



**Accreditation Council for Pharmacy  
Education**

**Self-Assessment Instrument for the  
Professional Degree Program of  
Colleges and Schools of Pharmacy**

**Version 1.0**

**Standards 2016 / Guidelines 1.0**

**Effective July 1, 2016**

Released July 2015



# Accreditation Council for Pharmacy Education Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy

## Version 1.0 Standards 2016 / Guidelines 1.0

**Effective July 1, 2016**

**Introduction:** The *Accreditation Council for Pharmacy Education (ACPE) Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy* is designed to assist a college or school of pharmacy prepare its self-study report and document how its pharmacy degree program is addressing ACPE's Standards. The instrument identifies the documents, data and descriptive text that will need to be provided by the college or school for evaluation during the on-site visit in order to determine how the program is addressing each of the Standards. Additional guidance related to the self-study process and report is provided on the ACPE website [www.acpe-accredit.org](http://www.acpe-accredit.org).

An equivalent evaluation instrument (commonly referred to as the "Rubric") is used by members of the on-site evaluation team to validate (or contradict) the college or school's Self-Study Report and as the basis for the *Evaluation Team Report (ETR)* sent to the college or school and the ACPE Board of Directors. The findings of the evaluation team are used to advise the ACPE Board of Directors. The ACPE Board of Directors will consider the *ETR* along with other supplementary written or verbal information in order to determine the pharmacy degree program's overall compliance with ACPE Standards and to prepare the *ACPE Action and Recommendations (A&R)* document, which is the official accreditation action.

## Directions for Completing the Self-Assessment Instrument

For each standard, the college or school should do the following:

- 1) **Documentation and Data:** Use a check  to indicate documents and data that have been submitted in advance or made available on site.

For each standard, the following documentation and data sections are included:

- Required Documentation and Data
- Data Views and Standardized Tables
- Optional Documentation and Data

**Please Note:** For self-study reports submitted electronically to ACPE, the preferred file format for documents and data is Portable Document Format (PDF).

For each data view and standardized table, it is optional for the college or school to provide brief comments about the chart or table. Comments should be provided below the chart or table and should be limited to, for example, explanations of missing data or apparent anomalies. The comments should not exceed 1,000 characters (approximately 170 words) per chart/table; this text is not included in the overall 150 page limit for the self-study report. The college or school's interpretation of the data, especially any notable differences from national or peer group norms, should be provided in the descriptive text under Section 3 (College or School's Comments on the Standard) of the applicable standards, not in the brief optional comments under a data view or table.

- 2) **College or School's Self-Assessment:** Self-assess the program on aspects of the standard using the following scale:

- **S:** The program's compliance with this element of the standard is **satisfactory**
- **N.I.:** The program **needs improvement** with this element of the standard to be fully compliant
- **U:** The program's compliance with this element of the standard is **unsatisfactory**

- 3) **College or School's Comments on the Standard:** The college or school's text should describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Specific areas that should be addressed by the college or school are noted for each standard. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

Page and character limits have been provided for each standard with ACPE's overall limit of 150 pages (375,000 characters) for all 25 standards for the descriptive text used to address this element (Section 3) of the self-study report. All standards have been assigned a 6-page or 15,000 character limit.

- 4) **College or School's Final Self-Evaluation:** Self-assess compliance of the program on the standard using the following classifications:

**Compliant:<sup>1</sup>**

No factors exist that compromise current compliance; no factors<sup>2</sup> exist that, if not addressed, may compromise future compliance.

**Compliant with Monitoring:**

- No factors exist that compromise current compliance; factors<sup>2</sup> exist that, if not addressed, may compromise future compliance **OR**
- Factors exist that compromise current compliance; an appropriate plan<sup>3</sup> exists to address the factors that compromise compliance; the plan has been fully implemented;<sup>4</sup> sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

**Partially Compliant:**

Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated;<sup>5</sup> the plan has not been fully implemented<sup>4</sup> and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.

**Non Compliant:**

- Factors exist that compromise current compliance; an appropriate plan<sup>3</sup> to address the factors that compromise compliance does not exist or has not yet been initiated **/or**
- Adequate information was not provided to assess compliance<sup>6</sup>

**Notes:**

1. Compliant means *meets, substantially meets, or exceeds* the requirements and expectations of the standard. A program may have elements of a Standard that are assessed as needing improvement, but overall the Standard may be rated as Compliant.
2. Factors could include innovations and planned or unplanned substantive changes to the program.
3. A plan is appropriate (acceptable to ACPE) if it meets the following criteria: is likely to succeed, is feasible, has been approved by the university or applicable authority (if necessary), has an acceptable timeline, and is adequately resourced.
4. Fully implemented means that all components of the plan have been implemented and are proceeding to completion; no additional steps need to be taken; all that is required is continued monitoring and collection of assessment data to provide further evidence that the plan is succeeding as intended.
5. Initiated means that some of the first steps of the plan have been started.

6. Other than for the first bullet point under Non Compliant, the above classifications assume that the information provided was adequate to assess compliance. Information to assess compliance may come from a self-study report, an on-site evaluation, a post-visit supplementary report, or an interim report.

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

## ACPE Annual Monitoring Policies

ACPE's Annual Monitoring Policies can be found on the ACPE [website](#) (see Section 11.6). The criteria specified in the policies, such as, passing rate of graduates on the North American Pharmacist Licensure Examination™ (NAPLEX®) are not incorporated in ACPE Standards or Guidelines and in and of themselves are not used as a direct determinant of compliance or non-compliance. The criteria are used as the basis for ongoing monitoring of programs and, when applicable, requests for additional information from a college or school of pharmacy. The policies provide an indication of what data would trigger additional monitoring by ACPE in accordance with the policy. Programmatic data that fall outside of the monitoring parameters may be indicative of underlying issues that could impact compliance with accreditation standards.

The Annual Monitoring Policies are most relevant to:

- Standard No. 16: Admissions (changes and trends in enrollment)
- Standard No. 17: Progression (graduation rate monitoring)
- Standard No. 18: Faculty and Staff—Quantitative Factors (changes and trends in enrollment)
- Standard No. 21: Physical Facilities (changes and trends in enrollment)
- Standard No. 23: Financial Resources (changes and trends in enrollment)
- Standard No. 25: Assessment Elements for Section I: Educational Outcomes (changes and trends in NAPLEX outcomes)

## Summary of the College or School's Self-Study Process

The college or school is invited to provide a summary of the self-study process. ACPE does not require any supporting documentation for the Summary of the Self-Study Process; however, the college or school may provide supporting documentation (such as, a list of the members of the self-study committees) as an appendix in the self-study report.

[TEXT BOX] [Maximum 5,000 characters including spaces] (approximately two pages)

The Self-Study planning process began at the University of Houston College Of Pharmacy (UHCOP) in the summer of 2015 with the formation of the UHCOP Self-Study Task Force, which served as the steering committee for the process. This task force was comprised of two Associate Dean Co-chairs, faculty, staff, students, a university representative, administrators, and two alumni/preceptors. Subcommittees were formed to address the development of each subsection (e.g. Educational Outcomes, Standards 1-4; Structure and Process to Promote Achievement of Educational Outcomes: Standards 5-9 (Organization and Administration), Standards 10-13 (Curriculum), Standards 14-17 (Students and Admissions), Standards 18-19 (Faculty and Staff), Standards 20 and 22 (Preceptor and Practice Facilities), Standard 21 (Physical Facilities and Educational Resources), Standard 23 Financial Resources); and Section III, Standards 24 and 25 (Assessment of Standards and Key Elements). These subcommittees consisted of a faculty member from the task force as chair and other faculty, staff, students, and alumni.. Furthermore, a reading committee was formed to provide editorial review once the document was in its later stage of development.

There was a formal "kick off" meeting on July 21, 2015 that included a general session for stakeholders consisting of faculty, staff, students, and alumni along with the first formal meeting of the task force. At this meeting, the Dean and self-study co-chairs reviewed the purpose and design of the self-study with the attendees. Additionally, a timeline for the process was presented, supporting information for the process was discussed with links given for online access, and individual subcommittee assignments were announced. It was determined at the first task force meeting that the group would meet monthly to promote forward progress on the effort.

At the faculty retreats in January and May 2016, a day and a half were set aside for subcommittee presentations of the current document drafts. Each subcommittee presented the work of their committee and discussion ensued with comments and suggested edits from stakeholders. This input was documented and provided to the subcommittee chairs for their committees' consideration. In the periods between subcommittee presentations, the subcommittees continued working on their drafts with the guidance and support of the task force. The Padlet® application was used to document discussion and the summary of information from the retreat was provided to the subcommittee chairs for their committee's consideration. The UHCOP Self-Study was also discussed during various pharmacy student convocations, UHCOP alumni and preceptor meetings. Input from students, alumni and preceptors was encouraged. During site visits done by the Office of Experiential Programs (OEP), preceptor input regarding the curriculum was solicited. The subcommittees continued to work on the drafts of their standards through June and July 2016, incorporating suggested changes and adding additional information to their drafts. At the end of July, the subcommittees had submitted their revised sections, which were compiled and submitted to the reading committee for review in September 2016.

The reading committee provided valuable editorial and content input, which was incorporated in the document. In October 2016, an administrative review was completed and the document was given to a technical writer to ensure flow and continuity. In November 2016, the self-study was posted to a secure website for stakeholder/public review. Faculty ratification meetings for formal approval took place on December 13<sup>th</sup> and 15<sup>th</sup>, 2016 and then on January 10-11, 2017 (# hours). During these ratification meetings, the stakeholders provided the final refinement of the document and voted to approve the self-study. The UHCOP Self-Study was submitted to ACPE on February \_\_\_\_\_, 2017 and the site visit was scheduled to occur March 23-25, 2017.

The UHCOP wishes to thank \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ for their advice and counsel during the self-study process.

## Documentation

The members of the on-site evaluation team will use the following form to evaluate the college or school's self-study process and the clarity of the report, and will provide feedback to assist the college or school to improve the quality of future reports.

	Commendable	Meets Expectations	Needs Improvement
<b>Participation in the Self-Study Process</b>	The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff, administrators and a range of other stakeholders, such as, patients, practitioners, and employers. <input type="checkbox"/>	The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff and administrators. <input type="checkbox"/>	The self-study report was written by a small number who did not seek broad input from students, faculty, preceptors, staff, and administrators. <input type="checkbox"/>
<b>Knowledge of the Self-Study Report</b>	Students, faculty, preceptors, and staff are conversant in the major themes of the report and how the program intends to address any deficiencies. <input type="checkbox"/>	Students, faculty, preceptors, and staff are aware of the report and its contents. <input type="checkbox"/>	Students, faculty, preceptors, and staff have little or no knowledge of the content of the self-study report or its impact on the program. <input type="checkbox"/>
<b>Completeness and Transparency of the Self-Study Report</b>	All narratives and supporting documentation are thorough, clear and concise. The content appears thoughtful and honest. Interviews match the self-study findings. <input type="checkbox"/>	All narratives and supporting documentation are present. The content is organized and logical. <input type="checkbox"/>	Information is missing or written in a dismissive, uninformative or disorganized manner. Portions of the content appear biased or deceptive. <input type="checkbox"/>
<b>Relevance of Supporting Documentation</b>	Supporting documentation of activities is informative and used judiciously. <input type="checkbox"/>	Supporting documentation is present when needed. <input type="checkbox"/>	Additional documentation is missing, irrelevant, redundant, or uninformative. <input type="checkbox"/>
<b>Evidence of Continuous-Quality Improvement</b>	The program presents thoughtful, viable plans to not only address areas of deficiency, but also to <b>further advance the quality of the program</b> beyond the requirements of the Standards. <input type="checkbox"/>	The program proactively presents plans to address areas where the program is in need of improvement. <input type="checkbox"/>	No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. <input type="checkbox"/>
<b>Organization of the Self-Study Report</b>	All sections of the report are complete and organized or hyper-linked to facilitate finding information, e.g., pages are numbered and sections have labeled or tabbed dividers. <input type="checkbox"/>	The reviewer is able to locate a response for each standard and the supporting documentation with minimal difficulty. <input type="checkbox"/>	Information appears to be missing or is difficult to find. Sections are not well labeled. <input type="checkbox"/>

## Summary of the College or School's Self-Evaluation of All Standards

Please complete this summary (☑) **after** self-assessing compliance with the individual standards using the Self-Assessment Instrument.

Standards	Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
<b>SECTION I: EDUCATIONAL OUTCOMES</b>				
1. Foundational Knowledge	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Essentials for Practice and Care	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
3. Approach to Practice and Care	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
4. Personal and Professional Development	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES</b>				
5. Eligibility and Reporting Requirements	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. College or School Vision, Mission, and Goals	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Strategic Plan	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Organization and Governance	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Organizational Culture	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Curriculum Design, Delivery, and Oversight	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
11. Interprofessional Education (IPE)	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
12. Pre-Advanced Pharmacy Practice Experiences (Pre-APPE) Curriculum	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
13. Advanced Pharmacy Practice Experiences (APPE) Curriculum	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Student Services	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Academic Environment	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Admissions	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Progression	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Faculty and Staff – Quantitative Factors	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Faculty and Staff – Qualitative Factors	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Preceptors	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
21. Physical Facilities and Educational Resources	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
22. Practice Facilities	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
23. Financial Resources	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS</b>				
24. Assessment Elements for Section I: Educational Outcomes	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>
25. Assessment Elements for Section II: Structure and Process	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# **Section I**

## **Educational Outcomes**

DRAFT

**Standard No. 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) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data **broken down by campus/branch/pathway** (only required for multi-campus and/or multi-pathway programs) [1A PCOA Performance](#)
- ✓ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years **broken down by campus/branch/pathway** (only required for multi-campus and/or multi-pathway programs) Template available to download [1B NAPLEX PASSING RATES](#)
- ✓ Performance of graduates (passing rate, Competency Area 1<sup>1</sup> scores, Competency Area 2 scores, and Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years Template available to download [1C NAPLEX PASSING RATE BY COMPETENCY AREAS](#)
- ✓ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years Template available to download [1D MPJE PASSING RATE](#)

**Required Documentation for On-Site Review:**

(None required for this Standard)

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ Analysis of student academic performance throughout the program (e.g. progression rates, academic probation rates, attrition rates) [1E ANALYSIS OF STUDENT ACADEMIC PERFORMANCE](#)
- ✓ AACP Standardized Survey: Students – Questions 12-14, 77
- ✓ AACP Standardized Survey: Preceptors – Questions 19-21
- ✓ AACP Standardized Survey: Alumni – Questions 26-28

**1F AACP STANDARDIZED SURVEY DATA 2013-15**      **1F2 AACP STANDARDIZED SURVEY DATA 2016**

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<sup>1</sup> Competency Area 1 = Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes; Area 2 = Assess Safe and Accurate Preparation and Dispensing of Medications; Area 3 = Assess, Recommend, and Provide Health care Information that Promotes Public Health

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard

[1G CURRENT CURRICULUM](#)  
[1H NEW CURRICULUM](#)  
[1J CAPE Domain 1 Didactic](#)  
[1K CAPE Domain 1 IPPE](#)  
[1L CAPE Domain 1APPE](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>1.1. Foundational knowledge</b> – The graduate is able to develop, integrate, and apply knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.	X	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of the breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum, and the strategies utilized to integrate these components
- ✓ How the college or school integrates the foundational sciences to improve student ability to develop, integrate and apply knowledge to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Currently, student acquisition of foundational knowledge and the integration of it with clinical decision-making follows a traditional curricular model: in the first two years, standalone courses are first weighted heavily on the provision of a firm background of foundational sciences (basic, clinical and administrative), and as the student progresses into the third and fourth years courses then transition to more of an application to providing patient-centered care ([1G](#)). However, in March 2016, after many years of collected assessment data, a curricular gap analysis using curricular mapping to Appendix 1 of the 2016 Accreditation Council for Pharmacy Education (ACPE) standards, and two years of work by the PharmD Curriculum Committee, the faculty voted to implement a new integrated, modular curriculum. This curriculum is designed around organ system-based modules starting in the second year while still maintaining the solid background of foundational sciences (basic, clinical, and administrative) for which the UHCOP is known in the first professional year. This [new curriculum](#) will start in the fall of 2017.

The College has made many innovations and quality improvements in regards to this standard in addition to this adoption of a new, more integrated curriculum. The UHCOP has led the way in utilizing the Pharmacy Curriculum Outcomes Assessment (PCOA) as a high-stakes exam to progress from the didactic curriculum to the fourth year Advanced Pharmacy Practice Experiences (APPEs). Additionally, in the past two years the College has developed and implemented a robust [assessment plan](#) for collecting didactic and experiential student learning outcomes data, which will be used to drive curricular quality improvement initiatives.

## **Description of Foundational Knowledge and Integration**

### *Current curriculum*

The college's current curriculum provides a strong fundamental background in the basic pharmaceutical sciences with pathophysiology and biochemistry courses in the first year and pharmacology, medicinal chemistry, pharmacokinetics and toxicology in the second year. Application of this material is taught and assessed through a series of Pharmacy Skill Program courses that are provided each semester. Management courses are included throughout the curriculum to focus on healthcare delivery systems, professional practice management, human resource and conflict management, and pharmacoeconomics. Pharmacy practice courses are sequenced throughout the didactic curriculum starting with the fundamentals of communication and drug information in the first year, drug distribution, patient counseling, community practice, current issues in pharmacy relevant to medication safety and informatics in the second year, and over-the-counter (OTC) medications in the third year. In the second and third years, there are also related skills labs to focus on community pharmacy practice and compounding of sterile products.

Pharmacotherapy/disease state management is introduced in the second semester of the second year and is continued throughout the third year with a focus on ambulatory care, chronic diseases, and acute care with the addition of physical assessment in the third year. The Pharmacy Skill Program courses in these semesters are focused on the application of clinical knowledge and the integration of foundational science knowledge into patient-centered care decision-making. In addition, a variety of electives are offered in the summer between the second and third years, providing the student with a variety of options to enhance their knowledge in specialized areas such as infectious diseases, research, advanced compounding strategies, pediatrics, interprofessional medication safety, pharmacogenomics, critical care or herbal products.

The development of the students' pharmacy patient care skills are enhanced by the Introductory Pharmacy Practice Experiences (IPPEs) in the first through third professional year. First year students are trained to perform basic physical assessment skills (e.g., blood pressure, diabetic foot exam) and basic point of care testing (blood glucose and cholesterol screening) in the Pharmacy Skill Program course. This allows them to engage in service learning activities embedded in IPPEs throughout their first three years in order to advance population-based care and education. An interprofessional education (IPE) component is also provided throughout their first three years with numerous activities in their IPPEs. In the fall semester of their second year (from 2012-2015), students in the IPPE 1 course (formerly known as Pharmacy Skills III) were exposed to the geriatric population, Medication Therapy Management (MTM) and simulated chart reviews. In 2016, this course was modified to remove the nursing home component, but incorporate more simulation in other areas such as motivational interviewing and communication in an interprofessional setting. In the summer after their second year, students complete a 4-week, 160 hours Introductory Community Pharmacy experience. This is an opportunity to apply their pharmacology and pharmacotherapy knowledge, gain valuable experience in the

operations of a pharmacy setting, and apply their patient care skills. In the spring of their third year, the students complete the 80-hour Introductory Institutional Pharmacy IPPE.

The OEP coordinates the fourth year Advanced Pharmacy Practice Experiences (APPEs) which consist of 7 APPEs that are 6 weeks in length. There are four required APPEs: Advanced Community Pharmacy, Advanced Hospital Pharmacy, Ambulatory Care and Internal Medicine, and three electives of which two are patient care focused.

### *New curriculum*

Beginning in the fall of 2017, the [new curriculum](#) will begin. Under the new curriculum, some of the previous curriculum's course contents will be re-sequenced in order to move knowledge and skills related to self-care, patient assessment, and immunizations to the first year prior to the community IPPE, while other course content will be integrated into modules beginning in the second year. Each integrated module will be organ-system based and provides provide students with a 360-degree picture of how to treat and/or manage patients. Each module will contain key aspects of pathophysiology of disease, pharmacology, pharmacokinetics, medicinal chemistry, pharmacogenomics and toxicology affiliated with the medications relevant to the disease states associated with that organ system; therapeutic concepts will be centered on therapeutic goals, drug selection, monitoring, and self-care. Where appropriate, all spectrum ages and gender (pediatrics through geriatrics) will be included. Electives will be offered toward the end of the didactic portion of the curriculum to allow for students to pursue specialized clinical tracks such as critical care, geriatrics or pediatrics. Other track options will include pursuing a joint PharmD/MBA or PharmD/PhD degree.

For each semester of integrated modules, there will be an affiliated Module-Related Skills Lab (MRSL), which will present students with structured cases including the integrated module units, as well as the incorporation of spiral integration that will bring back/reinforce courses covered earlier in the curriculum (e.g., pharmacokinetics, calculations, pharmaceuticals, patient/physical assessment, literature retrieval and evaluation, communication, self-care). These transdisciplinary MRSLs will be hands-on with an emphasis on critical thinking and skill development allowing students to develop problem solving skills and apply didactic material so they are APPE ready and practice ready.

### **Evidence of Foundational Knowledge**

The curricular assessment plan adopted by the College collects student learning outcome data from various didactic examinations and assignments. Examination data is pulled from ExamSoft® software that is tagged by question and assignment data is collected from assignment rubrics. While many assignments have been identified to be used to collect this outcome data, the data provided (academic year 2015-16) has some missing information because the rubrics used for grading did not collect the necessary information. Many of these rubrics were updated for the 2016-17 academic year. The data will not be available until after submission of this report. A summary of student learning outcomes for CAPE 1 from didactic courses can be found in [Appendix 1J](#).

IPPE and APPE student learning outcomes are derived from preceptor's end of rotation evaluation of students. These evaluation forms were updated in 2015-16 to link and map to our program-level student learning outcomes and CAPE outcomes. The evaluation forms were further refined for the 2016-17 year after a year of data collection and review. Analysis of the APPE student learning outcomes show a high rating of students by

preceptors in the area of foundational knowledge with the average student score for questions related to this area being 4.26 or higher on a scale of 1 to 5, 5 being excellent ([Appendix 1L](#)). IPPE student learning outcomes display a moderate rating for knowledge related to pharmacotherapy (average rating of 3.62-3.82) which is expected since pharmacotherapy is currently taught in the final three semesters Knowledge of other foundational sciences was higher (average of 4.23 to 4.66) ([Appendix 1K](#)).

The College began using the PCOA in 2014 as a formative assessment for our first and second year students and as a high stakes, APPE-readiness examination for our third year students. In aggregate, our third year students consistently [score above the national scaled score](#). Students also perform considerably higher than the national and state average on the North American Pharmacy Licensure Examination (NAPLEX®), ranging between a 98.11% and 100% first-time pass rate for the last three years compared to a national average of 92.6%-95.36% (Uploads [1B](#) and [1C](#)). The outcomes are similar on the Multistate Pharmacy Jurisprudence Examination (MPJE®), with UHCOP students having a [first-time pass rate](#) of 98.1%-100% compared to a national average of 92.8%-93.15%.

### Interpretation of AACP Survey Data

The assessment committee annually reviews the AACP standardized survey. Looking at the trends from the last several years (2013-2015), UHCOP has scored on par with our cohorts and the national benchmark when it comes to questions that deal with various aspects of students’ foundational knowledge. Faculty and preceptors overwhelmingly agree that our Pharm.D. program prepares students to develop and manage patient centered pharmacy plan and medication use, promote the availability of disease prevention initiatives and effectively communicate with care givers, search and use science literature and apply state and federal laws and regulations to the practice of pharmacy. Graduating seniors also responded in the survey with similar enthusiasm in their competency outcomes.

Using the 2016 AACP survey questions recently made available, greater than 93% of students agreed or strongly agreed with statements related to their abilities expected in CAPE Domain 1.

- 4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance.</li> </ul>

<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>
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5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework.  
[2A CAPE DOMAIN 2 Didactic](#)
- ✓ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE).  
[2B CAPE DOMAIN 2 IPPE](#)
- ✓ Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE).  
[2C CAPE DOMAIN 2 APPE](#)

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Students – Questions 15-19
- ✓ AACP Standardized Survey: Preceptors – Questions 22-26
- ✓ AACP Standardized Survey: Alumni – Questions 29-33

**2D AACP STANDARDIZED SURVEY DATA 2013-2015 2D2 AACP STANDARDIZED SURVEY DATA 2016**

**Optional Documentation and Data:** (Uploads)

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard

[2E CAPE 2.1 Didactic](#)

[2E2 CAPE 2.1 IPPE](#)

[2E3 CAPE 2.1 APPE](#)

[2F CAPE 2.2 Didactic](#)

[2F2 CAPE 2.2 IPPE](#)

[2F3 CAPE 2.2 APPE](#)

[2G CAPE 2.3 Didactic](#)

[2G2 CAPE 2.3 IPPE](#)

[2G3 CAPE 2.3 APPE](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>2.1. Patient-centered care</b> – The graduate is able to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).	X	○	○
<b>2.2. Medication use systems management</b> – The graduate is able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.	○	X	○
<b>2.3. Health and wellness</b> – The graduate is able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.	X	○	○
<b>2.4. Population-based care</b> – The graduate is able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices.	X	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school supports the development of pharmacy graduates who are able to provide patient-centered care
- ✓ How the college or school supports the development of pharmacy graduates who are able to manage medication use systems
- ✓ How the college or school supports the development of pharmacy graduates who are able to promote health and wellness
- ✓ How the college or school supports the development of pharmacy graduates who are able to describe the influence of population-based care on patient-centered care
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

At the UHCOP, students are instructed and given opportunities in simulated and real pharmacy practice environments to provide patient-centered care, manage medication use systems, and help underserved populations in an effort to better the health and wellness of the greater Houston area through a mixture of didactic, experiential and co-curricular activities. Student learning outcomes in these areas are measured in our

Professional Pharmacy Student Learning Outcomes (PPSLO) [assessment plan](#). These aggregated outcomes are reviewed by the PharmD Assessment Committee annually with recommendations on areas for growth and continuous quality improvements sent to course coordinators or the PharmD Curriculum Committee. Outcome data for the didactic portion of the curriculum is included in [Appendix 2A](#), for the IPPE portion is included in [Appendix 2B](#), and for the APPE portion is included in [Appendix 2C](#).

## **Providing Patient-Centered Care**

The concept of patient-centered care is reinforced throughout the curriculum in both the didactic and experiential courses. Within the current courses, the didactic portion of the curriculum is augmented with a series of Pharmacy Skills courses. These courses are designed to complement the lecture/didactic portion of the curriculum by allowing the students to work in an environment in which they are able to apply what they have learned. Students participate in the Pharmacy Skills Program, which parallels their didactic studies, starting in the fall of the first year (P1), and this is continued for the following 5 semesters, ending in the spring of the third year (P3). For example, in Pharmacy Skills 1 and 2, all P1 students undergo smoking cessation training and learn to do simple patient assessments such as blood pressure measurement and diabetic foot exams. They also are trained to conduct point of care testing such as cholesterol and blood glucose screening. In addition, in the Pharmacy Practice I course, P1 students are given the opportunity to start practicing their communication skills with patients via simulated exercises that enable them to actively provide medication counseling to a patient. Once the P1 student has successfully completed training, they are then allowed to participate in service learning activities to allow them to begin gaining experience in patient care with real patients.

In the second year (P2), the IPPE 1 course allows the students to attain more skills to develop their patient care skills. Prior to the fall 2016 semester, P2 students were trained in the nursing homes utilizing real patients' health information to conduct simulated chart reviews, apply MTM skills, and learn about interprofessional roles in geriatric care via shadowing a pharmacist and other health care professionals and performing supervised activities. The students formulated Subjective, Objective, Assessment, and Plan SOAP notes and started utilizing their pharmacology knowledge. Starting with the fall 2016 semester, students no longer go to nursing homes to shadow pharmacists but instead are trained in a simulated environment to conduct medication therapy management (MTM), motivational interviewing, medication reconciliation, and medication history. The students are introduced to the Joint Commission of Pharmacy Practitioners (JCPP) Patient Care Process and work up a simulated patient case utilizing the patient care process. Finally, students in the IPPE 1 course are trained in Team Strategies & Tools to Enhance Performance and Patient Safety (TeamSTEPPS) in order to function in an interprofessional healthcare team. The students continue to participate in service learning events to expand their experiences with a diversity of patients. Also during the P2 year, students learn how to correctly evaluate, prepare and dispense medications and medical devices in preparation for a 4-week Introductory Community Pharmacy rotation that occurs in the summer after the P2 year. This 160 hour block allows them to continue to apply and build on knowledge base, clinical skills, and enhance their professional development.

Prior to the P3 year, students can participate in immunization certification and are then awarded a certificate that enables them to deliver immunizations to patients. Student participation has started declining over the last few years due to some students going through immunization training at their places of work. Immunization training is essential because all third year students are required to participate in the Humble health fair that is held each year in October, which is a time when many people are receiving their flu vaccine. When the new curriculum is implemented in the fall of 2017, all students will go through immunization training during the

spring of the P1 year so they are certified prior to going on their first IPPE rotation in the community setting during the summer after their first year.

In the fall of the P3 year, students take Pharmacy Skills V, a course in which the students are required to apply their knowledge from Advanced Therapeutics II to work up and present patient cases in a high stakes assessment known as the case exam like they would in an Advanced Pharmacy Practice Experience (APPE) rotation setting. This Pharmacy Skills course also uses the JCPP patient care process the students were introduced to in the IPPE 1 course in the P2 year. Also in this semester, in the physical assessment lab, the students are given the opportunity to practice their physical assessment skills (taught in didactic lecture) on each other and eventually on mock patients. In the spring of the P3 year, students are sent out on their second IPPE, which is institutional based, and they are exposed to the acute care setting. In the current curriculum, this is an 80-hour block spread across 5 weeks. In the new curriculum, the institutional IPPE will occur after the second professional year and will be increased to 160 hours so it is balanced with the community IPPE.

Once students progress into their P4 year, students are placed in APPEs with a patient-care focus to allow them to apply and expand their knowledge base and continue to advance in their clinical skills. All students complete four core rotations (Advanced Institutional, Advanced Community, Internal Medicine, and Ambulatory Care) as well as a variety of electives, two of which have components of the patient-care process in them. The Office of Experiential has provided training on the JCPP patient care process at state organization meetings and preceptor conferences, and provides a powerpoint presentation handout to all preceptors as we work with our community partners to encourage them to adopt this process in their practice setting. This is reinforced during site visits.

Student learning outcomes regarding providing appropriate patient-centered care are collected from our didactic, IPPE and APPE curriculum in our PPSLO assessment plan. This data includes examination questions tagged in ExamSoft®, rubrics from practical exams in dispensing lab, compounding lab, sterile compounding lab, and physical assessment lab which are all part of our Pharmacy Skills program course sequence, PCOA data, and preceptor end of rotation evaluations of students. The compilation of this data can be found in Appendices [2E](#), [2E2](#), [2E3](#).

## **Managing Medication Use Systems**

Students are first introduced to medication use systems in the P1 year in the Management I course. Students learn about the US health care system and the role of the pharmacist in institutional, community, long term care, and managed care settings. They are also introduced to the basic financial mechanisms of the health care system.

This information is reinforced and taught more in depth in the first semester of the P2 year in the Management II course. In this course, students are introduced to pharmacist reimbursement, how to implement a value-added pharmacy service, financial management, physical resource management from strategic planning to specific inventory management techniques for inpatient and outpatient pharmacies, and are taught basic human resource management skills. Simultaneous with this course, students participate in simulations in IPPE I on helping a patient select the most appropriate Medicare part D plan. During the second semester of the P2 year in the Pharmacy Practice IV course, students build upon this base foundation by creating a collaborative practice agreement, learning how informatics is incorporated into the medication use system and its effect on patient safety, and expanding on human resource skills with additional training on conflict management. During this semester, a significant portion of the Pharmacy Skills course is a simulated community pharmacy where

students practice not only their patient care skills such as counseling, but also get simulated practice in efficient workflow and error prevention and detection. This helps prepare them for their Introductory to Community Pharmacy IPPE that begins shortly after the conclusion of the semester.

