relationships among students, faculty and staff. The College hosts various informal activities for the College community to foster harmonious relationships. These activities include the Fall Fest, Spring Awards/Spring Fling, Door Decorating Content, Halloween Costume Contest, social outings, beverage week for final exams, events focused on diversity awareness, and student and faculty recognition programs.

### 9.3 Culture of Collaboration

***Student Learning Communities:*** Upon entering the College of Pharmacy, students are divided into small group learning communities. Learning communities are a vital part of the CSU-COP experience, providing students with the opportunity to work with fellow classmates in order to promote diversity, embrace excellence while encouraging insightful faculty-student interaction. The goal is to develop a strong sense of community. The Learning communities are comprised of students from the same professional year and are guided by a faculty mentor/advisor. Faculty mentors will provide academic and career advising as well as, share information about academic policies, curriculum, and related issues.

***CSU Accredited Provider of ACPE CE:*** The College is an accredited provider of continuing education with ACPE and has a number of key co-sponsorship agreements. For example, the College has co-sponsored continuing education with the Midwest Pain Society as well as the University of Chicago Medicine Department of Pharmacy for their pharmacy grand rounds seminar series.

***University of Chicago Medicine Service Contract:*** The College has partnered with the University of Chicago Medicine since 2009 for the provisions of services relating to teaching of core and elective didactic courses as well as experiential educations (IPPE and APPE).

***IPE Initiatives:*** As outlined in Standard 10, the College has established relationships with Loyola University for the IPE simulations as well as with the College of Health Sciences for the University's partnership with the American Heart Association Check.Change.Control™ program, allowing pharmacy students to collaborate with other health professions students to implement blood pressure screenings and encourage heart health.

Another IPE activity is the Jazzin' Healthy initiative which is an interprofessional health fair conducted by the Chicago State University College of Pharmacy in partnership with the Chicago State University College of Health Sciences and community health care providers. The Jazzin' Healthy health fair had been conducted annually (up until 2015) during one day of the University's Jazz in the Grazz Summer Concert Series. This concert series attracted a large number of people from the surrounding communities so it was an ideal venue to conduct a health fair and provide health screening, health education, and immunization services to an underserved population. Faculty and students from the colleges of pharmacy, nursing, occupational therapy, and health informatics worked together to carry out the health fairs and provide preventive services and education to patients.

***Faculty/Student Collaboration within and outside of the College:*** As outlined in Standard 19, pharmaceutical science faculty engage in research collaborations within the University, College and externally including faculty/scientists from institutions, such as the CSU College of Arts and

Sciences, Loyola University, Midwestern University College of Pharmacy, Rush University Medical Center, and University of Illinois. Pharmacy Practice faculty and student pharmacists engage in a number of community-based research and service initiatives that include providing medication and health-related education through a number of partnerships, including an annual on-campus vaccination fair with Jewel-Osco. Two pharmacy practice faculty model are developing a “transitions of care” practice model within the Cook County Hospital and Health System. [09.01, 09.02, 09.03, 09.04, 09.05, 09.06, 09.07, 09.08, 09.09, 09.11, 09.12, 09.13, 09.14, 09.15, 09.16]

## **Evidence**

- [09.01 Policies - HR Handbook](#)
- [09.02 Intra/Inter Professional & Disciplinary Collaborations](#)
- [09.03 Affiliation Agreements - Practice or Service](#)
- [09.04 Affiliation Agreements - Research](#)
- [09.05 Affiliation Agreements - Academic](#)
- [09.06 AACP Survey - 2016: Faculty](#)
- [09.07 AACP Survey - 2016: Graduating Students](#)
- [09.08 AACP Survey - 2016: Alumni](#)
- [09.09 AACP Survey - 2016: Preceptors](#)
- [09.10 COP Moodle Courses: Co-Curricular & Key Assessment Program Activities](#)
- [09.11 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [09.12 COP Affective Domain Inventory](#)
- [09.13 AACP Addendum - Affective Domain Survey - ACPE Standard 4](#)
- [09.14 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [09.15 Notable Achievements, Innovations or Quality Improvements](#)
- [09.16 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 10: Curriculum Design, Delivery, and Oversight**

*The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.*

### 10.1 Program Duration

The CSU-COP curriculum is a four-year program of 141 credit hours of instruction including required and elective courses, IPPEs and APPEs. A minimum of 8 professional elective credits, 364 contact hours of IPPE and 1680 contact hours of APPE (960 required and 720 elective) are required for program completion. The program offers a range of elective didactic courses, research electives and 23 different (15 direct patient care) APPE elective course concentrations. [10.29]

### 10.2 Curricular Oversight

The curriculum is overseen through a multimodal approach by the Curriculum Committee, Office of Academic Affairs, and the faculty at the College. Faculty has voting privileges on any new recommendations from the Curriculum Committee prior to integration into the curriculum. These include new outcomes, competencies, and topics taught in core courses. The Curriculum Committee has representation from faculty of both departments of the College, chairs from each Department, Office of Academic Affairs and a student from each professional year. The course coordinators and faculty also meet periodically in faculty/course coordinator retreats to assess for gaps, repetition and redundancies in the curriculum. [10.07, 10.08]

### 10.3 Knowledge Application

The CSU-COP curriculum is a four year curriculum with 62 credits of focused prerequisite coursework. A detailed description of the curriculum has been discussed in Standards 1-4, 11, 12, and 13. The curriculum is built on a philosophy of integration and progressive expectations, particularly in the core 8 course sequence (Drug Action, Structure, and Therapeutics) that integrates pathophysiology, medicinal chemistry, pharmacology and pharmacotherapeutics in an organ system approach along with Disease and Medication Therapy Management courses (PHAR 6322 and 6323). Other courses taught in tandem include Professional Practice I (PHAR 6121) with Dosage Forms I (PHAR 6111) and parenteral nutrition in DAST II (PHAR 6232) with Dosage Forms III (PHAR 6213). [10.01]

The Curriculum Committee initiated the process of updating the curriculum in 2014 to align with the new CAPE 2013 outcomes, which resulted with a new set of College Professional Outcomes and Competencies in Spring 2015. [10.02] In 2015 and 2016, under the leadership of the Curriculum Committee, the curriculum was then mapped to the revised College outcomes and competencies and areas of strength and opportunities were identified. [10.03]

The Curriculum Committee recommended revisions to the curriculum based on input from the faculty. Although no major curricular gaps were identified, faculty agreed to strengthen content relating to patient advocacy, inter-professional collaboration, cultural sensitivity, self-awareness, leadership, and innovation and entrepreneurship. The “Top 200 Drug Quiz” was removed as a

course requirement and changed to a co-curricular requirement, overseen by the Office Academic Affairs and Assistant Dean of Assessment in Fall 2015. In addition, the Adhoc NAPLEX® and Retention Committees along with the Assessment Committee recommended new cut scores and a feedback loop policy to be effective April 2017. [10.06, 10.34]

The Curriculum Committee has aligned the curriculum to the “Core Entrustable Professional Activities (EPAs) for New Pharmacy Graduates” by AACP. This document is a work-in-progress. [10.32, 10.33]

#### 10.4 Skill Development

Students are instructed and trained to provide contemporary pharmacy practice services through a sequence of practice skills courses and an introductory experiential program that is integrated throughout the curriculum. Students begin with courses that introduce basic skills and knowledge and progress to courses that provide training in patient and provider communications, drug information and literature evaluation skills, and to health-systems pharmacy practice. The sequence culminates in a two-semester Disease and Medication Therapy Management (DMTM) course that model the practice setting. [10.28]

#### 10.5 Professional Attitudes and Behavior Development

As discussed in Standard 9, the College demonstrates a commitment to developing professionalism and defines expected behaviors for students by embedding expectations throughout the curriculum (i.e. Professional Practice (PHAR 6121-6326), Health Care Systems (PHAR 6120), Patient Assessment (PHAR 6124), and Pharmacy Law/Ethics (PHAR 6227)) and by every IPPE and APPE preceptor. Students recite the Chicago State University Code of Excellence during New Student Orientation and the Oath of the Pharmacist at the White Coat Ceremony. In addition, the College Professionalism Committee works closely with the COP Office of Student Affairs, Pharmacy Student Council, and University Office of Student Affairs to coordinate and align policy recommendations. As detailed in Standard 9, the College engages in a systematic approach to developing students as leaders. Small group learning activities provide opportunities for leadership development and team management through Illinois Pharmacy Legislative Day at the State Capital and student organizations. [10.30, 10.34]

#### 10.6 Faculty and Preceptor Credential and Expertise

##### *Faculty*

As described in Standards 18 and 19, faculty recruitment is facilitated through the CSU People Admin online system and follows University policy. All faculty receiving ranked appointments must possess a terminal degree in the required specialty or a related specialty per the contract. Clinical faculty are further required to possess postgraduate training and/or commensurate experience in the desired specialty area. Additional certifications (BCPS, CDE, CGP, etc) are desired, but not required upon hire. Board certification is encouraged for clinical faculty through departmental reimbursement for successful completion of a certification exam. Part-time and contracted faculty are required to possess expertise in the topic area being covered, whether in a core or elective course, and their academic rank is determined by the departmental standards used for full-time faculty. Chicago State University is an Equal Opportunity Employer and does not

discriminate on the basis of race, religion, gender, lifestyle, sexual orientation, national origin, or disability. [10.05]

#### *Preceptors*

As outlined in Standard 20, The Office of Experiential and Continuing Professional Education (OECPE) adheres to general selection criteria. Preceptors must be licensed and in good standing by the respective board of pharmacy as required by the practice environment and have at least one year of pharmacy practice experience as a pharmacist (with at least six months of experience at the respective practice site). Preceptors complete the CSU-COP Preceptor Orientation module including resources on effective teaching in a professional practice setting. [20.04]

#### 10.7 Content Depth and Breath

As outlined below in Standard 10.11, faculty are required to share course planning details with the Curriculum Committee to ensure coverage of the professional program competencies, congruence of the taxonomy and pedagogy reflected, as well as an appropriate integration of various teaching and learning methods employed throughout. As discussed in Standard 10.3, the College's professional competencies are based on the Center for the Advancement of Pharmaceutical Education (CAPE) 2013 Educational Outcomes. Overall, the process of curricular mapping to both the professional competencies and Appendices 1 and 2 are continuous. [10.03, 10.28]

#### 10.8 Pharmacist Patient Care Process

Since the College's inception, students have been taught the "SOAP" approach to facilitate a systematic process to approach the care of patients. Additionally, students develop patient care plans to convey pharmacist specific interventions and follow up as it relates to patients. With the release of the "Pharmacists' Patient Care Process" by the Joint Commission of Pharmacy Practitioners, the pharmacy practice faculty identified that the Pharmacist Patient Care Process is taught in the curriculum, but the term, "pharmacist patient care process," was not uniformly used.

In response, faculty agreed to update all course material to reflect the updated terminology. In order to facilitate wide-spread adoption of the term and concept, an ACPE accredited continuing education program was provided to preceptors and faculty in April 2017 and will be presented to the P-4's students in November 2017. [10.35]

#### 10.9 Electives

As discussed in Standard 10.1, the College requires each student to complete minimally 8 professional elective credits in the didactic curriculum. A minimum of 2 credit hours must be completed in the P-2 Spring, P-3 Fall, and P-3 Spring semesters. Elective course descriptions are available in the course listings. The program offered 10 different elective didactic courses during the 2016-2017 academic year, and a number of students participated in independent research electives with faculty, as well as numerous APPE rotation options. [10.29]

#### 10.10 Feedback

Exam Soft is the primary course exam assessment management system to gather and analyze student performance on course level outcomes and assessment information. The system assists

with standards-alignment, curricular mapping efforts, and to help faculty determine individual or cohort strengths and opportunities. Likewise, the RxPreceptor/CORE Elms experiential management system allows students to quickly access preceptor formative and summative evaluations. [10.27] In addition, student feedback occurs via course/instructor evaluations at the conclusion of each semester, by student representatives on the Curriculum Committee, and by graduating students participating in Focus Group interviews. Students also complete site/preceptor evaluations for all IPPEs and APPEs. [10.10, 10.38]

### 10.11 Curriculum Review and Quality Assurance

The Curriculum Committee, which include student representation, is responsible for the development and continuous evaluation of the effectiveness of the curriculum as a whole. [10.08] In addition to student membership on the Curriculum Committee, student feedback and input into the curriculum is through the Dean's Town Hall Meetings (conducted each semester with each professional-year classes) and the student liaisons, which are members of the Faculty-Liaisons Committee. Faculty submit course syllabi and curriculum maps that align the College Professional Outcomes and Competencies as well as ACPE Standards to course objectives. [10.21, 10.28] The Assistant Dean of Assessment, an ex officio member, coordinates data requests and reports with the work of the Assessment Committee in order for the Curriculum Committee to make data-driven decisions. In addition, course and faculty evaluations also provide insight into program effectiveness. [10.26, 10.27, 10.35, 10.37, 10.38, 10.39, 10.41]

### 10.12 Teaching and Learning Methods

Various teaching and learning methods are being employed throughout the College's curriculum. These methods include lectures, discussions, reflective sessions, workshops, laboratories, case studies, student presentations, patient simulations, practice experiential and independent study. Students are assigned to small group learning communities with a faculty mentor to enhance individual attention, foster the development of critical thinking and problem solving, facilitate connections between didactic information, improve communications and strengthen teamwork skills. A number of projects and presentations utilize the learning community cohorts, either in part or whole, and peer evaluations are utilized to provide feedback and suggestions for improvement. Students are encouraged to utilize this feedback to assist them in improving their self-learning skills. A number of courses also employ reflective writing in order to improve student self-assessment and help them to recognize their own responsibility in the learning process. [10.12, 10.13, 10.14, 10.15, 10.16, 10.17, 10.18, 10.19, 10.20]

### 10.13 Diverse Learners

First year students complete the Barsch Learning Style Inventory to assist the students in assessing their predominant learning style (visual, auditory, tactile or kinesthetic). Faculty incorporate an array of teaching methods and techniques to address the needs of diverse learners. As discussed in Standard 10.12, methods including lectures, discussions, reflective sessions, workshops, laboratories, case studies, student presentations, patient simulations, practice experiential and independent study are incorporated throughout the curriculum. [10.19]

### 10.14 Course Syllabi

Although each course has its own syllabus, the faculty of the College has developed a standardized “universal syllabus” that contains all of the policies common to all courses. The COP Universal Syllabus is distributed each semester by the Office of Pharmacy Academic Affairs. [10.21]

### 10.15 Experiential Quality Assurance

As outlined in Standards 12, 13, 20 and 22, the Office of Experiential and Continuing Professional Education (OECPE) is primarily responsible for preceptor and site quality assurance to ensure a quality experiential curriculum. This is via an exchange of information, feedback and insight from and to the preceptors and the larger preceptor community. OECPE ensures that preceptors receive feedback on at least an annual basis. CORE ELMS / RxPreceptor (online experiential education management system) enables preceptors to view feedback gathered from the students with respect to various preceptor and site evaluations completed at the end of an introductory or advanced pharmacy practice experience from the academic year.

### 10.16 Remuneration/Employment

As stated in both the IPPE and APPE Preceptor and Student Manuals, “A student is not an employee of the practice site and therefore should not be financially compensated for the practicum or any other practice experience academic coursework. Violation of this policy may result in immediate failure of the course and practicum.” Additionally, the manuals also state “students are prohibited from completing practice experience academic coursework at a practice site (including a company) in which they are currently employed without express approval from the Asst. Dean of Experiential and Continuing Professional Education. Violation of this policy may result in automatic failure of the course and practicum.”

### 10.17 Academic Integrity

The College’s Student Handbook contains the policies and procedures relating to academic integrity and misconduct (academic and non-academic). Additionally, course syllabi address expected exam decorum and penalties relating to academic misconduct (plagiarism, etc.) All exams and quizzes are proctored by faculty.

As described in 10.10, the College currently utilizes Exam Soft as its primary course examination vehicle. In 2014 the College began soft implementation of Exam Soft and by the end of 2015, Exam Soft was fully implemented College wide for all major didactic exam assessments.

## **Evidence**

- [10.01 Curriculum/Degree Requirements - Catalog](#)
- [10.02 COP Professional Outcomes and Competencies](#)
- [10.03 ACPE Standards Map \(Appendix 1\)](#)
- [10.04 Curriculum Vitae - Faculty](#)
- [10.05 Description of Courses - Mapped to Faculty - Credentials](#)
- [10.06 COP Key Assessment Benchmarks](#)
- [10.07 COP Curriculum Committee Members](#)

- [10.08 COP Curriculum Committee Charges & Major Accomplishments](#)
- [10.09 Examples - Instruct tools, portfolios-self-assessment, prof growth & dev](#)
- [10.10 Course Feedback and Faculty Evaluations](#)
- [10.11 Policy - CSU COP Code of Conduct - Academic Integrity](#)
- [10.12 Professional Practice Program Overview](#)
- [10.13 Examples - Instruct methods - Active Engage](#)
- [10.14 Examples - Instruct methods - Integrate content across curriculum](#)
- [10.15 Examples - Instruct methods - Mastery of skills](#)
- [10.16 Examples - Instruct methods - Exp learn](#)
- [10.17 Examples - Instruct methods - High order lrn, prob solv, clinical-reason skills](#)
- [10.18 Examples - Instruct methods - Self dir lifelong lrn](#)
- [10.19 Examples - Instruct methods - Diverse lrn styles](#)
- [10.20 Examples - Instruct methods - Interprof lrn](#)
- [10.21 Course Syllabi and COP Universal Syllabus](#)
- [10.22 AACP Survey - 2016: Faculty](#)
- [10.23 AACP Survey - 2016: Graduating Students](#)
- [10.24 AACP Survey - 2016: Alumni](#)
- [10.25 AACP Survey - 2016: Preceptors](#)
- [10.26 COP Assessment Report \(UAC\)](#)
- [10.27 Outcome Data - Didactic KSA - Exam Soft](#)
- [10.28 Curriculum Maps - KSA](#)
- [10.29 PHAR Course Listings - Credit Hours - Clock Hours](#)
- [10.30 Learning Styles Workshop](#)
- [10.31 COP Assessment Plan \(UAC\)](#)
- [10.32 Entrustable Pharmacy Activities \(EPAs\)](#)
- [10.33 Entrustable Pharmacy Activities \(EPAs\) - Student Reflections](#)
- [10.34 COP Moodle Courses: Co-Curricular & Key Assessment Program Activities](#)
- [10.35 Patient Care Process Presentation](#)
- [10.36 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [10.37 COP Affective Domain Inventory](#)
- [10.38 AACP Addendum - Affective Domain Survey - ACPE Standard 4](#)
- [10.39 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [10.40 NILRC - Information Literacy Skills Survey](#)

- [10.41 Notable Achievements, Innovations or Quality Improvements](#)
- [10.42 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 11: Interprofessional Education**

### *Background*

The College of Pharmacy mission includes interprofessional education [11.01]. In August 2016, the interim associate dean for pharmacy academic affairs initiated integration of interprofessional education/practice (IPE/P) activities to the Doctor of Pharmacy curriculum. A plan was developed with the following goals: (1) Identify partner health care institutions to collaborate on IPE; (2) Secure funding for IPE development; (3) Gain support for IPE from stakeholders; (4) Establish an IPE task force to develop IPE competencies and a framework; identify and develop faculty champions for IPE; create IPE courses and activities to be embedded sequentially in the curriculum; develop an assessment process for IPE competencies; (5) Develop evidence to inform future advancement in implementation of IPE in the curriculum [11.02].

### *Collaborative IPE/P Partnerships*

The goal for the College is to build the IPE/P program based on collaborative partnerships. Two collaborations were established; with Loyola University Chicago (LUC) and College of Health Sciences at Chicago State University (CSU).

In Fall 2016, a formal contract agreement was finalized between CSU and LUC. This partnership involves collaboration with the Institute for Transformative Interprofessional Education, colleges of medicine and nursing, and the Center for Simulation Education. The College provided pharmacy-specific input on the IPE simulated modules.

The CSU cooperation involves nursing, occupational therapy, public health, and health information administration programs. IPE activities are developed in conjunction with the American Heart Association (AHA) *Check.Change.Control™* program focused on heart health. In fall 2016, a plan for addition of the IPE component to the AHA program was developed with AHA support. The content, schedule, and logistics of this IPE pilot activity were developed in Fall 2016. Health professional faculty were recruited and trained as IPE team facilitators. Five teams of students from health professional programs were organized and assigned a faculty facilitator. This campus-wide pilot was run from January till May 2017. Valuable learning experience is being used for the next phase to involve a larger number of IPE teams and participants. Ultimately, the IPE-enriched version of the AHA *Check.Change.Control™* program will be introduced to the South Side communities.

The College decided to use of current experiential sites for IPE/P training during introductory and advanced rotations. A survey was distributed to preceptors to assess site's suitability for interprofessional patient-centered care. The Office of Experiential and Pharmacy Continuing Education coordinates assignments of students to the IPE/P experiential sites.