In the first semester of the P3 year, students become more familiar with medication use systems in the inpatient setting in Pharmacy Skills V when they participate in a sterile products certificate program. In the second semester of the P3 year, students are given the opportunity to practice the skills they have learned and simulated when they go on their institutional IPPE. Also during the second semester of the P3 year, students learn about pharmacoeconomics and the managed care setting in the Management III course and get a refresher on drug literature evaluation. These experiences bridge the classroom learning into a simulated setting in the Pharmacy Skills program and then into a real practice setting in IPPEs. This sets a firm foundation for their progression into their APPEs where they will build upon their skills in various practice settings. During the P4 year, all students are required to participate in an interprofessional shared medication error case with an objective, structured clinical exam (OSCE) held in conjunction with local medical and nursing colleges. In addition to their core rotations, the students can opt to delve further in medication use system management by taking electives in medication safety or management in either a community or institutional pharmacy setting.

We have identified a deficit with our current institutional IPPE rotations in that students are not provided with a standardized exposure to the medication use process. In 2016, we had a diverse group of PGY2/MS students develop a strategic plan to provide to area preceptors that will allow them to provide a standardized institutional IPPE in which all students will be exposed to a similar experience. When the new curriculum is implemented in the fall of 2017, this area of the curriculum will be expanded with additional time being available for patient and medication safety, informatics, and human resource management. The expectation is that students will be better prepared in these areas while on APPEs, which has been identified by preceptors as a current area to improve.

Similar to other curricular outcomes, student performance regarding managing medication use systems is collected from our didactic, IPPE and APPE curriculum in our PPSLO assessment plan. This data includes examination questions tagged in ExamSoft®, rubrics from our implementing a value-added pharmacy service and creating a collaborative practice agreement assignment, which is collected in our ePortfolio, PCOA data, and preceptor end of rotation evaluations of students. The compilation of this data can be found in Appendices [2F](#), [2F2](#), [2F3](#).

## **Promoting Health & Wellness & Providing Population-Based Care**

Currently the promotion of health and wellness are introduced to the students in the Pharmacy Practice course series early in the curriculum (during the P1 year). Students are taught and evaluated on basic physical assessment skills which include blood pressure assessment, blood glucose monitoring, lipid monitoring, and diabetic foot exams. Students are given the opportunity to practice these skills during the Pharmacy Skills lab course series throughout the curriculum. Students are encouraged to participate in community outreach events such as health fairs beginning in the first semester of the Doctor of Pharmacy program. Each year, as the student progresses through the professional program and gains more skills, he/she is able to do increasingly more at the community outreach events.

In the current curriculum, most students become immunization certified during the summer following the P2 year and are able to administer immunizations at community health fairs thereafter. At this time, students are required to log 25 contact hours of required community outreach events during their first three years of the

curriculum to utilize the skills they have gained. While there are many community outreach events, two specific examples include the Houston Mayor Back to School Fest and the Humble Health Fair. At the Houston Mayor Back to School Fest, which helps approximately 25,000 children, students provide basic pharmacy services (including education and screenings) to the members of the public. At the Annual Humble Health Fair, the entire P3 class, under the direction of faculty, provides different types of pharmacy services and screenings for an average of 1,000 attendees. These services include delivery of influenza immunizations, diabetic foot exams, peripheral artery disease screening, blood pressure screening, and cholesterol screening, to name a few. The majority of health fairs and education events are designed and run by the UHCOP sponsored student organizations under the supervision of a licensed preceptor. Many of these events are geared specifically to [underserved populations](#) in the greater Houston area.

Students are introduced to development of evidence-based medicine and guidelines in the first year of the curriculum in the Pharmacy Practice II course. The concept of how population-based care (evidence-based medicine and guidelines) influences patient-centered care is key when students are creating plans of care for patients and need to either use patient factors in following the guidelines or recommending suggested vaccinations based on patient risk factors. This skill is applied during each of the three therapeutics courses as well as the Pharmacy Skills Program courses in the associated semesters. Students are also introduced to disease state management performed in a managed care setting and how this improves the overall health of that population.

Similar to other curricular outcomes, student performance regarding health, wellness and population-based care is collected from our didactic, IPPE and APPE curriculum in our PPSLO assessment plan. This data includes examination questions tagged in ExamSoft®, artifact upload and documentation in the ePortfolio system, PCOA data, and preceptor end of rotation evaluations of students. The compilation of this data can be found in Appendices [2G](#), [2G2](#), [2G3](#).

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

The PharmD assessment committee annually reviews the AACP standardized survey. From the trends from the last three years, the UHCOP has generally scored right in line with our cohorts and the national benchmark when it comes to questions that deal with aspects of practice and patient care. Some notable exceptions were that in the years 2013 and 2014, the college had a larger percentage of faculty members who were unable to comment on how our students did in these areas. This was not the case in 2015, which might result from the increased attention and focus that was being placed on the curriculum since the process to develop the new curriculum launching in fall 2017 began in 2014. Additionally, compared with national and peer averages, our preceptors were more likely to ‘agree’ compared to ‘strongly agree’ with student abilities related to pharmacy practice management skills, a finding consistent with internal surveys done of our preceptors. In the new curriculum slated to begin in fall 2017, specific emphasis has been added to managing in pharmacy practice settings (retail, hospital and clinical) compared to management skills in general.

The PharmD assessment committee takes specific note of any questions with a ‘disagree’ percentage approaching 10% for the questions in this standard. The faculty, preceptors and alumni surveys all indicated a potential concern with informatics as referenced by the higher ‘disagree’ percentages. This is something we identified through curricular gap analysis and applied a temporary patch to in the current curriculum by adding some lectures in the Pharmacy Practice IV course. While pharmacy informatics is currently being offered as an

APPE elective, it had not been being covered extensively in the required curriculum. This issue has resolved by the addition of a 2 hour course in the new curriculum focusing on informatics and patient and medication safety.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> <b>Compliant</b>	<input checked="" type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.  
 We need to continue to work to validate our rubrics and expand and collect more data to address metrics related to managing a medication use system.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

✓ Examples of student participation in IPE activities (e.g. didactic, simulation, experiential)

[3A EXAMPLES OF IPE PARTICIPATION](#)

✓ Outcome assessment data summarizing overall student achievement of learning objectives for didactic course work

### [3B CAPE DOMAIN 3 Didactic](#)

- ✓ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences

### [3C CAPE DOMAIN 3 IPPE](#)

- ✓ Outcome assessment data summarizing overall student achievement of learning objectives for advanced pharmacy practice experiences

### [3D CAPE DOMAIN APPE](#)

- ✓ Outcome assessment data summarizing overall student participation in IPE activities

### [3E IPE Outcome Data](#)

- ✓ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3 [3F Examples of Curricular and Co-Curricular experiences for affective domain](#)
- ✓ Outcome assessment data of student achievement of problem-solving and critical thinking [3G CAPE 3.1 Data](#)
- ✓ Outcome assessment data of student ability to communicate professionally [3H CAPE 3.6 Data](#)
- ✓ Outcome assessment data of student ability to advocate for patients [3I CAPE 3.3. Data](#)
- ✓ Outcome assessment data of student ability to educate others [3J CAPE 3.2 Data](#)
- ✓ Outcome assessment data of student demonstration of cultural awareness and sensitivity [3K CAPE 3.5 Data](#)

#### **Required Documentation for On-Site Review:**

*(None required for this Standard)*

#### **Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Students – Questions 20-26
- ✓ AACP Standardized Survey: Preceptors – Questions 27-33
- ✓ AACP Standardized Survey: Alumni – Questions 34-40

**3L AACP Standardized Survey Data 2013-2015**    **3L2 AACP Standardized Survey Data 2016**

#### **Optional Documentation and Data:** (Uploads)

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard

[3M Wellness with underserved populations](#)

[3N Student Legislative Activities](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>3.1. Problem solving</b> – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	X	○	○
<b>3.2. Education</b> – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.	X	○	○
<b>3.3. Patient advocacy</b> – The graduate is able to represent the patient's best interests.	X	○	○
<b>3.4. Interprofessional collaboration</b> – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	X	○	○
<b>3.5. Cultural sensitivity</b> – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.	X	○	○
<b>3.6. Communication</b> – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.	X	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school supports the development of pharmacy graduates who are 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
- ✓ How the college or school incorporates interprofessional education activities into the curriculum
- ✓ How assessments have resulted in improvements in patient education and advocacy.
- ✓ How assessments have resulted in improvements in professional communication.
- ✓ How assessments have resulted in improvements in student problem-solving and critical thinking achievement
- ✓ Innovations and best practices implemented by the college or school
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

The UHCOP incorporates critical thinking, problem-solving, working with teams, and communication skills throughout the curriculum in the didactic, experiential, and co-curricular components. Student learning outcomes in these areas are measured in our Professional Pharmacy Student Learning Outcomes (PPSLO) [assessment plan](#). These aggregated outcomes are reviewed by the PharmD Assessment Committee annually with recommendations on areas for growth or continuous quality improvement sent to course coordinators or the PharmD Curriculum Committee. Outcome data for the didactic portion of the curriculum is included in [Appendix 3B](#), for the IPPE portion is included in [Appendix 3C](#), and for the APPE portion is included in [Appendix 3D](#).

## Development of CAPE Outcome 3 Sub-Domains

### *Problem Solving*

The UHCOP employs many strategies to help students develop sound problem solving skills. This begins in the first year during our Pharmacy Skills Program courses when students are given case-based scenarios and must work as a team to solve the problem presented. In another project happening at the same time, students are presented with barriers to communication that they must work to overcome. During the second semester of this year, the students are challenged with a drug information question that they must answer and defend. These skills are further enhanced in the second year of the curriculum in the Pharmacy Skills Program as the pharmacology and medicinal chemistry components increase the difficulty level of the problems that need to be addressed, at times requiring them to use medical literature to support their decisions. In the second semester of the P2 year, their Cells II course (Immunology) incorporates a problem-based learning pedagogy with the students completing individual readiness assurance tests (iRATs) and team readiness assurance tests (tRATs). This problem-based learning prepares them for their third year when they have weekly therapeutic skills labs where they are presented with patient cases and must create a plan of care for the patient while overcoming problems the simulated patient is experiencing.

This skill will be further emphasized in the new curriculum beginning in the fall of 2017. Paired with each organ-based module is a transdisciplinary lab sequence called a Module-Related Skills Lab (MRSL). In the MRSLs, the students will work in teams on cases that not only relate to the current organ system, but also incorporate material covered in previous courses and modules as the rigor of the program progresses with each semester.

### *Educate and Communicate Verbally and Non-Verbally*

While the primary education component focuses on patient counseling, motivational interviewing, and intervening to address drug-related problems, students are also given the opportunity to demonstrate education skills to other populations. Each student is required to perform 25 hours of community outreach during their first three years in the program, which can be either screenings or education. Educational outreach affords students the chance to put together materials, oral presentations, and table displays to help educate various populations ranging from children (medicine or candy presentation) to geriatric patients (large font, written materials) and including community events focused on particular [underserved populations](#) such as Hispanic, Vietnamese, or Indian patients. Students are also trained to provide education to other pharmacists or health care providers through in-service presentations or scientific presentations in the Clinical Seminar course.

### *Advocate and Collaborate with a Broad Range of People*

Advocacy for a patient's best interest falls into two broad areas: advocacy for the advancement of the profession so pharmacists can play a role in helping improve patient health outcomes, and advocacy for a patient in a specific situation where an intervention or change in therapy is needed that requires collaboration with other health care providers and/or the patient. At the UHCOP, students are given the opportunity to develop both of these forms of advocacy.

Through professional development activities and convocations in the co-curriculum, the students are exposed to outside speakers on how to best advocate for the profession and are given the opportunity to practice these skills through letter-writing campaigns and trips to Austin to meet with representatives on [Legislative Day](#) at the Capitol each spring.

Beginning in the very first semester of the program, students immediately begin training on advocating for what is in the patient's best interest in the Pharmacy Practice I course where they learn how to communicate with the patient and learn about motivational interviewing to inspire patients to make healthy behavior choices. The students perform health screenings and how to educate patients or refer them to appropriate medical attention when needed. These skills are reinforced in the second year when the students begin more intensive simulation with motivational interviewing in the IPPE I course and work with simulated patients to pick the best Medicare part D plan for them. These skills continue to progress in the third year with students preparing patient care plans and recommending changes to therapy so they are prepared in their fourth year to provide and defend medication recommendation while on APPEs.

Throughout all four years of the curriculum, the students have required components of interprofessional collaboration. In the first two years, students work with first and second year nursing students from two local colleges of nursing in the health educator program, while in the third year, students are required to participate in one of two different interprofessional programs designed to provide care to underserved populations (HOMES clinic and the LACE project) in addition to the natural interprofessional activities that occur as part of the community and institutional IPPE rotations. During the fourth year, students participate in a shared medication error objective, structured, clinical exam (OSCE) with medical and nursing students as well as continued interaction with other health care providers during APPEs. More information on these interprofessional activities can be found in standard 11.

#### *Recognize Social Determinants of Health*

Students are introduced to barriers to care and communication due to social determinants of health during the Pharmacy Practice I course in the first year of the curriculum. During this same year, students learn about health disparities, equity versus equality, uninsured and underinsured populations, and the impact of these circumstances on patient health outcomes.

The UHCOP is very fortunate to be located in Houston, a culturally diverse city that offers students the opportunity to be exposed to different cultures and populations throughout their IPPEs and APPEs. UHCOP has affiliations with practice sites in the Houston-Galveston and surrounding areas which allow the students to interact with patient populations that vary in age (from pediatrics to geriatric), ethnicity (for example: Hispanic, Asian, Middle Eastern), and socioeconomic status with different payer mix. UHCOP also has two dedicated faculty members practicing in a Federally Qualified Health Center (FQHC), one faculty member whose practice site is at the HOMES clinic, a free clinic that offers healthcare to the homeless, two other faculty members practicing in an acute care setting dealing primarily with the geriatric population, and another faculty member with a patient care focus on treating pediatric and adult patients with HIV/AIDS in an ambulatory care setting. In this practice site, students must use a translator because 80% of the patient population is Spanish speaking only.

#### **Assessment Data Resulting In Curricular Improvements**

The UHCOP faculty adopted a systematic curricular assessment plan in 2015. While it is relatively new, the data collected and reviewed by the PharmD assessment committee has already yielded many changes to current courses and of course, contributed heavily in the discussion and design of the new curriculum.

#### *Improvements in patient education and advocacy*

Two notable improvements made in this area are in the teaching and assessment of the Therapeutics course sequence and the associated Pharmacy Skills Program and Physical Assessment courses, both of which are currently taught in the third professional year.

Assessment data from the spring of 2015 in the therapeutics course reflected that during the course's case exam, in which students must create a SOAP note and a plan of care, a larger-than-expected portion of students underperformed on the monitoring portion of care. A deeper investigation of the assessment questions being asked by the course coordinator revealed that monitoring-related questions were asked infrequently, and monitoring was not given much emphasis during lectures. During the fall 2015 and spring 2016 courses, a greater emphasis was placed on communicating necessary patient monitoring during the didactic teaching and skills exercises, and more questions were dedicated to it on the bi-weekly examinations. Assessment data from the 2015-16 academic year showed a marked increase in student performance on recommending and communicating appropriate patient monitoring (35% of students were competent on monitoring and after curricular change, 95% were competent during the case exam).

During the fall 2014 physical assessment course, when students were assessed on gathering relevant case history, only 13% of students collected all necessary pieces of information. The course coordinator re-structured the teaching of this component based on this assessment and during the fall of 2015, there was a marked improvement with up to 38% of students collecting all necessary pieces of patient history. However, it should be noted that 100% of the students were able to gather the majority of the relevant patient history. While this was an improvement, the course coordinator again made tweaks to the teaching of the course and in the spring we can determine if further improvement was made during the fall 2016 semester.

#### *Improvements in professional communication*

Current assessment data has indicated that in all areas where professional communication was being measured (Pharmacy Practice I course, Clinical Seminar, IPPE and APPE), communication scores were above those of the set targets, so no major improvements in this area have taken place in the current curriculum.

However, based on feedback from student focus groups related to curricular review and feedback from faculty preceptors, it has been noted that students would like more attention given to professional communication skills other than counseling, such as when providing an in-service presentation or being assertive/confident when communicating with prescribers. Feedback from faculty preceptors have indicated that while students displayed appropriate skills in SOAP notes and general professional communication, students needed more practice on being concise and to the point for chart notes and information conveyed to prescribers. This feedback has been incorporated into the new curriculum. Communication is a required component of each MRSL, and a list of different types of communication has been compiled to ensure that throughout the four-semester series, all types are covered extensively. Additionally, while students are currently doing presentations and answering questions/defending recommendations, more emphasis will be given on repeated, targeted questions in front of peers to better prepare students for APPEs when this type of 'on the spot' questioning occurs. Lastly, since the PharmD assessment committee has observed that communication is currently measured in a variety of ways, the committee is working on developing standardized rubric components related to communication that can be used throughout the entire curriculum so the College can monitor student progress using a single format.

#### *Improvements in problem-solving and critical thinking*

Problem-solving and critical thinking are key components of using available information and clinical and foundational knowledge to make patient care decisions. Over the past two years, students have done well in this area with students in aggregate correctly answering exam questions tagged to this proficiency 80% of the time. Preceptors on APPEs also rank students high in this area with an average score of 4.57 out of 5 with 5 being excellent.

## Notable Achievements

The College has had many innovations and achievements in areas related to this standard. In 2013, the College was awarded the American Association of Colleges of Pharmacy (AACP) Student Community-Engaged Service Award for its activities with the Houston Outreach Medicine, Education and Social Services (HOMES) Clinic. This clinic is an interprofessional, student-run clinic in downtown Houston that serves the homeless population. It is a collaboration between the UHCOP, Baylor College of Medicine, University of Houston College of Social Work and the schools of Medicine and Public Health at the University of Texas-Houston Health Sciences Center.

Additionally, numerous faculty from the UHCOP have been awarded a Teaching Innovation Program (TIP) grant from the University of Houston. Faculty from our Pharmacological and Pharmaceutical Sciences (PPS) department received this grant in 2014 for their project on Surveying Knowledge-based Critical Thinking Skills: A Logic and Case-based Self-Assessment. Faculty from our Pharmacy Practice and Translational Research (PPTR) department was awarded the grant in 2015 for their project on Incorporating Simulation to Create Practice-Ready Pharmacists.

## Interpretation of AACP Survey Data

Data from the Graduating Student Survey from 2013-2015 shows the College to be in line with the national and peer cohorts. For all questions asked, the majority of students agreed or strongly agreed that the College had prepared them for the necessary skills. The preceptor data also was in line with national and peer cohorts, although our preceptor were slightly more likely on numerous questions to ‘agree’ that our students were prepared for necessary skills compared to ‘highly agree’. As with the previous standard, a larger percentage of faculty members compared to national and peer cohorts reported that they were unable to comment on students being prepared for clinical or practice skills in 2013 or 2014, but this percentage was in line with comparators in the 2015 data. The data from the alumni survey was also in line with national and peer cohorts; however, as mentioned in the previous standard, the percentage of respondents who ‘disagreed’ with preparation in terms of management skills and informatics was higher than desired by the College. This is being rectified in the new curriculum.

- 4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b>

	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
- While the College believes the intent of Standard No. 3 is met, because a new curriculum is being implemented in the fall 2017, student learning outcomes associated with this standard should be monitored. Need better monitoring of advocacy and cultural sensitivity.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Outcome assessment data summarizing students' overall achievement of professionalism [4A CAPE DOMAIN 4.4 Data](#)
- ✓ Outcome assessment data summarizing students' overall achievement of leadership [4B CAPE DOMAIN 4.2 Data](#)
- ✓ Outcome assessment data summarizing students' overall achievement of self-awareness [4C CAPE DOMAIN 4.1 Data](#)
- ✓ Outcome assessment data summarizing students' overall achievement of creative thinking [4D CAPE DOMAIN 4.3 Data](#)
- ✓ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4  
[4E Examples of Curricular and Co-Curricular Experiences for Affective Domain](#)
- ✓ Description of tools utilized to capture students' reflections on personal/professional growth and development  
[4F Tools to capture reflections on personal/professional growth](#)
- ✓ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning  
[4G Process to guide development of commitment to continuous professional growth](#)

- ✓ Outcome assessment data summarizing student achievement of learning objectives for didactic course work  
[4H CAPE DOMAIN 4 Didactic](#)
- ✓ Outcome assessment data summarizing student achievement of learning objectives for introductory pharmacy practice experiences  
[4I CAPE DOMAIN 4 IPPE](#)
- ✓ Outcome assessment data summarizing student achievement of learning objectives for advanced pharmacy practice experiences  
[4J CAPE DOMAIN 4 APPE](#)

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Students – Questions 27-31, 33
  - ✓ AACP Standardized Survey: Preceptors – Questions 34-37
  - ✓ AACP Standardized Survey: Alumni – Questions 20, 41-44
- 4K AACP Standardized Survey Data 2013-15    4K2 AACP SURVEY DATA 2016**

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard  
[4L Assessment of Professionalism in Pharmacy](#)
- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>4.1. Self-awareness</b> – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>4.2. Leadership</b> – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4.3. Innovation and entrepreneurship</b> – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>4.4. Professionalism</b> – The graduate is able to exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working.

Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ Description of tools utilized to capture students' reflections on personal/professional growth and development
- ✓ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning
- ✓ Description of curricular and co-curricular experiences related to professionalism, leadership, self-awareness, and creative thinking.
- ✓ How assessments have resulted in improvements in professionalism, leadership, self-awareness, and creative thinking.
- ✓ Innovations and best practices implemented by the college or school
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

Personal and professional development is an important part of being a health care professional. While the College has strongly encouraged and supported student development and growth in the areas of self-awareness, leadership, innovation, and professionalism, like other colleges across the nation, we are early in the process of assessment and using this data to make improvements in a systematic way.

#### **Tools Utilized To Assess CAPE Domain 4**

The UHCOP utilizes several tools to capture students' reflections on personal and professional growth and development. For a number of years the UHCOP has been using E\*Value. However, this software has a number of shortcomings. Most notably the software is not user friendly for either students or faculty. For example, reflections must be printed in order for faculty and/or advisors to review and provide feedback to students. This significantly hinders assessment of these reflections which could be used for quality improvements of the program. In response to this issue, the UHCOP is in the process of transitioning to Tk20 and the use of the e-Portfolio application to capture students' reflections on personal and professional growth and development. An e-Portfolio committee was established in the spring of 2016 to oversee this process and to ensure a timely rollout of this useful tool, which is slated to begin in the fall of 2016.

The new ePortfolio system has students upload artifacts that document student learning outcome achievement for each of the college's 10 program-level outcomes (Pharmacy Professional Student Learning Outcomes or PPSLOs). One of these outcomes is in the personal and professional growth area. Students upload a CV in the first year as well as identify tentative professional goals, annual academic goals, and reflect on at least one professional meeting that was attended. Students also take a survey on professionalism called Assessment of Professionalism in Pharmacy, A Novel Instrument ([APIPHANI](#)) that was validated by the St. Louis College of Pharmacy. During the second year, students update their CV and goals and again reflect on at least one professional meeting attended. During the third year, the students again take the APIPHANI survey and reflect upon changes and growth seen over the time period since their first year. During this year, they must also identify a pharmacist mentor and reflect upon the process of choosing their mentor, their time with their mentor, and the impact it had on them.

In addition to the ePortfolio, students currently also provide reflections during their IPPEs, after their interprofessional collaboration activities, and during their APPEs. This data is collected by the Office of Experiential Programs through Qualtrics and E\*Value.

Another tool used by the UHCOP Office of Student Services is the Learning and Study Strategies Inventory (LASSI). It is administered to incoming P1 students as a self-assessment so that they can understand their learning and study styles. Advisors then go over the scores with students who do poorly. The LASSI is also useful as a basis for improving all students' learning and study strategies as a diagnostic measure to help identify areas in which they could benefit most from educational interventions.

Also in the P1 year, students utilize American Pharmacist Association (APhA) career pathway evaluation tools to get a sense of the career options in pharmacy that fit their skill sets or desired positions.

#### **Processes Related to CAPE Domain 4**

A number of curriculum and co-curriculum experiences, either directly in the UHCOP or through association with the college and/or profession, are available for students to participate in that are related to professionalism, leadership, self-awareness, and creative thinking. Promotion of professionalism in the UHCOP begins with the application where reviewers seek to identify elements of professional tone and writing skills from answers to pre-interview questions and in the personal statement. In the interview process, demonstration of professionalism is assessed by candidates' ability to present themselves in a positive and professional manner. This process also probes other non-cognitive factors, such as judgement, time management, ownership of responsibility, and planning/strategizing abilities.

Professionalism is also emphasized as students enter the program during a four-day New Student Orientation program prior to the start of their first semester, where they are informed of expectations with regards to professionalism. This program is organized and delivered by a student-led committee consisting of over 50 students under the direction of 5 student co-coordinators, supported by Office of Student Services staff, and overseen by the Assistant Dean for Student and Professional Affairs (ADSPA). Topics of the orientation program include introductions to college organizations, coursework, an introduction to and lunch with faculty, and interactive workshops and activities building communication skills, leadership, teamwork, and cultural diversity. In addition, sessions specifically address all college policies and procedures. This orientation program culminates with the recitation of the Oath of Professionalism at the UHCOP White Coat Ceremony. This ceremony involves participation of the students, the student's friends and family, faculty, staff, administration, and an honorary guest from the pharmacy profession. Students are expected to act professionally throughout the entire course of study by wearing their white coat as a constant reminder of the oath they took to abide by the Code of Ethical and Professional Conduct.

Professional attitudes and values are further promoted and assessed throughout the curriculum in P1 – P4 years. This includes didactic courses and within IPPEs, APPEs and Pharmacy Skills courses. For example, in the first year Pharmacy Skills Program course, students create CVs to be uploaded to their ePortfolio and utilize the APhA career pathway. In the Functional Group Analysis portion of the Pharmacy Skills Program course, they participate in team-based learning exercises and provide self and peer reflections. In the Pharmacy Skills Program course in the second semester, they are assessed on professionalism and participate in advocacy convocation and the Phi Lambda Sigma (PLS) leadership convocation.

Over the years students also had the option to complete the Walmart Scholars Leadership program sponsored by UHCOP and Wal-Mart, Inc. This program included three workshops entitled “Now Discover Your Strengths,” “Meet, Greet, and Eat!!! The Do’s and Don’ts of Professional Networking and Dining,” and “Communicating Professionally and Purposefully.” This certificate series was developed to provide students with tools to help them begin developing their own personal leadership skills and style including the Clifton StrengthFinders

assessment. They were encouraged to practice these skills while serving in their various student leader and committee roles within student organizations, college committees, and in their participation in professional pharmacy organizations. Unfortunately, the program was discontinued in 2015 due to lack of funding. However, the UHCOP has now formed a collaboration with Walgreens to create a new leadership series that started this current academic year. It is a 6-part lecture series with three lectures in each of the fall and spring semesters. Topics include: networking/involvement in community and government affairs, social media/professionalism, people leadership, team building, team dynamics, personality conflict, interviewing and time management, and strategic leadership.

Students are also presented opportunities for developing leadership skills through participation in a large number of student organizations available at the UHCOP. In addition, many students take the initiative to seek leadership roles in regional and national pharmacy organizations. Some examples include UHCOP students who have participated in [leadership positions](#) in organizations such as APhA-ASP Student Executive Committee, Student National Pharmacists Association (SNPhA), American College of Clinical Pharmacists (ACCP) National StuNET advisory committee, PLS Founders Award Committee, Kappa Psi Pharmaceutical Fraternity Southwest Province, Health and Counseling Center Feasibility Committee, and the Houston Global Health Collaborative (HGHC) Grants Steering Committee.

Many UHCOP student organizations also provide opportunities for students to develop their professionalism, leadership, self-awareness, and creative thinking skills. For example, PLS holds resume and CV/leadership style, interview skills, public speaking, and professionalism workshops. Other workshops hosted by student organizations include the Student Society of Health System Pharmacists' residency workshop (SSHP), legislative day workshops by the UH student chapter of the National Community Pharmacists Association (NCPA), the patient counseling competition workshop by the American Pharmacists Association–Academy of Student Pharmacists (APhA-ASP), Kappa Psi Pharmaceutical Fraternity's interview/mock interview workshop, poster workshop by the Student College of Clinical Pharmacy (SCCP), and Spanish lessons by the Mexican American Pharmacy Student Association (MAPSA). In addition, NCPA offers business plan workshops attended by P1 – P3 students to develop innovation and skills in entrepreneurship.

Students have opportunities to take part in a variety of competitions that develop leadership, professional, and creative thinking skills. Some of the competitions that are available include the Texas Society of Health Systems Pharmacists (TSHP) clinical skills competition, Texas Pharmacy Association (TPA) patient counseling competition, NCPA Business Plan competition, ACCP Research competition, APhA-ASP National Patient Counseling competition, and American Society of Health Systems Pharmacists (ASHP) Clinical Skills competition.

Pharmacy Council, the student government body for the college, coordinates activities among 19 professional student organizations and serves as a liaison between the students/student organizations and the administration and faculty of the college. Pharmacy Council is comprised of representatives from each pharmacy student organization and representatives from each class. Each organization sends two representatives, one elected and the other as an alternate. Pharmacy Council has its own governance and elects a president, president-elect, vice president, secretary, and treasurer with the ADSPA as the faculty advisor. Pharmacy Council addresses issues/concerns related to student life and student services as well as initiates programs and projects designed to enhance and improve the professional culture at the college, such as the initiation and creation of a professional student dress code and facilitating a student organization meeting calendar. Meetings are held bimonthly with continuous communication among members via email. In addition, UHCOP has one elected student

representative (senator) in the University's Student Government Association and this student serve as a conduit for information to the college from the University.

Students also participate in the governance of the college by serving as members of various standing college committees, boards, and councils. The PharmD Admissions and Progression Committee and PharmD Assessment Committee each have one student member. The PharmD Student Affairs Committee, PharmD Curriculum Committee, and UHCOP Information Technology Committee each have two student members. These student representatives are appointed by the Dean from a pool of candidates submitted by Pharmacy Council. In addition, eight students serve as members of the UHCOP's Board of Ethical and Professional Conduct (BEPC). Four students, one from each class, are elected by their peers while the other four students, one from each class, are appointed by the Associate Dean for Academic Affairs (ADAA). The students are voting members of the Honor Board. Ten students also serve on the Dean's Student Advisory Council. Finally, the Pharmacy Council Student President serves on the UHCOP Strategic Planning Committee and PharmD Accreditation Self-Study Steering Committee and is a student representative attending UHCOP faculty meetings.

In addition, UHCOP considers participation and attendance in professional conferences, meetings, and activities an important aspect of pharmacy education and encourages faculty, staff, administrator, and student participation in local, state, and national pharmacy, scientific, and other professional organizations. Many students attend professional meetings and participate in local, state, and national patient-care competitions. Students also have an opportunity to do APPEs at the Texas State Board of Pharmacy and the Texas Pharmacy Association. The faculty and staff are also expected to serve in leadership capacities in local, state, and national arenas. Although travel support for these activities was not provided from 2010 – 2014, a new travel reimbursement process began in 2015.

Other strategies and programs implemented by the college to broaden the professional horizons of students include Phi Lambda Sigma and Rho Chi Honor Societies lectures, P1 Summer Internship Job Networking Social/Interview Day, and annual Residency Showcase. The Phi Lambda Sigma and Rho Chi Honor Societies lectures bring in prominent speakers from a broad assay of professions such as Drs. David Zilz, Thomas Lemke, and Joyce Tipton to address students and faculty on topics of leadership, professionalism and scholarship. The annual Residency Showcase is a student-led event where 50 residency programs (local and national) come together to introduce their programs to students via exhibits.

## Interpretation of AACP Survey Data

Finally, the UHCOP assessment committee annually reviews the AACP standardized survey of students, preceptors and faculty. Looking at the trends from the last several years, UHCOP has scored in line with our cohorts and the national benchmark when it comes to questions that deal with aspect of how the program imparts to the graduate the knowledge, skills, abilities, behaviors and attitudes necessary for self-awareness, leadership, innovation and professionalism. In the 2016 Graduating Student Survey, 98%-99% of respondents agreed or strongly agreed with all questions related to this standard.

- 4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
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<p>No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.</p>	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	<p>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.</p>	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<p><input type="checkbox"/> <b>Compliant</b></p>	<p><input checked="" type="checkbox"/> <b>Compliant with Monitoring</b></p>	<p><input type="checkbox"/> <b>Partially Compliant</b></p>	<p><input type="checkbox"/> <b>Non Compliant</b></p>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring. Continue developing methodologies and metrics to better assess self-awareness and innovation.

DRAFT

**Section II:  
Structure and Process To Promote  
Achievement of Educational Outcomes**

DRAFT

# Subsection IIA: Planning and Organization

**Standard No. 5: Eligibility and Reporting Requirements:** The program meets all stated degree-granting eligibility and reporting requirements.

## 1) Documentation and Data:

### Required Documentation and Data:

#### Uploads:

- ✓ University organizational chart depicting the reporting relationship(s) for the Dean of the college or school.  
[5A University of Houston System and Board of Regents Organization Chart](#)  
[5A2 UH President's Office Organization Chart](#)  
[5A3 Provost & Colleges Org Chart](#)
- ✓ Document(s) verifying institutional accreditation  
[5B SACS Reaffirmation Letter 2008](#)      [5B2 SACS Report of Reaffirmation](#)      [5B3 SACS Institutional Details](#)
- ✓ Documents verifying legal authority to offer/award the Doctor of Pharmacy degree  
[5C Texas Educational Code 111.01](#)      [5C2 Texas Educational Code 111.31](#)
- ✓ Accreditation reports identifying deficiencies (if applicable). No deficiencies.  
[5D UH SACS Recent Actions January 2017](#)      [5D2 SACS December 2016 Actions](#)
- ✓ Description of level of autonomy of the college or school    [5E Description of autonomy of college](#)
- Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program.
  - ✓ Or check here if no applicable deficiencies.

### Required Documentation for On-Site Review:

- Complete institutional accreditation report (only if applicable, as above) (N/A)

### Data Views and Standardized Tables:

*(None apply to this Standard)*

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard

[5F Research Centers and Institutes](#)

[5G Executive Council Roster](#)

[5H UHCOP New Building](#)

[5I Faculty Senate Constitution](#)

[5J UHCOP Faculty on Committees](#)

[5K UHCOP bylaws](#)

[5L Admission Requirements](#)

[5M Recruitment Guidelines](#)

[5N PPS bylaws](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>5.1. Autonomy</b> – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations.	X	<input type="radio"/>	<input type="radio"/>
<b>5.2. Legal empowerment</b> – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.	X	<input type="radio"/>	<input type="radio"/>
<b>5.3. Dean's leadership</b> – The college or school is led by a dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all accreditation requirements of ACPE are met.	X	<input type="radio"/>	<input type="radio"/>
<b>5.4. Regional/institutional accreditation</b> – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.	X	<input type="radio"/>	<input type="radio"/>
<b>5.5. Regional/institutional accreditation actions</b> – The college or school reports to ACPE within 30 days any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.	X	<input type="radio"/>	<input type="radio"/>
<b>5.6. Substantive change</b> – The dean promptly reports substantive changes in organizational structure and/or processes (including financial factors) to ACPE for the purpose of evaluation of their impact on programmatic quality.	X	<input type="radio"/>	<input type="radio"/>

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school participates in the governance of the university (if applicable)
- ✓ How the autonomy of the college or school is assured and maintained
- ✓ How the college or school collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

The University of Houston is one of four universities within the University of Houston System. All four universities operate autonomously within the [University of Houston System and are governed by a single Board of Regents](#). The Chancellor of the University of Houston System also serves as [President of UH](#). In the organizational structure, UHCOP is an autonomous unit within the university structure and is led by Dean F. Lamar Pritchard, Ph.D. who reports to the [Senior Vice President of Academic Affairs and Provost](#). The Senior Vice President of Academic Affairs and Provost also holds the appointment of Senior Vice Chancellor of the University of Houston System. UHCOP is one of [fifteen colleges](#) within the University. Deans of all colleges report to the Senior Vice President and Provost and attend a monthly meeting of the University Council of Deans chaired by the Senior Vice President of Academic Affairs and Provost. Furthermore, the Dean meets with the Senior Vice President of Academic Affairs and Provost on a regular basis to discuss specific issues pertaining to UHCOP. As needed, the Dean also meets with the Chancellor and Vice President for Research and Technology to request research support for new and existing faculty and the [College Research Institutes](#).

The interaction of the Dean with the President's Cabinet has proved useful as indicated by the increased level of support to the College in matters pertaining to teaching, research, personnel, and physical infrastructure. Dean Pritchard and the UHCOP Director of Business Operations work at the administrative level to manage and secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources. Resources are allocated with advice from the UHCOP [Executive Council Leadership team](#) and faculty input to meet the Accreditation Council for Pharmacy Education (ACPE) standards. For example, UHCOP will soon move to a new facility, the Health and Biomedical Sciences Building 2 ([HBSB II](#)), which will provide 138,000 gross square feet of unified space for research and patient care disciplines. This transition is not only essential to provide the best resources and learning environment for faculty and students, but to maintain uninterrupted accreditation by ACPE. Other health care programs will occupy the HBSB II in addition to the College of Pharmacy, enabling expansion of interprofessional care projects and research between disciplines. Furthermore, the HBSB II will strengthen UH's relationships with collaborators, particularly fellow Texas Medical Center institutions — not only by better preparing potential members of their future workforce, but by offering collaborators additional space-specific functional areas and expansion into new and underdeveloped areas of research. It will also enable new partnerships that benefit students, faculty, fellow health care providers and ultimately, individual patients and entire communities.

UHCOP participates in the governance of the University in accordance with university policies and procedures through shared governance between faculty, administration, and students. Faculty participation in University governance occurs through the [Faculty Senate](#), which provides a framework for cooperation and communication between UH faculty and the administration. The Faculty Senate, together with other University constituencies, works to achieve the common vision of excellence for the University. The Senate allows each faculty member opportunities in developing academic policies, establishing performance standards, and protecting academic freedom, thus having a primary responsibility for curricular matters and degree programs. The Faculty Senate provides a venue whereby representatives can offer recommendations to the administration pertaining to the academic and operational improvement of the university as well as matters concerning the improvement of the general welfare of the faculty. Correspondingly, the Faculty Senate provides the means whereby the administration can refer academic, operational, or common interest matters to a body representing the entire faculty. UHCOP has [six seats on the Faculty Senate](#) and senators are elected by the faculty to represent the College and the faculty as a whole, in compliance with the Constitution of the Faculty Senate. In addition to the representation on the Faculty Senate, UHCOP faculty routinely serve on [university committees](#) and task forces such as the Institutional Animal Care and Use Committee, Institutional Review-Board and Protection of

Human Subjects Committee, University Research Council, University Biosafety Committee, Promotion and Tenure Committee (P&T), and Graduate Professional Studies Council (GPSC).

UHCOP makes every effort to maintain an autonomous relationship within the bounds of UH policies and procedures as well as the State of Texas and federal regulations. This autonomous relationship is defined in the following areas regarding policies, procedures and regulations, including:

*Programmatic Assessment:* UHCOP evaluates its program using several measurement tools as described in the [assessment plan](#).

*Definition and Delivery of the Curriculum:* UHCOP has the autonomy to develop, maintain, and deliver its own curriculum within the framework of UH and the University of Houston System. The UHCOP curriculum is overseen by the UHCOP Curriculum Committee with membership determined by the UHCOP UHCOP. (5P)

*Development of Bylaws, Policies, and Procedures:* UHCOP operates within the University’s bylaws, policies, and procedures as stated in the [UH Faculty Handbook](#). Areas unique to the UHCOP have additional policies and procedures, as outlined in the UHCOP Bylaws (5P)

*Student Enrollment, Admission, and Progression Policies:* All areas concerning the UHCOP PharmD student [admissions](#) and [progression policies](#) are governed by the UHCOP PharmD Admissions and Progression Committee, which reports to and makes recommendations to the Dean.

*Faculty and Staff Recruitment, Development, Evaluation, and Retention:* UHCOP follows the University guidelines concerning faculty and staff [recruitment and hiring](#). However, UHCOP maintains full autonomy in the selection process. Within the framework of university policies, UHCOP maintains responsibility for faculty development, evaluation, and retention. The UHCOP Faculty Advisory Council and department chairs are charged with implementation of UHCOP specific programs to supplement University programs. [Policy](#) is in place stipulating that all faculty are to be evaluated annually. Annual [faculty evaluations](#) are conducted by the [department chairs](#) in the departments of Pharmacy Practice and Translational Research (PPTR) and Pharmacy Health Outcomes and Policies (PHOP) . Annual faculty evaluations in the department of Pharmacological and Pharmaceutical Sciences (PPS) are conducted jointly by the department chair and the PPS Faculty Evaluation Committee. This committee is composed of five faculty members elected by the faculty who each serve a 2-year term as outlined in the [PPS Department Bylaws](#).

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>

	implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.		
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 6: College or School Vision, Mission, and Goals:** The college or school publishes statements of its vision, mission, and goals.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

Vision, mission and goal statements (college/school, parent institution, and department/division, if applicable)

[6A UH Vision, Mission, Goals](#)

[6A2 UHCOP Vision, Mission, Goals](#)

[6A3 PPTR Vision, Mission, Goals](#)

[6A4 PPS Vision, Mission, Goals](#)

[6A5 PHOP Mission, Vision, Goals](#)

Outcome assessment data summarizing the extent to which the college or school is achieving its vision, mission, and goals

**6B**

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

*(None apply to this Standard)*

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the standard

[6C Hispanic Healthcare Certificate](#)

[6C2 Hispanic Healthcare Brochure](#)

[6D Student Accolades](#)

[6E Class of 2016 Posters Presented](#)

[6F Student Legislative Activity](#)

[6G Convocations](#)

[6H Community Outreach](#)

[6I Residencies/Fellowships](#)

[6J MS Residency](#)

[6K Residency Showase](#)

[6L PharmD/MBA](#)

[6M MTM Certificate](#)

2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program’s compliance with the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>6.1. College or school vision and mission</b> – These statements are compatible with the vision and mission of the university in which the college or school operates.	X	○	○
<b>6.2. Commitment to educational outcomes</b> – The mission statement is consistent with a commitment to the achievement of the Educational Outcomes (Standards 1–4).	X	○	○
<b>6.3. Education, scholarship, service, and practice</b> – The statements address the college or school’s commitment to professional education, research and scholarship, professional and community service, pharmacy practice, and continuing professional development.	X	○	○
<b>6.4. Consistency of initiatives</b> – All program initiatives are consistent with the college or school’s vision, mission, and goals.	X	○	○
<b>6.5. Subunit goals and objectives alignment</b> – If the college or school organizes its faculty into subunits, the subunit goals are aligned with those of the college or school.	X	○	○

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school’s mission is aligned with the mission of the institution
- ✓ How the mission and associated goals<sup>2</sup> address education, research/scholarship, service, and practice and provide the basis for strategic planning
- ✓ How the mission and associated goals<sup>2</sup> are developed and approved with the involvement of various stakeholders, such as, faculty, students, preceptors, alumni, etc.
- ✓ How and where the mission statement is published and communicated
- ✓ How the college or school promotes initiatives and programs that specifically advance its stated mission
- ✓ How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

<sup>2</sup> Goals should be distinguished between long-term (perpetual) goals that relate to the overall vision and mission of the college or school, and short-term goals (± two to five years) that are included in the college or school’s strategic plan. Goals within a strategic plan will align with and support the vision and mission of the college or school.

- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms **NOT APPLICABLE**

The [UHCOP Vision, Values and Mission](#) statements and the academic departments' mission and vision statements are consistent with the [UH Mission, Values and Shared Goals](#). All of the College's and academic departments' vision and mission statements parallel the university's mission and vision but are specifically geared more towards the education and preparation of professional pharmacy students, future pharmacy practitioners, and graduate students in various fields of pharmacy and research. ([6A3](#), [6A4](#), [6A5](#))

The College's mission statement and its [seven associated long term goals](#) address education, research/scholarship, service, and practice. It is these seven perpetual, long-term goals outlined in the UHCOP's mission statement that the College must always keep in the forefront of everything it does, to ensure a steady course in achieving its overall vision and mission. These long-term goals are the guide upon which the UHCOP Strategic Plan was developed and include short-term goals that, when reached, ensure that the mission and vision of the College is continuously achieved.

## **Development of College Mission, Vision, and Goals**

The mission and associated long term goals were developed and approved as part of the Vision 2020 [strategic planning process](#), which included involvement of various stakeholders such as faculty, students, preceptors, alumni, etc. The mission, vision, and values were revised and adopted to expand and further elucidate the college's role and responsibilities to the local and global community, its students, and other stakeholders through the basic tenants of teaching, research / scholarship, and service. The College's Strategic Planning Committee began work shortly after the ACPE Site Visit Evaluation Team visited in March 2011, and the entire process took approximately 10 months to complete.

Several additional groups of college stakeholders were also given an opportunity to participate in the strategic planning process. These groups included the College's staff, the general Pharmacy student body, the Dean's Student Advisory Council, and Pharmacy Student Council. The College's alumni and Dean's Advisory Council were also invited to participate in the process during special meetings, and ideas and comments were solicited from these groups throughout the entire process. The college's mission, vision and values are published in the UHCOP PharmD Student Handbook, which is reviewed at each New Student Orientation and New Faculty Orientation as well as is published on the College's website.

## **Initiatives and Programs Advancing the Colleges Mission**

*Professional Pharmacy Certificate in Hispanic Healthcare.* The UH College of Pharmacy and the UH Hispanic Studies Department in the College of Liberal Arts and Social Sciences have combined their resources to provide a multifaceted approach to training the next generation of pharmacists to provide culturally and linguistically competent healthcare delivery skills. This [18-credit-hour certificate](#) program includes a series of 2 core courses (6 hours) in mastery of the Spanish language and culture needed to interact and work with Hispanic communities. This includes some specific health and medical experiential learning and practice through fieldwork and/or public service. These 2 core courses are followed by 12 hours of APPEs in healthcare settings serving predominantly Hispanic populations. This program capitalizes on both the assets of the University of Houston (UH) and the needs of the Houston community, State of Texas, and beyond and will translate into

enhanced quality of care for Hispanic patients not only in the Houston and surrounding areas but throughout the State of Texas, nation, and the world.

*Developing and supporting student leaders:* UHCOP strives to instill in students the knowledge and skills to be leaders in the pharmacy profession and to be active outside of the College. In 2015-2016 alone, we had two student organizations win national Chapter of the Year (Phi Lambda Sigma (PLS) Pharmacy Leadership Society and the Student National Pharmaceutical Association-SNPhA), one student be the National Diabetes Chair of the SNPhA, and one student win the Outstanding Student of the Year award from the National Community Pharmacy Association as well as other [regional and local accolades](#).

[APPE and IPPE Clinical interventions](#). Pharmacy students have logged many medication interventions as well as drug-related problem interventions in E\*Value's PxDx, improving patient medication usage and outcomes for hundreds of patients.

*Student collaborations and [poster presentations](#) on research with faculty and preceptors at the ASHP MidYear Meetings.*

[Programmatic Assessment process](#). This is the overall continuous quality improvement process for the College. It utilizes assessment data, Strategic Plan initiatives, and targeted goals to evaluate if the College's available resources are adequate and sufficient in achieving the College's Mission and Vision. In addition, it allows for a yearly [systematic report card](#) of all the committees, departments, offices, and initiatives within the College.

*Legislative advocacy for the college and profession.* The students and faculty consistently work to raise awareness of the value of pharmacy among consumers, patients, policymakers, the media, all healthcare partners, and stakeholders by being active in many different types of [advocacy events and activities](#). Some of these activities have included organizing a Health Care Town Hall about the Affordable Care Act, working with the Mayor of the City of Houston to proclaim October as American Pharmacist's Month, visiting the Texas Governor's office staff assigned to healthcare/pharmacy during the TPA Leadership Symposium 2014, as well as other special events, lunch meetings, and convocation speakers. In addition, many students attend the annual Pharmacy Days at the Texas Capitol and meet with various state representatives on current and future pharmacy issues and initiate and participate in letter writing/email/phone call campaigns to legislators.

*Student leadership initiatives through student organization activities, [community wellness events](#), and [convocations](#).* The number of flu immunizations and health screenings performed by students at various community health fairs and events has averaged more than 11,000 for AY2012-2013, 5,000 for AY2013-2014, 8600 for AY2014-2015 and 23,948 for AY2015-2016, all showing the huge impact that UHCOP students, faculty, an alumni/preceptors in partnerships with retail community pharmacies, non-profit health systems, and fellow academic institutions have on the Greater Houston Area.

## **Pharmacist Postgraduate Professional Education and Training Initiatives**

*Several post-graduate [residency/fellowship programs](#).* Through formal affiliations with several fellow Texas Medical Center (TMC) institutions and other healthcare organizations, the college of pharmacy offers several post-graduate residency and fellowship opportunities including a 2-year program leading to a M.S. in Pharmacy Leadership and Administration as well as [PGY-1 ASHP-accredited Pharmacy Practice Residency and the PGY-](#)

[2 Health-System Pharmacy Administration Residency](#) (through 7 leading Texas Medical Center (TMC) institutions).

*Teaching and Scholarship Academia Program (TSAP) for residents.* The Teaching and Scholarship in Academia Program (TSAP) is a formal training program for pharmacy residents and pharmacy practitioners to gain knowledge and to demonstrate effectiveness in the areas of teaching, leadership and scholarship. The program is designed for current PGY-1 and PGY-2 residents in training programs throughout the greater Houston area. Other healthcare professionals who are interested in the program but may not plan to complete the certificate process are welcome to attend some or all sessions. The program includes 8 weeks of 2-hour interactive lecture sessions and participation in various initiatives at UHCOP including PharmD interviews, evaluating P4 seminar, facilitating skills labs, and precepting IPPE and APPE students.

*PharmD/MBA Degree Program.* In addition, the college also recently established a combined [PharmD/MBA degree](#) program (beginning in Fall 2017) with the UH Bauer College of Business to provide additional business, administrative and leadership opportunities for its students.

*PharmD/PhD Degree Program.* This is a [combined degree program](#) designed for pharmacy students who are seeking an integrated program in the clinical and basic sciences preparing them for a career in academics or research.

*Pharmacist CE Opportunities.* The college also promotes life-long learning opportunities to pharmacists. These include (a) the APhA [Medication Therapy Management Certificate](#) training (at least once per year), (b) the APhA Pharmacy-Based [Immunization Delivery Certificate](#) (3-5 times per year), (c) the [Preceptor CE Conference](#) two times a year (ACPE credit provided through Texas Society of Health-System Pharmacists), which covers such topics as updates to Texas pharmacy laws and best practices for preceptor-student interactions, and (d) the future APhA Diabetes Certificate Training.

## **Interprofessional Training Initiatives**

The College also supports the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team through various programs and initiatives.

### *Required programs*

**Health Education Program:** This is a required interprofessional activity that occurs once per semester for the first four semesters of the professional program. In this program, P1 and P2 students learn about and with first and second year nursing students. These activities are intended to build communication, professional roles and responsibilities, and the values and ethics for other health care professionals. The Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire is administered in the first and fourth semesters of pharmacy school to get a pre/post measure of the experience.

**HOMES Clinic or NPLH LACE Program.** In the P3 year, all students are required to participate in an interprofessional direct patient care experience at either the [HOMES Clinic](#) or [NPLH LACE](#) program. Each student must attend one of these two experiences, which is roughly 4 to 5 hours during their third professional year of pharmacy school. *The HOMES Clinic* is a joint collaboration of the Baylor College of Medicine (BCM), the University of Texas Health Science Center (UTHSC), and the UHCOP (UHCOP). The clinic is entirely student managed and overseen by attending physicians, pharmacy preceptors, and the Healthcare for the

Homeless Houston (HHH). *The “No Place Like Home” Longitudinal Ambulatory Clinical Experience (LACE)* is a collaboration with BCM and Harris Health System (the indigent care entity for the Houston area). Pharmacy students and BCM medical students make “house calls” under the supervision of an M.D. or N.P. to generally homebound elderly patients in the community. During the drive to the homes, the preceptor briefs the students on the patient for which they are about to provide care. Upon arrival, the pharmacy students help organize medications, assist with physical assessments, counsel patients, and provide much needed patient education.

Interprofessional Education Simulation. P4 students are required to participate in an interprofessional simulation with medical and nursing students. This simulation was the result of attendance at the fall 2012 IPEC meeting with a team from the College of Pharmacy, Baylor COM, and Texas Woman’s College of Nursing. The pilot began in the fall of 2013 and became a requirement for all P4 students starting in the fall of 2014. In this experience, P4 pharmacy students, M4 medical students, and senior nursing students participate in a simulated shared error scenario in a 1:1:1 ratio. This experience has four parts: 1) an icebreaker in which the students ask each other directed questions that focus on their training experiences to date, 2) an introduction to a patient case where each discipline is given the same case to read, but can only see their portion of the shared error case, 3) three students entering a standardized patient’s room as a team to disclose the shared error, and 4) a 30-minute debriefing session with 5 groups (15 students) discussing communication strategies used during the encounter. A formalized facilitator’s guide is utilized by the three facilitators during the debriefing. The three facilitators are professionals from the three disciplines working together to model interprofessional interaction. A video showcasing the Patient Safety Course is available [here](#).

### *Elective Programs*

Patient Safety Elective – This program includes training modules from the Institute for Health Care Improvement and in-person faculty-facilitated progressive case discussion with BCM medical and Texas Woman’s University nursing students (with a total participation in excess of 200 interprofessional students).

Pharmacy Certificate in Hispanic Healthcare – This [program](#) provides an option for interested professional pharmacy students to pursue more focused elective studies in the mastery of the Spanish language and culture to improve their professional pharmacist interactions with Hispanic communities in Texas, the US, and abroad. The program includes a series of 2 core courses (6 hours) followed by 12 hours of advanced pharmacy practice experience internship in healthcare settings serving predominantly Hispanic populations.

VA Centers of Excellence in Primary Care Education. The college along with the Michael E. DeBakey Veterans Affairs Medical Center, BCM, and a handful of other institutions are founding partners in one of two newly created VA Centers of Excellence in Primary Care Education, whose primary goal is to “foster transformation of clinical education by preparing graduates of health professional programs to work in and lead patient-centered interprofessional teams that provide coordinated longitudinal care.” The Houston Center will be based at the DeBakey VAMC and brings the total number of centers to seven nationwide.

### **Notable Achievement**

The HOMES Clinic was recognized by the AACP as one of four recipients of the Student Community-Engaged Service Award with grant monies totaling \$16,000. It was also honored with the 2014 John P. McGovern Champion of Health Award from the TMA Foundation, which included a \$5,000 grant that the clinic’s

leadership team used for expanding immunization outreach, purchased new diagnostic and other equipment and educated students about caring for the homeless.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ College or school's strategic planning documents [7A UHCOP Vision2020](#)
- ✓ Description of the development process of the strategic plan. [7B Description of Development of Strategic Plan](#)
- ✓ Outcome assessment data summarizing the implementation of the strategic plan  
[7C UHCOP Strategic Plan Tracking Document](#) [7C2 Pharmacy Outcome Measures](#)

**Required Documentation for On-Site Review:**

- ✓ The strategic plan of the parent institution (if applicable) [7D UH Strategic Plan](#)

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ Questions –11-12 from Faculty Survey

**7E AACP Standardized Survey Data 2013-15**

**7E2 AACP Standardized Survey Data 2016**

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard [7F Texas Pharmacy Congress](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>7.1. Inclusive process</b> – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.	X	○	○
<b>7.2. Appropriate resources</b> – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.	X	○	○
<b>7.3. Substantive change planning</b> – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.	X	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school's strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as, faculty, students, preceptors, alumni, etc.
- ✓ How the strategic plan facilitates the achievement of mission-based (long-term) goals
- ✓ How the college or school's strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, mechanisms for ongoing monitoring and reporting of progress
- ✓ How the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan
- ✓ How the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan
- ✓ How the strategic plan is driving decision making in the college or school, including for substantive changes to the program
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

## Strategic Plan Development Process

The college is guided by a dynamic strategic plan that was approved and ratified on March 13, 2012 creating the new "[Vision 2020 Strategic Plan](#)". The developmental process of establishing the "Vision 2020" Strategic Plan officially started on October 19, 2011 and was developed through an [inclusive process](#), involving faculty, staff, students, preceptors, practitioners, and other relevant constituents.

The strategic imperatives include: (1) Grow, diversify and expand the College's revenue base, (2) Increase research-based scholarly activity and collaboration, (3) Strengthen College of Pharmacy political positioning relative to other health professional programs in Texas, (4) Develop and enhance the College of Pharmacy educational programs to the point where the graduates become leaders and agents of change, (5) Develop the *University of Houston Center for Drug Discovery* with the goal of providing a foundation for bringing together the strengths of many research disciplines across the UH campus and beyond, (6) Raise awareness of the value of pharmacy among consumers and patients, among elected officials and policymakers, among the media, and among all healthcare partners and stakeholders, (7) Contribute significantly to the systematic improvement of health care delivery and the health of our communities, (8) Build a new state-of-the-art Pharmacy building that will provide all of the facility and technological resources that will be necessary to meet the extensive goals of a Tier One Pharmacy College, and (9) Become innovators in the delivery of pharmacy education.

## Strategic Plan

### *Utilization*

The "Vision 2020" Strategic Plan facilitates the achievements of mission-based long-term goals by defining our college's vision of the future; mission statement; values that determine decisions and daily operations; political, economic and social environment (demographic and attitudes, economics, competitive trends as well as federal, state, and local public policy); strengths, weaknesses, opportunities and threats (SWOT analysis) within our environment; and our strategy (strategic imperatives along with overarching goals) to achieve our future goals and move the college forward. The "Vision 2020" Strategic Plan incorporates timelines for action and measures, identifies responsible parties to oversee the process, identifies resources needed to achieve the goals, and describes mechanisms for ongoing monitoring and reporting of progress. Finally, the Strategic Planning Committee monitors, evaluates, and [documents the progress](#) in achieving the college's goals through council and committee meetings.

### *Assessment*

The University administration has supported the college's strategic planning process and activities in the development of the "Vision 2020" Strategic Plan. This support includes (a) University administration help with lobbying for the resolution of inequity in pharmacy formula funding in the State of Texas and funding for a new facility, (b) University administration funds to support Presidential Fellowships to attract competitive PhD students, (c) based on the [College's University's Report Card](#), which defines the college's annual performance

in several areas, University funds to the college totaling \$154,000 (i.e. performance funding) which have been allocated by the Dean to departmental faculty development programs, departmental computer upgrades, the student leadership travel fund, and the College's student tutoring/mentoring programs, P4 NAPLEX preparations, student progression assessment, and exams. The ECL and Strategic Planning Committee is in the process of ensuring that each of the report card measures are sufficiently incorporated into the college's strategic plan. The university has also provided competitive recruitment start-up packages to recruit new faculty hires. Since 2011 there has been a total of [29 new faculty hires](#) and a net increase of 13 new faculty. The Strategic Planning Committee is in the process of ensuring that each of the university report card measures are sufficiently incorporated into the college's strategic planning document.

In addition, decisions made based on this Strategic Plan have led the college to be on track to open a new state-of-the-art Pharmacy building in mid-2017, increased research funding significantly over the past 4 years, and enabled fundamental changes in the structure and delivery of the curriculum for our Pharm.D. students. Examples of accountability measures leading to decision-making within the college include a change in tenure-track hiring to bring in faculty who already have extramural funding and utilization of talking points by administration, faculty, and students with legislators to strengthen the college's political positioning in Texas and the nation.

### *Revision*

The progress of each strategic initiative is tracked using an [MS Word Table](#) designed in a living document format. The college's Strategic Planning Committee and Executive Council Leadership team have worked together to assign the responsibility of meeting the short-term, mid-term, and long-term goals associated with each strategic imperative contained in the "Vision 2020" Strategic Plan to the appropriate individuals and/or committees and groups. Currently the Executive Associate Dean is responsible for tracking and reporting on progress related to the "Vision 2020" Strategic Plan. This is done through a Strategic Plan Tracking Document which is updated by the Strategic Planning Committee and Dean several times throughout the year. As the college continues to further refine and develop its programmatic assessment process, the data for assessing updates on the college's strategic initiatives will be collected and maintained through that scheduled assessment process.

The college provides updates and reports to college constituents in order to maintain focus and momentum surrounding the "Vision 2020" Strategic Plan. These updates occur during faculty meetings, Dean's Advisory Council meetings, Dean meetings with the Provost, and through emails from the Dean to faculty, staff, and students. Updates on the various initiatives in the strategic plan are also published in the college's semiannual *Interactions* publication, the *Monthly Refill* email newsletter, as well as in publications presented at the quarterly [Texas Pharmacy Congress](#) meetings. In addition, a five-year pro-forma was created, which reflects accurate budget projections as well as reflects essential financial resources. Together, these measures are necessary in order for the college to successfully achieve each of its nine strategic imperatives.

## **Interpretation of AACP Survey Data**

The faculty have been integral in helping write the college's "Vision 2020" Strategic plan as was reflected in the AACP Faculty Surveys over the past 4 years. With regards to the faculty feeling that the college effectively employs strategic planning, in 2013 there was a total of 21.3 % of the faculty who completed the survey (n= 33) who disagreed (disagreed plus strongly disagreed). However, since the implementation of the strategic planning

process and programmatic assessment plan, the number of faculty who disagreed with the utilization of the strategic plan decreased to 11.1% (n=27) in 2015. This indicates a significant improvement in the faculty’s feeling that the college effectively utilizes strategic planning and the implementation of the college’s [Programmatic Assessment Plan](#).