#### 11.1 Interprofessioanl Team Dynamics | 11.2 Interprofessional Team Education

### *IPE/P in the Curriculum*

The College's guiding principles for IPE/P are based on the IPEC IPE Core Competency Domains: interprofessional values/ethics; roles/responsibilities, interprofessional communication, and teams and teamwork, and on the Miller's model of clinical competence: knows - knows how - shows how

– does [11.02]. The goal is to provide the IPE/P training at three levels: introductory based on didactic activities for 1<sup>st</sup> year students; intermediate based on combination of didactic and experiential activities (e.g., team interactions/communications, simulated cases, health screenings/counseling) for 2<sup>nd</sup> and 3<sup>rd</sup> year students; and advanced based on a real-life interprofessional team-based patient care for 4<sup>th</sup> year students. These IPE/P activities allow student pharmacists to work with other healthcare providers and students by engagement in direct interactions, telephone communications, and tele-medicine. Student pharmacists address drug therapy problems, contribute to patient-centered care plans, and interact with prescribers and health professional students studying to be prescribers.

### *Simulations*

Through the partnership with Loyola, student pharmacists engage in IPE simulations with medical, nursing, and dietetics students. The simulations are held in the Virtual Hospital. Within the 5800-square foot facility, there are six simulation bays equipped with a human patient simulator (three adult, one pediatric, one toddler, and birthing mother mannequins), touch-screen monitor, and a large flat-panel monitor. Each simulation bay is complemented by a control room and a debriefing room equipped with a Smart Board and software systems.

The schedule for one-day simulations is established in advance. At least one week before the session, students are given assigned materials and complete required two online modules. The simulations on Coordination and Transition of Care use live patients. A team of nursing, pharmacy, medical, and dietetics students is engaged in a case simulation module organized into three phases: Phase 1 clinic; Phase 2 patient home; and Phase 3, a Tele-medicine. Faculty members observe the team from the control room and, after each phase, meet students in debriefing room for guided reflection and discussion. The simulations of cardiac arrest and stroke cases are performed on adult mannequins by a team of medical, nursing, and pharmacy students. In the morning, students and faculty meet for introduction, students complete online pre-assessment and team assignments. Each team has a short meeting before moving to the simulation rooms. Four cardiac arrest cases are completed in the morning and two stroke cases in the afternoon. Each case is followed by a guided debriefing and discussion with faculty. After lunch, the teams participate in reinforced learning/discussion. At the end, each student completes self-assessment.

### *Health Screenings*

Interprofessional teams of CSU pharmacy, nursing, occupational therapy, public health, and health care administration students provide blood pressure screenings and education on heart health using the American Heart Association *Check.Change.Control™* program. This on-campus IPE activity has the following goals: (1) Educate the CSU community on blood pressure management and promote healthy living. (2) Create an interprofessional learning community among nursing, pharmacy, public health, occupational therapy, and health information administration students. (3) Initiate development of IPE activities for CSU health professional students. Guidelines for organization, process, structure, and schedule for this IPE activity were developed [11.03]. Before initiation of this program, students and faculty received training on the IPE core competencies and team communications.

In January 2017, five 10-member interprofessional teams [11.03] started blood pressure measurements and education on heart health. These sessions run bi-weekly till May 2017.

Educational topics prepared by teams included nutritional health, heart health, physical activity, CPR education, and stroke health.

Preparations have started for the first campus-wide IPE event in conjunction with the AHA *Check.Change.Control™* program. It is planned for half-a day in October. This IPE activity is designed at introductory level and will focus on interprofessional team dynamics, communications, and role recognition. Prior to this event, students and faculty will be required to complete online training. The plan is to have 34 teams of students from pharmacy, nursing, occupational therapy, public health, and health administration. Faculty will facilitate the teams. The agenda will include a short overview of the IPE/P concepts, pre-assessment, and team icebreaker. Then, teams will work on a cardiac disease case scenario. This event will have four phases: Phase 1, analysis and discussion of a case scenario; Phase 2, debriefing with faculty facilitator; Phase 3, development of a patient care plan; and Phase 4, discussion forum with all teams, and post-assessment.

### *Didactic Activities*

The P1 and P2 students have in-classroom didactic activities on IPE/P [11.03]. In Fall 2016, a panel discussion was organized for P1 students in the PHAR 6120 – Introduction to Pharmacy and Health Care Systems course. Physician, nurse, and pharmacist addressed the significance of IPE in terms of healthcare outcomes, global perspective, and accreditation. The panelists shared their experiences with interprofessional practice and patient-centered care. In Spring 2017, the P2 students had lecture and classroom activity in the PHAR 6226 – Applied Patient Care II course. Topics included: Interprofessional Education, Interprofessional Patient Care, examples of opportunities in patient care that can benefit from interprofessional team approach.

For the 2017-18 Academic Year, regular didactic training on IPE/P for P1, P2, and P3 students will be provided in the following didactic courses: PHAR 6121 Professional Practice I – Introduction (P1, Fall); PHAR 6122 - Professional Practice II - Public Health (P1, Spring); PHAR 6223 - Professional Practice III - Institutional/Orientation (P2, Fall); PHAR 6224 - Professional Practice IV - Institutional Practice (P2, Spring); PHAR 6325 - Professional Practice V - Applied Practice Skills (P3, Fall). Inclusion of IPE/P content to this sequence of didactic courses will provide continuum of IPE in the curriculum. The P4 students receive training on IPE/P during the end-of-module sessions and complete online modules prepared by Loyola.

### 11.3 Interprofessional Team Practice

#### *Direct Patient Care*

The Office of Experiential and Pharmacy Continuing Education assigns students to the experiential sites that provide IPE/P. Each P4 student is required to engage in team-based interprofessional patient care. Student pharmacists address drug therapy problems, contribute to patient-centered care plans, and interact with prescribers and health professional students studying to become prescribers. At the Rush University rotation, student pharmacists work with 3<sup>rd</sup> year medical students to provide ambulatory care. This IPE/P training consists of a didactic and clinical approach. First, the team has a 3-hr workshop based on a case study of a patient with high cardiovascular risks. After the workshop, teams work half a day in the clinic providing interprofessional ambulatory care of patients. The team develops a comprehensive therapeutic plan for ambulatory patients. Two physicians and a clinical pharmacist serve as team preceptors.

### *Development of Facilitators for IPE/P*

Facilitators for IPE/P activities include pharmacy faculty, pharmacy residents, and non-pharmacy preceptors. Several dedicated CSU health professional faculty serve as the IPE champions and work on development and implementation of IPE activities on campus. The PGY1 resident from Community Residency program coordinates the IPE teams engaged in the AHA *Check.Change.Control™* program.

The non-pharmacist IPE preceptors at Loyola are faculty from departments of medicine, nursing, and dietetics. They work with the IPE teams before, during, and after each training session. Faculty involved in IPE simulations study case materials before the simulations.

The CSU faculty IPE facilitators participate in presentations and workshop on IPE/P core competency domains, team dynamics, and facilitation [11.03]. An online version of faculty development modules is being developed and will be accessible on Moodle. The preceptors receive training on IPE/P during preceptor development programs organized by the College. This program included topics on IPE/P competencies, interactions with prescribers, and IPE teamwork. The development activities for IPE/P are based on standardized IPE/P resources (e.g., IPEC) and evolving research in the area.

### *Evaluation of IPE/P Outcomes*

The outcomes from IPE/P activities are evaluated with survey tools such as the Readiness for Interprofessional Learning Scale (at CSU), Interdisciplinary Education Perception Scale (at Rush University), and the University of Washington Post-Assessment: Interprofessional Team Simulation Training Questionnaire (at Loyola) [11.04, 11.05]. Structured team debriefings after each simulation session provide guidance for the subsequent simulated case. Faculty and students provide informal feedback based on direct experience and/or observations. Suggestions from faculty and students result in improvements. For example, pharmacy faculty recommended addition of more content relevant to student pharmacists (e.g., over the counter medications, adverse effects, interactions). The outcomes from evaluations showed significant improvements in team dynamics. Evaluations from the cardiac arrest and stroke case simulations show that team members appreciated student pharmacist role in addressing medication-related issues (e.g., dose calculations, administration schedule, and adverse effects). The campus-wide pilot IPE activity has advanced student and faculty understanding of the IPE/P principles and concepts (e.g., differences between 'a team' and 'a group' dynamics) and revealed that team members need more training on communications and role recognition.

Students engaged in IPE/P during experiential rotations are evaluated by preceptors twice during a 6-week training using specific assessment statements on IPE/P that were added to the performance evaluation rubric.

### *Funding*

The pilot IPE/P activities completed during the past year were supported through collaborative partnerships with Loyola University and AHA without any budget. For the 2017-18 academic year, the Office of Pharmacy Academic affairs designated \$10,000 for IPE/P. Grant applications for expansion of IPE/P will be submitted to AHA and the Josiah Macy Foundation.

## *IPE/P Scholarship*

The AHA invited Dr. Leslie Roundtree, dean of the College of Health Sciences, and Dr. Anna Ratka, interim associate dean of pharmacy academic affairs, to present the innovative IPE-based approach to the AHA *Check.Change.Control* ® program at the Workplace Wellness Symposium 2017 on April 11 in Chicago, IL. Dr. Ratka co-authored invited presentation “No Mission no Margin: Funding Interprofessional Education and Collaborative Practice (IPECP) Programs” for the 2017 Collaborating Across Borders (CAB) VI Conference scheduled for October 1-4, in Banff, Alberta, Canada. Dr. Reddy presented a poster on IPE/P activities from Rush University. Dr. Ratka published two peer-reviewed papers on faculty development for IPE in the American Journal of Pharmaceutical Education: 2013, 77(7), Article 136, and 2017, 81(5) Article 98 [11.07].

## **Evidence**

- [11.01 Vision, Mission, Goals - IPE](#)
- [11.02 IPE Curriculum Framework](#)
- [11.03 IPE Curriculum Samples](#)
- [11.04 IPE Evaluation Data](#)
- [11.05 Outcomes Data - IPE](#)
- [11.06 AACP Survey - 2016: Graduating Students](#)
- [11.07 IPE - Poster Presentation](#)
- [11.08 IPE - Presentations - Publications](#)
- [11.10 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum**

*The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).*

### 12.1 Didactic Curriculum | 12.2 Development and Maturation

As discussed in Standard 10 (Curriculum Design, Delivery and Oversight), the College's professional curriculum competencies, which were updated and ratified by the faculty in 2015, are based on the Center for the Advancement of Pharmaceutical Education (CAPE) 2013 Educational Outcomes. The curriculum was updated to ensure comprehensive coverage of professional competencies. The adoption by the College's faculty of the five College professional program outcomes and nine competencies was completed and the courses were then remapped to these competencies. The updated outcomes consist of providing patient care, using health care resources, promoting health wellness, effective communication, and improving professional knowledge and skills. The curriculum was then mapped to the new outcomes and policies and areas of strength and opportunities were identified.

Standards 1-4 provide a comprehensive overview detailing how the curriculum is designed to achieve the CAPE 2013 Educational Outcomes. The didactic curriculum was built on a philosophy of integration and progressive expectations. The core of the curriculum is an eight course sequence DAST (Drug Action Structure and Therapeutics) that integrates pathophysiology, medicinal chemistry, pharmacology and pharmacotherapy in an organ system approach. This course sequence along with the Disease and Medication Therapy Management (DMTM) two course sequence allows the student to develop communication, clinical judgement, SOAP note writing, patient assessment, and patient management skills in a systematic and progressive manner. A similar approach is used in the Professional Practice (IPPE) experiential course sequence. Other courses also integrate material when appropriate and when relevant. For example, assignments for Professional Practice I (PHAR 6121) specifically use drugs, dosage forms, and calculations that are being taught simultaneously in Dosage Forms I (PHAR 6111) and parenteral nutrition is taught sequentially in Dosage Forms III (PHAR 6213) and DAST II (PHAR 6232).

### 12.3 Affective Domain Elements:

As already outlined in Standard 3 and Standard 4, there are multiple opportunities, both through curricular and co-curricular means, that allow students to document competency in the affective domain-related expectations. To assist the Curriculum Committee to integrate co-curricular learning experiences throughout the curriculum framework, the College established a Co-Curriculum Task Force in August 2017. Members include the Assistant Dean of Assessment and representatives from Curriculum Committee, Academic Affairs, Student Affairs, and Experiential and Continuing Professional Education, as well as faculty from the Departments of Pharmaceutical Sciences and Pharmacy Practice. This taskforce created COP Moodle courses for each cohort to centralize the implementation of these learning experiences. [12.04, 12.18]

### *Curricular:*

*Student Pharmacist Affective Domain Inventory:* In the P1 year, students are introduced to the Student Pharmacist Affective Domain Inventory and asked to self-assess the inclinations, abilities, and/or applications of a range of both individual and patient-care context settings. The students are asked to reflect on their self-determined choices as well as write a reflection on their understanding of what it means to be a Pharmacist as their first Portfolio-related assignment. Each professional year, students revisit the Inventory and their “Pharmacist” statement as well as document key curricular and co-curricular learning experiences appropriate to that level in their professional portfolio submission. [12.04]

*Diversity Shuffle:* In the PHAR 6122 course, P-1 students also participate in the “Diversity Shuffle” exercise to help uncover hidden biases that they may have toward certain cultural groups in the hopes self-exploration of individual attitudes and pre-depositions. Then in a debriefing exercise, students discuss how individual prejudices and biases may impact negatively on patient outcomes.

*Top 200 Drug Card Exams:* The P1 and P2 Top 200 Drug Card Exams also are designed to facilitate self-directed learning. The P1 students must take a series of 8 Gateway Quizzes (20 drugs each) all year at their own pace. The student must meet or exceed a determined cut score on 7 of 8 by a set date in April in order to qualify to sit for the P1 Comprehensive Examination. The P2 students take four Benchmark Examinations (50 drugs each) in order to qualify for the P2 Comprehensive Examination, also in April. Those who do not pass the Comprehensive Exams are given a retake after finals. If not successful, the students develop an Individualized Learning Plan and spend ‘quality time’ with faculty over a five-week period in the summer term order to re-qualify to take the Comprehensive Drug Card Examination. [12.04]

*P-3 Self-Directed PCOA Preparation:* The P3 program focuses students on reviewing biomedical and clinical science concepts often measured on the PCOA and sets the stage as a bridge to the P4 pre-NAPLEX® self-directed review program. Both the PCOA-related concepts and the NAPLEX® Blueprint concepts are facilitated through the Exam Master resource which permits student to generate their own “exams” on topic areas. The system permits learning and flash cards modes as well, all student-chosen routes to meet the needs of that student’s learning style. Students at all levels – either through the Early Academic Warning program, the P1 and P2 Top 200 Drug Cards program, and the P3 Self-directed Learning PCOA Program, must also develop Individualized Academic (Learning) Plans as an intentional mechanism through which students can learn to prioritize their time and meet learning and skills objectives. [12.04]

### *Co-Curricular*

*Student Organizations:* Seventeen student professional and fraternal organizations have been very active at the CSU-COP. Student organization and faculty in partnerships has undertaken numerous service and professional endeavors. These have included, but are not limited to, the following: food drives; community health fairs; Diabetes Walk (American Diabetes Foundation); Breast Cancer Walk (American Cancer Society); and Illinois Pharmacy Legislative Day (Illinois Pharmacists Association/Illinois Council of Health- System Pharmacists.

***Student Learning Communities:*** Upon entering the College of Pharmacy, students are divided into small group learning communities. Learning communities are a vital part of the CSU-COP experience, providing students with the opportunity to work with fellow classmates in order to promote diversity, embrace excellence while encouraging insightful faculty-student interaction. The goal is to develop a strong sense of community. The Learning communities are comprised of students from the same professional year and are guided by a faculty mentor/advisor. Faculty mentors will provide academic and career advising as well as, share information about academic policies, curriculum, and related issues. [12.19]

#### 12.4 Care Across the Lifespan:

The curriculum, as appropriate and as applicable, provides both the foundational knowledge and skills to care for multiple populations, taking in account various individual demographic patient variables (age, income, etc.). Courses, such as DAST (Drug Action Structure and Therapeutics) and DMTM (Disease and Medication Therapy Management) course sequences, Applied Patient Care (PHAR 6225-6226) and Pharmacokinetics (PHAR 6211) address the appropriate medication management of special populations.

#### 12.5 IPPE Expectations | 12.6 IPPE Duration

The Introductory Pharmacy Practice Experiences (IPPE) consists of six (6) practicum experiences that occur throughout pharmacy year 1 through 3. The practicum experiences progress from an introductory level in pharmacy year 1 and 2, and advances into an intermediate level called “Applied Practice Skills” in pharmacy year 3. Introductory offerings include community pharmacy practice (Professional Practice I, PHAR 6121, 52 hours), public health and wellness (Professional Practice II, PHAR 6122, 52 hours), and institutional pharmacy practice (Professional Practice IV, PHAR 6224, 100 hours). A (40 hour) week long didactic course serves as an orientation (Professional Practice III, PHAR 6223) for the introduction to institutional pharmacy practice experience. A notable feature of the public health and wellness experience is the direct interaction to a diverse patient population. Community service-oriented agencies and hospices comprise most public health and wellness site assignments.

The Applied Practice Skills practicum offerings take place in the community pharmacy practice (Professional Practice V, PHAR 6235, 40 hours) setting, as well as either the ambulatory care or institutional pharmacy practice (Professional Practice VI, PHAR 6326, 80 hours) settings. These experiences are designed to help students’ model professional practice skills under guided preceptor supervision. These skills may include but are not limited to direct patient care involving immunization screenings and administration, medication therapy management, drug utilization reviews, and patient case presentations. As evidenced by the AACP Graduating Student survey, students were in clear agreement that IPPE experiences permitted involvement in direct patient care activities, helped to prepare students for APPE experiences, and were of a high quality.

Students in IPPEs are assessed in a formative manner at the midpoint of the rotation and a summative manner at the end of each practicum experience. Preceptors are provided with guidance in the form of a rubric to evaluate students and are encouraged to have face to face feedback meetings. All assessments of students are documented by the preceptor in the online program called Core ELMS. Students are assessed on clinical knowledge base, oral and written communication, professionalism, and learning. Students are evaluated on their interactions with

patients when providing direct patient care as well as on their performance in completing activities such as case presentations, drug information questions, in-services, drug lists, etc.

The Office of Experiential Education and Continuing Professional Education consulted with community, ambulatory care, and institutional pharmacy faculty when developing the objectives and criteria for the IPPE practicums. In addition, feedback was sought from clinical faculty to ensure that learning experiences and practicum activities are developed at an appropriate level for the given practicum. The faculty survey has shown clear agreement that the curriculum appropriately addresses core pharmacy concepts and principles. A strategic approach was utilized when establishing practice site partnerships to ensure that students are exposed to diverse patients as well as variety in health care settings. Current practice sites for both IPPE and APPE include community and independent pharmacies, community hospitals, teaching hospitals, community free clinics, public health organizations, managed care facilities, and Veterans Administration facilities. These practice sites serve a wide range of patient populations based on ethnicity, age, and socioeconomic status.

As discussed in Standard 20 (Preceptors) and Standard 22 (Practice Facilities), quality improvement of IPPE sites occur with targeted meetings/site visits with practice partners as issues arise as well as routine site visits on a biennial basis in addition to review of student feedback via RxPreceptor surveys.

### 12.7 Simulation for IPPE

Currently no IPPE simulation experiences are in the curriculum.

### Evidence

- [12.01 IPPE Professional Curriculum](#)
- [12.02 Tabular Display of courses, assigned faculty preceptors & role with credentials](#)
- [12.03 ACPE Standards Map - IPPE - \(Appendix 1\)](#)
- [12.04 Examples - Curriculum & Co-Curricular Experiences - Stds 3 & 4](#)
- [12.05 Outcome Data - Benchmarks - IPPE](#)
- [12.06 Program Description and Criteria - IPPE Handbook](#)
- [12.07 Clock Hours - IPPE](#)
- [12.08 Course Syllabi - IPPE](#)
- [12.09 Student & Preceptors - IPPE Handbook - Requirements](#)
- [12.10 Student & Preceptors - Assessment Tools](#)
- [12.11 Preceptors - IPPE Recruitment & Training](#)
- [12.12 Outcome Data - IPPE - CORE ELMS](#)
- [12.13 Preceptors - List, Credentials / Practice Sites](#)
- [12.14 AACP Survey - 2016: Faculty](#)
- [12.15 AACP Survey - 2016: Graduating Students](#)

- [12.16 AACP Survey - 2016: Alumni](#)
- [12.17 AACP Survey - 2016: Preceptors](#)
- [12.18 COP Moodle Courses: Co-Curricular & Key Assessment Program Activities](#)
- [12.19 Learning Communities](#)
- [12.20 Notable Achievements, Innovations or Quality Improvements](#)
- [12.21 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 13: Advanced Pharmacy Practice Experience (APPE) Curriculum**

*A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the PreAPPE curriculum and in co-curricular activities.*

### 13.4 APPE Duration | 13.5 Timing | 13.8 Geographic Considerations

The Advanced Pharmacy Practice Experiences (APPEs) consists of seven 6-week experiences totaling 1680 contact hours. All pre-advanced pharmacy practice experience requirements must be completed before the student advances to their APPE year. These requirements include successful completion of all IPPE courses, didactic coursework and electives. Most APPEs are located in Illinois and some in other state jurisdictions (for example, Cleveland Clinic, Indian Health Service, Food and Drug Administration, Centers for Disease Control and Prevention). [13.01, 13.03, 13.05, 13.13]

### 13.1 Patient Care Emphasis | 13.6 Required APPEs | 13.7 Elective APPEs

The APPE required core experiences include community pharmacy, hospital or health- system pharmacy, ambulatory care, and inpatient/acute care general medicine. Many of the APPE electives offer students a wide variety of professional experiences, predominantly direct patient-care oriented. Direct patient-care opportunities include pediatrics, cardiology, oncology, geriatric, infectious disease, investigational drugs, critical care, transplantation, nutrition, nuclear pharmacy, mail order, and related experiences. Indirect patient-care experiences include drug information, informatics, compounding pharmacies, regulatory agencies, administration, academia, research, pharmacy law, pharmacy benefit managers, pharmacy associations, and related experiences. Currently, all of the core and elective APPEs are located in the United States or its territories. Students also have opportunities to complete government-related experiences at Indian Health Service sites, the Food and Drug Administration (FDA), and Centers for Disease Control and Prevention (CDC). The Appendix 2 Mapping Crosswalk [See 13.02] highlights the robustness of APPE program.