Based on the AACP Faculty Survey 2015, 88.9% (n=27) of the faculty strongly agreed or agreed that the college effectively employs strategic planning, which is a little higher when compared to both national (80.8%) and cohort (86.9%) survey responses. All 100% of the faculty felt that the college requested their input during the development of the current strategic plan, which is approximately 13-14% higher when compared to national (86.7%) and cohort (87.4%) survey data, respectively.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ College or school organizational chart [8A UHCOP Organizational Chart](#)
- ✓ Job descriptions and responsibilities for college or school Dean and other administrative leadership team members

[8B Administrator Job Descriptions](#)      [8B2 Department Chair Roles and Responsibilities](#)

- ✓ List of committees with their members and designated charges

[8C Committee Rosters](#)      [8C2 Committee Charges](#)

- ✓ College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning

[8D Business Continuity Plans](#)

- ✓ Curriculum Vitae of the Dean and other administrative leadership team members

[8E Dean Pritchard CV](#)      [8E2 Administrative Team CVs](#)

- ✓ Evidence of faculty participation in university governance

[8F Faculty Senate Roster](#)

**Required Documentation for On-Site Review:**

- ✓ Written bylaws and policies and procedures of college or school
- ✓ Faculty Handbook

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Questions 1, 2, 5, 10
- ✓ AACP Standardized Survey: Alumni – Question 14
- ✓ Table: Distribution of Full-Time faculty by Department and Rank

[8G AACP Standardized Survey Data 2013-15](#)      [8G2 AACP Standardized Survey Data 2016](#)

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard

[8H Leadership-President’s Cabinet](#)      [8I UH Colleges](#)      [8J Administrator Evaluations](#)

[8K IT COP Disaster Recovery Plan](#)

- College or School’s Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U.
<b>8.1. Leadership collaboration</b> – University leadership and the college or school dean collaborate to advance the program’s vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program.	X	○	○

<b>8.2. Qualified dean</b> – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.	X	○	○
<b>8.3. Qualified administrative team</b> – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program.	X	○	○
<b>8.4. Dean’s other substantial administrative responsibilities</b> – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.	X	○	○
<b>8.5. Authority, collegiality, and resources</b> – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.	X	○	○
<b>8.6. College or school participation in university governance</b> – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.	X	○	○
<b>8.7. Faculty participation in college or school governance</b> – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school.	X	○	○
<b>8.8. Systems failures</b> – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.	X	○	○
<b>8.9. Alternate pathway equitability*</b> – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school’s regular administrative structures, policies, and procedures, including planning, oversight, and evaluation. <b>NOT APPLICABLE</b>	○	○	○

3) College or School’s Comments on the Standard: The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of the college or school’s organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit
- ✓ A self-assessment of how well the organizational structure and systems of communication and collaboration are serving the program and supporting the achievement of the mission and goals
- ✓ How college or school bylaws, policies and procedures are developed and modified
- ✓ How the college or school’s administrative leaders are developing and evaluating interprofessional education and practice opportunities
- ✓ How the credentials and experience of college or school administrative leaders working with the dean have prepared them for their respective roles.
- ✓ How the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals
- ✓ The authority and responsibility of the dean to ensure all expectations of the standard and guidelines are achieved
- ✓ How the dean interacts with and is supported by the other administrative leaders in the college or school
- ✓ How the dean is providing leadership to the academy at large, and advancing the pharmacy education enterprise on local, regional, and national levels.
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

## University Organization and College Autonomy

The UHCOP is one of [fifteen colleges](#) within the University. University leadership and the Dean collaborate together to advance the program's vision and mission and to meet ACPE accreditation standards. The Dean is the Chief Executive Officer of the College and is appointed by the Senior Vice President for Academic Affairs and Provost of the University with the approval of the President and the Board of Regents of the University of Houston System. Deans of all colleges report to the Senior Vice President and Provost and attend a monthly meeting of the University Council of Deans chaired by the Provost. The dean has direct access to [university administrators](#) with ultimate responsibility for the professional pharmacy program. He meets with the Senior Vice President of Academic Affairs and Provost on a regular basis to discuss specific issues pertaining to UHCOP. As needed, the Dean also meets with the President, Provost, and Vice President for Research to request research support for new and existing faculty and resources. The interactions of the Dean with University officers such as the Provost, Vice President for Research, and the Vice President for Administration and Finance has proven useful, as indicated by the increased level of support to the College in matters pertaining to teaching, research, personnel, and future new physical facilities.

UHCOP also participates in the governance of the University in accordance with its policies and procedures through shared governance between faculty, administration, and students. Faculty participation in University governance occurs through the Faculty Senate, which provides a framework for cooperation and communication between UH faculty and the administration. The UHCOP has six seats on the [Faculty Senate](#) and senators are elected by the faculty to represent the College and the faculty as a whole. UHCOP senators have taken on leadership roles for many Senate subcommittees and many routinely serve on University committees and task forces.

## College Organization and Structure

The [organizational structure](#) within the college has been set up in such a way as to facilitate the advancement of the college's vision and continued accomplishment of its mission and goals. The structure consists of the Office of the Dean, three academic departments, the Office of Research and Graduate Programs, and the Office of Academic Affairs.

As dictated by college [bylaws](#), the Dean has the ability to appoint [associate deans, assistant deans, and directors](#) who serve at the discretion of the Dean. The Executive Associate Dean (EAD) is the administrator with primary responsibilities for the entire College, serving as the CEO and College representative in the absence of the Dean. The EAD oversees the Office of Development, Student and Professional Affairs, the Communications Department and the College Business Office. The Executive Vice Dean of Research has responsibility for optimizing the research environment within the College and increasing research productivity, external funding, and collaborative research programs. The Associate Dean for Academic Affairs has primary responsibility for the academic affairs of the professional pharmacy program and supervises the Assistant Dean for Experiential Education, Assistant Dean for Assessment, Director of Assessment and Accreditation, College Instructional Designer, and Classroom Technology Manager. The Assistant Dean for Assessment has the primary responsibility for assessment of the College of Pharmacy. The Assistant Dean for Experiential Programs has the primary responsibility for the directing/administering of the experiential programs. The Assistant Dean for Graduate Programs manages the Office of Graduate Programs and is involved in development and implementation of university and College of Pharmacy policies related to graduate study for the College of Pharmacy. The Assistant Dean for Student and Professional Affairs is the administrator with primary

responsibility for development, implementation, and oversight of student services, student professional development, and support of the admissions process.

The three academic departments of the College include the Pharmacological and Pharmaceutical Sciences Department (PPS), the Pharmacy Practice and Translational Research Department (PPTR), and the Pharmaceutical Health Outcomes and Policy (PHOP). [Department Chair roles and responsibilities](#) are defined clearly by the the College's bylaws and the University. The Dean appoints the department chairs after input from the departmental faculty. The Chairs solicit faculty feedback regarding their performance and the state of the department on a yearly basis as a means of formative assessment. The Dean [reviews all deans and department chairs](#) both annually and every third year with input from the College faculty, staff, and members of their respective departments. The Dean's performance is evaluated every 5 years by the University Provost and every three years by the College faculty and staff.+-

The APPE/IPPE/IPE directors are faculty with part-time administrative duties. There are also directors for business operations, development, assessment and accreditation, pharmacy admissions, pharmacy recruiting, and student services and these are full-time staff positions. The staff are evaluated by the annual university ePerformance review process and the faculty are evaluated based on their annual faculty activity reports.

## **Day-to-Day College Management**

Overall, the Dean, Executive Associate Dean, and the Director of Business Operations work at the administrative level to manage and secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources. Resources are allocated with advice from the executive leadership team and faculty input to meet the [Accreditation Council for Pharmacy Education](#) (ACPE) standards. In addition, they must ensure the college's operations are performed efficiently with minimal disruption through a wide range of emergencies. All departments/areas have developed [business continuity plans](#) which provide a management process whereby the areas, departments, and college overall are capable of conducting their individual as well as overall college essential mission and functions under all threats and conditions to address potential systems failures, including technical, administrative, and curricular failures. In addition to departmental/division and college business continuity plans, the college also has an [IT COP Disaster Recovery Plan](#) in the event of an IT systems failure.

The Dean's philosophy of management is "from the bottom up," meaning that the Dean empowers the faculty with the responsibility of routine college functions (e.g. comprehensive committee work on curriculum, retention, admissions, progression, budget, facilities planning, and other college related issues). Faculty members play an active role in the operations of the college and formulation of policies. A comprehensive committee structure exists and involves most faculty serving on one or more committees. Students, as well as alumni, preceptors, and staff, are voting members on many of the committees. Aspects related to management within the college are discussed during both the Executive Council (including ex-officio members) and [Executive Council Leadership Team](#) (Executive Council excluding ex-officio members) meetings that are held monthly to discuss issues related to their respective areas of responsibility. The Dean uses these forums to actively seek input from the college leadership teams on a variety of operational issues, as well as formal recommendations. The minutes of Executive Council's monthly meetings are distributed to the faculty and staff as a means of keeping an open line of communication between the leadership team and are housed in the College-Wide Document Library in Sharepoint; all faculty and staff have access.

Faculty meetings are scheduled at least once a semester to discuss business and matters concerning the college, and more often when needed, i.e., during the self-study process, the curricular revision process, and for new building programming and planning. There is an annual two-day faculty retreat each spring. Faculty meetings within the department are conducted by the chairs at least once a semester and on an as needed basis. The chairs are charged with meeting with each faculty member to discuss their annual faculty activity report, discuss their academic and professional goals, and solicit feedback on the respective chair's performance. Within the College, committee activities are carried out under the [UHCOP College Bylaws](#) that have been developed, approved, and periodically revised by the faculty. By-law changes occur at a minimum of every two years and more often as needed. The proposed amendments and changes are published for at least two weeks prior to a regularly scheduled general faculty meeting. Approval of the proposed amendments and/or changes require a 2/3-majority vote of the voting faculty.

Other non-bylaw changes or additions to college policy and/or procedures are submitted by the proposing committee/department or college unit to the faculty for their review. These changes are discussed, amended, and ultimately voted on at faculty meetings. If the policies/procedures need to be approved at the University level as well, they are then submitted to the Graduate and Professional Studies Committee for their review and ultimate approval.

## **Administrative Qualifications and Leadership**

The [credentials and experience](#) of the Dean as well as the college administrative leaders working with the Dean have prepared them for their respective roles. With the exception of the Executive Vice Dean for Research, the Assistant Dean for Graduate Programs, and two of the three department chairs, the Dean and all of the assistant and associate deans are licensed pharmacists. The Executive Vice Dean for Research was a previous Dean at the college and collectively, the department chairs have more than 30 years of experience. The Executive Dean for Research and the Department Chairs have been involved in active research related to Pharmacy, and have been members of the UHCOP faculty, for more than several decades

The dean also provides leadership to the pharmacy academy at large and advances the pharmacy education enterprise on local, regional, and national levels. At the local level he has served on the Texas Medical Center (TMC) Strategic Planning Committee, has served on the TMC Council for Health Policy resulting in a collaborative effort among 9 TMC institutions, and has served on the Board for the Greater Houston Health Connect (GHHC), a health information exchange covering over 12 million lives in Greater Houston. He also chaired the Technology Selection Committee for the GHHC as well. At the regional level the Dean attends regional NABP meetings, serves on the Texas Pharmacy Congress (TPC), and is a member of the Strategic Planning Committee for the TPC. In March 2015, under Dean Pritchard's leadership, The University of Houston and South Texas College in McAllen signed an articulation agreement to develop future Rio Grande Valley pharmacists. Students in the Rio Grande Valley now have a new streamlined pathway to earn a Doctor of Pharmacy degree, which will help alleviate the shortage of professional pharmacists in that rapidly growing region of South Texas. At the national level the Dean attends various AACP and NABP meetings, serving on the AACP Council of Deans as well as several different Resolution Committees for both NABP and AACP. He has served as a site visitor for ACPE and as a consultant and speaker for the AACP Academic Research Fellows Program.

## **Notable Achievements and Quality Improvements**

*Improvements in the assessment area.* The college added a Director of Assessment and Accreditation, moved a full-time staff person into the Office of Assessment, and changed the college's organization structure to include an Executive Associate Dean, an Associate Dean for Academic Affairs with expertise in education pedagogy and assessment, and an Assistant Dean of Assessment to oversee the newly organized Office of Assessment.

*Office of Experiential Programs.* - An additional staff member position was made available to the Office of Experiential Programs to assist with the increased efforts of IPPE, IPE, and APPE activities.

*Addition of a Classroom Technology Manager.* This position oversees the lecture recording process as well as all of the future new technology that will be available to faculty and staff in the new Health and Biomedical Sciences 2 Building.

*The creation of a new department* - The former Clinical Sciences and Administration Department was split into two new departments, Pharmacy Practice and Translational Research, and the Pharmaceutical Health Outcomes and Policy departments. This split has allowed these two groups to better focus on their respective areas of expertise, leading to an increase in productivity both in research and teaching.

*Other continued ongoing improvements* include improvement of centralized college business processes, centralization of college research administration and graduate programs under the Executive Vice Dean for Research, and the addition of an Assistant Dean for Graduate Programs.

## Interpretation of AACCP Survey Data

The AACCP Faculty survey summary report for 2013-2015 showed that 93% of the respondents strongly agreed or agreed that the Dean is an effective leader of the college. The majority of respondents strongly agreed or agreed that the Dean and administrators have clearly defined responsibilities (81.5%), and function as a unified team (85.2%). About 85-89% faculty surveyed agreed that the Dean and College administration are aware of, and are responsive to their needs/problems. And the 2015 Alumni survey indicated that 75.9% of alumni strongly agreed or agreed that the college communicates effectively with alumni about college/school activities. The survey results for the last four years (2012-2015) indicate an overall positive trend in support of the Dean as an effective leader among faculty and alumni.

The 2016 Faculty Survey showed that 86% of the respondents agreed or strongly agreed that our administrators have clearly defined responsibilities, 94% feel that the Dean is an effective leader, and 94% feel like the College provides opportunities for faculty to participate in college governance.

- 4) **College or School's Final Self-Evaluation: Self-assess** how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance</li> <li><b>/or</b></li> <li>Factors exist that compromise</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> </ul>

	current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Adequate information was not provided to assess compliance
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

Use a check  to indicate the information provided by the college or school is used to self-assess this standard:

**Required Documentation and Data:**

**Uploads:**

- ✓ College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors  
[9A UHCOP Code of Ethical and Professional Conduct](#) [9A2 Faculty Professional Responsibilities](#)
- ✓ Examples of intra/interprofessional and intra/interdisciplinary collaboration  
[9B IPE Affiliations](#)
- ✓ Examples of affiliation agreements for practice or service relationships (other than experiential education agreements)  
[9C Practice-Service Affiliations](#)
- ✓ Examples of affiliation agreements for the purposes of research collaboration (if applicable)  
[9D Research Affiliations](#)
- ✓ Examples of affiliation agreements for academic or teaching collaboration (if applicable)  
[9E Academic-Teaching Affiliation](#)

**Required Documentation for On-Site Review:**

*(None required for this standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Questions 3, 4, 6, 35, 37
- ✓ AACP Standardized Survey: Student - Questions –54, 59-61, 63
- ✓ AACP Standardized Survey: Alumni – Questions 13, 15-17
- ✓ AACP Standardized Survey: Preceptor – Question 38

9F AACP Standardized Survey Data 2013-15      9F2 AACP Standardized Survey Data 2016

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard

<a href="#">9G White Coat Ceremony</a>	<a href="#">9H Boblitt Lecture</a>	<a href="#">9I McCarty Lecture</a>	<a href="#">9J Golf Tournament</a>
<a href="#">9K International Day</a>	<a href="#">9L Spring Picnic</a>	<a href="#">9M Student Organizations</a>	<a href="#">9N David Zilz Lecture</a>
<a href="#">9O PLS Activity</a>	<a href="#">9P Leadership Examples</a>	<a href="#">9Q Faculty Site List</a>	<a href="#">9R HOPE Clinic</a>
<a href="#">9S Denver Harbor Clinic</a>	<a href="#">9T PrePharmacy Co-Ops</a>	<a href="#">9U Faculty Collaborations</a>	

- 2) **College or School’s Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>9.1. Leadership and professionalism</b> – The college or school demonstrates a commitment to developing professionalism and to fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students.	X	○	○
<b>9.2. Behaviors</b> – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors.	○	X	○
<b>9.3. Culture of collaboration</b> – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and goals, and to support the profession.	X	○	○

- 3) **College or School’s Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ Strategies that the college or school has used to promote professional behavior and outcomes
- ✓ Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes
- ✓ Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes
- ✓ The number and nature of affiliations external to the college or school

- ✓ Details of academic research activity, partnerships and collaborations outside the college or school.
- ✓ Details of alliances that promote and facilitate interprofessional or collaborative education
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

## **Behavior, Professionalism and Leadership**

Both faculty and students share the responsibility of supporting the UHCOP's mission to prepare students to be innovative practitioners who exhibit the ideals of professionalism, leadership, life-long learning, and ethical behavior by maintaining and enforcing student professionalism and academic integrity. The current UHCOP Code of Ethical and Professional Conduct (CEPC) was implemented in Fall 2013 and defines academic, professional, and personal misconduct, describes appropriate sanctions, creates a student [Board of Ethical and Professional Conduct \(BEPC\)](#), and defines the board's operating procedures. The PharmD Student Affairs Committee is responsible for the periodic review and revision, as necessary, of the CEPC. Changes or additions to this Code may be suggested by any student pharmacist or faculty member. Since the Fall 2013 implementation there have been 65 charges (2013-14: 8; 2014-15: 48 (34 plagiarism); 2015-16: 6; so far in 16-17: 3)

In addition, [expectations and guidelines for the faculty](#) that promote excellence in education and maintaining professionalism is published in the UHCOP Student Handbook with the goal of providing the best education, development, and learning experience for the students. Faculty are expected to be accessible to students, provide positive, constructive criticism, and utilize fair methods of student assessments. Faculty are also expected to behave in an ethical and professional manner and be respectful of all the personnel in the college as well as students, and serve as a role model. While there are clearly defined consequences for failure to follow professional guidelines for students, staff, and preceptors, the College is currently in the process of updating the above referenced policy to include consequences for faculty.

Each P1 class is also assigned a faculty Classmeister, who acts as an advisor and faculty liaison for each entering class. The Classmeister remains with the class throughout the four years of the professional program and advises the class about academic issues, faculty issues, professionalism issues, career discussions, and/or any issues or topics that may arise.

### *Professionalism*

There are many annual events held throughout the year such as the [P1 White Coat Ceremony](#), which welcomes first year students into the program and both the [Robert E. Boblitt Rho Chi Lecture](#) and the [James T. McCarty PLS Leadership Lecture](#), where faculty and students come together in a [convocation](#) to listen to distinguished pharmacy leaders talk about leadership, advocacy, and general topics regarding the pharmacy professions. There are also numerous college-sponsored social events that allow the students, faculty, staff, and alumni to interact and promote harmonious relationships. An annual [golf tournament](#) encourages student, faculty, alumni, and friends to engage and raise scholarship monies at the same time. Newly accepted P1 student are invited to a Spring Showcase, which is an event where the incoming P1 Class and their families are invited to campus to

meet student services staff and faculty from the college, become acclimated to Houston, and hear from faculty and students on a variety of topics about being a pharmacy student at UHCOP. Part of this event includes a mixer where the incoming P1 class and their families can actually meet and talk to current students and faculty. The P1 students hold the annual [International Day](#) to showcase the foods and traditions from around the world and to celebrate the diversity of their class and the university campus as a whole. The UH Pharmacy Alumni Association also sponsors other social events including the football tailgates and alumni socials that are well attended and allow the students the opportunity to network. The college's Staff Council hosts and organizes the December College Holiday Party for all college faculty and staff with a potluck menu, a gift exchange game, and the traditional Right Left game. The Pharmacy Council also sponsors the welcome back "Pharmacy Jam" party at the beginning of the fall semester, Finals Mania during fall and spring final exam periods, and the [Annual End of School Picnic](#) and Rho Chi Challenge at the end of the spring semester, which allow the students, faculty, staff and alumni to celebrate another year of completion of pharmacy school.

In addition, the college hosts an annual P4 Career Placement Conference, connecting graduating PharmD Candidates with dozens of placement alumni recruiters with career opportunities throughout Houston and across the US. Recruiters, both alums and non-alums, represent a range of pharmacy organizations involved in community practice, hospital practice, home care pharmacy, long-term care practice, nuclear pharmacy, managed care, consulting pharmacy, and the pharmaceutical industry. The college also hosts a P1 Networking Mixer which provides an opportunity for P1 students to meet and interact with recruiters and colleagues who offer summer job internships to students who have completed the first 30 hours of the professional program. This even allows P1 students and many of UHCOP alumni recruiters to get to know each other in preparation for the spring semester interview day for summer job internships

### *Leadership*

The college demonstrates a commitment to developing professionalism and to fostering leadership in preceptors as well. The college's Office of Experiential Programs holds a free [Preceptor CE](#) each fall and spring semester, where pharmacist preceptors learn about the latest topics concerning pharmacy education and students, as well as network and share ideas about their preceptor experiences. In addition, many preceptors are invited to provide guest lectures in their various areas of expertise, providing the students not only access to the most current practice information, but also networking opportunities with pharmacists in a field of their interest, possibly leading to career opportunities in the future.

The College fosters and supports many opportunities for students to participate in student self-government and gain valuable leadership experience. Nineteen [student organizations](#) provide students the opportunity to serve as officers and/or chair committees. Each organization has at least one volunteer faculty advisor who assists the students with educational and organizational plans and provides support and guidance. As mentioned earlier there are annual [leadership and professionalism lectures](#) sponsored by the Phi Lambda Sigma and Rho Chi Honor Societies, where prominent leaders in the profession address students and faculty on topics of leadership, professionalism, and scholarship. In addition, Phi Lambda Sigma also provides many [student development activities](#) including the PLS Leadership Challenge, HEB CV/Resume Writing Workshop, Leadership Styles Workshop, Interview Skills Workshop, Etiquette Dinner, Public Speaking Workshop, Career Pathways Panel and more.

UHCOP considers [participation and attendance in professional conferences, meetings, and activities](#) an important aspect of pharmacy education and provides academic and financial support to faculty, staff,

administrator, and student participation in local, state, and national pharmacy, scientific, and other professional organizations. Examples include students elected to leadership positions in the local, state, and national levels of organizations such as APhA, ACCP, TSHP, SNPhA, and ASHP. In addition, many students attend professional meetings and participate in local, state, and national patient-care competitions.

Students also have an opportunity to do APPEs at the Texas State Board of Pharmacy and the Texas Pharmacy Association and to participate in an annual Residency Showcase organized by the UHCOP Student Society of Health Systems Pharmacists and sponsored by UHCOP and the Gulf Coast Society of Health-System Pharmacists. This event offers students from every pharmacy college/school in Texas to meet and learn about post-graduate residency positions in Texas, surrounding states and elsewhere across the US from residency program directors, current residents, and preceptors from more than 30 institutions.

## **Culture of Collaboration**

With the full support of the University, the College has developed numerous types of affiliations with local, state, and national organizations to further the College mission and goals and enhance both professional and interprofessional education. The college has been an active member of the Texas Medical Center since 1980 and a member of the Texas Assessment Consortium's Health Policy Initiative along with nine other TMC institutions. In addition, many UHCOP [faculty maintain practice sites](#) within TMC institutions and hospitals.

The College has also partnered with HOPE Clinic and Vecino Health, two Federally Qualified Health Centers in Houston. [HOPE Clinic](#) is a community health clinic located in Houston's "New Chinatown" area, serving around 13,000 patients per year of predominately Asian and Hispanic heritage. Vecino Health consists of a pediatric clinic and family clinic focused on delivering health care to underserved communities. The two [Vecino Health clinics](#) are sites where students can complete the required practice rotations in predominantly Spanish-speaking communities for the Pharmacy Certificate in Hispanic Health Care.

Three Texas [Prepharmacy Coop programs](#) affiliations have been created to open much-needed two-way pipelines for students to seamlessly transition into the Pharm.D. program at the University of Houston and provide East Texas and South Texas communities expanded access to pharmacists. These affiliations include Lamar University (Beaumont), Stephen F. Austin University (Nacogdoches) and South Texas College (McAllen).

In addition, a collaboration between UHCOP and CT Bauer College of Business had led to the recent approval of a dual PharmD/MBA degree program, facilitating the completion of both degree programs in less time than when taken separately and allowing pharmacy students to take their pharmacy management and operations foundations to the next level.

Finally, UHCOP has affiliations with more than 300 [APPE and IPPE institutions](#) along with more than 500 available preceptors. It is all of these relationships, collaborations, and partnerships that help advance the desired outcomes of the professional degree program and service and pharmacy practice programs.

In the areas of [academic research](#), many collaborations have significantly increased the UHCOP research capacity and improved the extramural funding the college received. UH College of Pharmacy faculty

researchers have developed strong, productive collaborative relationships with colleagues at other colleges within the UH System, fellow Texas Medical Center institutions and academic, and clinical and research institutions around the world. These collaborations span academic/training exchanges and a broad range of basic, clinical, and translational science investigations, including oncology, cardiovascular disease, neuroscience, infectious diseases, kidney disease/dysfunction, drug metabolism/absorption, health outcomes, asthma, and inflammation.

With the full support of the University, the College has developed several affiliations with local organizations to further the College mission and goals and enhance [interprofessional education experiences](#). In addition to the College's many APPE and IPPE site affiliations, there are also several IPE affiliations within the Texas Medical Center area. These include the HOMES Clinic with affiliations with Baylor College of Medicine and the University of Texas Health Science Center, No Place Like Home with an affiliation with Baylor College of Medicine and Quentin Mease Clinic, the Health Program with an affiliation with University of St. Thomas, and an interprofessional Shared Error Simulation with medical and nursing students and affiliations with Baylor College of Medicine and Texas Women's University. In addition, the college is a partner in the Michael E. DeBakey Veteran's Affairs Medical Center's Center of Excellence in the Primary Care grant. The COP Director of IPE, is overseeing the interprofessional component of this primary care clinic which involves providing seminars and guidance as it relates to interprofessional education for medical, nursing, psychiatry, pharmacy, social work, and nutritional trainees.

### **Notable Activities Broadening Students' Professional Horizons**

*Walgreens Leadership Summit series.* Optional program—a six part lecture series with three lectures in each of the fall and spring semesters. Topics include: networking/involvement in community and government affairs; social media/professionalism; people leadership; team building, team dynamics, and personality conflict; interviewing and time management; and strategic leadership.

*Affiliation agreement with Vecino Health Centers.* Access to a Federally Qualified Health Center (FQHC) with two clinics based in neighborhoods with predominately Hispanic/Spanish-speaking patient populations. The affiliation also is expected to yield new pathways for interprofessional education, as Denver Harbor serves as the main longitudinal site for Houston Methodist Hospital's Family Medicine Residency Program and as a rotation site for medical students/interns from area medical institutions.

*Residency Showcase.* Residency programs from around the state are invited to showcase their respective residency programs to UHCOP students as well as students from other Texas pharmacy schools. This event is well attended by both UHCOP students, students from other pharmacy programs, and many Texas residency programs, and received the ASHP Outstanding Professional Development Project Award in 2015.

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

The AACP Faculty survey summary report for 2013-2015 showed that the majority of the respondents strongly agreed or agreed that the college provides an environment and culture that promotes professional behavior among students, faculty, administrators, preceptors and staff (89.7%) as well as effectively manages academic misconduct by students (e.g. plagiarism) (81.8%). In 2015, when the faculty began being briefed on the number of Code of Ethical and Professional Conduct (CEPC) charges, the percentage of faculty respondents who agreed or strongly agreed that the college effectively manages professional misconduct dipped to 63%. After a

discussion regarding this survey data, faculty realized this question was referring to the existence of an effective process, not the number of violations. In 2016, the percentage of faculty respondents who agreed or strongly agreed that we had an effective process jumped to 84%.

The most recent AACCP Preceptor Survey showed the 83.1% of respondents strongly agreed or agreed that they know how to utilize policies of the college/school that deal with harassment and discrimination, indicating an overall trend improvement from 67.4% in 2013 to 72.4% in 2014 to 83.1% in 2015.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance</li> <li><b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated</li> <li><b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring

# Subsection IIB: Educational Program for the Doctor of Pharmacy Degree

**Standard No. 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.

## 1) Documentation and Data:

Use a check  to indicate the information provided by the college or school and used to self-assess this standard:

### Required Documentation and Data:

#### Uploads:

- ✓ Description of curricular and degree requirements, including elective didactic and experiential expectations  
[10A Curricular Requirements and Expectations](#)
- ✓ A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program [10B Curriculum Maps](#)
- ✓ A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards [10C Map/Crosswalk to Appendix 1](#)
- ✓ Curriculum vitae of faculty teaching within the curriculum [10D Teaching Faculty CVs](#)
- ✓ Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments [10E Teaching faculty w/Credentials and Expertise](#)
- ✓ List of the professional competencies and outcome expectations for the professional program in pharmacy  
[10F Professional Program Learning Outcomes-PPSLOs](#)
- ✓ A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school  
[10G Curriculum Committee Roster](#)
- ✓ A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years 10H
- ✓ Examples of instructional tools, such as portfolios, used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development [10I Tools to document professional growth](#)
- ✓ Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback [10J Sample Documents to Evaluate Learning](#)

- ✓ Policies related to academic integrity [10K UHCOP Code of Ethical and Professional Behavior](#)
- ✓ Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development) [10L Experiential Policies for Compliance with 10.5](#)
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners  
[10M Examples of Active Learning](#)
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum 10N
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills 10O
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program [10P Instructional Methods in Experiential](#)
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills 10Q
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes 10R
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles [10S Instructional Methods to Accommodate Diverse Learning Styles](#)
- ✓ Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities [10T IPE Reflection Tool](#) [10T2 IPE Plan](#)

**Required Documentation for On-Site Review:**

- ✓ All course syllabi (didactic and experiential) 10V All

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Questions –9, 32-36
- ✓ AACP Standardized Survey: Student – Questions 31-36, 63, 68
- ✓ AACP Standardized Survey: Alumni – Questions –19, 20, 24
- ✓ AACP Standardized Survey: Preceptor – Questions 10, 17

**10U AACP Standardized Survey Data 2013-15 10U2 AACP Standardized Survey Data 2016**

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include a curricular overview, the college or school's curricular map, and data that link teaching-and-learning methods with curricular outcomes. Examples could include assessments and documentation of student performance and the attainment of desired core knowledge, skills and values.

[10V UHCOP Elective Courses](#)

[10W New and Old Curriculum Comparison](#)

[10X Standardized Syllabus](#)

[10Y Course Review Process](#)

[10Z Detailed CAPE/PPSLO Crosswalk](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>10.1. Program duration</b> – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.	X	○	○
<b>10.2. Curricular oversight</b> – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.	X	○	○
<b>10.3. Knowledge application</b> – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.	X	○	○
<b>10.4. Skill development</b> – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.	○	X	○
<b>10.5. Professional attitudes and behaviors development</b> – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.	X	○	○
<b>10.6. Faculty and preceptor credentials/expertise</b> – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.	X	○	○
<b>10.7. Content breadth and depth</b> – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).	X	○	○
<b>10.8. Pharmacists' Patient Care Process</b> – The curriculum prepares students to provide patient-centered collaborative care as described in the <i>Pharmacists' Patient Care Process</i> model endorsed by the Joint Commission of Pharmacy Practitioners.	X	○	○
<b>10.9. Electives</b> – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest.	X	○	○
<b>10.10. Feedback</b> – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.	○	X	○
<b>10.11. Curriculum review and quality assurance</b> – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations.	○	X	○
<b>10.12. Teaching and learning methods</b> – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based).	X	○	○
<b>10.13. Diverse learners</b> – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.	X	○	○
<b>10.14. Course syllabi</b> – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.	X	○	○
<b>10.15. Experiential quality assurance</b> – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key	○	X	○

components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.			
<b>10.16. Remuneration/employment</b> – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed. <sup>3</sup>	X	○	○
<b>10.17. Academic integrity*</b> – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.	X	○	○

<sup>3</sup> A professional degree program in an institution that meets the definition of and has an institution-wide commitment to “cooperative education” (Cooperative Education and Internship Association; <http://www.ceiainc.org>) may apply to ACPE for a waiver of this requirement.