Like IPPEs, students in APPEs are assessed in a formative manner at the midpoint of the rotation and a summative manner at the end of each practicum experience. Preceptors are provided with guidance in the form of a rubric to evaluate students and are encouraged to have face- to-face feedback meetings. All assessments of students are documented by the preceptor in the online program called RxPreceptor. Students are assessed on clinical knowledge base, oral and written communication, professionalism, and learning. Students are evaluated on their interactions with patients when providing direct patient care as well as on their performance in completing activities such as case presentations, drug information questions, in-services, drug lists, etc.

Each core APPE has a corresponding syllabus specifying projects and assignments; students are also responsible for submitting a corresponding “skills checklist” which identifies core activities that they should have been involved during the respective core APPE. They are also syllabi for both the non-direct and direct patient care APPEs. [13.01, 13.02, 13.03, 13.04, 13.05, 13.06, 13.07, 13.09, 13.15]

## 13.2 Diverse Populations

A strategic approach is utilized when establishing practice site partnerships to ensure that students are exposed to diverse patients as well as variety in health care settings. Current practice sites for both IPPE and APPE include community and independent pharmacies, community hospitals, teaching hospitals, community free clinics, public health organizations, managed care facilities, and Veterans Administration facilities. These practice sites serve a wide range of patient populations based on ethnicity, age, and socioeconomic status. [13.01, 13.06]

## 13.3 Interprofessional Experiences

The Office of Experiential and Pharmacy Continuing Education assigns students to the experiential sites that provide IPE/P. For example, for the 2017-2018 academic year, each P-4 student was assigned to a direct patient care (Core or Elective) APPE at the University of Chicago Medical Center or with a CSU COP Pharmacy Practice Faculty to ensure interprofessional exposure/practice. Additionally, as detailed in Standard 11 (Interprofessional Education) through the partnership with Loyola, each P-4 student in the 2017-2018 academic year, are required to participate in the IPE simulations with medical, nursing, and dietetics students. The simulation sessions are held in the Walgreens Family Virtual Hospital that serves all levels of learners. Within the 5800-square foot facility, there are six simulation bays equipped with a human patient simulator (three adult Laerdal mannequins, one pediatric Laerdal mannequin, one toddler Laerdal mannequin, and a Gaumard birthing mother), touch-screen monitor, and a large flat-panel monitor. Each simulation bay is complemented by a control room and a debriefing room equipped with a Smart Board and the EMS Arcadia Total SIM software system.

Many APPE site have additional IPE initiatives underway. For example, at the Rush University Medical Center APPE, student pharmacists work with 3<sup>rd</sup> year medical students to provide ambulatory care. This IPE/P training consists of a didactic and clinical approach. First, the team has a 3-hr workshop based on a case study of a patient with high cardiovascular risks. After the workshop, teams work half a day in the clinic engaged in interprofessional ambulatory care to patients. The team develops a comprehensive therapeutic plan for ambulatory patients. Two physicians and a clinical pharmacist serve as preceptors to these teams. Students complete the RIPLE, IRAT, and GRAT assessments before and after this IPE/P training.

Students engaged in IPE/P during experiential rotations are evaluated by preceptors twice during a 6-week training using specific assessment statements on IPE/P that were added to the performance evaluation rubric. [13.08, 13.09, 13.14]

### Notable Achievements:

Other notable achievements in the APPE program includes the COP-CSU/UCM (University of Chicago Medicine) LAPP (longitudinal advanced pharmacy practice) program. The CSU COP/UCM LAPP Program is in partnership with the University of Chicago Medical Center. The purpose of the CSU-COP/UCM APPE LAPP program is to provide a structured continuity of APPEs within the UCM healthcare system while simultaneously maximizing direct patient-care

experiences and promoting post graduate training opportunities as it relates to pharmacy practice (i.e., residencies and fellowships) for 4th year professional students. The APPE LAPP program also allows for concentrated student participation in an innovative pharmacy practice model that promotes the role of the pharmacist as an integral member of the healthcare team. In the inaugural year (2011-2012) of the LAPP program, seven students participated and in APPE 2017-2018 academic year, four students are currently participating.

An international APPE elective in Guatemala, Central America, has been offered for the past five years. The APPE Community/Global Health Outreach Elective is precepted by Dr. Sabah Hussein, Clinical Associate Professor at the College in conjunction with DOCARE International. The outreach project usually consists of a two-week experience in locations such as San Andrés Itzapa and Tecpan. Pharmacy students work interprofessionally with other medical, nursing and dental students to provide health care and pharmacy services to under-resourced Mayan populations. Typically, one or two students complete this APPE elective every year.

Additionally, the College has partnered with the International Medical Mission (IAMM), a 501(c) 3 non-profit organization that completes medical mission trips globally aiming to allow every patient to be seen by a physician, obtain various health screenings, and receive prescription medications at no cost. In both February 2016 and February 2017, the College sent a contingent of pharmacy students and faculty to Haiti. Pharmacy students helped to dispense medications, counsel/educate patients and triage patients for the medical clinic. During the experience, students had the opportunity to work interprofessionally with medical, nursing and other pharmacy students and health care practitioners from other health professions schools and institutions.

The College also initiated a partnership with the Cleveland Clinic (Pharmacy) in 2015 and as a result P-4 pharmacy students have been able to complete various types of core and elective APPEs at its numerous facilities. In the 2017-2018 APPE academic year, five students are scheduled to complete various core and elective offerings at the Cleveland Clinic. [13.21]

### Quality Assurance of APPEs

As discussed in Standard 20 (Preceptors) and Standard 22 (Practice Facilities), quality improvement of APPE sites occur with targeted meetings/site visits with practice partners as issues arise as well as routine site visits on a biennial basis in addition to review of student feedback via RxPreceptor surveys. [13.01, 13.03, 13.10, 13.11, 13.12, 13.13, 13.16, 13.17, 13.18, 13.19, 13.20, 13.22]

### Evidence

- [13.01 APPE Learning Outcomes and Standards - APPE Manual](#)
- [13.02 Curriculum Maps - APPE - Appx 2](#)
- [13.03 Curriculum/Degree Requirements - APPE - Catalog](#)
- [13.04 Course Syllabi - APPE](#)
- [13.05 Student & Preceptors - APPE Handbook - Requirements](#)
- [13.06 Student & Preceptors - APPE Handbook - Assessment Tools](#)

- [13.07 Preceptors - IPPE Recruitment & Training](#)
- [13.08 Outcome Data - IPE Team](#)
- [13.09 Outcome Data - APPE - CORE ELMS](#)
- [13.10 Preceptors - List, Credentials / Practice Sites - Instructions](#)
- [13.11 AACP Survey - 2016: Graduating Students](#)
- [13.12 AACP Survey - 2016: Alumni](#)
- [13.13 Clock hours report for curriculum analysis - IPPE](#)
- [13.14 Examples - IPE Learning Experiences - Student Reflections](#)
- [13.15 APPE Elective Rotations](#)
- [13.16 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [13.17 COP Affective Domain Inventory](#)
- [13.18 AACP Addendum - Affective Domain Survey - ACPE Standard 4](#)
- [13.19 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [13.20 NILRC - Information Literacy Skills Survey](#)
- [13.21 Notable Achievements, Innovations or Quality Improvements](#)
- [13.22 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 14: Student Services**

*The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and wellbeing.*

The Assistant/Associate Dean for Student Affairs is responsible for all aspects of the student experience. This includes providing leadership for the delivery and administration for a wide range of student services to include: admissions, financial aid, student records, career development, student programming, academic and personal counseling, and professional and personal development. In addition, the Assistant/Associate Dean for Student Affairs is responsible for the development and implementation of policies and procedures for the University and for the College; oversight for all budgetary matters related to Student Affairs and for the supervision of the Student Affairs' team. Throughout the year and at minimum on an annual basis, the Assistant/Associate Dean for Student Affairs meets with the Dean to discuss human and financial resource needs for the upcoming year. Each year since the inception, the Dean has added additional resources to the budget to accommodate the growth of the program for the Office of Student Affairs. The current budget is adequate to support the functions of the OSA. [14.01]

Since the College's last self-study submission, there has been a healthy maintenance and development of the Office of Student Affairs (OSA) in order to support active student recruitment, engagement, and environment. [14.02] Besides the Assistant/Associate Dean position, the OSA office supports a budget for an Office Administrator, Recruitment and Student Affairs Coordinator, Learning Specialist, Student Workers/Tutors, Assistant Program Director, and Customer Service Representative.

The Assistant Program Director position serves as the lead for all College admission activities by facilitating in the admission process, corresponding with candidates and maintaining contact with AACP. This individual also manages student registration and records, provides advisement to students, and helps to coordinate various OSA activities throughout the year. The job description for the Recruitment & Student Affairs Coordinator remains the same as last year with added emphasis on efforts for recruitment both within the University and with area partners. This individual serves as the lead for the College's recruitment initiatives in participating in on-and off-campus recruitment events, establishing an annual recruitment plan, facilitating the development of articulation pathways agreements, visiting identified feeder institutions, and coordinating the College's information sessions and open house events. This individual also maintains the COP's web pages. In coordination with admission efforts, this individual assists in determinations of transferability of pre-pharmacy coursework (particularly international students) and evaluating applicants' admissions files. Throughout the academic year, this individual also helps to coordinate and supervise all student-focused events and activates as part of the OSA team. The College is currently seeking to expand these efforts through adding an additional recruitment member. At the time of the College's last self-study submission, a new Customer Service Representative II position was implemented. This position was created to support the admissions efforts for the College, provide administrative and clerical support to the admissions process, and support other student affairs programming. This position has allowed the College to dedicate more efforts to the College's career fair and student interviews, admission efforts, and assisting with student registration and record management. Additionally, the OSA supports the role of a Learning Specialist who serves as a lead for the College's student success program though student tutoring, academic support services, and learning enrichment activities. The addition of this role has

provided students, particularly those at risk for academic difficulties, to seek additional pathways for academic success to develop tailored learning plans for academic success. This individual also coordinates various workshops focusing on student academic success, and coordinates the small group learning communities.

The last position of Office Administrator replaces a vacant position, but its duties are being fulfilled in the interim by an additional staff member in the College. This individual serves as point person for the office, manages administrative support and operational activities, reviews and monitors fiscal transactions and accounts, and helps to coordinate/supervise all student focused activities and events in the College.

#### *Student Handbook and Policies*

The Chicago State University College of Pharmacy Student Handbook is revised annually. [14.03] The content of this document is discussed during New Student Orientation each August prior to the start of the academic year. Each new class receives a hard and electronic copy of the student handbook, and an electronic version is also posted to the College's website for returning students and faculty/staff. Members of every new class are required to sign an acknowledgement form indicating receipt of the Student Handbook. This document is placed in student's file. [14.06]

#### 14.1 FERPA

##### *Student records and confidentiality*

The College continues to hold student records with the utmost confidentiality. Each year, the staff of the Office of Student Affairs participates in an online seminar pertaining to the Family Educational Rights and Privacy Act of 1974 (FERPA). All members of the College community are reminded about FERPA policies during the College-wide retreat, All College Meetings and/or Departmental Meetings. Members of the Admissions Committee, staff of the OSA including student workers and any other members who handle student records and other documents covered under provisions in the Act must sign a document indicating they have read and understand the Family Educational Rights and Privacy Act Regulations as outlined by the Department of Education. All student files are secured in a locked file cabinet in the office of the Program Service Aide, and new student applications are also safely secured on a password protected database within a locked office.

#### 14.2 Financial Aid

Financial aid services are also provided by the University at the Office of Student Financial Aid. The office aims to provide an affordable, quality education by providing financial assistance to those students and their families seeking to offset their educational costs. At each P1 orientation, a session is devoted to financial aid services at the University. Representatives from the University attend the session and entertain a question/answer session for all students.

#### 14.3 Healthcare

At the beginning of each semester students receive written and electronic information regarding student health insurance. The University requires that all full time student purchase health

insurance from the school's provider. Students can waive this policy if they can provide proof of equal or greater insurance coverage. Counseling and related services are referred by the Learning Specialist and/or Assistant/Associate Dean for Student Affairs. The Office of Student Affairs also handles immunization compliance from the time students are admitted to the program. The Office of Student Affairs then works with the Office of Experiential and Continuing Professional Education to make sure that all students have the necessary immunizations before they start IPPE/APPE.

#### 14.4 Advising

##### *Career Pathway Counseling and Advising*

Each fall, the College has hosted a career fair for students interested in pharmacy related internships, bench and community research initiatives and related summer opportunities. Since submission of the last full self-study, the College expanded the career fairs to and opened it up to all professional year (P1-P4) students. The College has sought to expand the invited employers to allow for a more diverse fair and currently host a variety of programs including community pharmacies, residency programs, pharmaceutical industry, and institutional programs.

#### 14.5 Nondiscrimination | 14.6 Disability Accommodation

Professional Technical Standards for the College of Pharmacy are provided to applicants as a part of the matriculation agreement for accepted applicants to the College. Applicants are required to read and return a signed copy of the document with their matriculation agreement. A copy of the Professional Technical Standards can be found in the student handbook and a discussion of the standards takes place during New Student Orientation. The College also supports policies to ensure nondiscrimination as defined by the state and federal laws and regulation. The College's nondiscrimination policy can also be found in the student handbook. Additionally, disability accommodations are provided to students seeking assistance. The College of Pharmacy, in conjunction with the Abilities Office of Disabled Student Services, will provide services classified as reasonable and appropriate accommodations. The policies and guidelines on this can be found in the Student Handbook. [14.03, 14.04]

##### *Recruitment Efforts*

This past year the College has hosted 4 on-campus information sessions; visited 80 Colleges/universities; attended 8 professional and graduate school fairs/career days; participated in 8 community outreach activities and maintained contact with 120 pre-health advisors. Additionally, the College hosted a two-day virtual pharmacy fair. The College is revising current collateral marketing brochures and plans to increase recruitment efforts to minority serving institutions and rural colleges and universities during the 2016/2017 academic year. Some efforts to help reach these goals include developing new marketing materials, updating the College website, and investing in advertising of the College.

##### *Retention Efforts*

To help ensure student success, the Office of Student Affairs also houses the College's Tutoring Program that is managed by the Learning Specialist. The College continues to enact the Early

Alert Warning System for student at risk for academic failure. The College also employs student workers and tutors, and provides tutoring 4 days/week for classes historically found to be academically challenging for students. The University's Learning Assistance Center (LAC) assists students in achieving academic success through supportive tutoring and resources. All services are provided free of charge to enrolled students, active alumni, and faculty of Chicago State University. Additionally, a variety of workshops are provided to the students including stress management and test-taking skills. The College also has partnered with the University's Stress Management resources and refers student to this program as needed. The College has also added an extra day to the new student orientation for P1s to allow students to meet with P1 faculty members and gain a better sense of the course and how to be successful in the course.

#### *University Student Support Services*

The CSU Library is a spacious 142,000 square-foot modern facility and has 16 collaborative group study rooms (with multimedia/computers), computer laboratories with more than 150 computers, information and learning commons, a sunroom, auditorium and six conference rooms. This state-of-the-art facility comprises the library, archives, Learning Assistance Center, and an all- campus computer laboratory. It features the first Automated-Storage Retrieval System (ARS) installed in the state of Illinois. The library has a collection of over 425,000 volumes. Seventy percent (70%) of the collection is stored in the ARS.

The library's state-of-the-art Information Mall has multimedia workstations for 36 users and a Bibliographic Instruction Studio and Laboratory with 30 workstations. The facility's physical collection is augmented by electronic journals and 3000 e-books, microforms, and audio-visuals, amounting to a total bibliographic unit equivalency of over a million volumes. Additional access is provided through I-Share, an online resource sharing network containing 22 million volumes available at 65 Colleges and universities throughout the State of Illinois. The Library and Information Services' (LIS) networking provides: (1) direct access to most Chicago academic libraries through information passes distributed by Reference Services; (2) indirect access to the Center for Research Libraries (CRL); (3) 3.5 million volumes; and (4) an interlibrary loan arrangement that links 8000 libraries worldwide and provides access to their 48 million titles.

The CSU Counseling Department is a student support service center within the Department of Student Affairs. In addition to providing students with general mental health and crisis counseling, the Effective Study Program (ESP) and Psychosocial Program (PSP) are available to students and designed to promote their enrollment, retention, and graduation. The ESP is focused on providing extra assistance in the areas of active learning, time management, note taking, test taking, and research skills to students by helping them to enhance their ability to study in a manner that promotes academic success. The Psychosocial Program (PSP) was established to empower students to overcome personal, non-academic problems in the areas of stress management, anger management, psychological wellness, alcohol and drug awareness, self- esteem enhancement, cultural diversity awareness, career enhancement, and violence and domestic violence prevention and awareness. [14.10]

#### *Student Feedback to the Self Study Process*

Students are an integral part of the Self Study Process. Student members play an active role on each College committee and in that role, contribute actively to the discussions and decisions being made regarding efforts to prepare for the Self Study. [14.05] An excellent example was the

Curriculum Committee recommendations related to transforming the Top 200 Drug Cards requirement into a Self-directed Learning project administered through the Office of Academic Affairs as a Co-Curriculum Key Assessment activity. More recently, the students played a key role in setting the Key Assessment Cut Scores based on the Assessment Committee Report presented in conjunction with the Ad Hoc Retention and NAPLEX® Committees. The students wanted the cut scores to be higher than resulting final vote by the faculty body. In addition to the student representation on the College committees, the Town Hall meetings are an effective mechanism to get instant feedback on issues or proposed new expectations. The feedback from the students is considered in this continuous improvement process.

#### 14.7 Student Services Access

The College does not offer any distance learning pathway for degree completion. [14.07, 14.08, 14.09, 14.11, 14.12]

#### Evidence

- [14.01 Curriculum Vitae - Interim Assistant Dean of Student Affairs](#)
- [14.02 Organizational Chart - Student Affairs](#)
- [14.03 CSU & COP Student Handbook and Catalogs - Student Services & Financial Aid](#)
- [14.04 CSU Handbook - Abilities Office](#)
- [14.05 COP Committee Assignments - Students - AY 2017](#)
- [14.06 COP Student Handbook](#)
- [14.07 AACP Survey - 2016: Graduating Students](#)
- [14.08 AACP Survey - 2016: Alumni](#)
- [14.09 AACP Survey - 2016: Preceptors](#)
- [14.10 Student Affairs - Student Services Programs](#)
- [14.11 Notable Achievements, Innovations or Quality Improvements](#)
- [14.12 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 15: Academic Environment**

*The college or school develops, implements, and assesses its policies and procedures that promote student success and wellbeing.*

### 15.1 Student Information (Program Information)

A complete description of the College's professional degree program can be found online in the catalog and on the website for the College of Pharmacy. [15.01] Program information is also in print in the Student Handbook. [15.08] Information regarding the accreditation status may be found on the College's website and in print (College Fact Sheet). The Student Handbook is updated annually and distributed to each new incoming class as well as available online via the College's website. The information is also included in the University catalog, which is available to current and prospective students via the website. [15.06, 15.07]

### 15.2 Complaints Policy

Policies to address student complaints, including those related to the ACPE Accreditation Standards, student rights to due process (Student Grievance Policy) and appeal process are outlined in the CSU-COP Student Handbook, which every student receives via email at the beginning of the academic year. [15.02] The Handbook is also available on the College website. The procedures are also covered in the New Student Orientation held each August, Town Hall meetings, and other related forums. In addition, student complaint forms and procedures on how to contact ACPE are located in the Office of Student Affairs. The College's fully constituted Grievance Committee adjudicates student complaints. [15.09]

The Office of Student Affairs maintains a chronological record of student complaints, related to matters covered by the ACPE accreditation standards. In 2016, one formal complaint was lodged against the College regarding the ACPE accreditation standards. The ACPE reviewed the complaint and found that the College adequately addressed the concern to ensure that accreditation standards are not compromised. The complaint was closed by ACPE.

### 15.3 Student Misconduct

The College disseminates misconduct policy with students annually in the Student Handbook, which is also available to students via the College of Pharmacy's website. [15.05] The Professionalism Committee adjudicates student misconduct. The Assistant/Associate Dean for Academic Affairs of the College of Pharmacy is responsible for overseeing the handling, documentation and dissemination of information resulting from incidents of academic misconduct, while the Assistant/Associate Dean for Student Affairs facilitates non-academic complaints. [15.03]

### 15.4 Student Representation

#### *Student Pharmacist Council*

The Pharmacy Student Council is operational with student representation from each professional year and with representation from the seventeen student organizations. Officers are elected each

year and they meet regularly to discuss council business. The Assistant/Associate Dean meets with the council multiple times throughout the academic year and seeks the council's input on a variety of matters impacting students, such as student programming and student services.

Throughout the academic year, the Office of Student Affairs will conduct/sponsor additional leadership workshops and seminars. These activities will be open to all students.

In an effort to strengthen and develop student leadership, the Office of Student Affairs is planning a three-day retreat for members of the Pharmacy Student Council and officers of the various student organizations. The retreat will take place off campus and will occur at the onset of the fall semester-August 2012. The program will include a variety of activities related to team building, leadership development, and assessment and evaluation. A facilitator from outside the College/University will lead the activities. Throughout the academic year, the Office of Student Affairs will conduct/sponsor additional leadership workshops and seminars. These activities will be open to all students.

#### *Class Liaisons*

For each professional year, two class liaisons are elected by their peers to serve as a communications link between the classes and the College of Pharmacy faculty and staff. The liaisons disseminate information regarding class announcements and gather/share student academic concerns with the Department Chairs and Course coordinators.

#### *College Committees*

Students are actively engaged on the following College standing committees: Admissions, Assessment, Curriculum, Grievance, Professionalism, Scholarship and Awards, and Self-Study. Students also serve on the Student Affairs Student Advisory Council, Experiential Education and Advisory Council. The Student Affairs Council members serve as ambassadors for College and/or University related events and they provide feedback to the Assistant Dean for Student Affairs on student programming, student services and the admissions process. This council meets twice per semester. [15.04, 15.14]

#### *Evaluation of Student Representation*

*The Dean's Town Hall Meetings:* Students participate in mandatory Town Hall Meetings once per academic year with the Dean and members of the leadership team. During these forums, students have the opportunity to voice and share any concerns regarding the College, the curriculum, student programming, and global issues related to University services. In addition, this time is used by the Dean to provide updates regarding the College and University, curricular changes, policies and procedures, other important matters relating to student information. We also use this forum to acknowledge student accomplishments and achievements.

*Assessment and Evaluation Activities:* Students are involved in assessment and evaluation activities, where appropriate. Annually in May, the Student Satisfaction Survey is administered to students. Additionally, the graduating class completes exit interviews via focus groups. Completed by students to evaluate and identify general/specific characteristics reflecting on program strengths, weaknesses, and areas needing improvement. This indirect assessment guides

program revisions and improvements. In addition, the Assistant/Associate Dean for Student Affairs conducts informal forums with students to gage student satisfaction and engagement.

*Student Satisfaction Surveys:* In addition, the Assistant Dean for Student Affairs conducts informal forums with students to gage student satisfaction and engagement. From these meetings, several minor changes have been implemented. The Office of Student Affairs in consultation with the Associate Dean for Academic Affairs now work collaboratively with creating the academic and student affairs calendar of events for the academic year. Students were initially concerned with the overlapping of activities. The College has successfully negotiated with the University to add early morning hours to the library schedule—the library now opens at 7 a.m. during the week and the COP Annex is now open to midnight Monday-Thursday to accommodate our students. In the upcoming academic year, the College plans to provide students with keyless access to the computer lab after hours for study and tutorial purposes. [15.15, 15.17]

### Evaluation of Student Representation Effectiveness

**The Dean's Town Hall Meetings:** Students participate in mandatory Town Hall Meetings twice per academic year with the Dean and members of the leadership team including Associate and Assistant Deans and Department Chairs. During these forums, students have the opportunity to voice and share any concerns regarding the College, the curriculum, student programming, and global issues related to University services. In addition, this time is used by the Dean to provide updates regarding accreditation for the College and University, renovation updates for the College, curricular changes and other important matters. This forum is also used to acknowledge student accomplishments and achievements.

### 15.5 Distance Learning Policies

The College does not offer any distance learning pathway for degree completion. [15.10, 15.11, 15.12, 15.13, 15.16, 15.18, 15.19, 15.20]

### Evidence

- [15.01 URL CSU COP Website](#)
- [15.02 Policy - Student Complaint / Grievance Process](#)
- [15.03 Data Analysis - Student Complaint / Grievance Process](#)
- [15.04 COP Committees - Student Members](#)
- [15.05 Policy - CSU COP Code of Conduct - Academic Integrity](#)
- [15.06 CSU Graduate Catalog, COP](#)
- [15.07 Recruitment Materials](#)
- [15.08 COP Student Handbook](#)
- [15.09 Memo - Access to Student Complaint / Grievance File - On-site Review](#)
- [15.10 AACP Survey - 2016: Faculty](#)
- [15.11 AACP Survey - 2016: Graduating Students](#)

- [15.12 AACP Survey - 2016: Preceptors](#)
- [15.13 Student Input - Exit Focus Groups - 2017](#)
- [15.14 Student Input - COP Committees AY 2017](#)
- [15.15 Student Input - Satisfaction Survey](#)
- [15.16 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [15.17 Capstone Research Posters - Student Stress](#)
- [15.18 COP Faculty & Staff Stress Inventory](#)
- [15.19 Notable Achievements, Innovations or Quality Improvements](#)
- [15.20 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 16: Admissions**

*The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.*

### 16.1 Enrollment Management

Chicago State University College of Pharmacy continues to receive quality applicants with a goal of ensuring a diverse pool of incoming students with diverse educational, psychosocial, and cultural backgrounds. The applicant pool is managed by the Assistant Program Director within the Office of Student Affairs. The Assistant Program Director serves as the lead for all college admissions activities which includes evaluating applicants' admissions files, generating correspondences with applicants, facilitating admissions interview process, developing interview schedules and activities, and serves on the Admissions Committee as a non-voting member who provides supplemental information to facilitate screening and discussion of applicants. Once an application is complete, and the Assistant Program Director has ensured that the applicant has met the minimum criteria for admission, it is forwarded to the Admissions Committee for further assessment.

The College participates in the PharmCAS Early Decision Program (EDP). The deadline for applications for the Early Decision Program is September 5, 2017, and requires all candidates to submit completed applications, transcripts and submission fee by the EDP deadline. If a completed application is not received by the deadline, applicants are automatically moved from the EDP pool to regular status. If the candidate meets evaluation criteria, they will be invited for an on-site interview within early October. Early Decision Program offers will be made by late October of the year proceeding matriculation. [16.03]

#### *A description of the college or school's recruitment methods*

The College's recruitment program is housed in the Office of Student Affairs. Recruitment efforts for the past few years include on-campus information sessions; recruitment booths at various colleges/universities locally, within the state, and nationally; hosting and attending college fairs and career days; recruitment at regional and state conferences, and hosting community outreach activities and a yearly pharmacy camp to aspiring high school students who may be interested in pursuing a pharmacy career. The College is revising current collateral marketing brochures and plans to increase recruitment efforts to minority serving institutions and rural colleges and universities during the upcoming academic year.

The College has also established early assurance programs through PharmCAS in order to increase the recruitment pipeline. This program increases the number of admitted students who choose to commit to a seat early in the recruitment cycle. [16.02]

## 16.2 Admissions Procedures | 16.3 Program Description and Quality Indicators | 16.4 Admission Criteria

### *Documentation and maintenance of admission evaluations*

Full admissions criteria for the College are listed and detailed on the College's website. The College's website also includes a complete description of the professional degree program, the current accreditation status, and program performance information including on-time graduation rates and the most recent NAPLEX® first-attempt pass rate. [16.01, 16.4, 16.21] Faculty members participate in the screening process to determine eligibility for an onsite interview. A standardized rating sheet is used to assess the applicants' verbal and communication skills that are reflected by a letter of intent, and motivation and characteristics that are important for success in our professional program, which are reflected by GPA, pre- course work rigor, and extra-curricular activities. Completed rating sheets are securely stored with the Office of Student Affairs. A copy of the rating sheet is included. [16.12] Although there is a minimum GPA required for admission, CSU-COP does not require a minimum PCAT score.

The Admissions Committee holds the responsibility of ensuring that College bylaws that guide the admissions process are followed through the application process. [16.09] Individuals representing various departments in the College make up the Admissions Committee, and ensure that appropriate procedures and policies are followed throughout the admissions cycle. Members of the Admissions Committee are provided a training in both subjective and objective assessment of candidate applications to ensure a fair and equitable approach to candidate evaluation. Each academic year, the Chair of the Admissions Committee recruits students, faculty, external preceptors, and members of the Pharmacy Advisory Council to participate in the admissions process. Faculty members on the Committee serve as initial file reviewers, interviewers, and members of the selection committee, while preceptors and individuals that make up the advisory board participate in only the interview process. Students from all professional years participate in the interviewing process, and do not need to be members of the Admissions Committee. Three seats on the Admissions Committee are currently reserved for internal students in good standing – their role is to and participate in the evaluation of candidates, although they are non-voting members. In addition, the Assistant Dean of Assessment shares insights from correlations between admissions variables and academic performance to inform the decision-making process in future admissions cycles, including the work of the Ad hoc NAPLEX® and Retention Committees. [16.05, 16.06, 16.07, 16.08, 16.10, 16.11, 16.12, 16.13, 16.14, 16.15, 16.16, 16.17, 16.18, 16.19, 16.20, 16.22, 16.23]

### 16.7 Candidate Interviews

Prior to the start of the applicant interview period, the Chair of the Admissions Committee conducts a workshop on the principles of behavioral interviewing to all individuals who contribute to the interviewing process. The half-day candidate interview includes a Dean's welcome, introductions and general overview from the sitting Dean of Student Affairs; a College tour, and a panel blinded interview with a two-interviewer team made up of an internal faculty member and a student, preceptor, or member of the advisory board. Standard interview questions that examine various domains of problem solving, leadership, collaboration, and professionalism, among other skill sets. The involvement of students in the interview process provides the candidate an opportunity to interact with students and gain perspective on their experience.

The final stage of the admissions process is the evaluation for admittance. An Admissions Committee meeting occurs within the 14 days following an interview date. Candidates are given a holistic score that encompasses the GPAs, extra-curricular activities, pharmacy experience, community service, assessment essay, and interview evaluations, and are ranked accordingly. All Committee members are given access to candidate profiles through the WebADMIT system, which allows for discussion regarding individual candidates within the Committee meeting. If they are accepted for admission, applicants are notified of their status (accepted, denied, or continuous review) electronically within three days.

### 16.5 Admission Materials

Matriculation packets are mailed to admitted applicants within ten days of electronic notification. The packet includes information regarding the required deposit, required immunizations, professional technical standards requirements, housing and financial aid information, information regarding the criminal background check and drug screen, dates for new student orientation and start date for fall semester. Criminal background checks and drug tests are conducted yearly for all professional year students.

### 16.6 Written and Oral Communication Assessment

Applicants are assessed on their verbal and written communication skills through a multi-modal manner, including assessment of their letter of intent, articulation skills throughout the interview process, and a clinical reasoning question and narrative that is required during the interview process. Individuals are given a score for the writing sample that then contributes to their ranked score. Individuals that have verbal scores on the PCAT at/below a score of 15 or writing scores at/below 2 on a scale of 4 that are otherwise qualified to be admitted are given conditional admissions that include a referral to the Learning Assistance Center for additional evaluation using the Nelson Denny Reading Comprehension Test. Scores at/below a cut score of 22 require an Individualized Learning Plan to improve these necessary skills.

### 16.8 Transfer and Waiver Policies

#### *Articulation of Transfer Credits*

Individuals who apply for transfer status to the College must be in good academic standing and will be reviewed by the Admissions Committee to ensure that they meet the minimum criteria for general admission to the program. [16.1] Once this is confirmed, individuals participate in an on-site interview, and general admissions procedures are followed. If the student requests advanced standing or requests that previously taken courses apply toward the CSU degree program, the transcript and course description is forwarded to the academic standing committee, which then decides whether those qualify standards of the College's curriculum. [16.10]

#### Enrollment

The College received communication from ACPE regarding changes and trends in enrollment in a letter dated July 11, 2017. The letters cited that in 2014 the first professional year enrollment was

101 students and the 2016 enrollment was 72 students. There are several reasons for that decline. [16.24]

1. Over this time period, there has been a precipitous drop in the number of applications for Colleges and School of Pharmacy nationwide. The American Association of Colleges and Schools of Pharmacy (AAPC) have begun programming in an effort to impact this trend. The College has fully participated in their Pharm4Me campaigns, naming our Admissions Committee Chair, Dr. Lalita Prasad-Reddy, as our College's "Champion." Our Office of Student Affairs has also provided comment, when requested, in the cooperative admissions guidelines development process. We received communication from Dr. Jen Adams on November 2, 2015, that there was 10.4% drop in applications submitted to PharmCAS and an 11.6% drop in applications per applicant. This would directly affect the 2016 enrollment period. [16.25]
2. At the 2017 AACP Interim Meeting, a member of senior leadership of a local College of Pharmacy made a presentation regarding cooperative admissions guidelines to the Deans. The College did not secure a copy of this presentation. It was notable that this administrator reported offering admissions to a significantly higher number of applicants, far beyond their expected enrollment, citing their participation in cooperative admissions as a positive factor. The College is well aware that we share an applicant pool with this institution. Given similarities in proximity, cost, public status, etc., we acknowledge that we are at a recruitment disadvantage, secondary to their reported change in admissions practices.
3. Lastly, there was a large amount of unfavorable media during 2015-16 recruitment season stating that the University was at jeopardy for closing, losing accreditation, having change in senior leadership, and going through financial exigency. The College experienced a significant loss of applicants between offer to interview and offer to admission as collateral damage. We did our best to provide a positive narrative, but there was a resulting enrollment decline.

In light of these factors, admissions decisions were made with an effort to not sacrifice quality over quantity. Fortunately, we have seen slight increase to 73 enrolled for the first year professional class for Fall, 2017. We have expanded our recruitment outreach and used funding to offer small book award scholarships to every first professional student to maintain our incoming class enrollment. We will continue to monitor our recruitment efforts and admissions practices over this upcoming year to ensure continued growth in enrollment.

## **Evidence**

- [16.01 Curriculum/Degree Requirements - Catalog - Pre-Requisites](#)
- [16.02 Examples - Early Assurance Program Agreements](#)
- [16.03 Enrollment Data and Projections](#)
- [16.04 Organizational Chart - Student Affairs](#)
- [16.05 Data - PCAT Scores](#)
- [16.06 Data - GPA Admissions](#)
- [16.07 Data - GPA Admissions - Science](#)
- [16.08 AACP Peer Data Analysis - Comparisons PCAT and GPA Scores](#)
- [16.09 COP Admission Committee](#)
- [16.10 Policies - Admission and Transfer](#)
- [16.11 Professional or Technical Standards - Technician License - Acceptance Letter Notification](#)
- [16.12 Admissions Assessment Instruments](#)
- [16.13 CSU COP Handbook - Admissions](#)
- [16.14 Link to Required Public Data](#)
- [16.15 Application / Admissions Data](#)
- [16.16 Enrollment Data - Gender](#)
- [16.17 Enrollment Data - Race & Ethnicity](#)
- [16.18 AACP Data Analysis - Mean PCAT Scores](#)
- [16.19 AACP Data Analysis - GPA Admissions](#)
- [16.20 AACP Data Analysis - GPA Admissions - Science](#)
- [16.21 Recruitment Materials](#)
- [16.22 Correlation of Admission Variables and Academic Performance](#)
- [16.23 Ad hoc Committee reports - Retention and NAPLEX](#)
- [16.24 ACPE Annual Monitoring - Progression](#)
- [16.25 AACP Council of Deans - PharmCAS Enrollment](#)
- [16.26 Notable Achievements, Innovations or Quality Improvements](#)
- [16.27 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 17: Progression**

*The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.*

### 17.1 Progression Policies

#### *Academic Standing: Policies and Procedures*

No changes have been made to the student progression policies and procedures since the submission of the last self-study submission. The Academic Standing Committee continues to meet regularly to discuss the academic progress of students. The student progression policies are discussed in detail by the two Academic Department Chairs and the Associate Dean for Academic Affairs during the New Student Orientation and each student receives and signs an acknowledgement for his/her copy of the Student Handbook. In addition, an electronic copy of the Student Handbook is available online for student reference. The handbook outlines in detail the student progression policy, the policy for academic probation, information regarding remediation and other academic and non-academic policies and procedures. [17.01, 17.02]

#### *Matriculation, Progression, Admission, Graduation and Transfer Rates*

Ninety-seven percent of the students that have matriculated into the College remain in the program and are progressing toward completion. A total of nine students have left the College. Three students have voluntarily withdrawn while only five students have been dismissed for unsatisfactory academic progress. Tables displaying attrition, graduation rates and retention tracking are included. The Ad Hoc Retention Committee was formed to monitor progression and continues to make recommendations to address areas of concern as described below. [17.04, 17.05, 17.06, 17.08]

### 17.2 Early Intervention

#### *Programs for Retention and Academic Assistance*

Numerous systems of intervention are in place to support student retention: tutoring, early alert system, small group learning communities, self-directed learning modules, and referrals to the University Counseling Center. The College offers tutoring for all professional year students in select core and elective courses in an effort to support or promote the academic success of students. Peer tutors are solicited for employment at the start of each semester at the recommendation of past instructors. Each tutor must be in good academic standing and must have earned an A or B in course to be tutored. Tutoring is available one hour before the start of the block schedule, during the noon hour as well, as after the close of the academic day. The tutoring schedule is disseminated to all students at the start of each semester and then bi-weekly via the College electronic newsletter, The Pharmacy Insider. Additional hard copies are available in the College of Pharmacy Annex. Currently, there are 6 students that tutor for 7 classes. Students that have experienced academic distress and have been placed on academic probation or academic warning are strongly encouraged to attend tutoring weekly. For record purposes, tutors take attendance in each session.

The early alert system has been implemented by the Assessment /Learning Specialist with support from the Assistant Dean of Assessment. It is a formal, proactive, feedback system through which students, faculty and student-support agents are alerted to early signs of academic distress. Students can be identified for “The List” through several mechanisms, including referrals by faculty, staff, and administrators who have discovered an area of concern that may need remediation. One mechanism is the use of Strengths and Opportunities Reports generated from ExamSoft. These reports disaggregate data that aligned to ‘categories’ based on ACPE Appendix 1 and 2 in the Standards, the ACPE Standards 2016, the COP Professional Competencies, and Bloom’s Taxonomy levels. The faculty, Learning Specialist, and Assistant Dean of Assessment can each run reports after each exam in order to note both individual areas of concern or cohort-patterns on performance. In addition, at the midpoint mark in each course, course coordinators are asked to document and forward the names of all students that currently are earning below 75% in each course to the Assistant Dean for Student Affairs and the Assessment/Learning Specialist. Identified students receive notification via email from the Assessment/Learning Specialist and are encouraged to complete an Academic Improvement Plan (also known as the Individualized Learning Plan) that utilized the support services available. To increase self-accountability, the Plan requires signatures by the student, Learning Specialist, faculty Member (as appropriate) and learning community advisor.

A recent example on how this approach is already making a positive difference on the likely progression of students is the PHAR 6123 Research Methods and Pharmacoepidemiology course. This course has a significant component in Biostatistics. Historically this course had a relatively high number of students who had to remediate the course during the Summer or take the course again in the following academic year. The P1 cohort in Spring 2016 had 15 students who had to remediate the course in summer or were required to repeat the course the next year. In Spring 2017, the faculty used the Strengths & Opportunities Reports to help track the areas in which students either individually or as a group were struggling on specific concepts. In response, students were identified for tutoring. Individualized Learning plans were created. Self-directed modules / problem sets were generated / administered through Exam Master. Student progress was monitored during supervised tutoring sessions by the Learning Specialist with progress reports given back to the professors. Under the threat of recording an ‘Incomplete’ instead of the grade earned and possibly having to spend the summer with the professor, the students were able to bring their performance up to proficiency on those skills and therefore, were able to progress out of the class during the Semester without having to remediate or plan to return the next Spring.

Upon entering the College, students are divided into small group learning communities and remain in those groups throughout their tenure in the program. They consist of students from the same professional year and are guided by a faculty member. The communities provide students with the opportunity to work with fellow classmates in order to promote diversity, embrace excellence while encouraging insightful faculty-student interaction. The impact of the learning community experience is assessed each year via the Student Satisfaction Survey. Results from the May 2011 survey report that 75% of the student respondents felt that their sense of belonging to the College was improved, 87% were satisfied with their learning community experience thus far, 70% felt that participation has aided in the adjustment to academic challenges, and 82% felt that their ability to effectively interact with people from other cultures or ethnic groups improved. The qualitative assessment of the impact of learning communities has yielded positive results and thus justified their need within the College.

## Future Plans to Address Progression

On July 11, 2017, the College received communication from ACPE citing on-time graduation rate monitoring, citing an attrition rate of 24.6% for the Class of 2016. The College also received an ACPE letter on July 11, 2016 citing an on-time graduation rate monitoring attrition rate of 22.9% for the Class of 2015.