3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of the professional competencies of the curriculum
- ✓ A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes
- ✓ The curricular structure and content of all curricular pathways
- ✓ How the curricular content for all curricular pathways is linked to Appendix 1 of Standards 2016 through mapping and other techniques and how gaps in curricular content or inappropriate redundancies identified inform curricular revision
- ✓ Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values
- ✓ Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum
- ✓ A description of the curricular structure, including a description of the elective courses and experiences available to students
- ✓ How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length
- ✓ Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- ✓ How the results of curricular assessments are used to improve the curriculum
- ✓ How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision

- ✓ How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.
- ✓ A description of the college or school's curricular philosophy
- ✓ A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery
- ✓ A description of teaching and learning methods and strategies employed in the delivery of the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable), and how those methods are expected to advance meaningful learning in the courses in which they are employed.
- ✓ Efforts of the college or school to address the diverse learning needs of students
- ✓ The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The UHCOP is dedicated to providing a contemporary curriculum that produces quality pharmacists, as can be seen by our first time NAPLEX and MPJE pass rates that have been 100% or close to in recent years. With the introduction of the new format of the NAPLEX in November 2015, our 2016 first trimester pass rate was 95.5% compared to 88% nationally. This is a testament to our continual dedication to providing up-to-date content that prepares our students to be practice-ready.

Due to this standard having a large number of required uploads, 17 checkpoints in the self-assessment chart, and 20 bullet points of comments to be addressed in the narrative, it was not possible to provide a detailed description of all elements in the 15,000 character limit. To provide a thorough description of all elements, liberal use of appendices and references to other standards has been utilized.

## **Curricular Philosophy and Description of Professional Competencies**

UHCOP strives to produce PharmD graduates who are prepared for pharmacist-delivered patient care in a diverse healthcare environment and are innovative practitioners who exhibit the ideals of professionalism, leadership, critical thinking, life-long learning, and ethical behavior. To achieve this, the faculty of the College voted in fall of 2014 to adopt the Professional Pharmacy Student Learning Outcomes (PPSLOs) that [map](#) to the 2013 CAPE outcomes. These PPSLOs replaced the previous program-level "Terminal Outcomes" to reflect our dedication to the pursuit of life-long learning; the end of pharmacy school should not be terminal, but only a beginning to a bright future.

The [PPSLOs](#) consist of 10 domains: Communication, Foundational Sciences, Critical and Innovative Thinking, Health Information Evaluation, Medication Order Evaluation and Preparation, Patient-Centered Care, Professionalism and Teamwork, Personal and Professional Growth, Health Care Management, and Population-Based Care. Each of these domains consist of two to eight student learning outcomes that are measured on a

yearly basis with the college's [curricular assessment](#) plan using data from didactic and experiential performance as well as co-curricular activities.

## **Curricular Structure and Content**

### *Current curriculum*

UHCOP curriculum consists of 73 hours of undergraduate coursework that must be completed prior to beginning pharmacy school and a professional program that is 140 credit hours over a 4-year span. The [current curriculum](#) consists of three years of didactic coursework in stand-alone courses mixed with 300-plus hours of IPPE followed by a fourth year that has 7 six-week APPEs. Of the 7 APPEs that students take, 4 are required and 3 are elective. Students are required to complete 3 different elective didactic courses resulting in at least 6 credit hours prior to beginning their APPEs. For a detailed description of elective options available in the didactic and experiential curriculum, please see [Appendix 10V](#).

The design of the curriculum allows for knowledge acquisition during didactic courses, which while primarily taught via lecture, also incorporate a variety of active learning strategies including audience response software (clickers and Padlet), gaming, and simulation. Multiple courses utilize the flipped-classroom pedagogy at times throughout the semester and one course (Cells II) uses a team-based learning approach. The majority of courses are recorded using MediaSite technology and are made available to students immediately following class and until graduation. The UHCOP focus on maintaining a wide variety of teaching modalities is done to be of the most benefit to a diverse set of learners. For a detailed description of teaching and learning methods used and how the College addresses the diverse learning needs of our students, please see [Appendix 10S](#).

The college's current curriculum provides a strong fundamental background in the basic pharmaceutical sciences with pathophysiology and biochemistry courses in the first year and pharmacology, medicinal chemistry, pharmacokinetics and toxicology in the second year. Application of this material is taught and assessed through a series of Pharmacy Skill Program courses that are provided each semester. Management courses are included throughout the curriculum to focus on healthcare delivery systems, professional practice management, human resource and conflict management, and pharmacoeconomics. Pharmacy practice courses are sequenced throughout the didactic curriculum starting with the fundamentals of communication and drug information in the first year, drug distribution, patient counseling, community practice, current issues in pharmacy relevant to medication safety, and informatics in the second year, and over-the-counter (OTC) medications in the third year. In the second and third years, there are also related skills labs to focus on community pharmacy practice and compounding of sterile products.

Pharmacotherapy/disease state management is introduced in the second semester of the second year and continued throughout the third year with a focus on ambulatory care, chronic diseases, and acute care with the addition of physical assessment in the third year. The Pharmacy Skill Program courses in these semesters are focused on the application of clinical knowledge and the integration of foundational science knowledge into patient-centered care decision-making. In addition, a variety of electives are offered in the summer between the second and third years, providing the student with a variety of options to enhance their knowledge in specialized areas such as infectious diseases, research, advanced compounding strategies, pediatrics, interprofessional medication safety, pharmacogenomics, critical care or herbal products.

The development of the student's pharmacy patient care skills are enhanced by the IPPEs in the first professional year through the third professional year. First-year students are trained to perform basic physical assessment skills (e.g., blood pressure, diabetic foot exam) and basic point of care testing (blood glucose and cholesterol screening) in the Pharmacy Skill Program course. This allows them to engage in service-learning activities embedded in IPPEs throughout their first three year in order to advance population-based care and education. An interprofessional education (IPE) component is also provided throughout their first three years with numerous activities in their IPPEs. In the fall semester of their second year (from 2012-2015), students in the IPPE 1 course (formerly known as Pharmacy Skills III) were exposed to the geriatric population, Medication Therapy Management (MTM) and simulated chart reviews. In 2016, this course was modified to remove the nursing home component, but incorporate more simulation in other areas such as the JCPP patient care process, motivational interviewing and communication in an interprofessional setting. In the summer after their second year, students complete a 4-week, 160-hour Introductory Community Pharmacy experience. This is an opportunity to apply their pharmacology and pharmacotherapy knowledge, gain valuable experience in the operations, and apply their patient care skills. In the spring of their third year, the student completes the 80-hour Introductory Institutional Pharmacy IPPE.

The Office of Experiential Programs (OEP) coordinates the fourth-year APPEs which consist of 7 APPEs that are 6 weeks in length. There are four required APPEs: Advanced Community Pharmacy, Advanced Hospital Pharmacy, Ambulatory Care and Internal Medicine, and 3 electives of which two are patient care focused.

A description of how curricular content is linked to Appendix 1 of the 2016 ACPE Standards as well as how it is linked with the College's student learning outcomes, is available in [Appendix 10Z](#).

### *New curriculum*

In March 2016, the faculty voted to implement a [new curriculum](#) beginning in the fall 2017 that increases the credit hours to 146, moves from stand-alone courses to organ-based modules, provides more integration between the foundational sciences and clinical practice, balances the IPPE hours between the community and institutional settings, and increases coverage of topics identified during a curricular gap analysis.

In the new curriculum, some of the previous curriculum's course contents have been re-sequenced in order to move knowledge and skills related to self-care, patient assessment, and immunizations to the first year prior to the community IPPE, while other course content was integrated into modules beginning in the second year. Each integrated module is an organ-system based and provides students with the 360-degree picture of how to treat and/or manage patients. Each module will contain key aspects of pathophysiology of disease, pharmacology, pharmacokinetics, medicinal chemistry, pharmacogenomics and toxicology affiliated with the medications relevant to the disease states associated with that organ system; and therapeutic concepts centered on therapeutic goals, drug selection, monitoring and self-care. Where appropriate, all spectrum ages and gender (pediatrics through geriatrics) will be included. Electives will be offered toward the end of the didactic portion of the curriculum to allow for students to pursue specialized clinical tracks such as critical care, geriatrics, or pediatrics. Other track options would include pursuing a joint PharmD/MBA or PharmD/PhD degree.

For each semester of integrated modules, there will be an affiliated Module-Related Skills Lab (MRS�), which will present students with structured cases including the integrated module units, as well as the incorporation of spiral integration that will bring back/reinforce courses covered earlier in the curriculum (e.g., pharmacokinetics, calculations, pharmaceuticals, patient/physical assessment, literature retrieval and evaluation, communication, self-

care). These transdisciplinary MRSLs will be hands-on with an emphasis on critical thinking and skill development allowing students to develop problem-solving skills and apply didactic material so they are APPE ready and practice ready. For more information on the differences in curricular content, please see [Appendix 10W](#).

## **Curricular Assessment, Oversight and Revision Processes**

Curricular assessment including achievement of student learning outcomes, how results of curricular assessments are used to improve the curriculum, and formative and summative assessments used to evaluate teaching and learning methods, is discussed in depth in standard 24.

The PharmD Curriculum Committee (CC), in collaboration with the Office of Academic Affairs, is charged with oversight of the curriculum by the UHCOP bylaws. It has representation from each department, students, administrators (who serve as ex-officio) and the chairs of the [PharmD Assessment Committee](#) (who serve as ex-officio), and alumni preceptors. Every effort is made to ensure meetings are held at times when student members can be available, and any member of the committee who currently has students with them on APPEs are free to bring them to encourage student representation on the committee. Meetings are open so they can be attended by anyone who so chooses, and this year we have a student who is not a member who attends most meetings so as to provide input.

In its role as the curriculum oversight committee, any new course proficiencies or changes to established course proficiencies require a vote by the CC quorum. Approved proficiencies are then returned to the Office of Assessment to be mapped and filed. When charged by the administration or when necessary, the curriculum committee also develops policies that are brought to and approved by the college faculty (see *TurnItIn* policy, [standardized college course syllabus](#)).

The College has been using an informal curricular review system within the departments rather than utilizing a formal standardized process for regular review of our current curriculum. Due to a lack of standardized process, a formal policy and procedure for Curricular Review was created and approved by the faculty in May 2015. In this policy, each course will undergo [formal course review](#) every three years. The CC recently reviewed the entire curriculum while developing the new curriculum, so this formal review will begin after the completion of the first year of the new curriculum.

Feedback from PCOA, NAPLEX, MJPE, course evaluations, and faculty are also regularly reviewed by both the Curriculum and Assessment Committees. Recommendations for curricular change are communicated to the faculty as deemed appropriate.

For a complete list of accomplishments of the CC, see [Appendix item 10H](#).

## **Interpretation of AACP Survey Data**

The most recent AACP crosswalk study showed that between 2013-2015 there was a slight increase in the number of college faculty that felt that the CC was not effective. This may be in part due to our uncovering that the curriculum had not been formally reviewed in some time and that this task, along with needing to address shortcomings in the curriculum with a full curricular redesign, meant the commitment of a tremendous amount

of time for a very busy faculty. These two major tasks have been approved and the faculty understand that these tasks will require effective, efficient planning and communication.

In the AACCP crosswalk study, faculty felt that the curriculum had the necessary depth and breadth to prepare our students for a professional practice based on high, first-time pass-rates of our graduates. In addition, graduating students, preceptors, and alumni felt prepared for pharmacy practice ([Appendix 10.X](#)).

A point of concern in the faculty survey is the larger percentage of faculty than our comparators who felt that we did not do enough to encourage our students to assume responsibility for their own learning. The hope is that the new curriculum's design will improve this sentiment, since students will be responsible for retaining and recalling materials from earlier courses during the MRSAL sequence. There were other concerns identified in the faculty survey that are shared between standards 10 and 12 and are addressed in standard 12.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 11: Interprofessional Education (IPE):** The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Vision, mission, and goal statements related to interprofessional education [11A IPE Mission, Vision and Goals](#)
- ✓ Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs  
[11B IPE Statement from Handbook](#)      [11B2 IPE Statement from Catalog](#)
- ✓ Relevant syllabi for required and elective didactic and experiential education course that incorporate elements of interprofessional education to document that concepts are reinforced throughout the curriculum and that interprofessional education related skills are practiced at appropriate times during pre-APPE 11C
- ✓ Student IPPE and APPE evaluation data documenting the extent of exposure to interprofessional, team-based patient care  
[11D IPE Plan](#)
- ✓ Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum  
[11E- IPE PPSLO Plan](#)

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Student – Questions –11, 46  
[11FAACP Standardized Survey Data 2013-15](#)      [11F2 AACP Standardized Survey Data 2016](#)

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard  
[11G IPE Assessment Plan](#)

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>11.1. Interprofessional team dynamics</b> – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.	X	○	○
<b>11.2. Interprofessional team education</b> – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.	○	X	○

**11.3. Interprofessional team practice** – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness.

x	○	○
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- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- ✓ How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
  - ✓ How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education
  - ✓ How the results of interprofessional education outcome assessment data are used to improve the curriculum
  - ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
  - ✓ Any other notable achievements, innovations or quality improvements
  - ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The guidelines for this standard are being met by providing interprofessional education experiences throughout the curriculum beginning in the fall of the P1 year. By gradually building on experiences, students are able to improve their interprofessional skills. Early in the interprofessional education plan, students are learning about and with other health care professionals. Students gradually begin incorporating higher levels of patient care into these experiences (starting with paper or simulated patients and moving into actual patient care). Learning about, with, and from other health care professionals occurs in these later experiences in the P3 and P4 years.

The College supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team by giving presentations to post-graduate health professionals at preceptor conferences, state and national meetings, and by forming collaborations with other institutions to help post-graduates become members of highly-functioning interprofessional teams.

### **History and Structure of the IPE program**

From a historical perspective, the College began interprofessional clinical activity to help care for Houston's homeless population. Starting in 1999, the College had students participating in interprofessional competitions and in the Houston Outreach Medicine, Education and Social Services ([HOMES](#)) clinic. Starting in 2003, an introduction to community pharmacy experience and an introduction to institutional pharmacy (not formally called IPPE until later) began as a set of 4-week summer rotations. It was expected that students would interact with pharmacy preceptors and other health care professionals to learn their roles and responsibilities as a pharmacist professional.

Formalized IPE began in the spring of 2011 with a pilot group of P3 students partnering with Baylor College of Medicine third-year students. They jointly attended home-bound patients through Quentin Mease hospital as part of the Baylor longitudinal ambulatory care experience (LACE) [No Place Like Home](#) (NPLH). Due to a successful pilot, the program was fully implemented in the fall of 2011. However, there were not enough spots to require it for all students until the fall of 2014 when the LACE program was paired with the HOMES clinic. These two experiences (LACE and HOMES) are both direct patient care experiences with on-site preceptors. Both experiences involve at a minimum pharmacy and medicine students. Each student must attend one of these two experiences, which is roughly 4 to 5 hours during their third professional year of pharmacy school.

HOMES clinic is a student-managed medicine clinic in Houston. It is a joint collaboration of the Baylor College of Medicine, the University of Texas Health Science Center, and the UHCOP. The clinic is entirely student managed and overseen by attending physicians and pharmacy preceptors and the Healthcare for the Homeless Houston (HHH).

No Place Like Home is one of many of Baylor's longitudinal ambulatory care experiences. UHCOP was invited in spring of 2011 to see if pharmacy students could jointly work alongside medical students in providing home-bound health care. Due to a very successful pilot, our students were invited back in the fall of 2011. During this experience, pharmacy students, medical students and a preceptor make two home visits in one afternoon. The patients they see are part of the Quentin Mease clinic program. They are patients who graciously allow student trainees into their homes for the purpose of interprofessional education. During the drive to the homes, the preceptor briefs the students on the patient for which they are about to provide care. Upon arrival, the pharmacy students help organize medications, help with physical assessments, counsel patients, and provide much needed patient education.

We now have a robust [IPE program](#) that encompasses all four years of the pharmacy curriculum with new additions in the pipeline. The IPE program is headed by the Director of IPE, Dr. Catherine Hatfield. The mission of the program is to foster an environment where students from two or more health care professions can learn about, from, and with one another to enable effective collaboration and to eventually improve patient outcomes. The vision is that we create a culture where students from various health care disciplines will work as one cohesive unit in the delivery of patient-centered care. The goal is to prepare students to function effectively and professionally in an interprofessional health care team.

During the first and second professional year, pharmacy students participate in the Health Education Program. This is a required interprofessional activity that occurs once per semester for the first four semesters. In this program, students learn about and with first and second year nursing students. These activities are intended to build communication, professional roles and responsibilities and the values and ethics for other health care professionals. The Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire is administered in the first and fourth semesters of pharmacy school to get a pre/post measure of the experience.

To augment this, starting in the fall of 2016, P1 students are being given an introductory lecture on TeamSTEPPS. TeamSTEPPS is then expanded through lectures and simulated exercises in the fall of the P2 year. Also in the first year of the pharmacy curriculum, students receive didactic training in the Management I course on new models of health care that focus on team-based patient-centered care and the training, roles, and responsibilities of other health care professionals.

In the P3 year, all students are required to participate in an interprofessional patient care experience at either the HOMES Clinic or NPLH LACE program. After this experience, students are surveyed with the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) to determine changes before and after the IPE in regards to communication, collaboration, roles and responsibilities, collaborative patient/family-centered approach, conflict management/resolution, and team functioning. Also in this year of the curriculum, the students participate in their introductory institutional pharmacy practice experience and take a series of therapeutics courses that usually have pediatric medical fellows from the Texas Children's Hospital in them.

In the P4 year, all pharmacy students are required to participate in an interprofessional simulation with medical and nursing students. This simulation was the result of attendance at the fall 2012 IPEC meeting with a team from the College of Pharmacy, Baylor College of Medicine, and Texas Woman's College of Nursing. The pilot began in the fall of 2013 and became a requirement for all P4 students starting in the fall of 2014. In this experience, P4 pharmacy students, M4 medical students and senior nursing students participate in a simulated shared error scenario in a 1:1:1 ratio. This experience has four parts. The first part is an icebreaker which directed questions for them to ask of each other that focus on their training experiences to date. The second part of the scenario they are introduced to a patient case. Each discipline is given the same case to read, but can only see their portion of the shared error case. In the third part of the scenario, the three students enter a standardized patient's room as a team to disclose the shared error. The final part of the experience is a 30 minute debriefing with 5 groups (15 students) discussing communication strategies used during the encounter. A formalized facilitator guide is utilized by the three facilitators for the debriefing. The three facilitators are professionals from the three disciplines working together to model interprofessional interaction. For this experience, all students complete a collaborative care survey immediately after the session.

## **Curricular Changes Based On Assessment Data**

This program is formally assessed each year using the [interprofessional assessment plan](#). Outcomes data is available in the [IPE PPSLO Results](#).

Based on outcomes from the 2015-16 interprofessional assessment plan, changes were made to the curriculum to provide more emphasis on didactic learning and the incorporation of TeamSTEPPS. Additionally, in March 2016, a new curriculum was approved by the faculty to start in the fall of 2017. This new curriculum will provide even more of a didactic focus by the addition of a 2 credit-hour course on Leadership and IPE. There are also plans to purchase a commercial EHR product that contains an IPE simulation. We have plans to incorporate this EHR throughout the curriculum starting spring 2017. With the roll-out of the new curriculum in the fall of 2017, the College will also be moving into a new building that will house the nurse practitioner program, the physical therapy program, and a new physician assistant program. The new building has also been designed with an active learning classroom (SCALE-UP room) that will allow groups of 8 to remotely interact with students or providers at distant locations.

## **Notable Achievement**

Notable achievements include the Director of Interprofessional Education's partnership with the Michael E. DeBakey Veteran's Affairs Medical Center's Center of Excellence in Primary Care grant. Dr. Hatfield is overseeing the interprofessional component of this primary care clinic. This involves providing seminars and guidance as it relates to interprofessional education for medical, nursing, psychiatry, pharmacy, social work, and nutritional trainees. This multi-million dollar grant was awarded from the Office of Academic Affiliations

(OAA) of the US Department of Veteran Affairs. This, alongside Dr. Hatfield’s numerous presentations and publications relating to interprofessional education, provides strength to our program.

## Interpretation of AACCP Survey Data

Based on the AACCP standardized survey questions, the College is comparable both nationally and to its cohort schools in the area of Interprofessional Education. As seen in earlier standards, the College had a higher percentage of faculty who indicated ‘unable to comment’ in 2013 and 2014 compared to national and peer cohorts, but this percentage was in line in 2015. The majority of graduating students and alumni rated their knowledge and skill in these areas as ‘strongly agree’ or ‘agree’.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box .

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

**Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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).

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

✓ Description of curricular and degree requirements, including elective didactic and experiential expectations

[12A Curricular Requirements and Expectations](#)

- ✓ A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments [12B Faculty and Expertise for Courses](#)
- ✓ Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum [12C Curriculum Mapped to Appendix 1](#)
- ✓ Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4 [12D Examples of Curriculum and CoCurricular Experiences Affective Domain](#)
- ✓ Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies) [PCOA Results from STD1](#) [12E Case Exam Results](#)
- ✓ Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements [12F IPPE Description, Goals, Objectives](#)
- ✓ List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement [12G IPPE Simulation Hours](#)
- ✓ Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure [12H IPPE Syllabi](#)
- ✓ Introductory pharmacy practice experiences student and preceptor manuals [12I IPPE Manuals](#)
- ✓ Introductory pharmacy practice experiences student and preceptor assessment tools [12J IPPE Assessment Tools](#)
- ✓ Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs [12K Preceptor Manual](#) [12K2 Preceptor Recruitment Tools](#)
- ✓ Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes [12L PPSLO Plan Didactic and IPPE](#)

**Required Documentation for On-Site Review:**

- ✓ List of current preceptors with details of credentials (including licensure) and practice site

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Question 34
- ✓ AACP Standardized Survey: Student – Questions –32, 34-36, 66, 67, 77-79
- ✓ AACP Standardized Survey: Alumni – Questions 19, 22

**12M AACP Standardized Survey Data 2013-15 12M2 AACP Standardized Survey Data 2016**

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

[12N Interventions from PDX](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>12.1. Didactic curriculum</b> – The didactic portion of the Pre-APPE curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (e.g., blocked, integrated, traditional 'stand-alone' course structure, etc.).	X	○	○
<b>12.2. Development and maturation</b> – The Pre-APPE curriculum allows for the development and maturation of the knowledge, skills, abilities, attitudes, and behaviors that underpin the Educational Outcomes articulated in Standards 1–4 and within Appendices 1 and 2.	X	○	○
<b>12.3. Affective domain elements</b> – Curricular and, if needed, co-curricular activities and experiences are purposely developed and implemented to ensure an array of opportunities for students to document competency in the affective domain-related expectations of Standards 3 and 4. Co-curricular activities complement and advance the learning that occurs within the formal didactic and experiential curriculum.	○	X	○
<b>12.4. Care across the lifespan</b> – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan.	X	○	○
<b>12.5. IPPE expectations</b> – IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.	X	○	○
<b>12.6. IPPE duration</b> – IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.	○	X	○
<b>12.7. Simulation for IPPE</b> – Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300 clock hour IPPE requirement.	X	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- ✓ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings

- ✓ How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings
- ✓ How the college or school uses simulation in the IPPE curriculum
- ✓ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- ✓ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- ✓ How quality improvements are made based on assessment data from practice sites
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The pre-APPE curriculum at UHCOP provides a strong base of foundational sciences provided in a didactic setting, a longitudinal Pharmacy Skills Program where students are able to apply the knowledge being gained in courses, required IPE and IPPE-based community outreach experiences for all students in all three years, simulated IPPE exercises to prepare students for interacting with patients, and IPPE hours in both community and institutional settings where students are able to have direct interactions with patients.

Student performance is assessed and documented in a variety of manners with the achievement of student learning outcomes being monitored by the College's PPSLO assessment plan. This plan pulls information from the didactic, experiential, and co-curriculum with data including computerized assessments in ExamSoft®, rubrics from course assignments and activities, student-reported outcomes from the ePortfolio system, and other surveys associated with IPE or the co-curriculum, preceptor end of rotation for students, and PCOA data. All students must pass two practical high-stakes exams in the third year documenting the ability to work up a patient case and meet a minimum competence level set by the College on the PCOA prior to being able to begin their APPEs. This combination of practical assessments and utilization of the PCOA is to ensure students have the clinical skills and foundational knowledge necessary to be APPE-ready.

A full description of the current pre-APPE curriculum and degree requirements are available in appendix [12A](#), while a full description of the new curriculum that starts in the fall of 2017 is available in appendix [1H](#). Curricular mapping is available in appendix [10B](#). Examples of curricular and co-curricular experiences related to Standards 3 and 4 are available in upload [12D](#).

## **Description of Pre-APPE Curriculum**

The college's current curriculum provides a strong fundamental background in the basic pharmaceutical sciences with pathophysiology and biochemistry courses in the first year and pharmacology, medicinal chemistry, pharmacokinetics and toxicology in the second year. Application of this material is taught and assessed through a series of Pharmacy Skill Program courses that are provided each semester. Management courses are included throughout the curriculum to focus on healthcare delivery systems, professional practice management, human resource and conflict management, and pharmacoeconomics. Pharmacy practice courses are sequenced throughout the didactic curriculum starting with the fundamentals of communication and drug information in the first year, drug distribution, patient counseling, community practice, current issues in pharmacy relevant to medication safety and informatics in the second year, and over-the-counter (OTC) medications in the third year.

In the second and third years, there are also related skills labs to focus on community pharmacy practice and compounding of sterile products.

Pharmacotherapy/disease state management is introduced in the second semester of the second year and continued throughout the third year with a focus on ambulatory care, chronic diseases, and acute care with the addition of physical assessment in the third year. The Pharmacy Skill Program courses in these semesters are focused on the application of clinical knowledge and the integration of foundational science knowledge into patient-centered care decision-making. In addition, a variety of electives are offered in the summer between the second and third years, providing the student with a variety of options to enhance their knowledge in specialized areas such as infectious diseases, research, advanced compounding strategies, pediatrics, interprofessional medication safety, pharmacogenomics, critical care or herbal products.

The development of the student's pharmacy patient care skills are enhanced by the IPPEs in the first professional year through the third professional year. First year students are trained to perform basic physical assessment skills (e.g., blood pressure, diabetic foot exam) and basic point of care testing (blood glucose and cholesterol screening) in the Pharmacy Skill Program course. This allows them to engage in service learning activities embedded in IPPEs throughout their first three year in order to advance population-based care and education. An interprofessional education (IPE) component is also provided throughout their first three years with numerous activities in their IPPEs. In the fall semester of their second year (from 2012-2015), students in the IPPE 1 course (formerly known as Pharmacy Skills III) were exposed to the geriatric population, Medication Therapy Management (MTM) and simulated chart reviews. In 2016, this course was modified to remove the nursing home component, but incorporate more simulation in other areas such as motivational interviewing and communication in an interprofessional setting. In the summer after their second year, students complete a 4-week, 160 hours Introductory Community Pharmacy experience. This is an opportunity to apply their pharmacology and pharmacotherapy knowledge and gain valuable experience in the operations and also apply their patient care skills. In the spring of their third year, the student completes the 80 hour Introductory Institutional Pharmacy IPPE.

## **Description Of the IPPE Program, Assessment And Quality Assurance**

The College is fortunate to have a significant number of quality rotation sites for IPPEs and APPEs in major metropolitan areas of Texas. These sites are chosen based upon their opportunities to have direct interaction with varied patient populations with respect to culture, age, and socioeconomic characteristics. The sites and preceptors are evaluated by students and by the Office of Experiential Programs (OEP) using a standardized evaluation form (please refer to Standard 22). This network of sites allows OEP to assign all students to varied rotation sites. Students document their [interventions](#) in the PxDx software program based on type of intervention and patient population served during applicable rotations.

In the current curriculum, students are required to complete at least 300 hours of IPPEs. As stated previously, P1 students are trained to perform basic physical assessment and point of care skills to prepare them for service learning skills. The IPPE program has undergone some significant changes over the previous couple of years. From 2012-2015, the IPPE I course consisted of simulated activities in the long-term care facilities (chart reviews, SOAP notes), MTM simulation, and service learning. There was an Experiential Programs faculty who was also a preceptor who facilitated the LTC chart review activity. In the fall 2016 IPPE I course, the course was revised due to logistical issues with the nursing home facilities. The revised IPPE I course encompasses simulation activities in key areas of pharmacy practice: MTM, motivational interviewing, medication history,

medication reconciliation, JCPP Pharmacists Patient Care Process and TeamSTEPPS for interprofessional education. The revised course has 30 hours of simulation.

The IPPE Community and Institutional courses are not evenly divided due to the current curricular structure with the Community IPPE being 160 hours and the Institutional IPPE being 80, but the new curriculum will place an emphasis on balancing the hours for both IPPE courses. While not balanced, the current structure for IPPE hours in community and institutional settings meet the minimum requirement of 75 hours for each IPPE. In the new curriculum, both IPPEs will be 4 weeks and 160 hours each with Introductory Community placed in the summer of P1 year and Introductory Institutional in the summer after P2 year. , The MTM component of IPPE I will be moved into a standing course, and service learning will be housed under co-curricular learning.

For IPPE rotations, students are evaluated by the preceptor at the mid-point and end of the experience using a [7-point Likert scale](#) developed by the Texas Consortium on Experiential Programs (TCEP) focusing on the key areas of foundational knowledge, pharmacy practice skills, pharmacy practice management skills, communication and professionalism. Increased student monitoring is conducted if a student scores a 2 or below on the midpoint preceptor evaluation. There is also a checklist of competencies the preceptor must complete regarding the student's performance. In addition, Introductory Community Pharmacy and Institutional IPPE have an exam at the end of each experience.

The Office of Experiential Programs (OEP) has recently revised all IPPE and APPE rotation proficiencies and objectives to better define the difference between these two levels of learning. For IPPE rotations, the focus is to give students exposure to the medication use systems management of both settings (Community and Institutional), and introduce patient care activities such as patient counseling, medication reconciliation, and discharge counseling in accordance with their skill set. In addition, the IPPE students will be able to gain understanding of current pharmacy practice in Community and Institutional settings and start obtaining clinical skills as well as developing professional skills and attitudes that they can carry through to their APPEs. The primary distinctions between IPPEs and APPEs are that APPE rotations hold the expectations that students undertake advanced duties for patient care (pharmacy practice management skills), assignments that require utilization of didactic knowledge and clinical skills to manage patients, and function in the distributive areas of pharmacy at a higher level.

The College assures, measures, and maintains the quality of practice experiences through regularly scheduled site visits, student preceptor and site evaluations, and preceptor education. During site visits and preceptor education, the IPPE structure is provided and any issues, concerns, or programmatic changes are discussed with the preceptors and staff involved in IPPE training. All evaluations are conducted using standardized forms and are reviewed by the IPPE Director and Assistant Dean for Experiential Programs. Data acquired from all sources is used to identify areas of improvement for sites and preceptors, contract extension/cessation, and future preceptor development opportunities. Additional information regarding this process can be found in Standard 22. The IPPE Director and APPE Directors present the preceptors with important orientation materials prior to the start of the practice experience as well as ongoing communication with the preceptor and site throughout the rotation.

## **Notable Achievements And Quality Improvements**

Notable quality improvements to our pre-APPE didactic program include the addition of the PCOA and Therapeutics Case Exams in the P3 year. These are considered capstone exams in which students must achieve a

passing score on each to progress on to APPE rotations. Within experiential programs, MTM, SOAP note activities, and service learning have been added in the P1 year to better prepare students for IPPE rotations and allow students to provide basic patient assessment skills at service learning events to diverse patient populations. While the IPPE structure will be changing in our new curriculum, these key elements will remain in didactic, skills-based courses and co-curricular activities.

Currently the College has a subcommittee that is working on an assessment plan to ensure the systematic review and quality assurance of the co-curriculum. This subcommittee has been charged with reviewing all current components of the co-curriculum to determine their impact on the program level student learning outcomes.

## **Interpretation of AACP Survey Data**

For this standard there were many questions, primarily from the faculty, where the percentage of respondents indicating disagreement with the question/statement was significantly higher than the national or our peer cohorts. One of these was related to the labs and other non-classroom areas being conducive to learning. This is a known issue and will be resolved with the move into the new building that will take place in the summer of 2017.

Many of the faculty questions where we had high disagreement over the years of 2012-15 relate to the curriculum, with the numbers being the highest in 2014 and 2015. In particular, there was a large percentage of disagreement with the curriculum being consistent with the collective vision of the faculty (18.5% in 2015), organization and structure of the curriculum being clear (22.2% in 2015), how a faculty member's instructional content fits in the curriculum (7.4% in 2015), and curricular collaboration is encouraged by the College (22.2% in 2015). Much of this disagreement is probably due to faculty tensions during the development of the new curriculum that was passed by the faculty in March of 2016 and will start in the fall of 2017. As different voices were being heard and different versions of the new curriculum were being developed, there appeared to be concern about change, what was going to happen or pass, and how the individual pieces were going to fit in the new product. Since the College is currently in the stage having faculty from different departments meet to put together the content of the new courses, it is expected that these numbers will be more in line with comparator schools as the new curriculum rolls out in 2017.

Two questions from the graduating student survey also indicated a higher than comparator disagreement level. The first, asking if IPPEs prepared the graduate for direct patient care in APPEs, is being addressed with the implementation of the new curriculum. While students have a large volume of direct patient care in community outreach (IPPE service learning) and the community IPPE, it is believed that the students did not feel that the institutional IPPE provided as much preparation for direct patient care for the internal medicine or institutional IPPEs. With the doubled institutional IPPE time in the new curriculum, it is expected that this will change. The second, which graduates felt that the college was not supportive of student organizations, is likely due to two reasons. During this time period, there were budget cuts and the College had to temporarily stop providing financial support for travel to student organization meetings. Additionally, the structure of students being required to obtain 50 community outreach hours provided a significant burden on the student organizations to develop and hold numerous health fairs and education events. To help alleviate this burden, beginning with the graduating class of 2018, the number of community outreach hours was reduced in half to 25 hours.

To reduce duplication, the responses to the preceptor surveys are discussed in standards 20 and 22.

- 4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> <b>Compliant</b>	<input checked="" type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

With the implementation of the new curriculum slated to begin in fall 2017, it is recommended to monitor whether student learning outcomes continue to be achieved in the pre-APPE curriculum and the balancing of the IPPE hours between community and institutional IPPE is indeed implemented.

**Standard No. 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 Pre-APPE curriculum and in co-curricular activities.

- 1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable [13A Objectives and Responsibilities](#)
- ✓ A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. (*Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.*)

[13B Map to Appendix 2](#)

- ✓ Overview of APPE curriculum (duration, types of required and elective rotations, etc.) [13C Overview of APPE Curriculum](#)
- ✓ Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives  
[13D APPE Syllabi](#)
- ✓ Advanced pharmacy practice experience student and preceptor manuals  
[13E APPE Student Manuals](#) [13E2 APPE Preceptor Manuals](#)
- ✓ Advanced pharmacy practice experience student and preceptor assessment tools [13F Assessment Tools](#)
- ✓ Preceptor recruitment and training manuals and/or programs  
[13G Preceptor Orientation Ambulatory](#) [13G2 Preceptor Orientation Institution](#) [13G3 Preceptor Conferences](#)
- ✓ Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care  
[13H APPE Interventions](#)
- ✓ Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes  
[13I APPE PPSLO Data](#) [13I2 APPE Outcome Data](#)

**Required Documentation for On-Site Review:**

- ✓ List of current preceptors with details of credentials (including licensure) and practice site

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Student – Questions 37–46
- ✓ AACP Standardized Survey: Alumni – Questions 21, 25

[13J AACP Standardized Survey Data 2013-15](#) [13J2 AACP Standardized Survey Data 2016](#)

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>13.1. Patient care emphasis</b> – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings.	X	○	○
<b>13.2. Diverse populations</b> – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states)	X	○	○
<b>13.3. Interprofessional experiences</b> – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.	○	X	○
<b>13.4. APPE duration</b> – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care.	X	○	○
<b>13.5. Timing</b> – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE.	X	○	○
<b>13.6. Required APPE</b> – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.	X	○	○
<b>13.7. Elective APPE</b> – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.	X	○	○
<b>13.8. Geographic restrictions</b> – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.	X	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- ✓ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
  - ✓ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
  - ✓ How the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings
  - ✓ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team
  - ✓ How the college or school provides students with elective advanced practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors
  - ✓ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
  - ✓ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
  - ✓ How quality improvements are made based on assessment data from practice sites
  - ✓ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities

- ✓ How the college or school is applying the guidelines for this standard, **and the additional guidance provided in Appendix 2**, in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The APPE curriculum consists of seven rotations each six weeks in length. Students must meet a minimum of 240 hours for a total of 42 weeks and 1,680 hours. This satisfies the requirement that students spend a minimum of 160 hours in each of the required APPEs, and no less than 36 weeks for APPEs. There are four required core APPE rotations in four practice settings. These are Advanced Hospital Pharmacy, Internal Medicine, Ambulatory Care, and Advanced Community Pharmacy. In addition, three electives, two of which are patient-care focused and one either patient-care focused or non-patient care focused, are required. The APPE rotations are all supervised by a preceptor meeting the criteria defined by the Texas State Board of Pharmacy, and are located within the US geographical regions. Each rotation requires students to document onsite rotation hours spent on the Internship Hours Form. All onsite rotation hours are confirmed with the preceptor ensuring the hours are fulfilled for each rotation and the four practice settings.

The APPE rotations have been constructed to foster the further development of the student's foundational knowledge, clinical skills, and professional awareness that began in the IPPE curriculum. The Office of Experiential Programs (OEP) has continued to maintain solid relationships with sites and preceptors to allow students to gain invaluable practice experience and fine tune the student's pharmacy practice skills, professional values, and professional responsibilities as well as independence in a collaborative interprofessional, team-based patient-care setting. UHCOP students have the opportunity to do their APPE rotations in the Houston-Galveston and surrounding areas, Dallas-Fort Worth (DFW), other major cities in Texas, or national professional organizations and federal facilities all around the country. During the 2015-2016 academic year, there were 187 IPPE and APPE active sites precepted by 437 active preceptors.

UHCOP takes advantage of its geographical proximity to the world's largest medical center, the Texas Medical Center (TMC), of which University of Houston is a member. The TMC boasts three medical schools (Baylor, UT in Houston, and UTMB in Galveston) among its members. These medical schools allow UHCOP to collaborate in interprofessional education for both the pre-APPEs and APPE curriculum. UHCOP has affiliations with several prominent TMC institutions such as Houston Methodist Hospital, Baylor St. Luke's Medical Center, Memorial Hermann Hospital, Texas Children's Hospital, and Harris Health. In Dallas-Fort Worth, students have access to the UT Southwestern Medical School and other major hospital, ambulatory care clinics, and community pharmacies. These affiliations are instrumental in providing the students with access to varied practice settings that serve diverse patients with respect to age (pediatrics, adult, and geriatrics), gender, ethnic, and socioeconomic status (Harris Health, Denver Harbor FQHC, key hospitals and key community pharmacies), in acute and ambulatory care. Ambulatory Care faculty preceptors at the Denver Harbor Clinic focus on delivering patient care to the predominantly underserved population. For the required Ambulatory Care APPE rotations, students may choose from different settings such as clinics within a health system pharmacy (VA Medical Centers and Memorial Hermann Health System) or freestanding clinics (Harris Health). Students may also choose an Ambulatory Care APPE rotation focused on primary care or focused disease states such as lipid management, oncology, anticoagulation, or focused on patient population such as pediatrics. Students document their patient encounters in [EValue's PxDx](#) and Qualtrics program and from the data, students were exposed to different [ethnicities](#) (Asian, African American, Hispanic, Caucasian, and Indian).

The patient-focused APPE rotations emphasize direct patient care in different modalities – face to face communication as well as telephonic communication. To document direct patient care, the EValue PxDx program is a tool used to record student interventions in their practice experiences. The data shows that the patient care activities that students engage in are as follows: counseling on prescription, OTC, refills, and compliance as well as recommending to prescriber modifications in therapy (changing and adding drug, dose change, obtaining laboratory tests), and pain management education. The students also documented the drug-related problems they identified on APPEs, which allows the students to develop their critical thinking skills, apply their pharmacotherapy knowledge, and hone their problem solving skills.

Specific types of pharmacies that students have access to aside from the traditional hospital and community pharmacies are poison control centers, managed care facilities, ambulatory care clinics, long-term care facilities, home care, academia, corporation, infusion centers, prison facilities, government agencies, professional organizations, and independent, compounding pharmacies. In some cases, APPEs have a blended environment where the focus is direct patient care but will include dispensing duties and vice versa. This occurs in our core APPEs where students are required to counsel patients, conduct medication histories, provide discharge counseling, and MTMs in addition to utilizing the medication use systems to effectively care for the patient. Notably, UHCOP has sent students to Indian Health Service sites in Alaska, New Mexico, and Arizona as well as legal and regulatory sites such as the Texas State Board of Pharmacy, Food and Drug Administration, and the Centers for Disease Control.

The college offers the students a wide array of electives that help tailor the electives to their interests. Innovative electives that give students the opportunity to be exposed to the most current practice settings have been added to the elective course selections. These echo changes in pharmacy practice. To enhance the required APPEs, electives offer the student the opportunity to grow professionally. Electives in Pharmacy Management (Community or Hospital) develop their leadership qualities through mentorship of a preceptor holding leadership positions such as Director of Pharmacy or Clinical Manager in a health-systems setting or District Supervisor in a community setting. Patient-focused electives such as Critical Care, Infectious Diseases, and specialty Ambulatory Care (HIV or MTM) allow the students to acquire a more comprehensive experience in patient-centered care and expand on their knowledge base and practice in an collaborative manner with the healthcare team. Specialized types of rotations that students have access to are poison control centers, managed care facilities, ambulatory care clinics, long-term care facilities, home care, academia, corporation, infusion centers, prison facilities, government agencies, professional organizations, informatics and independent, compounding pharmacies. Pharmacy Informatics and Drug Information focusing in Pharmacogenomic elective APPEs allow the students to be exposed to innovation in pharmacy practice while the development of the Medication Safety and Association Management elective APPEs provide the students with experiences in patient advocacy. Ambulatory Care APPEs in MTM has been invaluable for students to gain hands-on experience in MTM and strengthens their communication and disease management skills.

In some cases, APPE rotations have a blended environment where the focus is direct patient care but will include dispensing duties and vice versa. This occurs in our elective APPE rotations where students are required to counsel patients, conduct medication histories, discharge counseling, and MTMs in addition to utilizing the medication use systems to distribute medications effectively to the patient. Other blended environments offer longitudinal experiences across several types of rotations. UHCOP also has availability with Indian Health Service sites in Alaska, New Mexico and Arizona as well as legal and regulatory sites such as the Texas State Board of Pharmacy, Food and Drug Administration, and the Centers for Disease Control.

The students on APPEs are evaluated in by different methods. First, the preceptors complete a midpoint formative evaluation then a summative evaluation at the end of the rotation on key areas. These are foundational knowledge, pharmacy practice skills, pharmacy practice management skills, communication skills, and professionalism. Pharmacy practice management skills takes into account the student's ability to navigate the pharmacy's resources such as dispensing and electronic health record technology, human resources, and familiarity with the pharmacy administrative structure and policies governing pharmacy operations. The rubric utilizes a seven-point Likert scale developed by the Texas Consortium on Experiential Programs (TCEP), which consists of the experiential education section from all the colleges of pharmacies in Texas. The Performance Criteria takes into account how the student achieves competency and percentage of guidance needed by student. The evaluation criteria for each APPE have been mapped to the PPSLOs. The mid-point evaluation is formative feedback that is valuable for both the students and the OEP. The OEP reviews the midpoint evaluations and students receiving "2"s or "1"s on the midpoint will be monitored. In circumstances requiring early intervention, students are contacted by the respective APPE Experiential Director for either remediation, reinforcement, or encouragement. OEP APPE Directors also contact preceptors to discuss improvement plans, if deemed necessary. Preceptors are encouraged to provide informal formative feedback throughout the practice experiences.

The TCEP consortium also developed several rubrics that measure specific skills. These are patient case presentation, journal club, drug information request, and SOAP notes among others. The Likert scale is universally utilized for these assessment tools. The students receive a letter grade based on the evaluation rubric, assignments (case presentation, journal club, drug information request, etc.), OEP Director grade for professionalism, and final exam on certain rotations (Advanced Hospital Pharmacy, Advanced Community Pharmacy, and Internal Medicine). Final exams are conducted on Examsoft. The exams are mapped to the UHCOP PPSLO. UHCOP APPE rotations are grade-based (A, B, C, D, F), and students receiving a "D" or "F" will need to repeat the APPE after review for eligibility by the college's Admissions and Progression Committee. In addition, the students are expected to document patient care interventions. The data from these interventions allows the OEP to review the different types of interactions with the patients and healthcare professionals. The interventions are also useful in assessing the types of pharmacy activities that students are engaging in on their APPEs.

The assessment tools (e.g., evaluations for case presentations, journal club) are collected by the OEP and reviewed. APPE rotations are distinguishable from IPPEs in several ways. The APPE rotations require more application of pharmacotherapy knowledge, increased collaboration with other healthcare providers, utilization of drug literature evaluation skills, increased patient interaction, and further development of their practice management skills (managing patient load and required patient care activities, projects, etc.). The activities required for the APPE rotations utilize the higher level of Bloom's taxonomy such as apply, analyze, evaluate, and create in comparison to the IPPE rotations that utilize lower levels such as discuss, describe, recognize, and understand. Certain activities are also at higher levels such as obtaining medication history in IPPE versus using medication history to optimize patient care in APPEs. The [assessment tools](#) utilized in APPE courses take into account these skills in addition to the student's communication skills and professional development.

A notable APPE rotation design achievement is the development of longitudinal APPE rotations in collaboration with health system sites. There are benefits to students, the site, and the school. First, the onboarding process for students and the site is minimized and streamlined. Second, the students and preceptors can develop fruitful longitudinal projects (formal poster presentations at state and national meetings). The longitudinal APPEs incorporate the students in consistent patient care activities that help in the site's workflow. In addition, the

preceptors can enhance the student’s professional development and potentially better prepare them for post-graduate training. For the college, the benefit is commitment from the site for quality sites and preceptors, and also the opportunity to maintain consistent quality assurance. Another notable achievement is assigning students who are working on the Hispanic Studies Certificate to two ambulatory care sites that predominantly serve the Hispanic patient population. Students apply their skills and knowledge in Spanish to acquire valuable direct experience in this patient population.

The OEP conducts site visits every two years and also have consistent communication with the preceptors prior to and during the experiential courses. Preceptors receive orientation material prior to APPE rotations with information on expectations, course objectives, assessment tools, and deadlines. The students also provide input on their experiences through focus groups sessions during on-campus day. In addition, the OEP reviews the evaluation forms and site visit data to determine any areas for improvement or commend the site and preceptors.

According to the AACCP 2015 Graduating Student Survey, students reported that a variety of elective APPEs did meet their needs. More than 93% agreed that they were able to apply their patient care skills and provide continuity of care in the four required patient care settings. At least 92% believed that all APPE sites were of high quality. At least 93% agreed that the process of placement on APPE rotations was fair. The OEP meets with each P3 student prior to them choosing their APPEs. The meeting is to allow them to ask questions regarding APPEs and how to customize their electives based on their career path interests.

On their required core APPE rotations, students gain in-depth direct patient care experiences by thoroughly analyzing complex patient history, medication regimens, and disease states for optimizing patient outcomes. They also provide education to a diverse patient population. The average patient volume handled by students to gain this experience. All APPE proficiencies have been mapped to the CAPE outcomes and Appendix 2.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

DRAFT

# Subsection IIC: Students

**Standard No. 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 well-being.

## 1) Documentation and Data:

### Required Documentation and Data:

#### Uploads:

- ✓ Synopsis of the Curriculum Vitae of the student affairs administrative officer [14A Assistant Dean of Student Affairs CV](#)
- ✓ An organizational chart depicting student services and the corresponding responsible person(s) [14B Student Services Org Chart](#)
- ✓ Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.) [14C Student Handbook](#) [14C2 Catalog Link](#)
- ✓ Copies of policies that ensure nondiscrimination and access to allowed disability accommodations  
[14D Accomodations Policy](#) [14D2 Nondiscrimination Policy-Handbook](#) [14D3 Nondiscrimination UH Policy](#)
- ✓ Student feedback on the college/school's self-study  
**14E TARA & ANDREA WHAT is gonna go here????????????????????**

### Required Documentation for On-Site Review:

- ✓ The Student Handbook

### Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Student – Questions 47-51, 53, 57, 58
- ✓ AACP Standardized Survey: Alumni – Question 23
- ✓ AACP Standardized Survey: Preceptor – Question 13

**14FAACP Standardized Survey Data 2013-15** **14F2 AACP Standardized Survey Data 2016**

### Optional Documentation and Data:

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include documents used for student orientation, guidance and counseling.

[14G Dress Code](#)   [14H Advising Syllabi](#)   [14I Immunization Policy](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>14.1. FERPA</b> – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices.	X	○	○
<b>14.2. Financial aid</b> – The college or school provides students with financial aid information and guidance by appropriately trained personnel.	X	○	○
<b>14.3. Healthcare</b> – The college or school offers students access to adequate health and counseling services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied.	X	○	○
<b>14.4. Advising</b> – The college or school provides academic advising, curricular and career-pathway counseling, and information on post-graduate education and training opportunities adequate to meet the needs of its students.	X	○	○
<b>14.5. Nondiscrimination</b> – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.	X	○	○
<b>14.6. Disability accommodation</b> – The college or school provides accommodations to students with documented disabilities that are determined by the university Disability Office (or equivalent) to be reasonable, and provides support to faculty in accommodating disabled students.	X	○	○
<b>14.7. Student services access*</b> – The college or school offering multiple professional degree programs (e.g., PharmD/MPH) or pathways (campus and distance pathways) ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.).	X	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of student services offered and, if applicable, how the college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling)
- ✓ A description of the sections of the student handbook that deal with specific requirements of the standard and guidelines
- ✓ How the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACSP standardized survey questions, especially notable differences from national or peer group norms

The UHCOP Student Services Center (SSC) oversees and provides administrative services for the professional program. The services provided include, but are not limited to, academic advising and counseling, admissions, recruiting, scholarship and financial aid, student events and professional activities, career advising and graduation.

## **Organization of the Office of Student Services**

The staff of the SSC includes the Assistant Dean for Student and Professional Affairs (ADSPA), Director of Pharmacy Student Services, Director of Pharmacy Recruiting, Director of Pharmacy Admissions, two academic advisors, Events Assistant, Financial Aid Advisor, and one secretary. The Directors of Pharmacy Student Services and Pharmacy Recruiting also serve as academic advisors. The ADSPA serves as the faculty administrator and is primarily responsible for development, implementation and provides oversight of student services, student professional development as well as the admissions and recruiting process. The ADSPA is also responsible for verifying the completion of degree requirements and reports to the Executive Associate Dean (EAD). The Director of Student Services provides day to day oversight of office operations and reports directly to the ADSPA. Other SSC responsibilities include assisting the activities of the PharmD Admissions and Progression and Student Affairs Committees. In addition, the SSC interfaces with many university offices on campus to increase the breadth and scope of services provided to the students. Some of these offices and programs include the Office of Scholarship and Financial Aid, Office of the University Registrar, Office of Admissions, the Graduate and Professional School, University of Houston Libraries, Counseling and Psychological Services, Learning Advancements for Undergraduate Cougars of Houston (LAUNCH), Scholars Enrichment Program, Student Health Center, and the Center for Students with Disabilities.

## **Services Provided**

### *Advising*

The Director of Recruiting, along with other SSC staff members, attends various student recruiting events including career fairs, graduate fairs, pre-pharmacy association meetings, and other organizational meetings and events at various educational institutions around the state. The Director of Recruiting--along with the ADSPA, academic advisors, Director of Student Services, and the Director of Admissions--provide valuable admissions counseling services to prospective students. The advising staff conducts advising for individuals and groups, serves as advisors of the pre-pharmacy student organization, and attends the university's mandatory orientation for all freshmen and transfer students. Information about advising, admissions requirements, professional technical standard requirements, and progression processes are available on the UHCOP website and in the UH Graduate Catalogue.

Incoming pharmacy students are required to attend a mandatory four-day orientation overseen by the Office of Student Services prior to the start of classes. The students receive information regarding UHCOP's mission, policies, and expectations of students in a professional program, including the [dress code](#), as well as training for using the University's and UHCOP's technology and teaching methodologies.

In addition, all incoming students receive a copy of [UHCOP's Student Handbook](#), which contains detailed information about the professional program and university. Orientation provides an opportunity for new students to interact with UHCOP faculty, staff, current pharmacy students, and practicing pharmacists from various fields. It also provides an introduction to the various UHCOP student organizations and state pharmacy

associations. Soon after orientation, new students participate in a White Coat Ceremony, where they take the Oath of Professionalism in front of family, friends, faculty, staff, and current pharmacy students and are welcomed to the college and profession.

Advising of students is performed by the SSCs three academic advisors and the Director of Pharmacy Student Services while the ADSPA provides career counseling. This, plus an enhanced "early intervention" policy for students who are experiencing academic difficulty in a given semester, are expected to improve the ability of students to complete professional courses and progress on time. Students routinely receive [information](#) about course registration and other topics to ensure that they enroll in necessary coursework.

Career pathway and post-graduate education counseling is provided by the College both formally and informally and delivered by a variety of faculty and administrators. P1 students are encouraged to meet with the ADSPA in the spring of their first year to discuss the results of their APhA Career Pathway survey and talk more about career aspirations, goals and experience. P2 students are encouraged to meet with the ADSPA for career advising as well. P3 students are required to find a pharmacist mentor and meet with the Experiential Directors for Career Advising and APPE Planning. Many student organizations routinely bring in practicing pharmacists from a variety of practice sites to provide insights on possible career paths. Information on residency and fellowship programs is also provided by several student organizations and the College itself. In the P4 year, students who may be interested in postgraduate training may enter a "residency track" where, during on-campus days at the end of each APPE, they receive guidance on identifying and applying for residency programs. The faculty and staff of the Office of Experiential Programs also provide career pathway and residency guidance routinely during the P3 and P4 years.

Students enrolled in the dual degree programs (PharmD/PhD and PharmD/MBA) have access to the same personnel and resources provided by the SSC as students enrolled solely in the professional program. This includes tutoring services, advising by faculty and staff, and referral regarding health and/or counseling concerns.

### *Financial Aid Advising*

An average of 85% of all UHCOP students receive some form of financial aid. Since the last accreditation visit, the college has utilized full and part-time financial aid advisors. Due to budget constraints, the college shares a financial aid advisor with the College of Optometry. The shared financial aid officer resides in the Scholarship and Financial Aid office and retains a presence within both colleges. The ADSPA will continue to assess financial aid services and address changes as needed. Services offered to both prospective and current professional students include distribution of financial aid information, advising sessions, and assisting UHCOP's Student Affairs Committee and with UHCOP's scholarship application process, decision making, awarding and dissemination of scholarship information to current students. A list of internal and external scholarships and grants is available on the [college's website](#).

### *Healthcare Access*

The University of Houston Health Center located on the main campus serves the medical needs of students, faculty, and staff, and provides a walk-in clinic that offers immediate access to medical services in addition to specialty clinics such as Women's Clinic, Men's Clinic, Orthopedic, Dermatology, Psychiatry, and Nutrition Clinic. The Health Center also provides pharmacy and diagnostic services along with preventive services, such

as immunizations and patient education. The University offers students an opportunity to purchase student health insurance. Additional services offered by the University include CAPS (counseling and psychological services center), Center for Students with DisABILITIES, University Testing Center, The Recreation and Wellness Center, and University Libraries. These services provide student access to academic enhancement services as well as mental and physical health services.

The UHCOP required [immunization policy](#) is outlined in the college's PharmD Student Handbook. The UHCOP tracks student immunizations using E\*Value. However, a change to TK20 has been made for students entering in the class of 2016. This change has simplified the immunization record tracking process, eliminates the task of collecting paper files, and allows students to upload documents to a secure storage area. The change also allows for SSC staff to monitor compliance of immunizations through the website.

## **Disabilities Accommodations**

The University of Houston and UHCOP provides equal treatment and opportunity to all persons without regard to race, color, religion, national origin, sex, age, disability, veteran status, or sexual orientation except where such distinction is required by law. In addition, SSC works with faculty and the UH Center for Students with DisABILITIES when needed to provide support to faculty in efficiently teaching students with acknowledged disabilities. Students are informed during the new student orientation, in the PharmD Student Handbook, on each standardized course syllabus used in the curriculum, and on the college website how to request accommodations for acknowledged disabilities. Information on disabilities is also given to students during each Dean's Convocation each semester. Students will receive accommodations from the Center for Students with DisABILITIES and will then bring accommodations forms to the ADASA. The ADASA will work with the student and faculty to communicate and coordinate with faculty, the testing center and the Assistant Dean for Assessment whose office is over the computerized testing.

## **FERPA**

All applicant and current professional pharmacy student files and academic records are retained in the SSC in hard copy format and housed in secure, locked file cabinets. Prior to the incoming Class of 2012, applicant information was also stored electronically using FileMaker Pro®. As of Fall 2012, admissions records have been stored securely through PharmCAS. Beginning in Fall 2016, current professional student academic records are stored in an assessment software called Tk20. All student record information is kept confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA). Only SSC staff, ADAA, and ADSPA have access to the locked file cabinets, and electronic data entry of applicant and professional student information into the database is limited to the ADAA, ADSPA, and designated staff members. Security for the FileMaker Pro® database is monitored and maintained by the college's Information Technology Manager on a dedicated Server called Pharsr2fm1x. cougarnet.uh.edu. in which resides in the campus computer center. Daily nightly backups are performed by the TSM administrators with the software Trivoli. PharmD Admissions and Progression Committee members as well as the already mentioned faculty and staff have access to students' admission data directly through WebADMIT, PharmCAS' web-based admission system. To ensure compliance with all state laws and regulations concerning student information confidentiality, all University of Houston personnel are required to complete annual online FERPA training and exam with a minimum passing score of 90%.

## **Interpretation of AACP Survey Data**

In general, data in the AACCP surveys was similar to national and cohort peers. However, there were some areas identified where we as a College would like to see improvement. In particular, the areas of concern were career planning with 23.1% reporting ‘disagree’ or ‘strongly disagree’ that career planning met their needs in 2015 and financial aid advising with 24% reporting ‘disagree’ or ‘strongly disagree’ that needs were met in 2015. Other lesser concerns were tutoring with 14.4% reporting disagreement with needs met and receiving timely news from the college with 10.6% reporting disagreement in 2015.

Changes were implemented in 2015 in regards to career planning. All P2 students were invited to meet personally with the ADSPA to discuss career planning. Additionally, in 2016, all P3 students were encouraged to select a pharmacist mentor to help provide career planning. The 23.1% disagreement rate in 2015 was a large jump from 11.4% the previous year. There is some question if this was impacted any by the tightening of the job market.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 15: Academic Environment:** The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

1) **Documentation and Data:**

**Required Documentation and Data:**



<b>15.1. Student information</b> – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, handbooks, and catalogs.	X	○	○
<b>15.2. Complaints policy</b> – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved.	X	○	○
<b>15.3. Student misconduct</b> – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved.	X	○	○
<b>15.4. Student representation</b> – The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.	X	○	○
<b>15.5. Distance learning policies*</b> – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance. <b>NOT APPLICABLE</b>	○	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ The participation and contribution of students on college or school committees
- ✓ The organization, empowerment, and implementation of a student government association or council
- ✓ The other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) used to gather student perspectives
- ✓ Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives
- ✓ How the complaint policy is communicated to students
- ✓ How the college or school handles student misconduct
- ✓ How the college or school provides information regarding distance education opportunities (if applicable)
- ✓ The number of complaints since the last accreditation visit and the nature of their resolution
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Information about the professional pharmacy program is available to both prospective and current professional pharmacy students through the UH Undergraduate and Graduate and Professional Catalogues, the UHCOP website, and in the UHCOP 2016-17 Student Handbook. The information at these sites and in these resources is reviewed and updated annually. When any policy or procedure is added or changed in a handbook or catalogue, students are notified in a variety of ways including by email, face-to-face meetings, letters, etc.

The college's statement of mission, goals, and objectives can be found in the [UH Graduate Catalogue](#), on the [UHCOP website](#), and in the [UHCOP Student Handbook](#). Information about the UHCOP professional pharmacy program including the degree plan, courses with descriptions and credit hours, and academic policies related to student responsibilities, student recovery program, Texas State Board of Pharmacy Intern Registration, policies related to academic standing, background checks, immunization requirements, withdrawals, health insurance requirements, experiential programs, and graduation requirements is published in the UH Graduate and Professional Catalogue as well as the UHCOP 2016-2017 Student Handbook. Policies and criteria related to admissions as well as information related to preparing for and applying to the professional program can be found on the UHCOP Admission website and in the online application itself.

UHCOP publishes the ACPE Student [Complaints Policy](#) on the UHCOP and UH website providing the procedures to be followed in the event of a written complaint related to one of the accreditation standards. In addition, the [UHCOP Grievance Policy and Procedure](#) is published on the UHCOP website providing information about student's rights to due process and appeals. The students are informed about both policies at new student orientation, receive copies of the policies which are published in the UHCOP 2016-2017 Student Handbook which is made available to all faculty, staff, and students on the UHCOP website and sign a statement at new student orientation that they have read and understand the policy. In addition, students are reminded of both policies on an annual basis at the beginning of the fall semesters. A chronological record of student complaints as well as their resolution is maintained by the Associate Dean for Academic Affairs (ADAA).

Both faculty and students share the responsibility of supporting the UHCOP's mission to prepare students to be innovative practitioners who exhibit the ideals of professionalism, leadership, life-long learning, and ethical behavior by maintaining and enforcing student professionalism and academic integrity. The current UHCOP [Code of Professional and Ethical Conduct](#) defines academic honesty and professional misconduct, describes appropriate penalties for given situations, provides guidelines for the creation of a board, describes the board's operating procedures and the process for appeals of board decisions. All complaints both academic and professional are handled in such a manner as to ensure due process is followed.

UHCOP solicits student perspectives and feedback through various mechanisms including student organizations, student representation where appropriate on college committees, in policy-development bodies, and in assessment and evaluation activities.

[Pharmacy Council](#), the student government body for the college, coordinates activities among 19 professional student organizations and serves as a liaison between the students/student organizations and college administration. Pharmacy Council is comprised of representatives from each pharmacy student organization and representatives from each class. Each organization sends two representatives, one elected and the other as an alternate. Pharmacy Council has its own governance and elects a president, vice president, secretary, and treasurer with the ADSPA as the faculty advisor. Pharmacy Council addresses issues and concerns related to student life and student services as well as initiates programs and projects designed to enhance and improve the professional culture at the college, such as the initiation of a professional student dress code and facilitating a student organization meeting calendar. Meetings are held bi-monthly with continuous communication among members via email. In addition, UHCOP has one elected student representative (senator) in the University's Student Government Association. This student serves as a conduit for information between the college and the University.

Other student committees and methods established to ensure that student perspectives can be expressed to faculty and administration include the Dean's Student Advisory Council (DSAC), the Faculty Classmeister, and the Deans' Convocations at the beginning of each long semester. The Dean's Student Advisory Council (DSAC) is composed of three elected representatives from each of the four classes who act as liaisons between their class and the Dean of the College. They are responsible for bringing concerns, requests, and ideas from each class to the Dean. This allows for open, two-way communication between the DSAC members and the Dean as well a way of providing the DSAC members with insight into specific reasons behind policies and initiatives of the college. DSAC members are responsible for reporting the information back to their respective classmates and helping the college to inform each class of new developments within the UHCOP. The Faculty Classmeister, or class advocate, is a volunteer faculty representative that is introduced to each entering class during new student orientation. This faculty member assists in solving global class issues and meets with the respective class and its representatives to ensure effective communications on important issues. This individual serves as an addition to services offered through the SSC and is not meant to discourage students from approaching individual faculty or staff members.