In response to the July 2016 letter, the College has identified a multi-pronged approach to impacting the on-time graduation rate. For example, the Ad Hoc Retention Committee worked to address recent enrollment trends. The analysis on root causes for student progression issues explored a few target areas of interest: better identification of student knowledge and skills gaps, tracking and addressing early performance red flags, and ensuring competency before student progression. The following recommendations were made and are being fully implemented as of Spring 2017:

- a) Implement a pre-matriculation Pharmacy Readiness Assessment, (covering Algebra, Statistics, Biochemistry, General Chemistry, Organic Chemistry, Biology, and Anatomy and Physiology) as part of the expanded New Orientation workshop prior to matriculation that was piloted in August 2016;
- b) Utilize course-specific module quizzes in Exam Master to identify priority areas for individualized tutoring / study when a student is referred to the Early Academic Warning Program;
- c) Implement new and revised co-curricular learning experiences and activities that address affective domain criteria, interprofessional education, and other academic support topics.
- d) Implement an instructional assistance program for P3 students to meet comprehensive benchmark expectations in drug card information, medical terminology, calculations, and didactic content from the P1-P3 year in order to increase readiness levels for the PCOA and NAPLEX® standardized examinations. [17.07, 17.09, 17.10]

In addition, the Academic Standing Committee has decided to review its policies to ensure they are student-friendly and not impeding progression. The Admissions Committee has been provided with the admissions data correlation with academic performance to determine if adjustments to current admission policies should be adjusted. Changes have been made in New Student Orientation to give students additional tools for success. Finally, the Assistant Dean of Assessment has worked with one of our vendors, Exam Master, to pilot a Readiness Exam. This assessment has been given to our first year professional students to identified areas of deficiency early. The next step in this process is for the Assistant Dean of Assessment and the Learning Specialist to continue to assist students to develop individualized learning plans that the students can apply before difficulties are experienced. Finally, the Interim Dean, Assistant Dean of Assessment, and Learning Specialist has met with each fourth year professional student individually to discuss their performance on the PCOA exam in April, 2017. Each student must formulate an approved study plan for NAPLEX review and follow-up on their progress on that plan at each End of Module meeting. It is our hope that this approach will result in student success and progression toward on-time graduation. [17.03]

## **Evidence**

- [17.01 Policies regarding progression-Student Handbook, SAP policies](#)
- [17.02 University Student Academic Program \(SAP\) Policy](#)
- [17.03 Correlation of Admission Variables and Academic Performance](#)
- [17.04 On-time Graduation Rate](#)
- [17.05 Attrition](#)
- [17.06 Dismissals](#)
- [17.07 AACP Survey - 2016: Faculty](#)
- [17.08 Ad hoc Retention Committee Report](#)
- [17.09 ACPE Annual Monitoring - Progression](#)
- [17.10 Notable Achievements, Innovations or Quality Improvements](#)
- [17.11 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 18: Faculty and Staff – Quantitative Factors**

*The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.*

### 18.1 Sufficient Faculty

#### *Faculty Workload*

The College follows the faculty workload procedures outlined in the University Personnel Action Timetable and Faculty Contract. The workload is created annually by department chairs using the University Yearlong worksheet form and reviewed by faculty. The workload is agreed upon the faculty and chair, and then forwarded to the Dean and Provost. The University also conducts a faculty analysis each semester.

The University uses Credit Unit Equivalencies (CUES) as a way to view faculty workloads uniformly. CUES are assigned for both instructional and non-instructional activities. Per the University Contract, 12-month clinical Pharmacy Practice faculty are assigned 30 - 36 CUES per year. Nine-month faculty are assigned 18 - 24 CUES per academic year. CUES are assigned to faculty responsibilities related to teaching, advising, capstone project mentorship, and precepting. Clinical faculty are assigned CUES for practice site management, as well.

Faculty are assigned lecture topics according to their expertise first, interest second, and need third. The Department Chairs are cognizant of CUE requirements and ensure that they assign loads that are appropriate and evenly distributed. Faculty reports to their respective Department Chair, if they have assignments outside of the College. Currently, one clinical faculty member has an appointment at Rush Medical College. Her role involves precepting medical students approximately 5 days per month. The University contract does not allow for awarding CUEs for faculty assignments outside of the University; however, the College believes that this type of partnership is valuable for the College as well as for faculty development.

The 2015-2017 time period produced unique challenges as a result of the State budget impasse. In the Pharmacy Practice Department due to the increase in faculty resignations, faculty was first asked to volunteer to cover topics and then remaining topics were filled by faculty who had lighter loads. The Department Chair also filled in to teach open lectures. The faculty volunteered to cover an overwhelming majority of the courses; therefore, there were few faculty who were assigned topics by the Chair directly. Although faculty were responsible for more lectures, no faculty member in the department exceeded the 36 CUES. As faculty were hired, faculty who volunteered to teach additional lectures were released from this responsibility. In the Department of Pharmaceutical Sciences, two positions were vacated due to resignation. Pharmacology lectures were distributed to the existing Pharmacology faculty (including Chair) while medicinal chemistry lectures were voluntarily managed by the existing Medicinal Chemistry faculty. The Department filled these positions within 3 months and these additional loads were removed from the existing faculty and distributed to the new hires. However, in any situations, none of the faculty had CUES that exceeded university limit of 24.

#### *Hiring and Expertise*

When the college is at its' full complement of faculty and class size, the student to faculty ratio is ideally 10:1. The college's mission speaks of the development of faculty and staff into leaders that are trained to work in diverse populations. Since the inception of the school, the thought has been that in order to get to know students well and work with them closely enough for them to reach their goals, keeping a small class size is important.

Deliberate consideration is made to ensure that the faculty and staff employed at the college are qualified and have experience that will enable the College to fulfill the mission. In light of the hiring currently occurring to fill vacant positions, the members of the department of pharmacy practice wanted to ensure that high quality faculty were hired as replacements. The faculty requested to the Chair that new hires have at least a PGY 2 or a history of experience in pharmacy practice. In addition, the faculty, with the Chair's approval developed a formalized mentoring program in which all faculty in the department were assigned a mentor to continue their development in the areas of teaching, scholarship, or service.

However, Faculty turnover during the 2012-2017 timeframe was a result of multiple factors, including retirement and pursuit of other positions. The College of Pharmacy was affected by the state budget stalemate resulting in a noticeable number of resignations, although the College was protected from University layoffs. The Pharmacy Practice Department had 4 resignations, and the Pharmaceutical Sciences Department had 2 between the 2015-2017 time period. In July 2016, the College was given approval to move forward in the hiring process for vacancies. Since then, concerted efforts were made and continue to recruit and hire qualified faculty. The Pharmacy Practice Department has 16 approved faculty positions and has filled 3 of the 7 vacant positions. Recruitment for the other vacancies continues.

The Department of Pharmaceutical Sciences has 9 approved faculty positions and one-part time approved faculty positions. Since the last submission, the Department of Pharmaceutical Sciences had 4 resignations due to career moves and immediately filled them. Two resignations were from Medicinal Chemistry and two were from Pharmacology. During 2016-17 academic year, department had two resignations. These positions were empty only for one semester (Spring). The department hired replacement and these faculty joined the university on July 1st, 2017.

#### *Part-time Faculty / Contracts to Deliver Academic Instruction Services*

The College of Pharmacy has historically delivered the curriculum with some use of Part-Time faculty. Since the opening of the College, the Pharmacy Practice Department hires 1 part-time faculty member to co-teach in the Pharmacy Law and Ethics Course. In addition, the Department hires one part-time faculty member that co-teaches an elective with a faculty member in the Department of Pharmaceutical Sciences. Due to the resignation of the faculty member in Pharmaceutical Sciences, the course that was co-taught with the part-time faculty member was not offered for the Fall 2017 school year. Per the University contract, Part-Time faculty are hired for one semester.

The Pharmacy Practice Department also hires pharmacists to assist in facilitating in the Applied Patient Care and Patient Assessment courses in the Spring Semester. These hires are not considered Part-Time Hires by the University, rather they are considered Staff Positions, with a title of Pharmacy Practice Lab Specialist. The Department attempts to hire 4 pharmacists to work up to 4 hours per week in these courses. Last Academic Year, the department only hired one person in this role. This was not due to lack of funding. Rather, it was due to a low response rate to the posting.

The Pharmaceutical Sciences department has one part-time position to teach Pharmacokinetics. This is part time position because the course is offered only in the Fall. The faculty in this position is a retiree from the college and is continuing to teach the same course.

The University of Illinois Chicago Drug Information Center had been contracted to deliver the Literature Evaluation and Evidence-Based Medicine course. However, during the 2016-2017 Academic year, the Drug Information Center and the College of Pharmacy mutually agreed to end the partnership. The course will be taught during the 2017-2018 academic year by a full-time faculty member who has been employed with the college of pharmacy since 2009, and has a background in drug information. The faculty member completed an ASHP-Accredited residency in Drug Information and formerly worked in a drug information center. The Department received approval to convert one of the faculty positions left vacant due to resignations into a clinical faculty position with a specialty in Drug Information and Medication Safety. The prospective candidate for this position would be the primary person to deliver course material in this course, and will be responsible for developing a medication safety service at a local hospital system, which is one of our practice partners.

During the end of the Fall 2016 semester, the Department of Pharmacy Practice experienced a resignation that came very quickly. The faculty member resigned one month prior to the start of the Spring semester, which was the semester in which this faculty member taught 2 core courses. The timing of this resignation, coupled with the fact that the university was on winter break, the department was unable to organize a search for a replacement prior to the beginning of the Spring Semester in January 2017. As a result, the Department of Pharmacy Practice contracted Health Resources Consulting to teach the Health Economics and Drug Treatment Outcomes course. Additionally, the Department was able to work with the College of Health Sciences at CSU to request that one of their faculty assist in the teaching the Research Methods and Pharmacoepidemiology course, which was the other course that the faculty member taught. The Faculty member from the Department of Health Science has a background in Epidemiology/Biostatistics/Research Methods & Surveillance, and was able to teach a major portion of the course. In addition, the Assistant Dean of Assessment was tapped to co-ordinate the Research Methods and Pharmacoepidemiology course. Dr. Grim is a fully tenured professor in the College of Education who has considerable experience teaching and developing interdisciplinary Research Methods courses to meet the programmatic needs for 37 programs in the Colleges of Arts & Sciences and Education at the undergraduate, masters and doctoral levels. Her background in Chemistry and Science Education complimented the work of the faculty member in Department of Health Sciences; a testament to interprofessional collaborations. The desire is to continue this partnership moving forward.

#### *Faculty Workload and Needs Assessments*

Effective Fall 2016, the university mandated that Department Chairs to teach one course per semester. The Department of Pharmacy Practice teaching load was significantly higher due to the considerable number of faculty resignations that occurred. The Department is currently hiring for vacant positions, and the anticipated hires will assist in lowering the teaching load for the Chair.

Pharmaceutical sciences department is currently fully staffed. Faculty class assignments are based on expertise and this is done in collaboration with faculty. Faculty always volunteer if a need arises

such as resignation, emergency leave, etc. The chair is required to teach as mandated by the University and the chair is always ready to fill a gap.

Administrators in the Office of Experiential and Continuing Professional Education (Drs. Johnson, Azab, and McClain) also have faculty appointments in the Department of Pharmacy Practice. They are involved in teaching the didactic portion of the Professional Practice courses. They also give lectures in a few of the other courses in the curriculum. [18.01, 18.02, 18.03, 18.04, 18.05, 18.06, 18.07, 18.08, 18.09, 18.10, 18.11, 18.12, 18.13]

## 18.2 Sufficient Staff

Each Office or Department has appropriate staff assigned.

In addition to the Dean, the Office of the Dean has an Office Administrator and a Coordinator of Budget and Development. Interim Dean Coleman moved the Assistant Dean of Assessment to ensure that assessment activities were occurring throughout the College.

In addition to the Associate Dean of Academic Affairs, the Office of Academic Affairs has the Coordinator of IT User Services and the Director of Capstone. The Coordinator of IT User Services is responsible for maintenance of hardware and software used in the College. The Director of Capstone ensures that the fourth year professional students are meeting the requirements of graduation and has oversight in the planning of the poster session and judging.

In addition to the Assistant Dean of Student Affairs, there is the Learning Specialist, the Coordinator of Recruitment, the Assistant Program Director, Customer Service Representative and Office Administrator. The Learning Specialist assists students in personal and academic difficulty, hires and trains student tutors, maintains the Learning Communities, and plans professional development workshops. The Recruitment Coordinator is often away from campus at recruitment fairs and meetings. When on campus, the Coordinator is meeting with potential applicants to evaluate transcripts and answer questions about the program. The Assistant Program Director ensures the admissions processes are fully enacted. She maintains student records and plans New Student Orientation and White Coat Ceremony. The Customer Service Representative maintains immunization and licensure records, assists with admissions and database management. She also has a background in financial aid and can help the student with general questions and concerns. There is an office administrator position that is currently vacant, but is actively in the recruitment process.

The Office of Continuing and Professional Education is led by an Assistant Dean. There is both a Director of IPPE and Director of APPE to ensure students are placed at appropriate sites. The Director of Continuing Professional Education is responsible for the planning and execution of the continuing education of the College and contracted partners. The Program Specialist ensures contractual requirements are met with practice partners and preceptors. She ensures records are kept and contracts are renewed, as needed. The Program Assistant serves as the Office Administrator for this area.

The Department of Pharmacy Practice has an assigned office administrator that handles budgeting, contracts, and requisite documentation of the department. The Department of Pharmaceutical Sciences also has an office administrator; however, because of the research laboratories, there is a

Research Assistant is responsible for maintenance and upkeep of the labs, as well as ordering of supplies. For the practice labs, there is both a Director of Professional Lab and a Laboratory Support Specialist. These two individuals are responsible for the maintenance and inventory so that all learning activities that occur in the lab are suitable for students. [18.01, 18.02, 18.11, 18.13, 18.14, 18.15]

The College recognizes that there are three Executive Administration positions that are currently being filled with interim appointments, as well as the Capstone Director position. Once the permanent Dean is named, the College will be able to move immediately on filling those interim administrative positions, in accordance with University policy. The expectation is that the permanent Dean will be named within the 2017-18 academic year.

### **Evidence**

- [18.01 Organizational Chart - Academic Departments](#)
- [18.02 ACPE Faculty Resource Report](#)
- [18.03 Faculty Turn-Over Data Analysis](#)
- [18.04 Description of Courses - Mapped to Faculty - Credentials](#)
- [18.05 Voluntary Faculty Affiliates - Preceptors](#)
- [18.06 List of Administrators who Teach](#)
- [18.07 AACP Survey - 2016: Faculty](#)
- [18.08 Table: Allocation of Faculty Effort](#)
- [18.09 Table: Distribution of Faculty by Rank and Years](#)
- [18.10 Faculty Workload - Process and Analysis](#)
- [18.11 Faculty Hiring - Human Resources Systems Summary](#)
- [18.12 Faculty Hiring - Part Time](#)
- [18.13 Workforce and Succession Planning](#)
- [18.14 Notable Achievements, Innovations or Quality Improvements](#)
- [18.15 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 19: Faculty and Staff – Qualitative Factors**

*Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.*

### 19.1 Educational Effectiveness

Qualified and trained employees of all classifications (faculty, staff, and administrators) are interviewed and hired to meet the needs of posted job descriptions. In addition to interviews, reference checks, and transcript requirements, employees attend a University orientation before transitioning to their work assignments.

The processes to screen, assess, and confirm the credentials of faculty lie within the College Departments. In both departments, faculty candidates are screened by the department search committees, which are comprised of department faculty members. The committees are responsible for screening and reviewing the candidates' credentials prior to being invited to an onsite interview. Faculty applicants for the Department of Pharmacy Practice are screened to determine if they meet the needs of the department, compared to the requirements of the job description. For clinical faculty, candidates are required to have completed at least a PGY-1 residency; however, preference is made to candidates who have completed a PGY-2 residency. For specialty pharmacy practice, such as Infectious Disease, the faculty candidate must have completed a PGY-2 Residency in said specialty. Faculty candidates without residencies, but have an extensive amount of practice experience are also evaluated and considered for positions. In addition, faculties are preferred to have completed a teaching certificate program in their post graduate residency training, though it is not required. Faculty candidates are also required to submit a teaching philosophy.

Faculty candidates for the Department of Pharmaceutical Sciences are initially screened for credentials as well. Faculties are required to have a PhD in the discipline listed in the job description. In addition, preferences are made for candidates with a post-doc and experience in teaching. Faculty candidates are required to submit both a document outlining their research interest and a teaching philosophy.

In addition to evidence of teaching experience in the CV, faculty candidates are required to give a presentation during the on-site interview. The purpose of this interview is for faculty to assess the candidate's teaching ability, pedagogy, and speaking skills. Faculty, staff, and students are invited to attend the presentation and asked to assess the content and the effectiveness of the presentation. These responses are evaluated by the Search Committee and weighed in the recommendation for hire. The department search committees then submit recommendations for faculty hires to the Chairs, then Dean and Provost.

As outlined in our mission, the College is committed to recruiting, hiring and retaining qualified faculty from diverse populations to deliver our curriculum. The mission of the College also speaks to educating students from diverse backgrounds to enhance culturally competent care. As a result, the College is intentional in ensuring that we have a diverse faculty and staff to deliver the curriculum, assist students, and manage daily activities of the college.

The faculties possess a diverse range of credentials that also contribute to the breadth of experience of the college. Degrees held by faculty who teach in the college include PhD (11), PharmD (17), Masters of Public Health (1), MS (2), JD (1), MAA (1) and MD (2) degrees. Of note, the Assistant

Dean of Assessment holds a PhD in Curriculum Instruction in Science and Education. Certifications held within the college included BCPS (6), BCACP (2), CTTS -Certified Tobacco Treatment Specialist (1), and CDE (1).

All foundational sciences are represented by the faculty in the Department of Pharmaceutical Sciences. In regards to the Department of Pharmacy Practice, clinical areas related to Internal Medicine, Community Pharmacy, Ambulatory Care, and Infectious Disease are represented by the faculty. Additional specialties are represented by the faculties that teach within the College as a result of the partnership between the College and University of Chicago Medicine.

The assessment and confirmation of credentials for Civil Service employees follows the university process. The respective department desiring to hire an employee that falls under the Civil Service classification creates a job description and forwards this to the Office of Human Resources. Recruitment, screening, and credentialing is then managed by the Office of Human Resources. The department requesting the hire is then contacted by the Office of Human Resources to coordinate an interview with the qualified candidates. The department then notifies the Office of Human Resources with their selection. [19.05, 19.13, 19.18]

### 19.2 Scholarly Productivity

Faculty of the College participate in scholarly activities both regionally, nationally, and internationally. The University and College is supportive of the faculty contribution to knowledge of the profession. Examples of report to the state organizations show the volume of publications and presentations provided by the faculty of the College. Faculty mentor the fourth year professional students in their capstone projects, also contributing to scholarly pursuits. The faculty submit an annual portfolio for evaluation. The evaluation of effectiveness of faculty is based on criteria in the Departmental Application of Criteria (DAC) and determined through a process starting with the Department Personnel Committee (DPC), then Department Chair, Dean, the University Personnel Committee (UPC) and the Provost.

The College's expectations for research productivity for all faculties, including new faculty, is outlined in the Departmental Application of Criteria, (DAC). While the University is recognized as a teaching institution, research is highly regarded and expected of all faculty within the College of Pharmacy. The Department of Pharmacy Practice and the Department of Pharmaceutical Sciences each have separate DACs that include criteria and expectations relevant to their department. In Pharmaceutical Sciences, expectation is that faculty complete combination of three grants or publications in peer reviewed journals each review period. In Pharmacy Practice, the requirement does not identify a specific number of publications or grant submissions, rather that the faculty member demonstrates consistent progress in research for each review period. [19.01, 19.03, 19.04, 19.06]

### 19.3 Service Commitment

Faculty of the College participate in wide variety of service opportunities, including serving as an advisor for one of the professional student organizations. Faculty are encouraged to participate in their respective professional organizations and the College purchases membership for all faculty to the American Association of Colleges of Pharmacy. [19.01]

#### 19.4 Practice Understanding| 19.5 Faculty/Staff Development

Once hired, there are a plethora of opportunities for faculty and staff to build upon their skill sets to promote student engagement.

The College of Pharmacy hosts the Slatkin Symposium every other year. The goal of the symposium is to bridge the gap between pharmaceutical sciences and clinical sciences. All faculty, staff, preceptors, and scientists external to the College and University are invited to attend. In addition, the College hosts the Beverly Talluto Symposium in the opposing year. The goal of the Talluto Symposium is to provide professional development in order to improve the student educational experience. As with the Slatkin Symposium, the Talluto symposium is open to all faculty, staff, preceptors, and educators external to the College and University.

In addition to the Slatkin Symposium and the Talluto Symposium, there are other activities within the College of Pharmacy that ensure that all faculty have an understanding of trends. The College of Pharmacy has a faculty and staff development committee that hosts workshops occasionally during the year. During the 2017 College Retreat, a presentation was made to all faculty within the College on the Pharmacist's Patient Care Process. The presentation included information on the process and also provided examples of how the process could be integrated into the curriculum based on student knowledge in each professional year. During the presentation, the process was loosely compared to the scientific method that scientists use. This analogy helped the pharmaceutical science department understand that just like foundational scientists, clinicians also follow a process with providing patient care. Also at the retreat, the faculty participated in a "Curriculum Speed Dating Event" in which faculty had the opportunity to learn about content taught in other courses in the curriculum. The purpose of the activity was three-fold; 1) to enable faculty from different disciplines learn about what is being taught in other courses, especially in course in different pharmacy departments, 2) to determine if there was content overlap, and 3) to determine if there were opportunities for content integration across the curriculum. This activity involved course coordinators giving a 5 to 7-minute discussion on course content, assessment techniques, and active learning activities done in the course. Faculty then rotated to tables to speak to the course coordinators to learn about the course. In addition, the faculties were asked to take notes on whether or not there could be opportunities for content reinforcement or integration across courses.

Evidence of the opportunities for staff are human resource enrichment programs, brown bag lectures, boot camps for lower and middle management, and departmental professional development on campus systems. Additionally, all University faculty are supported by the Center for Teaching and Research Excellence (CTRE) to attend professional conferences and training workshops to improve teaching methods including online teaching. The CTRE send weekly emails announcing internal and external trainings and opportunities for extramural funding.

The Office of the Provost hosts several workshops annually to ensure uniformity in knowledge. There is a Dean's Retreat and a Chair's Retreat planned by the Office of Provost. Additionally, the Provost Office has reinvigorated the faculty mentorship program, assigning a senior faculty member of the University to be a resource to the new faculty member. Additionally, the Office of Human Resources has many online and live training opportunities that are available to any University employee. These trainings can certainly regarding University processes, but can also include MS Office Products, or specialty training.

For the entire College, the College of Pharmacy Retreats allow an opportunity for faculty and staff to have focused discussions, strategic planning and skills building activities that will assist with student engagement and classroom facilitation. Faculty and staff participate in workshops and active learning activities that demonstrate abilities that can be used in the classroom. Additionally, the Faculty/Staff Development Committee is a standing committee of the College that plans and offers workshops/seminars during the semester to ensure that faculty and staff skills remain current. Although travel was the hardest area hit because of the budget impasse, faculty have still been able to travel for offsite training and participation in professional development. Financial support has been particularly given with justification for poster or podium presentations and special recognition for the University or College. Faculty have had to become more thoughtful about the quantity of travel and many have secured alternative funding to support them. If full financial support was not available, the College and/or Department attempted to find funding for partial support. If funding for partial support was not available, the College supported the faculty in granting them time away from campus to attend.

In the Department of Pharmacy Practice, two particular initiatives have been success in faculty development. Faculty established a Course Coordinator Bootcamp for new faculty to ensure that they understand the roles and responsibilities of being the course coordinator, as many of our courses are team-taught. New this year, the Department developed a pilot program called the Pharmacy Practice Mentor Program (PPMP). Each faculty is assigned to a faculty mentor. The mentor is a resource of the faculty and participates in their peer-review of teaching. A manual has been developed to assist with establishing the mentor/mentee relationship and provide documentation of the program. Faculty are particularly assigned according to their interests, based on an initial questionnaire. [19.02, 19.14, 19.15, 19.16, 19.17, 19.19, 19.20]

## 19.6 Policy Application

All employees are evaluated annually. The annual evaluation process allows the University to evaluate the workforce assessing qualifications, as well as training needs. According to the 2010-15 Collective Bargaining Agreement for Faculty and Academic/Contract Professionals, the faculty annual evaluation is carried out in areas of teaching and performance of primary duties, research and creative activity and service. Faculty members are expected to submit portfolios with supporting documents detailing their teaching evaluations, research and creative activity, and service. The evaluation of effectiveness of faculty is based on criteria in the Departmental Application of Criteria (DAC) and determined through a process starting with the Department Personnel Committee (DPC), then department chair, dean, the University Personnel Committee (UPC) and the provost.

Similarly, administrators and staff are evaluated annually. The evaluation instruments are designed by the Office of Human Resources and are based on the performance of their job functions as outlined in their job description. [19.03, 19.04, 19.06, 19.07, 19.08, 19.09, 19.10, 19.11, 19.12, 19.21, 19.22, 19.23, 19.24]

## Evidence

- [19.01 Faculty Research & Creative Activity](#)
- [19.02 Patient Care Process Presentation - Fall 2017 Retreat](#)
- [19.03 Faculty Retention, Promotion & Tenure Criteria](#)
- [19.04 CSU Faculty Handbook](#)
- [19.05 Curriculum Vitae - Faculty & Staff](#)
- [19.06 Examples - Faculty Portfolios](#)
- [19.07 AACP Survey - 2016: Faculty](#)
- [19.08 AACP Table: Distribution of Faculty by Rank: Gender / Race / Ethnicity](#)
- [19.09 AACP Table: Distribution of Faculty by Rank: Highest Degree Earned](#)
- [19.10 AACP Table: Distribution of Faculty by Rank: Tenure Status](#)
- [19.11 AACP Table: Distribution of Faculty by Department: Tenure Status](#)
- [19.12 AACP Table: Research & Creativity Activity by Faculty / Department](#)
- [19.13 Candidate Evaluation Form](#)
- [19.14 Pharmacy Practice Mentor Manual](#)
- [19.15 COP Faculty Development Symposiums - Bev Talluto and David Slatkin](#)
- [19.16 CTRE Faculty Development Workshops](#)
- [19.17 COP Faculty & Staff Stress Inventory](#)
- [19.18 Staff Credentials Verification - Human Resources Systems Summary](#)
- [19.19 Human Resource Training](#)
- [19.20 COP All College Retreats - Faculty Development](#)
- [19.21 COP Course and Faculty Evaluation](#)
- [19.22 CSU Civil Service and Administrator Performance Evaluation](#)
- [19.23 Notable Achievements, Innovations or Quality Improvements](#)
- [19.24 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 20: Preceptors**

*The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.*

The Office of Experiential and Continuing Professional Education (OECPE) is committed to preparing and empowering pharmacy students and pharmacists to become competent providers of pharmacy care in all practice settings. This mission is achieved through a combination of innovative didactic coursework, experiential training, continuing education, mentoring, scholarship, and community service. [20.02, 20.04, 20.05, 20.07]

### 20.1 Preceptor Criteria/Recruitment and Orientation

OECPE is responsible for identifying preceptors for the professional practice curriculum. When the Assistant Dean, IPPE Director, or APPE Director identifies a potential preceptor, a site visit is conducted to determine if the site is conducive for the respective IPPE or APPE. During the meeting with the preceptor, the College's mission, curriculum and preceptor/student/College expectations are discussed. If the OECPE staff member believes that the preceptor and site is conducive, the preceptor submits application materials (preceptor application, OECPE Site profile, affiliation agreement, CV/resume) for evaluation and processing.

The Office of Experiential and Continuing Professional Education (OECPE) adheres to general selection criteria [20.04] to identify preceptors for the professional practice program. Preceptors must be licensed and in good standing by the respective board of pharmacy as required by the practice environment and have at least one year of pharmacy practice experience as a pharmacist (with at least six months of experience at the respective practice site). Additionally, the preceptor must complete the CSU-COP Preceptor Orientation module (refer to information within the IPPE Preceptor and Student Manual /APPE Preceptor and Student Manual). If not having prior served as a preceptor, the preceptor is provided with the book, "Getting Started as a Preceptor" by Randell E. Doty), which focuses on general and introductory concepts of effective teaching in a professional practice setting.

Once the preceptor submits the Preceptor Application (with CV or resume) and other requested documentation, OECPE processes the preceptor's materials. In addition to an account generated in CORE ELMS / RxPreceptor (online experiential education management system), preceptors are also granted an adjunct faculty appointment. The adjunct faculty appointment is effective for one year from the date of appointment and will automatically renew based upon the preceptor's continued participation as a preceptor for the College. The adjunct appointment affords preceptor benefits and privileges, such as a CSU e-mail account for communication with the university, college, faculty, staff and students, access to faculty development opportunities, and remote internet access to the University library.

After the preceptor is processed by OECPE, the preceptor receives specific materials to prepare them for the IPPE or APPE they are participating. In order to ensure that preceptors are oriented properly before the arrival of the students at the practice site, all preceptors receive the IPPE and/or APPE respective CSU-COP preceptor and student manual approximately one month prior to the

start of the IPPE or APPE. Contents of the manual include an overview of the College's professional competencies and the experiential education program, general guidelines, policies/procedures, and directions for utilizing the experiential education online management system (RxPreceptor).

Majority of the preceptors for the College are licensed pharmacists. The APPE Preceptor Credential and Practice Site Report 2016-2017 and APPE Preceptor Credential and Practice Site Report 2017-2018 are both included [20.01]. For the APPE 2016-2017 academic year, there were six preceptors that were not licensed pharmacists and all are College faculty that precepted students for electives (an academic or research focused APPE). Similarly, for APPE 2017-2018, there were nine preceptors that were not licensed pharmacists and all are College faculty that precepted students for electives (an academic or research focused APPE).

For IPPEs, the IPPE Preceptor Credential and Practice Site Report 2015-2016 and IPPE Preceptor Credential and Practice Site Report 2016-2017 are both included [20.01]. For the IPPE 2015-2016 academic year, there were 15 preceptors that were not licensed pharmacists are all of those preceptors participated in the Professional Practice II (PHAR 6121) practicum, a public health focused experience in which students are engaged in health related service-learning in various agencies. The preceptors that participate in this practicum are mostly volunteer coordinators or managers at their agencies. The was similarly the case for the IPPE 2016-2017 academic year; there were 11 preceptors that were not licensed pharmacists; and again all were preceptors for the Professional Practice II (PHAR 6121 practicum) and were mostly volunteer coordinators or managers at their agencies.

## 20.2 Preceptor to Student Ratio's for APPEs and IPPEs

The APPE Preceptor to Student Ratio reports for academic years 2016-2017 and 2017-2018 as well as the IPPE Preceptor to Student Ration reports for academic years 2015-2016 and 2016-2017 are included [20.03].

For the APPE Preceptor to Student Ratio, most APPEs are 1:1 or 1:2 (one preceptor for every one student or one preceptor for every two students)-the College attempts to maintain this ratio range to ensure a quality experience for both the preceptor and the student. For the very few ratios that are more (1:3 or 1:4), the preceptor is providing a unique research or academic focused APPE that is often relating to the College's capstone research program. In the APPE Preceptor to Student Ration report for academic year 2017-2018, one preceptor (Arathi Reddy) has ratios from 1:4 to 1:6-this is because at the time of the preceptor to student report was created, the preceptors of record had yet to be identified at the practice site; it is anticipated that this ratio will be 1:1 or 1:2.

For the IPPE Preceptor to Student Ratios, the average falls below 1:2 for all IPPE experiences. In Professional Practice I (PHAR 6121), preceptors may take more than 1 student but often these students are assigned on different days, and the total student count does not exceed 1 per rotation day. There are only a few preceptors who are assigned not more than 2 students on a given rotation day. In Professional Practice IV (PHAR 6224), there are a few instances where the Preceptor to Student ratio skews above 1:2. These instances involve our largest institutional practice partners. A system has been developed by a preceptor of record who manages a small cohort of students, and delegates the student experience in conjunction with the greater pharmacy team at the institution. In Professional Practice V (PHAR 6325) there are only a few instances where a preceptor takes

more than 2 students. This experience does not have fixed hours, and students coordinate a visit schedule with their preceptor. It is unlikely that more than 1 student would be visiting a site at any given period of time during this experience. In Professional Practice VI, a CSU-COP faculty member had to take an extra set of students given the last minute departure of a preceptor who was not able to backfill the availability.

### 20.3 Preceptor Education and Development

The College offers an array of resources to ensure that preceptors have the knowledge and tools necessary to be effective teachers by providing various seminars focusing on topics such as educational methodologies, preceptor roles and responsibilities, and pharmacotherapeutic/practice management. Please refer to the [20.10]. The College offers both live continuing education (Beverly A Talluto Bi-Annual Preceptor Symposium, etc.) and web- based continuing education programming (Collaborative Education Institute, Pharmacist Letter) to meet the diverse educational needs of preceptors. [20.05, 20.10, 20.11]

#### *Preceptor Performance and Evaluation*

OECPE is primarily responsible for preceptor and site quality assurance to ensure a quality experiential curriculum. This is via an exchange of information, feedback and insight from and to the preceptors and the larger preceptor community.

OECPE ensures that preceptors receive feedback on at least an annual basis. CORE ELMS / RxPreceptor (online experiential education management system) enables preceptors to view feedback gathered from the students with respect to various preceptor and site evaluations completed at the end of an introductory or advanced pharmacy practice experience from the academic year. The information is provided to facilitate preceptor assessment in areas of strength and improvement to foster individual and overall development as it relates to precepting. The student feedback is summarized in an aggregate and anonymous form based upon the number of students (3 or more students) precepted during the respective academic year. Separate reporting is delineated between introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs). The IPPE and APPE Directors reviews student feedback and intervene as appropriate.

Student feedback concerning site experiences is also gleaned from professional practice site assignments and in-class reflection sessions to assess appropriateness of the experiences and any potential issues or concerns with the site and or preceptor. Students, as they have been encouraged by OECPE staff, also meet individually with the IPPE and APPE Directors if they are any urgent concerns with the site or preceptor.

Additionally, the OECPE Assistant Dean, IPPE and APPE Directors perform site visits to assess quality. Generally, site visits are conducted every two years with preceptors/sites. During the site visit OECPE staff assess whether or not preceptor needs assistance with accessing precepting materials, seeks comments about the student's performance, and ensures that the site is appropriate (based upon appearance, interactions with staff, etc.). Because of staff shortages within OECPE over the past year due to vacant positions, OECPE is currently contracting with consultants to assist in conducting site visits so that sites that are overdue for site visits can be visited with the next year. "Well-being" phone calls to preceptors are also conducted prior to the practicum and

throughout the practicum (as applicable and determined by the Assistant Dean, IPPE and APPE Directors) to ensure that preceptors have received all pertinent materials in preparation for the practicum and to address any questions or concerns that may arise throughout the practicum.

#### 20.4 Preceptor Engagement

Lastly, OECPE seeks feedback from the larger external preceptor constituency as it relates to professional practice curriculum. The Experiential Education Advisory Council (EEAC) is mainly comprised of external adjunct preceptors from various practice settings. The purpose of the EEAC is to assess, guide and provide recommendations to the College pertaining to the experiential education program and preceptor education training program. EEAC also assists, as appropriate, with the identification and development of new experiential sites. The EEAC generally meets twice a year. At the last EEAC meeting which was held in April 2017, updates were provided to the Council with respect the University administrative changes, the College's viability given the state budget impasse, and developments in preceptor education offerings provided by the College. Additionally, discussion ensued between the OECPE staff and preceptors regarding quality experiences, meaningful reflections and optional learning throughout IPPEs and APPEs. [20.11]

#### 20.5 Experiential Education Administration

OECPE is staffed currently by 6 FTEs. OECPE is led by the Assistant Dean of OECPE, Charisse Johnson, who has directed experiential education at the College since 2007. The IPPE Director, Ahmd Azab, has been at the College since 2015 and prior to that he was a preceptor for the College with years of experience in community and health-systems pharmacy. The APPE Director, Darilyn McClain, recently joined OECPE in June 2017 and has practice expertise in pediatrics pharmacy. Tamaria Thomas, Program Specialist, has been with the College since 2011 in various capacities and recently was promoted to the Program Specialist in November 2016 when the position was vacated. Naomi Simwenyi, Director of Continuing Professional Education, has been with the College since 2013 and has been instrumental in developing preceptor education initiatives. Dawn Cochran, Program Assistant, started in August 2017. [20.06, 20.07, 20.08, 20.09, 20.12, 20.13]

##### *Notable Achievements*

CSU-COP continues to allow students to learn and have rotations at nationally recognized hospitals with a multitude of experiences. Preceptors for the college have gained awards and recognition both locally and at a state level including the 2016 Illinois Pharmacists Association Educator of the Year, Dr. Sneha Baxi Srivastava. In addition, we continue to work on new experiences for students in the future including an informatics rotation taught by CSU faculty. [20.12]

##### *Interpretation of AACP Survey Data*

Review of the AACP survey show that preceptors are engaged with the college and believe that they are handed the appropriate tools for success, but also see opportunities for growth and potential for improvement. For example, more preceptors than the national average stated they did not get clear information regarding what they were being evaluated on. To combat this, all preceptors received information recently on how to access their evaluations from students to give them more information on the subject. In the future, CSU-COP will try and increase the sample size that complete the AACP survey to gain a better picture of the entire preceptor pool and their opinions. [20.08, 20.09, 20.13]

## **Evidence**

- [20.01 Preceptors - List, Credentials / Practice Sites](#)
- [20.02 Preceptors - Non-Pharmacists](#)
- [20.03 Practice Sites - Location, type, student/preceptor ratios](#)
- [20.04 Policies - Recruitment, Retention, Promotion of Preceptors - HR Manual / DAC](#)
- [20.05 Examples - Assessment / Evaluations - Tools for Preceptors](#)
- [20.06 Curriculum Vitae - IPPE / APPE / Assistant Dean](#)
- [20.07 Experiential Education Overview - structure, organization, & administrative support](#)
- [20.08 AACP Survey - 2016: Graduating Students](#)
- [20.09 AACP Survey - 2016: Preceptors](#)
- [20.10 Preceptors - Continuing Professional Education](#)
- [20.11 Preceptors - Continuous Improvement Feedback](#)
- [20.12 Notable Achievements, Innovations or Quality Improvements](#)
- [20.13 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 21: Physical Facilities and Educational Resources**

*The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.*

### 21.1 Physical Facilities | 21.2 Physical Facilities' Attributes

#### *Douglas Hall Physical Facilities*

The total area currently being utilized by the College in Douglas Hall (DH) is 56,000 sq. ft., the entire 3<sup>rd</sup> floor. The floor houses five departments / units – the Office of the Dean, the Office of Academic Affairs, the Office of Student Affairs, the Office of Experiential and Continuing Professional Education, the Department of Pharmaceutical Sciences and the Department of Pharmacy Practice.

Given the current facilities on the third floor of Douglas Hall, the College is able to fully function within the current instructional space. The three auditoriums hold the core classroom activities. The Computer Workshop Room houses desk top computers and moveable tables and chairs. This area is used for large classroom workshop/active learning activities and End of Module Meetings for fourth year professional students. In addition, the CVS Technology Center, the Practice Laboratory, and four Multipurpose Rooms are available, as needed, for elective, specified learning and/or small group activities. The Practice Lab holds sterile and non-sterile compounding and dispensing curricular learning experiences. Surrounding the large laboratory area are seven patient examination rooms that are utilized during patient assessment and skills labs. The Multipurpose Rooms can be interchanged into four medium rooms, two large rooms, or one large auditorium facility secondary to collapsible, interior walls. Large formal events, celebrations, scientific symposia, student academic support workshops, and receptions have been held using the available configurations. There are four mid-sized conference rooms for collaborative meetings. The Student Center holds tables for eating and congregating, as well as individually, keyed student mailboxes. There are three microwaves and three vending machines for community use. All faculty and staff offices are currently occupied, so there will be a need for additional office space in the near future. In the interim, faculty offices can be secured in the nearby University Library, if needed. There are more than adequate research facilities including, three Research Labs, a Laboratory Preparation Room, a Cell Lab, and a small, temporary Animal Facility. Finally, the floor has 298 lockers that are assigned to students during their P1-P3 years. The facilities requirements for the College are determined through an on-going assessment of the class sizes, curriculum, and numbers of faculty, staff and administrators needed to effectively meet the College's mission and goals.

Although the class size is projected at 90 students, each lecture hall has been designed to house 110 students in each classroom to allow for conducting college programming for larger numbers of participants, and/or future expansion of the program, if ever deemed appropriate to do so. Between the instructional areas, the technology contained is the following:

- 25 desktop computers
- 36 laptop computers
- 12 projectors
- 3 technology podiums, with additional a/v equipment
- 16 wireless access points

- 8 wireless microphones
- 3 Mondo pads

The College has no Interprofessional Education facilities of its own; however, Loyola University College of Medicine and Rush University College of Medicine graciously host fourth year professional students in its IPE activities.

Secondary to budget constraints future plans for additional facilities have been significantly delayed, but discussions are once again in initial stages of planning. There are two particular areas of note.