At the beginning of the fall semester, a Dean's Convocation is held with each of the P1 through P3 classes providing state of the school updates and information about any changes for the academic year. At the beginning of the spring semester a Dean's convocation is held in a town hall format with each of the P1 through P3 classes where students are given opportunities to discuss or talk about any topics of their choosing. Overall, the college encourages open student communication and faculty and staff are available to any student for questions, comments, and suggestions.

Students also participate in the governance of the college by serving as members of various standing [college committees](#). The Admissions and Progression Committee, Assessment Committee, and Information Technology Committee each have one student member. The Student Affairs Committee and Curriculum Committee each have two student members. These student representatives are appointed by the Dean from a pool of candidates submitted by Pharmacy Council. In addition, eight students serve as members of the board when an allegation regarding a violation of the Code of Ethical and Professional Conduct is received. Four students, one from each class, are elected by their peers while the other four students, one from each class, are appointed by the ADAA. The students are voting members of the Board of Ethical and Professional Conduct.

Pharmacy Council also elects a student representative each fall to attend faculty retreats and meetings, and the Pharmacy Council President is a member of the UHCOP Strategic Planning Committee. In addition, students have been appointed to most accreditation self-study committees, and the Deans visit each class on a semester basis to inform students about college events as well as allow the student the opportunity to ask questions and voice concerns.

Various other instruments and techniques used to obtain student perspectives include: student faculty evaluations through CourseEval™, preceptor and site evaluations through E\*Value, AACCP standardized surveys, Admissions/Recruiting/Student Services survey of the applicant pool, P1 Summer Internship Job Program survey, New Student Orientation survey, feedback from student members of the Curriculum Committee, and focus groups with students on an as needed basis.

As a result of student perspectives and feedback from the students, many changes have occurred. These include changes in courses such as the PCCA Compounding and Physical Assessment Courses, the development of a student professional dress code, and changes in class schedules. Additionally, students have been asked and are

actively participating in the planning meetings for the new college facility. Additionally, the College's Code of Ethical and Professional Conduct was adopted after extensive student discussion and input.

## Interpretation of AACP Survey Data

The PharmD assessment committee reviews AACP survey data each year as part of the programmatic assessment plan. From 2013-15, there were four areas that were identified as not being in line with our national and peer cohorts. They were the question on the faculty survey related to the school handling misconduct, the graduating students question related to administration responding to problems, and the preceptor survey questions related to how academic and professional misconduct is handled.

The UHCOP implemented a new Code of Professional and Ethical Conduct in August of 2013. During the academic years of 2014 and 2015, there were numerous cases submitted related to misconduct. As part of this new Code, the Associate Dean for Academic Affairs reports back to the students and faculty yearly regarding aggregate numbers and types of violations seen. The college clearly has a procedure in place and it has been hypothesized that the high percentage of faculty, 25.9%, who felt that misconduct was not addressed might have misconstrued the question as asking if the college had misconduct issues, which is now being reported to them.

Twenty-seven percent of graduating students reported feeling that the administration did not respond to problems or issues of concern raised by the student body in 2015. Many reasons may exist for this high number. One might be that sometimes students raise issues that the administration can't do anything about, such as improved parking options for third year students who are also taking classes on the Texas Medical Center campus. A second reason could be a lack understanding of the organizational hierarchy of the College. Many times, students come in to the ADSPA or the ADAA to voice frustrations or concerns they have regarding the program, but due to the structure and chain of command, they are referred to other people. Two examples of this are when students are having issues with a course or a faculty member, the student gets referred to the faculty member's department chair. The department chair is notified to expect a student, but it is frequently reported that the student never approached the chair or the student expresses unease with working with the department chairs. A second example is regarding the culture at the College with fraternities and organizations. There is intense competition between the fraternities and the ADSPA receives many inquiries and requests to reign in the behavior of the organizations, but this responsibility is up to the faculty advisor of the organization. Again, students express reservations about contacting faculty members regarding issues and instead want the mid-level deans to fix the issue.

In 2013 and 2014, preceptors reported not knowing the process for handling academic misconduct. Additional training was sent out to the preceptors and this number fell to within range in the 2015 survey. However, the preceptors still reported not knowing the process for handling professionalism issues like tardies in 2015 so the Office of Experiential Programs made the decision to start sending an email with refresher information to each preceptor prior to them having a student on site.

- 4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box .

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
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No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

**Note:** PCAT, GPA, Math GPA and Science GPA data requested below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data. Colleges and schools that do not participate in PharmCAS will not have access to peer comparison reports for these data.

- The list of preprofessional requirements for admission into the professional degree program [16A PharmD Prerequisites](#)
- Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable) [16B PharmD Cooperative Programs](#)
- Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway). Template available for download [16C Enrollment Data](#)
- Organizational chart depicting Admissions unit and responsible administrator(s) [16D Student Services Organization Chart](#)
- Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes **(required for nonparticipating PharmCAS institutions only)** [16E PCAT Scores](#)
- GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes **(required for nonparticipating PharmCAS institutions only)** [16F Overall GPA](#)
- GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes **(required for nonparticipating PharmCAS institutions only)** [16G Science GPA](#)

- ✓ Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (nonparticipating PharmCAS institutions will not have access to peer data)
- ✓ List of admission committee members with name and affiliation [16I Admissions Committee](#)
- ✓ Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies [16J Admissions Process](#) [16J2 Transfer of Credit & Course Waiver Policy](#)
- ✓ Professional and technical standards for school, college, and/or university (if applicable) [16K Professional/Technical Standards](#)
- ✓ Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication [16L Admissions Instruments](#)
- ✓ Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions [16M Catalog Web Link](#)
- ✓ Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality [16N UHCOP Quality Indicators](#)

**Required Documentation for On-Site Review:**

*(None required for this standard)*

**Data Views and Standardized Tables:**

**Note:** PCAT, GPA, and Science GPA data views listed below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data (see Required Data and Documentation above).

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ Application and admissions/enrollments for the past three years
- ✓ Enrollment data for the past three years by year and gender [16P Enrollment by Gender](#)
- ✓ Enrollment data for the past three years by year and race/ethnicity [16Q Enrollment by Race & Ethnicity](#)
- ✓ PCAT Scores (Mean, Maximum and Minimum) for past 3 admitted classes (if applicable; for participating PharmCAS institutions only)
- ✓ GPA (Mean, Maximum and Minimum) for past 3 admitted classes (for participating PharmCAS institutions only)
- ✓ Science GPA (Mean, Maximum and Minimum) for past 3 admitted classes (for participating PharmCAS institutions only)

**Optional Documentation and Data:**

- ✓ Mean PCAT Scores for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)
- ✓ Mean GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)

- ✓ Mean Science GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)
- ✓ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include recruitment aids, extracts from the college or school's catalog, brochures, screenshots from the college or school website; data on student employment after graduation; and curricular outcomes data correlated with admissions data.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>16.1. Enrollment management</b> – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources.	X	○	○
<b>16.2. Admission procedures</b> – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool.	X	○	○
<b>16.3. Program description and quality indicators</b> – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the professional degree program; (2) the program's current accreditation status; and (3) ACPE-required program performance information including on-time graduation rates and most recent NAPLEX first-attempt pass rates.	X	○	○
<b>16.4. Admission criteria</b> – The college or school sets performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession. Applicant performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.	X	○	○
<b>16.5. Admission materials</b> – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.	X	○	○
<b>16.6. Written and oral communication assessment</b> – Written and oral communication skills are assessed in a standardized manner as part of the admission process.	X	○	○
<b>16.7. Candidate interviews</b> – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4).	X	○	○
<b>16.8. Transfer and waiver policies</b> – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another.	X	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable
- ✓ How admission evaluations of students are documented and how records are maintained.
- ✓ A description of the college or school's recruitment methods
- ✓ A description of methods used to assess verbal and written communication skills of applicants to the program

- ✓ How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources
- How curricular outcomes data are correlated with admissions data
- ✓ The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The college makes available the information regarding the admission criteria, policies, and procedures to students and prospective students through the Student Services Center (SSC) and the UHCOP website. The pre-pharmacy course requirements and the current Doctor of Pharmacy course requirements are available to prospective students through the UH Undergraduate Catalog as well as on the UHCOP website. Information on the Doctor of Pharmacy program itself, including academic policies, [admission requirements](#), degree requirements, and tuition and fees is available through the UH Graduate Catalog, the UHCOP 2016-17 Student Handbook, and the UHCOP admission website. The pre-professional educational requirements for admission to the professional program consist of approximately 58 to 72 hours of coursework in the basic sciences, mathematics, information and communication technologies, and physical sciences areas as well as in the general education areas of humanities, behavioral sciences, social sciences, and communications skills. The college maintains printed one-page and multi-page recruiting materials highlighting information on the curriculum, prerequisites, and admissions. These materials are also available with comprehensive admissions and UHCOP information on the college website.

Students can be admitted to UHCOP through three limited [cooperative pre-pharmacy programs](#) with early acceptance through Lamar University, Stephen F. Austin University, and South Texas College. A Memorandum of Understanding between UHCOP and each institution is reviewed and updated annually. Requirements for students to be admitted into these cooperative programs are outlined at the UH/Lamar, UH/Stephen F Austin, and UH/South Texas College co-op program websites, respectively. Once a student is accepted into one of the co-op programs, they are required to sign a Memorandum of Agreement, which outlines their conditional admission to the UHCOP Doctor of Pharmacy program and the criteria they must maintain while in the co-op program in order to successfully matriculate into the professional pharmacy program.

All admissions criteria, policies, and procedures are reviewed and evaluated annually by the PharmD Admissions and Progression Committee and recommendations for changes are provided to the Assistant Dean for Student and Professional Affairs (ADSPA) and Associate Dean for Academic Affairs (ADAA) for implementation. The Committee consists of a faculty chair appointed by the Dean and five additional faculty members appointed by their respective department. Additionally, a student representative is appointed by the Dean from a pool of candidates submitted by Pharmacy Council. The student must be in at least the second professional year and may serve a maximum of two years. The student participates only in discussions related to new student admissions, admission standards, and progression policies and procedures. A pharmacy

practitioner alumnus is appointed by the Dean to serve on the committee. The ADAA, ADSPA, Director of Admissions, and Director of Student Services serve as ex-officio members.

Prospective students apply through PharmCAS' WebADMIT, a secure, online system. All applications are reviewed by each member of the PharmD Admissions and Progression Committee, taking into consideration an applicant's academic accomplishments, PCAT scores, honors and awards, extracurricular activities, leadership activities, and community service contributions when making decisions about inviting applicants to interview, and recommendations are made to the ADSPA.

The Interview Team, a group made up of faculty, staff, residents and pharmacy practitioners, conducts the on-site admissions interviews. A training session is conducted by the ADSPA and the Director of Pharmacy Admissions for all team members yearly and on an as-needed basis if the team member requests additional training or if concerns are expressed by the PharmD Admissions and Progressions Committee, SSC staff members, or other members of the Interview Team.

Prior to the interview, each applicant receives a standardized Interview Questionnaire, a self-assessment tool, and essay question, all of which are to be submitted as part of their PharmCAS application. These three written tools are reviewed by the faculty and alumni interviewers prior to the interview day and may be referenced by the interviewer during the applicant's interview.

The onsite interview day consists of a 30-minute, two-on-one interview with faculty where a behavior-targeted assessment tool is used to explore the candidate's self-reported strengths and weaknesses relating to professional outcomes desired upon graduation. Attributes such as the ability to adapt to change, resolve conflict, respond to pressure, as well as judgment and perseverance are taken into account. In addition, the interviewees participate in a group teamwork assessment evaluation allowing interviewees to be observed when practicing consensus decision-making within a group. Specific communication skills such as spoken language, listening, and body language are evaluated using the Teamwork Assessment Activity Evaluation Form. Trained faculty members and/or staff monitor the teamwork assessment activity, and approximately 130 student ambassador volunteers are recruited and trained annually to visit and interact with interviewees or serve as student evaluators for the teamwork exercise. These student volunteers provide feedback to the PharmD Admissions and Progression Committee from visiting and interacting with interviewees as well as evaluating the teamwork exercises. As a result, the interview process includes feedback from faculty, current students, practitioners, and staff.

In addition, individual time is spent with the college's Financial Aid Officer and SSC staff ensures all application requirements are met and all questions answered. This includes time with the trained UHCOP Student Ambassadors who provide answers to interviewees' questions about the college, the program, student life, housing, etc. from a current student's point of view.

After the interview day, the PharmD Admissions and Progressions Committee members access applicant information through WebADMIT. They consider pre-pharmacy GPA, math/science GPA, interview evaluations, teamwork evaluation, PCAT scores, as well as the pre-interview essay and questionnaire and community service, honors and awards, and extracurricular activities when evaluating a candidate for admittance.

The PharmD Admissions and Progression Committee uses a comprehensive process of reviewing applicants for admission to the college. Multiple factors are utilized to determine admission of applicants including GPA (both composite and math/science), PCAT scores, prior academic record, interview, letters of recommendation, a written personal statement by the applicant, work experience, and teamwork assessment exercise,. The Committee also considers volunteer experience/community service, extracurricular activities including leadership positions, pharmacy career path exploration and commitment such as membership in pre-pharmacy associations or pharmacy professional organizations, honors, awards, and background information. Individual consideration might also include overcoming hardships, successful careers in other fields, and language fluency.

Information regarding program quality indicators are provided on the [UHCOP website](#). These include but are not limited to on-time graduation rate, NAPLEX and MJPE pass rates, job placement after graduation and awards won by students.

Applicant written and oral communication skills are evaluated in several ways. Interviewers review applicants' personal statements and pre-interview questionnaires and assign a score in this category for the APC to consider. Interviewers also assess and report applicant's oral communication abilities. The APC also has access to the applicants' personal statement and pre-interview questionnaire. An assessment of applicants' oral communication abilities is also provided to the APC as part of the teamwork exercise evaluation.

UHCOP policies and procedures address [transfer credit and course-waivers](#) for professional pharmacy courses. The policies are published in the [UH Graduate and Professional Catalog](#), on the [UHCOP website](#), and in the [UHCOP 2016-2017 Student Handbook](#).

Pharmacy students wishing to transfer from another ACPE-accredited PharmD program to UHCOP must be in good academic standing at their current institution and will be reviewed for admission to the College as any other applicant would be (i.e., the student must meet all of the College's pre-pharmacy prerequisite requirements). After a student is accepted for admission into the program, the student can submit a request for a review of previously taken courses to see if they qualify to be used in place of a current course in the UHCOP curriculum.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>

	factors and will bring the program into full compliance.		
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 17: Progression:** The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals

[17A Student Handbook-Academic Standing](#) [17A2 Early Intervention](#) [17A3 Missed Coursework](#) [17A4 Code of Ethics](#)

[17A5 Grievance](#)

- ✓ Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression

[17B Student Progression](#)

- ✓ Correlation analysis of admission variables and academic performance

[17C Correlational analysis of admissions factors on progression](#)

**Required Documentation for On-Site Review:**

*(None required for this standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ On-time graduation rates for the last three admitted classes (compared to national rate) [17D On-Time Graduation Rates](#)

- ✓ Percentage total attrition rate for the last three admitted classes (compared to national rate) [17E Total Attrition Rates](#)

- ✓ Percentage academic dismissals for the last three admitted classes (compared to national rate) [17F Academic Dismissals](#)

- ✓ AACP Standardized Survey: Faculty – Question 40

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the standard.

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>17.1. Progression policies</b> – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:	X	○	○
• Academic progression	X	○	○
• Remediation	X	○	○
• Missed course work or credit	X	○	○
• Academic probation	X	○	○
• Academic dismissal	X	○	○
• Dismissal for reasons of misconduct	X	○	○
• Readmission	X	○	○
• Leaves of absence	X	○	○
• Rights to due process	X	○	○
• Appeal mechanisms (including grade appeals)	X	○	○
<b>17.2. Early intervention</b> – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.	○	X	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How student matriculation, progression and graduation rates correlate to admission and transfer policies
- ✓ How academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively they are utilized
- ✓ How early intervention and remediation rates correlate to progression
- ✓ How academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates correlate to progression
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The College has set policies related to successful progression in the program and these policies are made available to prospective and current students through both the UHCOP PharmD Student Handbook and through the UHCOP website. The College has a multi-level [early intervention system](#) for students who are identified as struggling either by academic performance or via communication from faculty member interactions with students. [Correlation analyses](#) for admission factors and academic performance can be found in upload 17C.

## College Matriculation, Graduation, and Progression Rates

Data related to the College's on-time graduation rate, total attrition rate, and percentage of academic dismissals for the graduating classes of 2013 through 2015 can be found in the [standardized tables](#) in AAMS. This information is made readily available to prospective students by annual posting of ACPE quality indicators on the [UHCOP website](#).

For the graduating class of 2013, the College experienced a higher than normal number of students who were either dismissed from the program or who did not complete the program on time. The on-time graduation was 80.2% compared to a national average of 89%, however, in 2014 and 2015, the colleges numbers were in line with the national average (UHCOP 89.2% vs national 88.4% in 2015).

This data is continually monitored by the College for the classes who are currently in the program, but have not yet graduated. When a notable progressions issue occurs, the College notifies ACPE instead of waiting until the class graduates from the program. In the fall of 2013 (graduating class of 2017), there was an unusually high number of students who did not successfully complete the P1 fall semester. A thorough investigation was completed and while there were numerous potential factors that could have contributed to the issue, a specific issue of a large number of required events from a student organization prior to key assessments was identified. To prevent this issue from re-occurring, the College put in place a more robust, early intervention system and started working with the course coordinators of all courses to collect dates of examinations prior to the start of the semester. This listing of all major assessments is made available to student organizations prior to the semester so that better planning for timing of events can occur. There have been no repeat instances of this progression issue since the changes were implemented.

Analyses of admissions factors related to academic performance were performed. Based on the analysis the PharmD Admissions and Progressions Committee has been told to carefully review candidates with both a low interview score and low PCAT reading score. **Additional analyses** of correlation between matriculation, progression and graduation rates with transfer students, academic probation, leaves of absence, and dismissal/suspension/readmission were also performed. Due to the structure of our program where courses are traditionally only offered once a year, almost all students who were placed on academic probation experienced a delayed graduation. Student access to due process (i.e., ramifications for academic or professional misconduct resulting from going through the process of the Code of Ethical and Professional Misconduct) was not analyzed for correlation with progression due to the very low number of students who received a sanction that would impact their successful progression. Similarly, a correlation between students who utilized the appeals process and progression rates were also not analyzed due to the small number.

## Academic Counseling and Student Support/Early Intervention

The College has a multi-level approach to early intervention in an attempt to help struggling students prior to receiving a non-passing grade. Any student identified during the admissions process as potentially having an issue with English is required to have an evaluation performed by the English Language Enhancement program. If the evaluation determines that a student has a deficiency, they are required to attend the program until the M.Ed. who runs the programs feels the student is able to be successful without further interventions. The program begins 1-2 weeks prior to the start of the fall semester. Additionally, every incoming student takes the Learning and Study Strategies Inventory (LASSI) assessment in July and meets with their PharmD advisor prior to beginning their first semester to review their scores and discuss techniques to be successful. Students are also made aware of resources on campus to aid them in areas that are identified as needing improvement. In addition to this advising session, students are required to meet with their PharmD advisors multiple times during the first semester of classes and then each semester thereafter unless a need arises that warrants more often advising.

The departments have a policy that they are to meet with a student if the student is struggling or did not perform well on an assessment. Additionally, the Office of Academic Affairs continually monitors grades posted in Blackboard for each student starting with the first graded assignment. Students who do very poorly on an assessment in a single class or who are doing below average in multiple courses are flagged and referred to the ADSPA who meets with them to try to identify causes of poor performance and to help the student create a plan of action to resolve the issues. This can include referral to services on campus if needed. PharmD Advisors will also discuss grade issues with students as they meet with them throughout the semester.

The Office of Academic Affairs also monitors overall student progress in courses. If a trend is noticed of large numbers of students performing poorly in course, this information is shared with the Admissions and Progressions Committee and also the Curriculum Committee so that further investigation can occur to determine if pre-requisites need to be changed or if there is an issue in curricular sequencing or scaffolding.

In addition to academic success in the classroom, the College is proactive in assuring that students are prepared for APPEs and for the national board examinations. One method of determining readiness is the administration of the Pharmacy Curriculum Outcomes Assessment (PCOA). This exam is given to students in the spring semester of the first, second and third years of the program. The exam is formative for first and second year students, but a minimum competency must be met for students to continue to APPEs in the fourth year. If a student scores below the pre-set competency level during the first or second year, they must write a plan of action on how to address their deficiencies that is reviewed by the Assistant Dean of Assessment. Any student scoring below the 10<sup>th</sup> percentile must meet in person with the Assistant Dean of Assessment.

## **Progression Policies and Procedures**

UHCOP criteria, policies, and procedures for academic progression, academic probation, missed course work, remediation, dismissal (including for reasons of misconduct), readmission, leaves of absence, rights to due process, and grievance and grade appeal mechanisms are made available to prospective and/or current students in the UHCOP Student Handbook, the University's Graduate and Professional Studies catalog, and through the UHCOP website. These resources are reviewed and updated annually by the Assistant Dean of Student and Professional Affairs (ADSPA), the Associate Dean for Academic Affairs (ADAA), the Student Services Center (SSC) staff, and other faculty, staff, and student organizations.

Every professional PharmD student is required to attend the New Student Orientation Program that occurs the

week prior to the beginning of the fall semester. Sessions are scheduled with the ADSPA and the ADAA to discuss the criteria, policies, and procedures for academic progression including academic probation, dismissal, and readmission. Each student is required to sign a statement stating they have received a copy of policies via the UHCOP Student Handbook and are informed about the policies during the New Student Orientation. Additionally, the students are quizzed on material contained in the Student Handbook to ensure they understand the policies and implications.

Policies for progression, probation, and suspension are detailed in the Academic Standing Requirements for Progression policy in the UHCOP Student Handbook. At the end of each semester, the Admissions and Progressions Committee reviews the academic records of all students with a semester grade point average below 2.00, with a grade of D or F or U in any required professional course, less than a 2.00 cumulative grade point average, and those students currently on academic probation prior to progression into the next semester of the professional program. The Admissions and Progressions Committee makes all determinations of probation or suspension based on academic progress by the student. No other factors are taken into account so that all students are treated in an equal manner. Students are notified of the committee's decision via an official letter from the ADAA on behalf of the Admissions and Progressions Committee. Students have the ability to appeal the decision made by the Admissions and Progressions Committee. This appeal is first heard by the Admissions and Progressions Committee and can then be appealed to the Dean of the College of Pharmacy. Appeals of the decision can only be made on the process (i.e., was the decision reached based on the written policy). Appeals regarding the grade given in a course have been handled according to the College's grievance policy and are handled by the Student Affairs Committee. During 2016, the [grievance policy](#) was separated into two different policies with one specifically addressing grade appeals. Both of these processes are routed to the Student Affairs Committee.

The progression of successful students is also monitored by the Admissions and Progressions Committee. Students who demonstrate a successful semester with a GPA of 2.00 or higher receive an e-mail by the ADAA recognizing successful progression along with a reminder of tasks that must be completed prior to beginning the next semester. In addition, the end of semester Dean's List recognizes students with a pharmacy GPA of 3.5 or higher for an individual semester, and each Dean's List student receives a certificate signed by the Dean, a letter from the ADAA, and the list is e-mailed to all College of Pharmacy faculty, staff and students.

In addition to academic success, a student must meet required deadlines set forth in the PharmD Student Handbook including a yearly influenza vaccine and the successful completion of a criminal background check. Failure to complete these could result in a student being unable to continue progressing in the program.

Dismissal of students due to professional or academic misconduct is based on the procedures contained in the [Code of Ethical and Professional Conduct](#) that is in the PharmD Student Handbook, available on the College website, and is explained to incoming first year students during the orientation process. Students take a quiz on the Code during orientation and sign a form stating that they will abide by the Code. This Code provides the students their rights to due process and every syllabus used in the College contains a statement explaining that any misconduct will be addressed using the procedures outlined in the Code. Aggregate information on students reprimanded for violations of the Code of Ethical and Professional Conduct during the previous academic year is provided to the faculty during the September faculty meeting and to the students during orientation and during Dean's Convocation in the first two weeks of the fall semester. More information on the Code can be found in standard 15.

The ADAA monitors progression and retention data for the professional program and provides this information to the Admissions and Progressions Committee at the end of each semester and provides a summary of the data to the faculty at the September and January faculty meetings. The Admissions and Progressions Committee is charged annually with reviewing the policies related to student academic progression and recommendations for any changes to these policies are brought to the faculty for discussion and/or voting.

The College has a policy on absences that is overseen by the Assistant Dean of Student and Professional Affairs. While most absences are handled directly via interaction with the student and course coordinator, emergencies or extended absences are handled by the ADSPA who facilitates with the course coordinators on behalf of the student to develop a plan for missed coursework and assessments.

### Interpretation of AACP Survey Data

This standard only has two AACP Survey questions. Faculty members at the UHCOP were significantly more likely than our comparators to ‘strongly agree’ or ‘agree’ that the College effectively manages poor academic performance of students. The other question, from the graduating student survey, was on if tutoring services met their needs. The percentage of respondents who indicated that they disagreed was slightly higher than the national and peer cohorts. This is a known issue and is related to our current facilities. Due to our building on the main campus only having one large classroom, our third year students take their classes in the building on the Texas Medical Center campus. Not having these students in the same building has led to a difficulty in obtaining tutors for the second year of the program. This should be rectified when the College moves into the new building in the summer of 2017 and all three classes are in the same building.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

# Subsection IID: Resources

**Standard No. 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.

## 1) Documentation and Data:

### Required Documentation and Data:

#### Uploads:

- ✓ Organizational chart depicting all full-time faculty by department/division  
[18A UHCOP Faculty, Qualifications, Departures](#)
- ✓ ACPE Faculty Resource Report related to number of full-time and part-time faculty. Template available for download.  
[18B ACPE Faculty Resource Report](#)
- ✓ List of faculty turnover for the last 5 years, by department/division, with reasons for departure  
[18C UHCOP Faculty Hires, Departures and Promotions](#)
- ✓ Description of coursework mapped to full-time and part-time faculty teaching in each course  
[18D Course Faculty Assignments](#)

### Required Documentation for On-Site Review:

- ✓ List of voluntary faculty, with academic title/status and practice site; specify IPPE and/or APPE

### Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ List of key university and college or school administrators, and full-time and part-time ( $\geq 0.5$ FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable)  
[18E Faculty Addendum](#)
- ✓ AACP Standardized Survey: Faculty – Questions –25, 30  
[18F AACP Standardized Survey Data 2013-15](#)      [18F2 AACP Standardized Survey Data 2016](#)
- ✓ Table: Allocation of Faculty Effort (total for all faculty with  $\geq 0.5$ FTE) [see example table at <http://www.acpe-accredit.org/pdf/Excel%20Documents/AllocationFacultyEffort.xls>]  
[18G Allocation of Faculty Effort from AAMS](#)

✓ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank

18H Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank AAMS

**Optional Documentation and Data**

Other documentation or data that provides supporting evidence of compliance with the standard

[18I Staff List](#)

[18J Blank Faculty Activity Report](#)

[18K Description of Annual Faculty Review Process](#)

[18L P&T Guidelines](#)

[18M AACP Academic Leadership Fellows](#)

[18N Staff Development Activities](#)

[18O Skillport Training](#)

[18P HR Training Sessions](#)

[18Q UH Faculty Mentoring Plan](#)

[18R Director of Faculty Development Activities](#)

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>18.1. Sufficient faculty</b> – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs:	x	○	○
• Teaching (didactic, simulation, and experiential)	x	○	○
• Professional development	x	○	○
• Research and other scholarly activities	x	○	○
• Assessment activities	x	○	○
• College/school and/or university service	x	○	○
• Intraprofessional and interprofessional collaboration	x	○	○
• Student advising and career counseling	x	○	○
• Faculty mentoring	x	○	○
• Professional service	x	○	○
• Community service	x	○	○
• Pharmacy practice	x	○	○
• Responsibilities in other academic programs (if applicable)	x	○	○
• Support of distance students and campus(es) (if applicable)* <b>NOT APPLICABLE</b>	○	○	○
<b>18.2. Sufficient staff</b> – The college or school has a sufficient number of staff to effectively address the following programmatic needs:	x	○	○
• Student and academic affairs-related services, including recruitment and admission	x	○	○

• Experiential education	x	○	○
• Assessment activities	x	○	○
• Research administration	x	○	○
• Laboratory maintenance	○	x	○
• Information technology infrastructure	x	○	○
• Pedagogical and educational technology support	x	○	○
• Teaching assistance	x	○	○
• General faculty and administration clerical support	x	○	○
• Support of distance students and campus(es) (if applicable)* <b>NOT APPLICABLE</b>	○	○	○

3) College or School's Comments on the Standard: The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of the process and interval for conducting faculty workload and needs assessments
- ✓ An analysis of teaching load of faculty members, including commitments outside the professional degree program
- ✓ The rationale for hiring any part-time faculty, and the anticipated duration of their contract
- ✓ Evidence of faculty and staff capacity planning and succession planning
- ✓ A discussion of the college or school's student-to-faculty ratio and how the ratio ties in with the college or school's mission and goals for the program
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[Faculty](#) and [staff](#) are one of the most important resources at the UHCOP and are dedicated to the mission of the college. The college has three academic departments; the Department of Pharmacological and Pharmaceutical Sciences (PPS), the Department of Pharmacy Practice and Translational Research (PPTR), and the Department of Pharmaceutical Health Outcomes and Policy (PHOP). Since our last accreditation visit and due to a successful launch of a PhD program in PHOP (2013), the former Department of Clinical Sciences and Administration (CSA) was divided into PPTR and PHOP. The UHCOP has increased its number of paid, full-time staff members by 13 since 2010-11 (29 hires and 16 departures). The PPS department has gained 7 faculty members, PPTR has gained 5, and the PHOP department has gained 1. The vacancies have been created due to family moves, new opportunities, failure to receive tenure, or retirement. The replacement hiring has been within the normal recruitment time frame. We have been successful in [recruiting outstanding junior faculty](#) members.

## Faculty Workload

To fulfill the mission of the college, faculty workload is divided into teaching, research, and service. Each faculty member has an [Annual Performance Review](#) with their department chair that addresses all areas of their academic appointment. Attached is a [description of the annual review process](#). Through this process the college assures an adequate number of faculty are present in order to execute the curriculum.

In addition to the professional pharmacy curriculum, faculty teach in the PhD graduate degree programs in pharmacology, pharmaceuticals, and pharmacy health outcomes and policy and the MS degree program in pharmacy leadership and administration. New pharmacy practice faculty members are given 6-12 months to develop their experiential sites before precepting students. Teaching loads are assigned based on PharmD vs. graduate school teaching areas, tenure-stream (tenure-track vs. non-tenure track), didactic vs. experiential teaching areas, and administrative responsibilities. Teaching load for all commitments are documented in the faculty activity report and reviewed with each faculty member by the Department Chair at the annual performance review. Any changes to the teaching load are discussed between faculty and department chairs during the Annual Performance Review. Course coordinators notify instructors months in advance of course offerings to finalize the course syllabi and relay other pertinent information before the start of each semester in an effort to allow adequate preparation time. An analysis of teaching load occurs during the annual performance review and by way of a one on one discussion with faculty members, input from course coordinators, review of student evaluations, and discussion with practice site leaders (if applicable). The teaching load of the faculty is in the [Master Course Faculty Assignments Table](#).