1. Currently, the College of Health Sciences occupies the first floor of Douglas Hall for a portion of their instructional space and offices. The second floor of Douglas Hall previously held most offices of the College and two lecture halls. All faculty and staff offices of the College of Pharmacy have been moved to the third floor and the second floor has been closed to occupancy. There had previously been a plan for the second floor of Douglas Hall to house a “Virtual Hospital” that would be used to promote interdisciplinary learning activities between the College of Pharmacy and the College of Health Sciences, as well as some additional faculty office space for the College of Pharmacy. Because of the Illinois budget stalemate, all capital projects had previously been suspended until July, 2017. Fortunately, preliminary discussion have recommenced on this project, as of August, 2017. At meeting with the Provost, the Deans of the Colleges of Pharmacy and Health Sciences, and the Director of Physical Facilities, Planning and Management, the following decisions have been made for this area:
  - a. Any remaining properties will be cleared and stored beginning October, 2017.
  - b. The second floor of Douglas Hall will be reconfigured to house *Interprofessional Simulation Laboratories* for cooperative use by the Colleges of Pharmacy and Health Sciences. These specific areas will be used to promote interprofessional educational activities for both Colleges.
  - c. Each College will recommend membership from their faculty to initiate brainstorming and initial planning for the *Interprofessional Simulation Laboratories* beginning in October, 2017.
  - d. The College of Pharmacy will retain previously identified office space on the second floor, adding twelve offices, a conference room, a storage room and a reception area.
2. Additionally, the University has a Wellness Center that is located on the first floor of the Cook Administration building. Currently, this Center only serves students and emergency faculty/staff needs. The University has decided to pursue the status of Federally Qualified Health Center (FQHC) to enhance the offerings of the Center to include the University’s faculty, staff, and students, and offer some ambulatory care services to the general public. To achieve this goal, the University has retained a consultant to assist with the development of the application with intent to submit by January, 2018. In light of the plans for the FQHC, the University has determined to move the existing Wellness Center to the 1<sup>st</sup> floor

of Douglas Hall. This will allow for expansion of the Center to include more examination rooms and the addition of pharmacy services. Over the years, the surrounding community has seen economic decline and there has been the recent closure of two Walgreens pharmacies within five miles of the University. The surrounding community has always had a lack of health care services, but the need is now dire. The plans for the movement and expansion of the Wellness Center would address needs of the University and the community of increased and easily accessible health care services. The addition of pharmacy ambulatory care services would include the development of a strong teaching site for the College of Pharmacy and the ability to increase interprofessional experiences with College of Health Sciences and the hired medical staff. The pharmacy service considerations are being put into the initial plans of the Wellness Center development and expansion. A conservative estimate for opening of the improved Wellness Center would be early 2020. [21.01, 21.02, 21.03, 21.04, 21.10, 21.11, 21.12, 21.13, 21.14, 21.15]

### 21.3 Educational Resource Access

#### *Library and Instruction Services / Library Reference Services*

The library's state-of-the-art Information Mall has multimedia workstations for 36 users and a Bibliographic Instruction Studio and Laboratory with 30 workstations. The facility's physical collection is augmented by electronic journals and 3000 e-books, microforms, and audio-visuals, amounting to a total bibliographic unit equivalency of over a million volumes. Additional access is provided through I-Share, an online resource sharing network containing 22 million volumes available at 65 colleges and universities throughout the State of Illinois. Students receive formal bibliographic instruction as a part of their English requirement. Library reference services provide walk-up, as well as 24-hour online support for research and the use of information resources.

#### *Online - supported Learning - Moodle Overview*

CSU is committed to bringing a flexible, powerful means of learning to all students. Online classes operate through Moodle, a learning management system (LMS). This online platform has become a major force in higher education. It affords motivated students the opportunity to study at their own pace and in a manner that suits their demanding schedules. At CSU, Moodle is managed by the Center for Teaching, Research, and Excellence (CTRE). The department ensures that Moodle operates efficiently, and provides technical assistance to users, both students and faculty.

#### Specific Pharmacy Purchased Resources

In addition to the library resources provided by the University, the College also purchases medically or pharmacy-specific electronic databases and make them available to faculty, staff, students, and preceptors, regardless if they are on or off campus. The list of electronic databases that are purchased annually include the following:

Vendor	Product
American Medical Association	JAMA Site Licensing
CARLI	International Pharmaceutical Abstracts
EBSCO	Periodicals
Lexi-Comp, Inc./Wolters Kluwer	Lexicomp online
McGraw-Hill Global Education Holdings	Access Pharmacy
PEPID, LLC	PEPID Pharmacist Pro
Therapeutic Research Faculty	Natural Medicines Comprehensive Database
Truven Health Analytics	Micromedex Core Package
Wolters Kluwer	UpToDate
Medical Letters	Drugs& Therapeutics

The College of Pharmacy also has a limited number of journals and major pharmacy texts available that are located in the College's Resource Room. [21.05, 21.15]

#### 21.4 Librarian Expertise Access

Pharmacy Faculty, Dr. Deborah Harper-Brown conducts a periodic survey to determine if faculty have additional resource needs. Dr. Harper-Brown is the College's representative to the University's Library Acquisitions Committee. She provides recommendation to the Committee and makes suggestion on adjustments to the College's purchases. Dr. Harper-Brown is residency-trained in Drug Information. Additionally, the University has a Librarian that is assigned as a liaison to the College, Dr. Azungwe Kwembe. Throughout the year, Dr. Kwembe contacts the College for updates and concerns and makes adjustments, as requested. [21.05, 21.06, 21.07, 21.08, 21.09, 21.16, 21.17]

#### Evidence

- [21.01 Physical Facilities: Floor Plans / Descriptions](#)
- [21.02 Physical Facilities: Shared Space - IPE Initiative](#)
- [21.03 Physical Facilities: Needs Analysis & Future Plans](#)
- [21.04 AAALAC Documentation](#)
- [21.05 CSU Library - Pharmacy Databases - Peer Reviewed Journals](#)
- [21.06 Curriculum Vitae - Librarians](#)
- [21.07 AACP Survey - 2016: Faculty](#)
- [21.08 AACP Survey - 2016: Graduating Students](#)
- [21.09 AACP Survey - 2016: Preceptors](#)
- [21.10 Physical Facilities: Equipment / Educational Technology](#)
- [21.11 Physical Facilities: Equipment / Research](#)
- [21.12 Physical Facilities: Student Organizations](#)
- [21.13 Physical Facilities: Student Areas](#)

- [21.14 Physical Facilities: Interprofessional Interactions](#)
- [21.15 Educational Resources](#)
- [21.16 Notable Achievements, Innovations or Quality Improvements](#)
- [21.17 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 22: Practice Facilities**

*The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.*

### CSU-COP Professional Practice Network

The Office of Experiential and Continuing Professional Education has fully executed affiliation agreements with an array of institutions including hospital/medical centers, community chain/independent pharmacies, compounding pharmacies, pharmacy benefit management companies, long term care pharmacies, mail order pharmacies, local and national pharmacy associations, and various governmental agencies.

#### 22.1 Quality Criteria / Practice Site Selection Criteria

To maintain a quality experiential education program, the following criteria are required of all practice sites:

- A. The practice site must be licensed and in good standing by the respective board of pharmacy and other applicable regulatory entities as required by the practice environment;
- B. The practice site must, in conjunction with CSU-COP, fully execute and abide by all conditions and requirements as contained within the “Affiliation Agreement for Student Placements in a Practice Setting” or other agreement as mutually agreed upon by the practice site and CSU-COP;
- C. The practice site must submit a “Pharmacy Practice Experience Site Profile” to the Office of Experiential and Continuing Pharmacy Education;
- D. The practice site must exhibit a commitment to the education of student pharmacists by fostering an environment that nurtures student learning, encourages adequate and meaningful interactions with patients and staff, and possess the appropriate technology and resources to support student pharmacist training; and
- E. The practice site must be devoted to providing patient-centered care consistent with contemporary pharmacy practice.

Depending on the type of pharmacy practice setting (i.e., community pharmacy, institutional pharmacy, etc.), there are additional criteria that the site must adhere. Additional criteria can be found in the College of Pharmacy Experiential Education Policies and Procedures Manual. [22.01, 22.02, 22.03, 22.07]

## 22.2 Affiliation Agreements and IPPE/APPE Capacity

### *IPPE Capacity*

The College has secured and fully executed agreements with 100% of the practice facilities utilized for the IPPE practice sites(Professional Practice I-VI). In securing IPPE sites all of the sites were screened by the College (Assistant Dean, APPE Director or IPPE Director) to determine if the site would afford the students to achieve the required competencies. For the IPPE's, site visits are conducted throughout the course of the experience to ensure that the sites are providing a sound educational experience, simultaneously allowing the College to elicit feedback from preceptors.

The IPPE Pharmacy Practice Experience Capacity Chart [See 22.05] further illustrates IPPE capacity for the current and upcoming academic year. It is anticipated that the College will have ample practice site and preceptor availability for the Professional Practice I-VI experiences.

### *APPE Capacity*

All sites for required APPEs have a fully executed affiliation agreement. All sites for elective APPEs also have fully executed affiliation agreements, with limited exception. Currently, the only APPE elective sites without an affiliation agreement include: Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). The above reflects a greater than 99% affiliation agreement execution rate for elective APPEs. At the time of this report, the affiliation agreement for the Cook County Health and Hospitals System is being re-executed.

The APPE pharmacy practice experience capacity chart [See 22.06] illustrates APPE capacity for the current and upcoming academic years. The College has ample practice sites and preceptors to deliver a quality APPE program. Planning the capacity for the APPE program included building in a minimum of ten percent excess to accommodate expected placement adjustments during the APPE year based on anticipated practice site- related changes. Included in this analysis is a requirement for all students to complete a minimum of five of the seven APPEs as direct patient care. Additionally, all students must complete a minimum of one APPE with a CSU full-time faculty member or at the University of Chicago Medicine to ensure that the student is exposed to interprofessional education/practice.

The College has developed a robust offering of elective pharmacy practice experiences. Students select preferences for APPEs via a randomized process utilizing RxPreceptor (experiential education management system).

Generally, all APPE sites are screened by the college to ensure that the site will enable the students to achieve the required competencies. Site visits are conducted on an ongoing basis to students engage in a sound educational experience and that sites foster a mechanism for timely feedback. [22.02, 22.05, 22.06, 22.07]

## 22.3 Evaluation / Quality Assurance of Practice Sites

OECPE is primarily responsible for preceptor and site quality assurance to ensure a quality experiential curriculum. This is via an exchange of information, feedback and insight from and to the preceptors and the larger preceptor community.

OECPE ensures that preceptors receive feedback on at least an annual basis. RxPreceptor (online experiential education management system) enables preceptors to view feedback gathered from the students with respect to various preceptor and site evaluations completed at the end of an introductory or advanced pharmacy practice experience from the academic year. The information is provided to facilitate preceptor assessment in areas of strength and improvement to foster individual and overall development as it relates to precepting. The student feedback is summarized in an aggregate and anonymous form based upon the number of students (3 or more students) precepted during the respective academic year. Separate reporting is delineated between introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs). The IPPE and APPE Directors reviews student feedback and intervene as appropriate.

Student feedback concerning site experiences is also gleaned from professional practice site assignments and in-class reflection sessions to assess appropriateness of the experiences and any potential issues or concerns with the site and or preceptor. Students, as they have been encouraged by OECPE staff, also meet individually with the IPPE and APPE Directors if they are any urgent concerns with the site or preceptor.

Additionally, the OECPE Assistant Dean, IPPE and APPE Directors perform site visits to assess quality. Generally, site visits are conducted every two years with preceptors/sites. During the site visit OECPE staff assess whether or not preceptor needs assistance with accessing precepting materials, seeks comments about the student's performance, and ensures that the site is appropriate (based upon appearance, interactions with staff, etc.). Because of staff shortages within OECPE over the past year due to vacant positions, OECPE is currently contracting with consultants to assist in conducting site visits so that sites that are overdue for site visits can be visited with the next year. "Well-being" phone calls to preceptors are also conducted prior to the practicum and throughout the practicum (as applicable and determined by the Assistant Dean, IPPE and APPE Directors) to ensure that preceptors have received all pertinent materials in preparation for the practicum and to address any questions or concerns that may arise throughout the practicum.

Lastly, OECPE seeks feedback from the larger external preceptor constituency as it relates to professional practice curriculum. The Experiential Education Advisory Council (EEAC) is mainly comprised of external adjunct preceptors from various practice settings. The purpose of the EEAC is to assess, guide and provide recommendations to the College pertaining to the experiential education program and preceptor education training program. EEAC also assists, as appropriate, with the identification and development of new experiential sites. The EEAC generally meets twice a year. At the last EEAC meeting which was held in April 2017, updates were provided to the Council with respect to the University administrative changes, the College's viability given the state budget impasse, and developments in preceptor education offerings provided by the College. Additionally, discussion ensued between the OECPE staff and preceptors regarding quality experiences, meaningful reflections and optional learning throughout IPPEs and APPEs. [22.04, 22.08]

## **Evidence**

- [22.01 Examples - Affiliation Agreements](#)
- [22.02 Practice Sites - Location, type, student/preceptor ratios](#)
- [22.03 Policies - Site Selection, Recruitment, Assessment](#)
- [22.04 Examples - Continuous Improvement on Site Selections](#)
- [22.05 ACPE - IPPE Capacity Chart](#)
- [22.06 ACPE - APPE Capacity Chart](#)
- [22.07 Practice Sites - Full List](#)
- [22.08 Notable Achievements, Innovations or Quality Improvements](#)

## **Standard 23: Financial Resources**

*The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.*

### **23.1 Enrollment Support**

The College is able to fully support and exceed its budgeting and programming needs even with the decline in enrollment that it has experienced in the past two years. As noted in Standards 16, the College has expanded its recruitment efforts to ensure that it is able to continue to enroll a sufficient amount of students for the upcoming years. [23.01, 23.16]

### **23.2 Budgetary Support**

The budget process is a six-month process in an annual collaborative effort between the various department leaders, academic, and administrative staff, committees, and students to prepare the University's budget.

Each Office or Department Chair within the College has its own assigned budget to meet the needs of its area. The Office or Department lead is designated by the University as a fiscal officer. The University employs a purchase order process with requisite authoritative sign-off ability from the unit head, Dean, and Provost via a University Procurement Office protocol. Fiscal Officers have access to the Banner self-service module where they are able to view and monitor their budgets and transactions online in real time. CSU utilizes an online purchasing system that requires five approvals, which includes two separate purchasing reviews. The budgeting and monitoring processes are in place, as well as internal checks and balances for non-sufficient funds before making purchase orders. The system's review and performance improvement processes are ongoing. A university-wide Fiscal Officers meeting is held monthly to discuss, coach, and clarify policies and processes required to meet the fiscal needs of the University or other compliance mandates.

The budget process begins within the College with the development of the PME plans by each unit. Prior to the development of the annual Pro forma for the College, the Dean meets with each unit head to determine if they anticipate any changes in their spending for the upcoming and receive their recommendations for the budget for their areas. She develops the Colleges Pro forma for submission to the Provost and Vice President of Fiscal Affairs, and the University Budget Committee (UBC). The UBC reviews each College's spending priorities through their requests and PMEs and makes recommendation for the overall University budget. If additional needs arise that are not accounted in the budget, the College has the ability to submission requests for additional fund with justification. Because the College of Pharmacy is primarily tuition-funded, the request for additional funds has not been a daunting process. Additionally, the state budget funding delay has not adversely impacted the daily operations of the College. The College did not sustain position cuts, despite University-wide layoffs.

All Illinois public colleges of pharmacy receive special appropriations from the Legislature. For the fiscal year 2016, no special appropriation was received and for fiscal year 2017, 50% of the special appropriation was received at approximately \$153,000 for CSU-COP. Tuition funds enable the College to meet its operational and human resource expenses fully. Fiscal year 2017 special appropriations enabled the College to expand acquisition of library resources, NAPLEX® review

preparation materials, and recruitment expenses. For this year, the funds have been used to acquire additional pharmacy contractual needs and increase recruitment travel. [23.02, 23.14, 23.15]

### 23.3 Revenue Allocation

The Dean serves on the University's Tuition, Fees, and Waivers Committee and is Chair of the Tuition Subcommittee. She would be the representative from the College that would submit any tuition or fees increased for deliberation by the Committee. There has been no tuition increase submitted for the past three years, even in light of the state budget impasse. The College has been able to continue programming at the current level of funding. Once Committee has approved the increase, the process for tuition or fees increase would also require approval from the Student Government and the University's Board of Trustees.

### 23.4 Equitable Allocation

The College has only one location and all resources are directed for its support. [23.03, 23.04, 23.05, 23.06, 23.07, 23.08, 23.09, 23.10, 23.11, 23.12, 23.13, 23.14, 23.15, 23.16, 23.17, 23.18]

## Evidence

- [23.01 AACP CSU-COP Financial Summary Report 2017](#)
- [23.02 College Budget Planning Process](#)
- [23.03 AACP Peer Data Analysis - In-State and Out-of-State Tuition](#)
- [23.04 AACP Survey - 2016: Faculty](#)
- [23.05 AACP Survey - 2016: Preceptors](#)
- [23.06 AACP National Analysis - In-State Tuition](#)
- [23.07 AACP National Analysis - Out-of-State Tuition](#)
- [23.08 AACP National Analysis - Total Grants](#)
- [23.09 AACP Peer Data Analysis - In-State Tuition](#)
- [23.10 AACP Peer Data Analysis - Out-of-State Tuition](#)
- [23.11 AACP Peer Data Analysis - Total Grants](#)
- [23.12 AACP Peer Data Analysis - NIH Grants](#)
- [23.13 AACP Peer Data Analysis - Faculty Salaries by Rank](#)
- [23.14 Budget Plan Process - PME Plans and Reports](#)
- [23.15 University Budget and Resource Planning](#)
- [23.16 ACPE Faculty Resource Report](#)
- [23.17 Notable Achievements, Innovations or Quality Improvements](#)
- [23.18 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 24: Assessment Elements for Section I: Educational Outcomes**

*The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.*

### 24.1 Formative and Summative Assessment

The College has an established assessment culture to ensure that the curriculum, instruction, and assessment cycle informs its daily and long-term instructional practices. The Curriculum and Assessment Committees collaborate to evaluate student learning and curricular effectiveness. Assessment methods are categorized by program outcome, data source, method of assessment, assessment goal, collection interval, formative or summative, direct or indirect, who collects and evaluates the data, and when the assessment will occur. Course embedded assessments are administered (e.g., examinations, reflective papers, group presentations, case presentations [individual and group], laboratories, written reports, etc.) which provide formative, summative and direct measurements. In addition, students are measured on affective domain elements across the curriculum which are evident in the student professional portfolios and in IPPE/APPE reflections. [24.01, 24.02, 24.08, 24.09, 24.10, 24.11, 24.12, 24.13]

To facilitate the coordination and administration of co-curricular assessments and learning experiences, the College consolidated the activities into CSU COP Moodle Courses. In this ‘course’ students can connect streamlined key assessment benchmark expectations to resources to prepare. Students are expected to meet specifically set cut scores on each component (Drug Cards, Medical Terminology, Calculations, and Comprehensive Examinations/Milemakers) and complete Individualized Learning Plans as part of a feedback loop to remain in ‘good academic standing.’ [24.02, 24.08]

The Drug Card Examinations administered in AY 2016 and AY 2017 as well as the P1 to P4 Readiness Inventories / Pre-Tests given since Spring 2017 are showing great promise in helping the program and students identify areas of concern. The use of the Individualized Learning Plans are helping transform self-directed student readiness with the goal of meeting challenges early in the program before a student will hit a major progress roadblock. This combination of formative and summative examinations is expected to naturally increase the likelihood that students can pass the NAPLEX® and MPJE® on the first attempt. [24.02, 24.08, 24.10]

### 24.2 Standardized and Comparative Assessments

#### *NAPLEX®*

The first-time pass rates on the NAPLEX® examination have dropped after a trend of growth for the Classes of 2015 and 2016. Over several years, steps were taken, in good faith, to address the issue. Some steps that were initiated include the following:

1. In addition to the live RxPrep® workshop in November, there was also the purchase and administration of the Pre-NAPLEX® exam for the Class of 2013. However, no required minimum cut score was established. This effort seemed to positively impact the first-time pass rate.

2. For the Class of 2014, in conjunction with the live RxPrep® workshop, the purchase of the online self-study program of RxPrep® was acquired as a resource for students. However, students were not required to complete modules or achieve a minimum cut score. The Pre-NAPLEX® was still administered, but once again, without a minimum score. There was some moderate positive effect on the first-time pass rate.
3. For the Class of 2015, these students were required to complete eighty module quizzes of the RxPrep® online course with a minimum score of 75, but it was noted that students compressed most of the modules until the last month of matriculation and remediated the modules until an acceptable score was obtained. The live workshop and Pre-NAPLEX® were still in effect.
4. For the Class of 2016, there was an attempt to manage the number of modules completed in RxPrep® by assigning 20 module quizzes in each APPE module. Some students completed the modules within the required time frames, but many did not manage their own time well to meet the expectation. The live workshop was given in November and the Pre-NAPLEX® was required.

A series of statistical analyses of the Class of 2015 data identified strong and moderate influences on the likelihood of passing on the first attempt of the NAPLEX®. For the analysis of ranking GPA, there were strong relationships evident in particular core courses, including pharmacokinetics and the integrated pharmacotherapeutics series. There were moderate relationships found in the biomedical sciences and social and behavioral sciences. In addition, the sub-analysis of those that did not pass on the first attempt shows a strong influence in biochemistry, pharmacokinetics, literature and evaluation, law and ethics, and pharmacy practice management. [24.13, 24.14]

There was a strong relationship between prerequisite GPA, with moderate relationships in several subareas of the PCAT. In addition, a sub-analysis shows strong influences of prerequisite GPA and most subareas of the PCAT for the ‘not pass’ students. Because prerequisite GPA was such a high correlation on multiple variables, there was a further sub-analysis by GPA ranges that yielded distinct insight into potential student performance on the NAPLEX®. Students that entered with a prerequisite GPA of 2.50-2.74 showed a 46.7% failure rate on the NAPLEX®. For this group, the PCAT verbal, reading, and writing scores showed a strong influence on the NAPLEX® total and subarea scores that are not as visible in the entire class analysis. Those with a prerequisite GPA of 2.75-2.99 showed a 27.3% failure rate on the NAPLEX® with a combination of strong and moderate relationships with the PCAT subareas. [24.13, 24.14]

#### *Milemarker Examination / Pharmacy Curriculum Objectives Assessment (PCOA)*

In 2014-2016 the P3 Milemarker Examination was administered each Spring. However, in April 2016, the PCOA replaced our Milemarker at this level. (The P1 and P2 Milemakers are still in place.) The Class of 2017 (at the P3 level) performed at the 37<sup>th</sup> percentile on this national standardized examination. The College invested in the ExamMaster® resource and implemented a pilot Self-Study program for the Class of 2018 as P3 students. [24.02, 24.08]

The Class of 2018, as P3 students, performed in an unexpected way. Although the total cohort performed at the 16<sup>th</sup> percentile [range = 1<sup>st</sup> to 93<sup>rd</sup> percentile] on the PCOA, the data suggests that there is more to the story. Anecdotally, those students who meaningfully participated in the Self-directed Study program did well, particularly in the biomedical sciences. Individual meetings were

held with each student as a feedback loop and determined the following general trends: (1) Students were more worried about passing the upcoming course examinations the following week rather than putting their best effort into this non-binding examination, (2) Some students need a refresher course on effective time management, and (3) Students need an incentive to prioritize their time to use the resources they were provided (i.e. Exam Master). [24.02, 24.08]

In response, the program faculty will adjust the examination schedule in the Spring to permit a rest period in preparation for the PCOA. In addition, the Spring 2017 policy regarding cut scores and feedback loops was implemented—i.e. the recording of ‘Incomplete’ grades and the generation of Individualized Learning Plans. Once the students demonstrate proficiency on Self-directed Learning Modules administered through Exam Master® and/or complete other instructional assistance/counseling workshops, the grades are released. However, students remain on the ‘Watch List’. Our intent is to increase the readiness level of the student in the transition to NAPLEX® preparation in order to demonstrate competency by passing at/above the cut score on the first attempt for each key assessment. These insights have been shared with the faculty at the August 2017 Fall Retreat and will continue to be monitored with future cohorts and with this cohort during the P4 EOMM Quiz and the P4 (Pre-NAPLEX®) Comprehensive Examination scheduled in Spring 2018. [24.02, 24.08]

#### *Multistate Pharmacy Jurisprudence Examination [MPJE®]*

The data for the MPJE® is collected annually with a focus on the State of Illinois and national law content. The College’s pass rate for the State of Illinois for the Classes of 2014, 2015, and 2016 was 91.07%, 84.00%, and 62.07%, respectively. These pass rates were lower than the College’s target MPJE® pass rate of 95%. However, it appeared that our performance was similar to or above several of our PEER schools. The program plans to take a look at Illinois-specific test objectives and work with the Law class faculty to implement strategies to increase this pass rate in future years. The program analyzed the data from the Classes of 2014 to 2016 and added targeted workshops in November and May for the P4 Class of 2017 class in an effort to increase the readiness to pass this examination. [24.03]

### 24.3 Student Achievement and Readiness

In Spring 2016, the Curriculum Committee proposed an expanded three-day orientation program for Fall 2016 to include ‘classes’ in each of the P1 courses to highlight the expectations of the course and to review pre-requisite knowledge and skills. A new key component of the orientation program in Fall 2017 was to administer the P1 Readiness Inventory to the Class of 2021. This Exam Master assessment tool is designed to gain insight into the readiness level of the students in pre-requisite content knowledge and skills so that students who do not perform at/above a 75% cut score in content sub-areas will participate in the Supervised Self-directed Study/Tutor program through the use of Individualized Learning Plans. The Ad Hoc Retention Committee will continue to monitor and refine the plans to impact retention of students. [24.08, 24.15]

In Spring 2017, the College also passed mandatory pass rates for all Key Assessments (Drug Cards, Calculations, Medical Terminology, and Comprehensive Examinations) in all cohort years – P1 to P4. The College is progressively raising the cut scores each year as we gain confidence that our faculty-developed question sets are valid and reliable. For example, the cut scores for Drug

Cards started at 70% in AY 2016, was 75% in AY 2017, and will be 80% in AY 2018 and 85% in AY 2019. Each Key Assessment administration has a feedback loop to ensure that students can be assisted in overcoming their challenges to meet proficiency in each of these key assessments. [24.02]

#### *Readiness to Enter APPE*

As outlined in Standard 13.5, all pre-advanced pharmacy practice experience requirements must be completed before the student advances to their APPE year. These requirements include successful completion of all IPPE courses, didactic coursework and electives. The College's curriculum and co-curriculum detailing competencies relating to professional knowledge, knowledge application, patient/population-based care, medication therapy management skills, and attitudes/behaviors have been discussed in detail in Standards 1, 2, 3, 4, 10, and 11. [24.11]

#### *Readiness to Provide Patient Care in a Variety of Healthcare Settings*

The data from courses that emphasize clinical reasoning skills and the application to various patient populations indicate that students are ready to provide patient care in a variety of healthcare settings. Based on the foundations received in Applied Patient Care course sequence (PHAR 6225 and PHAR 6226) and the core DAST (Drug Action, Structure, and Therapeutics) sequence that integrates pathophysiology, medicinal chemistry, pharmacology and pharmacotherapeutics in an organ system approach; students are demonstrating proficiency in the Disease and Medication Therapy Management courses (PHAR 6322 and PHAR 6323). A variety of formal assessments are integrated throughout the curriculum such as exams, formal case presentations and submission of SOAP notes and patient care plans, etc.). [24.10, 24.11, 24.12]

#### *Readiness to Contribute as a Member of an Interprofessional Health Care Team*

The IPE program data indicates that our Student Pharmacists are able to function effectively and professionally on an IPE healthcare team. In addition, rubric elements related to the IPE and Team-readiness preparedness included on the IPPE and APPE Scoring Guides support this conclusion. [24.16]

### 24.4 Continuous Improvement

#### *Curriculum and Assessment Committees*

The Curriculum and Assessment Committees work in tandem to ensure that each faculty submit course syllabi and curriculum maps to ensure coverage of the professional program competencies, congruence of the taxonomy and pedagogy reflected, as well as an appropriate integration of various teaching and learning methods employed throughout. The stage of competency expected to be achieved for each objective/outcome as well as how achievement of the learning outcomes will be measured are also required. Course and student performance is reviewed as the end of each semester to identify and address course-related areas of concerns as well as update the curricular map to verify content coverage (quantity, depth, and quality). Course and instructor evaluations are also conducted for each course. [24.04]

At the end of each semester, the Assessment Committee generates Outcomes Data Reports from ExamSoft that indicates student performance on COP Professional Outcomes and Competencies, ACPE Standards, Bloom's Taxonomy levels, and other measures. The data is used by the Curriculum Committee to inform curriculum review and development and decision-making processes. [24.01]

#### *Ad hoc NAPLEX and Retention Committees*

A comprehensive plan was put into place for the P4 Class of 2017 and future cohorts. Changes included a scheduling adjustment was made in the P4 schedule to permit an additional Live NAPLEX® review in late April 2017, additional online support through RxAcademy, the use of Individualized Study Plans in each P4 APPE Rotation module, and the use of Exam Master Online Study Programs to supplement the P1 to P4 benchmark process. A cut score of 70% implemented for the APPE end of module case conference quizzes. In addition, a feedback loop for the P4s Benchmark Examination was implemented as well in Spring 2017 based on the decision that the Class of 2017 would not have their degrees posted until they met or exceeded a cut score of 75% on the P4 Comprehensive Examination.

The faculty voted to implement policies that set cut scores for each key assessment benchmark component and aligned each key assessment to professional courses to ensure accountability. In effect, students must meet or exceed the cut score on key assessments in order to remain in good academic standing. A student who does not meet the cut score will have an 'Incomplete' grade recorded on the assigned professional course until resolved for a maximum of three attempts. This approach, when combined with a feedback loop, will close the gap and help to ensure that students will be more likely to pass the NAPLEX® on the first attempt. [24.13, 24.14]

### **Evidence**

- [24.01 Curricular Assessment Overview Chart](#)
- [24.02 Key Formative and Summative Assessment Benchmarks](#)
- [24.03 UAC Assessment Plans and Reports](#)
- [24.04 Unit Assessment System](#)
- [24.05 AACP Survey - 2016: Graduating Students](#)
- [24.06 AACP Survey - 2016: Alumni](#)
- [24.07 AACP Survey - 2016: Preceptors](#)
- [24.08 COP Moodle Courses: Co-Curricular & Key Assessment Program Activities](#)
- [24.09 Tools for Personal/Professional Growth & Development \(Portfolio\)](#)
- [24.10 Outcome Data - Didactic - Exam Soft](#)
- [24.11 Outcome Data - IPPE - CORE ELMS](#)
- [24.12 Outcome Data - APPE - CORE ELMS](#)
- [24.13 Ad hoc Committee reports - Retention and NAPLEX](#)
- [24.14 Correlation of Admission Variables and Academic Performance](#)

- [24.15 New Student Orientation - Fall 2016](#)
- [24.16 Outcomes Data - IPE](#)
- [24.17 APPE Longitudinal Survey - Pharmacotherapy Skills, Communication, Pharmacy Practice / Management, and Informatics](#)
- [24.18 COP Affective Domain Inventory](#)
- [24.19 AACP Addendum - Affective Domain Survey - ACPE Standard 4](#)
- [24.20 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [24.21 NILRC - Information Literacy Skills Survey](#)
- [24.22 Notable Achievements, Innovations or Quality Improvements](#)
- [24.23 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)

## **Standard 25: Assessment Elements for Section II: Structure and Process**

*The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.*

### 25.1 Assessment of Organizational Effectiveness

As part of the Strategic Planning process, the College updated the Curriculum Assessment and Evaluation Overview Chart to include revised goals and priorities that are more closely aligned to the new College Committee charges. [25.01] These goals and priorities are monitored through the University Assessment Committee Reports and the University Annual Planning, Measurement, and Effectiveness (PME) Reports. [25.12, 25.13]

The assessment of organizational effectiveness is predominately evaluated by the PME cycle. The PME follows an annual and iterative process that includes updating unit missions, goals, and objectives; learning and program outcomes; assessment and evaluations; and establishing priorities (i.e. capital requests) tied to budgeting for these activities. Members of the University PME Committee provide feedback using standardized scoring guides that help programs, such as Pharmacy, to address compliance and accountability concerns and to give suggestions on how to make data-driven decision changes from the University point-of-view, particularly as it relates to how the data determines planning for the upcoming budget planning cycle. The overall purpose is to increase unit alignment with the Strategic Plan's goals and to increase operational efficiencies. PME entails reporting on the results of annual plans in operation and making changes that inform future annual plans. [25.13]

### 25.2 Program Evaluation by Stakeholders

The College Assessment Committee is comprised of members from all stakeholders including both academic departments and student members. Chaired by the Assistant Dean of Assessment, the Committee is charged to: (1) Continue the development, implementation, oversight and facilitation of all college assessment activities; (2) Work closely with the Curriculum Committee to assess curricular effectiveness, Admissions Committee to assess admissions policies effectiveness, and Self-Study Committees to prepare for any ACPE accreditation activities; (3) Evaluate strengths and possible changes in the professional program based on student satisfactory academic progress, board examinations 1st pass rates, and achievement of the College's strategic goals; and (4) Work cooperatively with the Self-Study and Curriculum Committees in the preparation for upcoming accreditation visits. [25.02]

The College engages in the annual AACP standardized surveys of graduating students, faculty, preceptors, and alumni. The College supplements these findings by sending out focused surveys through Qualtrics and hosting regularly scheduled Town Hall meetings. In addition, preceptors and community partners are invited to serve on the Dean's Advisory Council. Graduating students also participate in Focus Group Surveys led by faculty and staff facilitators. Recent topics included: Curriculum, Learning Communities, Capstone, Personal and Professional Development, and Program Values (Mission, Vision, Goals). Based on the feedback, the program made some adjustments in AY 2017 in scheduling to increase the timeframe for the Capstone Experience so that time was built in to develop appropriate research plans and IRB proposals and still have time to complete the research project in a meaningful way. In addition, the program recruited additional

external capstone mentors to extend the range of opportunities and learning experiences available. [25.03, 25.04, 25.05, 25.06, 25.07, 25.08, 25.09, 25.10, 25.11, 25.22, 25.26]

### 25.3 Curriculum Assessment and Improvement

Assessment is a core component of the academic culture at Chicago State University. Faculty members define student learning outcomes and associated assessment instruments aligned to University and College mission, values, and goals. Faculty develop and implement contextualized, relevant curriculum, and performance expectations tied to multiple assessment measures (direct and indirect). Learning objectives are presented in course syllabi and course curriculum maps and include differentiated learning goals for students at multimodal levels of preparation and multiple intelligence learning styles and skill sets. These course-specific learning goals are monitored by the Curriculum Committee and are included in the criteria for student course and faculty evaluations as well as peer and chair evaluation of faculty. [25.03]

The Assistant Dean of Assessment serves as the College assessment coordinator and is responsible for facilitating assessment activities and generating reports with the input and support of the College Assessment Committee. This supportive connection led to the alignment of the curriculum and assessments mapped to the ACPE Standards 2016 at the April 2016 faculty retreat. The faculty brainstormed ways in which to strengthen content in critical thinking, patient advocacy, IPE, cultural sensitivity, communication, self-awareness, leadership, innovation & entrepreneurship. These elements were then embedded in course-level rubrics in both didactic and IPPE/APPE rotations. The work of the Ad hoc NAPLEX and Retention Committees also was supported by the Assessment Committee and resulted in recommendations for changes to the Key Assessments and feedback loops tied to courses. Furthermore, the Assessment Committee gathered best practices from our collective work at CSU-COP that led to a presentation at AACP. [25.14, 25.15, 25.17, 25.18, 25.19]

The University Assessment Committee (UAC) encourages accountability and continuous improvement by requiring the College to submit annual UAC Plans and Reports that outline student learning outcomes, the specific instruments associated with each student learning outcome, the data, and steps that will be or have been taken based on the results. Key changes are captured in yearly trend data reports and are summarized in three-year cycles, which is uploaded to LiveText®. The UAC provides feedback on the program's use of evidence to determine the degree of alignment of student learning outcomes to the University and program mission, program goals, degree requirements, student needs, and the needs of other stakeholders, as well as the regular evaluation and improvement of assessment procedures and student learning outcomes. The Focus Group Surveys indicate that the College is meeting our stated mission, values, and goals. [25.12, 25.22]

### 25.4 Faculty Productivity Assessment

As discussed in Standards 18 and 19, faculty are bound contractually to submit annual portfolios that capture evidence of faculty productivity in research and creative activity scholarship, teaching effectiveness and professional and community service as part of the retention, promotion, and tenure process. The contract contains exit provisions in the event that a faculty member is no longer able to engage in meaningful productivity. The Office of the Dean is responsible for compiling quarterly reports to the Provost for reporting to the University Board of Trustees. Patterns of

performance are noted by the Dean who makes recommendations to the Faculty Development Committee accordingly. [25.20, 25.25]

### 25.5 Pathway Comparability

The College has only one pathway that leads to the PharmD degree. Therefore, students have educational parity within the traditional on-campus program.

### 25.6 Interprofessional Preparedness

The College has implemented a full IPE program in Fall 2017. Rubric elements related to the IPE and Team-readiness preparedness are included on the IPPE and APPE Scoring Guides. The IPE program also administers ongoing formative and summative assessments. The data from our pilot rollout implementation in AY 2017 indicates that our Student Pharmacists are able to function effectively and professionally on an IPE healthcare team. [25.16]

### 25.7 Clinical Reasoning Skills

Students are evaluated regularly for clinical reasoning skills and the application to various patient populations throughout the curriculum. Majority of these formal assessments (exams, formal case presentations and submission of SOAP notes and patient care plans, etc.) occur in the core 8 course sequence (Drug Action, Structure, and Therapeutics) that integrates pathophysiology, medicinal chemistry, pharmacology and pharmacotherapeutics in an organ system approach along with the Disease and Medication Therapy Management courses (PHAR 6322 and PHAR 6323); practice skills are also assessed in the Applied Patient Care course sequence (PHAR 6225 and PHAR 6226). The Professional Practice IPPE and APPE experiences allow “real world” application and assessment of clinical skills. [25.12]

As outlined in Standard 24, the P1 Readiness Inventory, the P1 and P2 Comprehensive Examination/Milemarker benchmarks, combined with the P-3 PCOA milemarker assessment, compliment the various course assessments described above. Assessment of clinical reasoning continues in the P-4 year with the end of module case conference quizzes (modules 1-6) and the high stakes pre-NAPLEX summative assessment. [25.12]

### 25.8 APPE Preparedness

As outlined in Standard 13.5, all pre-advanced pharmacy practice experience requirements must be completed before the student advances to their APPE year. These requirements include successful completion of all IPPE courses, didactic coursework and electives. The College’s curriculum and co-curriculum detailing competencies relating to professional knowledge, knowledge application, patient/population-based care, medication therapy management skills, and attitudes/behaviors have been discussed in detail in Standards 1, 2, 3, 4, 10, and 11. [25.23, 25.24]

### 25.9 Admission Criteria

At the end of each recruitment cycle, the College Admissions Committee reflects on the criteria, policies, and procedures employed to ensure a qualified and diverse student body who have the potential for academic success and the ability to function meaningfully in team-centered, culturally

diverse settings. To support the review process, the Assessment Committee shares insights regarding Outcomes Data and student performance on standardized assessments such as the NAPLEX® and the MPJE®. In this review process, all stakeholders in the College community are encouraged to share their voice. The admissions data and subsequent performance in courses resulted in a decision to offer conditional admissions letters for students who had lower scores in Reading Comprehension and Writing. Typically, students from disadvantaged backgrounds or those who may be learning in their second or third language, for example, were found to be struggling on examinations not because of content, but because of language and interpretation in cultural context. Therefore, students identified with these challenges, but who otherwise show promise and meet the admissions criteria are referred to the University Learning Assistance Center. The data analysis and recommendations from the Ad hoc NAPLEX and Retention Committees regarding the possibility of raising GPA requirements is being considered, but would go against the mission of the University and College to serve the at-risk and disadvantaged. Therefore, we resolve to provide the support mechanisms necessary to increase readiness levels and to increase the likelihood of passing standardized examinations on the first attempt. [25.21]

## **Evidence**

- [25.01 COP Curriculum Assessment Overview Chart - 2017](#)
- [25.02 COP Assessment Committee members with position/affiliations](#)
- [25.03 Mission-Related Assessment/Evaluation Tools - Focus Groups](#)
- [25.04 AACP Survey - 2013-2017: Graduating Students \[Complete Set\]](#)
- [25.05 AACP Survey - 2013-2017: Faculty \[Complete Set\]](#)
- [25.06 AACP Survey - 2013-2016: Preceptors \[Complete Set\]](#)
- [25.07 AACP Survey - 2013-2016: Alumni \[Complete Set\]](#)
- [25.08 AACP Survey - 2013-2017: Graduating Students \[Open-Ended Responses\]](#)
- [25.09 AACP Survey - 2013-2017: Faculty \[Open-Ended Responses\]](#)
- [25.10 AACP Survey - 2013-2016: Preceptors \[Open-Ended Responses\]](#)
- [25.11 AACP Survey - 2013-2016: Alumni \[Open-Ended Responses\]](#)
- [25.12 COP Assessment Plans and Reports \(UAC\)](#)
- [25.13 COP Evaluation Reports \(PME\) - Organizational Structure](#)
- [25.14 Proposed Curriculum Changes - Problem Solving, Critical Thinking, Patient Advocacy, IPE, Cultural Sensitivity, Communication, Self-Awareness, Leadership, and Innovation & Entrepreneurship - April 2016](#)
- [25.15 Ad Hoc NAPLEX + Retention Committee Reports - April 2017](#)
- [25.16 Student Achievement on IPE Outcomes](#)
- [25.17 Approved Key Assessment Policy Changes - Spring 2017](#)
- [25.18 All College Meeting Assessment Update - August 2017](#)
- [25.19 AACP School Poster - Developing Self Awareness](#)

- [25.20 DAC - Retention, Promotion, Tenure \(Scholarship, Teaching, Service\)](#)
- [25.21 Admission Criteria and Evaluation Process to Ensure Diversity & Sensitivity](#)
- [25.22 Focus Group Surveys - 2014-2017: Graduating Students](#)
- [25.23 COP Moodle Courses: Co-Curricular & Key Assessment Program Activities](#)
- [25.24 Tools for Personal/Professional Growth & Development \(Portfolio\)](#)
- [25.25 HLC Data Checklist - Beyond the Board of Trustees Report](#)
- [25.26 Notable Achievements, Innovations or Quality Improvements](#)
- [25.27 AACP Surveys and Benchmark Reports - 2013-2017: CSU and PEER](#)