The college does not routinely employ paid, part-time faculty for teaching purposes. However, since our last accreditation, our part-time faculty was used in a few select circumstances due to unexpected extended illness or faculty departures. In the P1 Pharmaceuticals 2 course, two part-time faculty members from another College of Pharmacy were paid to teach in the class due to the sudden illness of the UHCOP faculty member that had historically taught these lectures. In the P1 Cellular Life Sciences 2 course, an immunologist from Baylor College of Medicine was hired to teach for one semester when a faculty member was given temporary teaching release upon assuming administrative responsibilities. These positions have since been filled with UHCOP faculty and we do not anticipate the need for part-time faculty in the future. In the P3 therapeutics course, unpaid, adjunct faculty are often used due to their clinical expertise in a particular therapeutic area. Most of these clinicians work in neighboring institutions within the Texas Medical Center and would be considered national experts in their fields. The two UHCOP faculty course coordinators for the course assure quality of the lectures and are responsible for assuring all policies related to the course are upheld by these guest lectures.

## **Capacity and Succession Planning**

### *Faculty*

Faculty capacity planning and succession planning starts at the annual performance review with the Department Chair as described above. Progression of each faculty member towards promotion is discussed at this time. In addition, formal interim reviews are conducted for tenure-track faculty at time periods designed by the [University and COP P&T guidelines](#). Evidence of successful promotion of faculty members is shown in [Faculty Promotion Table](#). Succession planning of faculty beyond academic promotion also involves faculty promotion into administrative positions. For example, we have had several recent promotion of faculty to College-level, Dean positions and progression of faculty to leadership positions on college or university-wide committees such as the UH Faculty Senate. Faculty assignments to college committees and assignment of college committee chairs are made with consideration of the faculty's interests and abilities to provide them

with experience and knowledge in various areas of college function. Committee chairs are assigned by the Dean following discussions at an Executive Council leaders meeting. The college has encouraged the participation of several faculty in the [AACP Academic Leadership Fellows Program](#) to enhance faculty leadership skills and network with other leaders in the profession. The university is also committed to leadership development. The Provost has initiated a Cougar Chair's Leadership Academy which is intended to prepare future leaders in academic departments and several of the college's faculty have completed this yearlong program. Collectively these activities help prepare the leaders of the future.

Success of faculty through promotion or other succession planning requires a vigilant focus on faculty capacity to assure successful execution of the curriculum. Much of this planning starts at the faculty annual performance review described above. As faculty are promoted or change responsibilities, this forms the basis for new faculty positions to take over these responsibilities. For example, in pharmaceutical sciences a number of senior faculty in the college are approaching retirement. For this reason, several early and mid-career faculty members have been hired to offset these senior faculty. In clinical sciences, the increased emphasis on hands-on learning has led to new faculty positions with a specific focus on the skills-lab component of the PharmD curriculum. Requirements for new faculty capacity is discussed at department faculty meetings as well as between the Dean and Department Chairs as part of executive council meetings and also one on one discussions. The College adapts its recruiting efforts to strategically fill these open positions based on the current and future needs of the College and the best talent available. New faculty lines are included in the annual budget provided to the Provost's office. Faculty members chair search committees and participate in the on-site interviews to recruit new Faculty to assure a faculty-lead approach to new hires.. The College has been remarkably successful in [obtaining new faculty lines](#) and recruiting talented new faculty.

### *Staff*

The UHCOP employs 48 [administrative staff](#). Staff turnover in the college has been reasonable. Individuals who have resigned in the past 3 years stated the reasons to be greater opportunity for advancement, relocation, and desire to go part-time. Turnover in a few staff positions has been the result of inadequate job performance or reduction in force. Support staff members are distributed across the various areas of the college to help support the needs of the faculty. Notable changes since our last accreditation visit have been the incorporation of a Central Business Office, which oversees the financial activities of the college to streamline purchases and other activities. The College of Pharmacy's infrastructure has improved with the hiring of a College Information Services Manager for information technology, the creation of an Assistant Dean of Assessment with staff infrastructure, and the improvement in our communications department with the hiring of a multimedia specialist. Educational and pedagogical support is provided by an instructional designer and a classroom technology manager. These staff members were added after discussion within the College Executive Council and also based on feedback provided by faculty on staff requirements. Staff capacity of the academic departments and dean's office are also discussed during executive council meetings and also during the annual budgeting discussions. The support staff to salaried faculty ratio is approximately 0.7 to 1. Nearly two-thirds (63%) of the faculty strongly agreed or agreed that they have adequate staff capacity to carry out their responsibilities (compared to 69% for peer institutions).

The college and university have several mechanisms for staff succession planning. The college has [annual staff retreats](#) to provide skill training required for professional advancement. The Dean hosts regular convocations with staff that includes leadership development topics. The College Business Administrator engages regularly with key staff within the departments to assist them in developing a more comprehensive understanding of their

role in the college and how the roles of these department-based staff interfaces with the college goals. There are also staff development opportunities available through the online [UH Skillport](#) and through [face-to-face sessions](#) conducted by UH Human Resources. According to university policy, staff also are able to obtain release time to enroll in one 3 credit hour course per long academic semester to pursue a degree or seek additional training related to their staff position. At the university level, coursework and training for professional development is available and updated regularly on the UH Human Resources website.

## **Student to Faculty Ratio**

The student to faculty ratio for the professional degree program is sufficient to provide individualized instruction and guidance. The student to faculty ratio for the didactic course work in the College of Pharmacy is 7.73 to 1 (based on 495 students enrolled in Fall 2016 and 64 full-time faculty members). The Student to preceptor ratio for the IPPEs and APPEs average less than 2 to 1 (see standards 20 and 22). Almost all (96%) of the students strongly agreed or agreed that the preceptors provided them individualized instruction, guidance and evaluation to meet the needs of the professional program.

## **Notable Improvements and Achievements to Improve Faculty and Staff Support and Productivity**

Five faculty members have been added to the clinical teaching department of the PharmD program. Their addition to the program allows for more faculty based APPEs, increased development of early and inter-professional experiences in education, and less reliance on outside teaching resources.

*Strengthening of the assessment of college outcomes has been implemented* by creating the position of Assistant Dean for Assessment, hiring a staff Director for Assessment and Accreditation Services, as well as expanding the responsibilities of the Program Coordinator in Assessment.

*Continued refining of the centralized college business office processes* in order to create more efficient and effective support for the college departments in terms of personnel, purchasing, and management of financial accounts. This frees up staff in the departments to provide better staff support for specific academic and research needs of the faculty.

*Director of Co-Curriculum* to design the academic component of the co-curriculum, ensure the quality of the co-curricular activities, and make sure that the program stays in compliance with the 2016 accreditation standards.

*Reorganization of the Office of Student Services* to eliminate its responsibility for advising pre-pharmacy students. This enables the staff of this office to focus its attention on the professional students in the program.

*Addition of a Classroom Technology Manager* solely dedicated to classroom technology *and an Information Systems Manager with 3 full-time staff* to support IT related faculty and staff needs. In all of these endeavors the College has made changes to provide better support to faculty and staff to meet the various missions of the College.

*Appointment of a Director of Faculty Development.* In coordination with Department Chairs, the faculty director has created a new faculty orientation and on-boarding process and [mentoring policy](#) to strengthen the

faculty development process. [Director of Faculty Development activities](#) include orientation sessions with new faculty, hosting periodic training sessions for issues important to faculty members.

*Maintenance of sufficient faculty strength in key areas by successful faculty recruitment.* The PPS Department was successful at recruiting five new faculty in Medicinal Chemistry and Pharmaceutics while many colleges are struggling to recruit and retain appropriately trained faculty in these areas. All are NIH funded researchers as well. Other professional and community services are numerous and ranges from NIH study section research review panels to community outreach clinics.

## Interpretation of AACP Survey Data

Based on the AACP Faculty Survey 2015, 78% of the faculty strongly agreed or agreed that their effort allocation has been clearly stated to achieve the teaching, research, and service aims of the College mission. Most (82%) of the faculty felt that the time spent on teaching is appropriate (peer institutions: 79%). Over 70% of the faculty felt that their research and service responsibilities are also appropriate (peer institutions: 69%). Most (93%) of the faculty associated with clinical activities felt that the time spent on clinical activities is appropriate (peer institutions: 85%). However, less than half (44%) of the faculty strongly agreed or agreed that the college has a sufficient number of qualified full-time faculty members to deliver and evaluate the professional degree program (peer institutions: 73.8%). These results were from the 2015 survey and we anticipate that the several new hires in FY2016 and new funding lines in FY2017 will help alleviate this perception. However, over two-thirds of the faculty agreed or strongly agreed that the program resources can accommodate the current enrollment (peer institutions: 75%).

- 4) **College or School's Final Self-Evaluation: Self-assess** how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance</li> <li><b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

- 5) **Recommended Monitoring: If applicable, briefly describe issues or elements of the standard that may require further monitoring.**

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.  
[19A Faculty Research and Scholarly Activity](#)      [19A2 List of Faculty Publications](#)
- ✓ Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty  
[19B Procedures to employ conceptual understanding of contemporary practice](#)
- ✓ Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention  
[19C Faculty Annual Review Process & Report Template](#)   [19C2 Performance Management](#)   [19C3 UH Faculty Mentoring Plan](#)  
[19C4 P&T for Tenure Track Faculty](#)   [19C5 P&T for Non-Tenure Track Faculty](#)

**Required Documentation for On-Site Review:**

- ✓ Copy of the Faculty Handbook
- ✓ CVs of administrators, faculty and staff
- ✓ If utilized, examples of faculty portfolios, documenting teaching, research and service activities

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Questions 7, 13-24  
[19DAACP Standardized Survey Data 2013-15](#)   [19D2Survey Data 2016](#)
- ✓ Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity  
[19E Faculty Distribution: Rank, Gender, Race](#)
- ✓ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned  
[19F Faculty Distribution by Rank and Highest Degree](#)
- ✓ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status  
[19G Faculty Distribution by Rank and Tenure Status](#)

- ✓ Table: Distribution of Full-Time Pharmacy Faculty by Department and Tenure Status

[19H Faculty Distribution by Department and Tenure Status](#)

- ✓ Table: Research and Scholarly Activity of Full-Time Faculty by Department

[19I Research and Scholarly Activity by Department](#)

### Optional Documentation and Data

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include job descriptions, recruitment advertisements, faculty and staff policies and procedures, and extracts from committee meeting minutes.

[19J FY2016 Quarter 4 Funding Report](#)

[19K Departmental Seminars](#)

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>19.1. Educational effectiveness</b> – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.	x	○	○
<b>19.2. Scholarly productivity</b> – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.	x	○	○
<b>19.3. Service commitment</b> – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.	x	○	○
<b>19.4. Practice understanding</b> – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.	○	x	○
<b>19.5. Faculty/staff development</b> – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership.	x	○	○
<b>19.6. Policy application</b> – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner.	x	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities
- ✓ How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement

- ✓ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences
- ✓ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings
- ✓ A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty
- ✓ Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching
- A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning (N/A)
- ✓ A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff
- ✓ A description of faculty and staff development programs and opportunities offered or supported by the college or school
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

## Educational Effectiveness

Full-time faculty members have the appropriate education and training to contribute to the professional degree program. Verification of education and training credentials of employees is performed via reference checks during the interview process and verification of academic transcripts for all degrees. An on-site interview is required for all faculty candidates to assure mastery of their subject area and teaching abilities. This is demonstrated usually by a seminar given by faculty candidates during the on-site interview. A list of faculty and their educational credentials is found in the [faculty addendum](#). Based on the AACP Faculty Survey 2015, most (85%) of the faculty strongly agreed or agreed that the college uses an effective recruitment process for faculty (peer institutions: 74%).

Thirty-five of **64 full-time** faculty have a degree in pharmacy (Bachelors of Science in Pharmacy and/or Doctor of Pharmacy). All Faculty members with a practice component to their responsibilities have a license to practice pharmacy in the State of Texas. Teaching assignments are based on expertise in a given area gained by professional degree, graduate degree, post-graduate experiences, and real-life experiences.

To assure that the college has appropriate faculty to meet the teaching needs of the program, the College's recruitment and retention efforts assess the needs of the curriculum as well as strategic goals for research and scholarly activity. The Dean in consultation with department chairs and faculty, reviews and modifies recruitment and retention plans based on the needs of the College to meet its mission. The College adapts its recruiting efforts to strategically fill open positions based on current and future needs of the College and the best talent available. Faculty members lead the search committees for these positions and participate in the on-site interviews to recruit new faculty. The college has been remarkably successful at [scholarship](#) and has had record years for new [research funding](#) while at the same time maintaining and improving the PharmD curriculum.

Within the College, each department hosts a seminar series that integrates the various missions of the college in an effort to create better collaboration and understanding across the faculty. Department seminars focus on current and future trends in the scientific basis of biomedical, pharmaceutical, social, administrative, and clinical sciences by inviting local and national leaders in addition to highlighting current faculty strengths. These [departmental seminars](#) hosted regularly invite all faculty in the college as well as professional and graduate students. In addition, travel to professional and scientific meetings is encouraged at the College and Department level to assure cutting edge knowledge of their discipline. Faculty are also supported to attend short-courses in their instructional area to stay at the cutting edge of these disciplines. Based on the 2015 AACP faculty survey, this policy was effective as faculty expressed agreement that programs are available to improve teaching or develop competencies in research and/or scholarships (>75% agreed/strongly agreed). Finally, faculty are encouraged to [publish scholarship](#) in their discipline which ensures up to date knowledge in their chosen area.

The College of Pharmacy has several initiatives to assure that all faculty members regardless of discipline have a conceptual understanding of all facets of pharmacy including pharmacy practice. (19B) However, this remains a recognized weakness within our faculty. In the 2015 AACP faculty survey, only 29% of faculty respondents strongly agreed or agreed that programs were available for non-practice faculty to orient them to the pharmacy profession and professional education. These results were similar to peer institutions (31.5% strongly agreed or agreed). Recognizing the need for even greater understanding of pharmacy practice among all faculty.

### **Research and Scholarship Productivity**

Research productivity is an expectation of faculty. The strategic planning of research efforts are within the context of the college's mission. Research goals and a timeframe for completing these goals are available in the College's Strategic Plan. The COP Faculty is active in research and other scholarly activities. All faculty members are encouraged to pursue scholarly activities as evidenced by the Promotion and Tenure (P&T) guidelines (P&T guidelines, [tenure](#) and [non-tenure track](#)) and the annual Faculty report. In the Pharmaceutical Sciences, the faculty have recently approved and implemented annual performance metrics that prescribe expected research and scholarly outcomes needed for "acceptable" performance in this area. Faculty are incentivized to secure extramural research funding by a college policy that provides return of indirect costs to the investigator's lab from indirect costs returned to the college. New faculties are given protected time prior to teaching or taking students on APPE rotations to assure appropriate set-up of their scholarship focus. The University P&T committee has specific timelines for [tenure-track faculty](#) including a mandatory third year review to assess progress towards tenure.

Faculty average 100 published manuscripts per year (2013: 117; 2014: 88; 2015: 97) as evidenced by a Scopus search of all full-time faculty members in the College ([www.Scopus.com](http://www.Scopus.com) accessed Jan 11, 2016). This includes 12 publications in the *Amer J Pharm Educat* or *Curr Pharm Teaching Learning* since 2010 demonstrating scholarly activity to enhance teaching or address other issues in academia. Research performed by faculty are cited approximately 4,000 times per year (range: 3,705-4,235) as identified by the same Scopus search. A list of all faculty publications for the past three years identified via Scopus is available. Faculty are successful at grantsmanship having secured a record of more than \$7 million in research funds in FY2016. According to the AACP faculty survey, 78% of the faculty strongly agreed or agreed that they receive guidance on career development including research. Over half (56%) of the faculty strongly agreed or agreed that they have funds for faculty development. To enhance this, the college recently added funds to the all

college department budgets earmarked specifically for faculty development activities which faculty may propose. Most (73%) of the faculty agreed or strongly agreed that they have programs to help their development in research and scholarship (peer institutions: 76%)

The University's Provost office mandates that an [annual review](#) be conducted for all full-time faculty.

In the limited number of part-time faculty that we have employed for teaching purposes due to unforeseen circumstances of the full-time faculty that generally teaches the course (see standard 18), each part-time faculty meets with the department chair and course coordinator (if applicable) prior to starting any teaching activities. Course curriculum and syllabus is reviewed and expectation of the part-time faculty is established. Part-time faculty meet with the department chair / course coordinator routinely during their active teaching period. Student reviews and part-time faculty reflection feedback is used to provide summative feedback to the part-time faculty member.

A number of volunteer faculty teach limited hours in the P3 therapeutics coursework. For the most part, these volunteer guest lecturers are practicing pharmacists in the Texas Medical Center and are considered national experts in the field. Course coordinators select these volunteer faculty for interest in teaching, coordinate and review all course material, and sit in on the lecture to assess quality. Student reviews of these lectures are provided to the volunteer faculty and course coordinators provide feedback on lecture quality.

Feedback for volunteer preceptors are provided by the Office of Experiential Education. Student feedback from APPE rotations are provided to each preceptor after review by the APPE Directors. The APPE directors also are routinely in communication via site visits, email, or phone, to gather information from preceptors and provide opportunities for mentoring. The Office of Experiential Programs provides feedback to preceptors including areas of improvement. Preceptors who receive commendable ratings from students can be nominated for end of the year preceptor recognition awards.

Annual performance review for staff is performed using [ePerformance Evaluations](#) coordinated by the University of Houston Human Resources department. Staff responsibilities and duties that are agreed upon between supervisors and staff are established and documented in the HR system. Each year an evaluation is performed using these as metrics and the evaluation is made available to the staff for review. The staff and supervisor then meet to discuss the evaluation and address any noted deficiencies. The staff then can acknowledge the meeting online and add comments they feel appropriate. The evaluation is then forwarded by the supervisor through the college administration and institution human resources department for review.

## **Faculty and Staff Development**

The college places significant emphasis on faculty development and this is exemplified by the appointment of the Director of Faculty Development in 2011 and the creation of a college faculty development committee. Under the leadership of the director, a comprehensive set of initiatives has been undertaken to address all areas of [faculty development](#) for faculty at all stages of their career. (Examples include the development of a college-specific new faculty orientation that helps familiarize new faculty with the colleges policies and procedures, tips for navigating the bureaucracy of the university and a list of helpful resources. The director also has established a library of faculty development resources covering subjects from different methods of student learning, methods for incorporation of novel classroom technologies into teaching, resources for writing and revising grant proposals, and the importance of developing networks to advance your career. Other activities of

the director includes organizing faculty training sessions on writing better multiple choice examination questions. Methods such as how to use statistical analysis to gauge the validity of exam questions, how to effectively function as a committee chair, and how to use Blackboard resources to enhance student learning are elaborated in these sessions.. These activities supplement the mentoring activities provided by department chairs and colleague faculty. The Faculty Development Committee has also recently developed a new, more formalized mentoring program which has been approved by the faculty to be implemented by the department chairs in collaboration with the faculty. The most significant aspect of the mentoring program is the establishment of formal mentoring activities with multiple mentors to achieve specific objectives set forth by agreement of the faculty member and chair. Plans to implement this [mentoring plan](#) are currently ongoing.

The college also recently has implemented a formative plan for faculty development called the Faculty Performance Partnership. The program will consist of semester-wise identification of goals by faculty in a partnership with their department chairs who will provide support for achieving these goals. This program should be greatly facilitated by funds that the college provided this fiscal year to each department to support faculty development activities. Finally, the college and university have provided resources for faculty to engage in additional development activities in leadership. These were outlined previously as part of the college's succession plan.

Staff development is the focus of the College's Central Business Administrator and the immediate supervisor of the particular staff member. The College's Staff council meets monthly to discuss College events and planning and opportunities for continuing education and development. The [monthly meeting](#) also helps to develop a personal connection between the staff members.

The College has a rigorous process for the evaluation and credentialing of all faculty candidates and has been successful in recruiting talented faculty with research experience and/or high-level pharmacy practice skills. This includes hiring experienced medicinal chemistry and pharmaceuticals faculty all of whom have NIH funding. Our most recent clinical track hires (n=4) have all been pharmacists with advanced PGY2 training; two of whom had significant work experience including Director of Pharmacy. These and other recent hires have expanded the depth and breadth of our faculty. Key hires in staff has allowed for more advanced use of technology, streamlining of work effort, and an ability to employ cutting edge teaching techniques. The college has substantially expanded its commitment to faculty development both in terms of personnel and resources, as well as creating a college committee to identify needs and implement plans to address those needs. Finally, there has been greater emphasis placed on strengthening the awareness of the role that each faculty member plays in the curriculum and what knowledge and skills are required for current and future pharmacy practice. To this end, clinical and basic science faculty are paired during interviews for student admission, the college curriculum committee is co-chaired with a pharmacist and non-pharmacist, oral examinations during the therapeutics class in the P3 year are evaluated by clinical and basic science faculty, and shadowing between clinical and basic science faculty in their respective workplaces is being planned. In addition to increased focus of contemporary topic in pharmacy practice at college-wide meetings, we hope that the interactions between our pharmacist faculty and non-pharmacist faculty will improve the overall understanding of pharmacy practice at our college.

### **Notable Achievements and Improvements**

Notable achievements and improvements since the last accreditation visit include: 1) greatly expanded commitment to faculty development with a director and a new college committee; 2) performance partnerships

and specifically earmarked development funds; 3) development of well defined metrics for faculty evaluation and greater faculty involvement by peer assessment; 4) greatly expanded IT and classroom technology staff support. These are substantive changes that evidence commitment of the college to meet this standard.

4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ List of active preceptors with credentials and practice site [20A Active Preceptor List](#)
- ✓ Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience.  
[20B APPEs with Non-Pharmacist](#)
- ✓ Description of practice sites (location, type of practice, student/preceptor ratios) [20C Practice Sites List](#)

- ✓ Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention  
[20D Preceptor Orientation](#)   [20D2 Preceptor Recruitment](#)   [20D3 Preceptor Development](#)  
[20D4 Preceptor Manual](#)
- ✓ Examples of instruments used by preceptors to assess student performance [20E Preceptor Assessment Tools](#)
- ✓ Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum  
[20F CVs of Experiential Administrators](#)
- ✓ Description of the structure, organization and administrative support of the Experiential Education office (or equivalent)  
[20G Experiential Office Description](#)   [20G2 Experiential Organization Chart](#)

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Student – Questions 61, 62
- ✓ AACP Standardized Survey: Preceptor – Questions 9, 14-18, 38-41

[20H AACP Standardized Survey Data 2013-15](#)

[20H2 AACP Standardized Survey Data 2016](#)

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the standard.

- 2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>20.1. Preceptor criteria</b> – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>20.2. Student-to-preceptor ratio</b> – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20.3. Preceptor education and development</b> – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20.4. Preceptor engagement</b> – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**20.5. Experiential education administration** – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.

x	○	○
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3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school applies quality criteria for preceptor recruitment, orientation, performance, and evaluation
- ✓ A discussion of the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners
- ✓ How the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program
- ✓ How the college or school solicits active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The college utilizes a combination of its own faculty and volunteer preceptors to mentor, facilitate and evaluate the experiential learning of P1-P4 pharmacy students in diverse practice settings. Faculty and volunteer preceptors practice in nearby Texas Medical Center (TMC) institutions, the Houston Metropolitan area and other locations throughout Texas and the United States. There are over 500 available preceptors, with 437 active for the 2015-2016 academic year.

The Texas State Board of Pharmacy (TSBP) has no ratio requirements for preceptors supervising pharmacist-interns who are affiliated with other Texas institutions and their pharmacy programs. UHCOP strives to have a 1:1, student to preceptor ratio if interns are engaged in functions associated with the preparation and delivery of prescription or medication drug orders. The majority of UHCOP practice experiences have a 1:1 student to preceptor ratio, some may have a 2:1 ratio and a rare amount have a 4:1 ratio. These preceptor ratios allow for individualized learning and mentoring while also allowing students to collaborate with peers. Many learning experiences also utilize post-graduate trainees from TMC institutions and other health-systems and health sciences centers to serve as co-preceptors, providing a layered learning model similar to the physician training model. UHCOP does not utilize non-pharmacist preceptors as primary preceptors. Interprofessional learning models involving physicians, nursing and other allied health professionals and well as their student learners are incorporated into the student practice experiences. Data from the AACP survey indicated that 100% of preceptors stated they agreed or highly agreed that student to preceptor ratios at their sites were appropriate to maximize learning.

### **Preceptor Recruitment, Orientation, Performance and Evaluation**

Preceptor recruitment, orientation, performance and evaluation are outlined in the [Preceptor Manual](#). Most preceptors have an established relationship with the college. New [preceptors are recruited](#) based on a needs assessment conducted by the experiential program and to expand rotations offering innovative practices such as pharmacy informatics and pharmacogenomics. For example, required rotations such as Internal Medicine and Ambulatory Care are constantly in need of qualified preceptors. The Experiential Directors (APPEs and IPPEs) and Assistant Dean for Experiential Programs (ADEP) actively recruit new qualified preceptors when speaking to pharmacy managers and directors during site visits, preceptor continuing education conferences, local and state pharmacy meetings, and other college-related functions. The State of Texas currently has a robust process a pharmacist must complete to become a licensed preceptor and the college has relied on this in the past to determine quality preceptors. In an effort of continuous quality improvement, Office of Experiential Programs (OEP) will be utilizing an application process and a screening site visit, if feasible, to adequately assess if new preceptors meet criteria in 2017. These improved preceptor criteria include licensure, credentials (board certification, specializations), training (post-graduate training, certifications), practice experience, practice setting that has opportunities for interprofessional education, and recommendations. The TSBP rule stipulates that a pharmacist who has been the subject of board discipline during the period serving as a preceptor or within the 3 year period preceding application to become a preceptor the pharmacist loses their eligibility to become a preceptor. The definition of a preceptor by the TSBP is to have an active pharmacist license, have at least 1 year of experience as a licensed pharmacist or 6 months of residency training if the pharmacy resident is in a program accredited by the American Society of Health-System Pharmacists and have completed 3 hours of pharmacist preceptor training provided by an ACPE approved provider within the previous two years and must not have an agreed board order on record.

Upon being accepted as a preceptor and prior to the commencement of the rotation, preceptors are provided an orientation to the UHCOP program. Orientation materials consist of the college's mission and vision, curriculum overview, course syllabus which contains assessment methods, practice experience objectives, evaluation tools, rotation hours requirement, evaluation forms, preceptor evaluation criteria and guidance on precepting students. Preceptors are provided the preceptor manual to serve as a reference. UHCOP utilizes an electronic learning management system (E\*value) as a vehicle to house preceptor resources such as experiential manuals, evaluation tools, orientation materials and newsletter. The Preceptor Script is a newsletter published quarterly by the OEP. Contents of the newsletter comprise of pertinent information of current events, timelines, deadlines, short primers on E\*value system, as well as precepting tips.

Preceptor performance and evaluation are addressed via several mechanisms. The first mechanism is that the students are required to complete preceptor evaluations for each learning experience. The OEP compile and analyze the data and then release the evaluations to the preceptors. Preceptors who received poor ratings from students are provided the feedback along with suggestions for improvement ([Preceptor Feedback Example](#)). Preceptors with positive evaluations are placed in a pool for end of the year preceptor recognition awards as determined by a committee and student nominations. Secondly, Experiential Directors have regular contact with active preceptors via site visits, email, and/or telephone. The constant communication between the experiential director, preceptor and student provides an excellent source of information for evaluating the performance of preceptors and providing ongoing feedback. Data from the AACP survey from 2012-2015 indicate that 93-96% of preceptors agreed or strongly agreed that the "criteria for my performance as a preceptor are commensurate with my responsibilities as defined by the college". The majority of preceptors also felt that the criteria for evaluating their performance was clear (70-80% agree or strongly agree, 2012-15). An area for improvement that was identified from the AACP preceptor survey was preceptors receiving student evaluations for rotations (45-55% agree or strongly agreed, 2012-2015). This was likely due to staff shortages,

community pharmacy access issues stemming from IT computer firewalls and the need to de-identify evaluations and proofread for appropriateness prior to giving back to preceptors. Another identified reason is the inability to retrieve electronic evaluations in the community pharmacies on the company's computer. An alternate preceptor email addresses were obtained to resolve this situation. For the 2016-17 year, the Experiential Office has made a policy to return all preceptor evaluations online at the end of the academic year. With the policy change, the college expects this area to improve with future AACCP survey.

## **Preceptor Development**

The college is dedicated to providing exceptional [preceptor development](#) programs to facilitate preceptor growth and improve the education of our students. Over 90% of preceptors agreed or strongly agreed that the college has an effective continuing education program consistent with their preceptor responsibilities (AACCP survey, 2012-15). The college provides a twice yearly live preceptor continuing education conference which satisfies the three preceptor CE credits needed for preceptor licensure in the state of Texas. The preceptor education program provided is complimentary to all UHCOP faculty and preceptors. The preceptors are also invited to participate in courses held at the college such as the APhA immunization course and APhA Medication Therapy Management (MTM) course to help enhance preceptors patient care skills. In addition, the preceptors have the opportunity to participate in the Teaching and Scholarship in Academia Program to augment their preceptor skills. The course was originally developed for pharmacy residents to prepare them for precepting and/or a career in academia, but is open to all preceptors.

The Department of Pharmacy Practice and Translational Research (PPTR) also offers other programs for preceptor development. The PPTR department has a monthly clinical seminar grand rounds which features platform presentations by clinicians, researchers and preceptors from around the TMC and United States to showcase their practice. In 2014, PPTR department began offering a Biostatistics Course for preceptors in response to preceptors and residents frequently seeking out faculty members for consultation regarding biostatistics for their residency projects and research. This is one example of the college adapting to the needs of its preceptors. Resources that the college provides to all preceptors include access to the UH library, which has electronic textbooks and journals, and to one of the world's renowned medical library, the TMC Library. UHCOP Experiential Programs Office is a member of the Texas Consortium on Experiential Program which is a consortium consisting of the experiential education departments from the eight schools of pharmacies. The consortium is responsible for developing the preceptor education at the annual state organizational meetings (Texas Pharmacy Association and Texas Society of Health-System Pharmacy). The schools/colleges of pharmacy collaboration to develop programs that benefit all the preceptors in the state of Texas. Email and print communication, such as The Preceptor Script, provides updates in experiential training, documentation with E-Value and precepting best practices. The college offers a robust preceptor development program, as evidenced by our numerous offerings, attendance, and [preceptor feedback](#) of the program.

## **Preceptor Involvement in Improvement of the Educational Program**

Preceptors are actively involved in continuous quality improvement in many different aspects of the curriculum. On the college committee level, preceptors are highly regarded members on many of the colleges standing committees such as the Dean's Advisory Council (DAC), Curriculum Committee, Assessment Committee, PharmD Admissions and Progressions Committee and PharmD Experiential Advisory Committee. Preceptors who are members of DAC join other pharmacists, current students, alumni, and community leaders in a forum to provide feedback to the Dean to improve the educational program and overall function of the college.

Preceptors provide valuable input to the Curriculum and Assessment Committee with regards to current trends in pharmacy practice and skills. On the Admissions Committee, a preceptor alumni is a voting member and actively participates in the admissions process and provides recommendations for improvement. Other preceptors have the opportunity to participate in the interview process for admissions. Preceptors also play an integral role on the PharmD Experiential Advisory Committee, which provides feedback to the Office of Experiential Programs. In 2015, this committee created an APPE boot camp questionnaire that surveyed all active preceptors regarding the focused training they would like PY4 students to receive prior to going out on rotations. Over 100 preceptors responded, and their feedback was incorporated into the boot camp program students received prior to APPEs. In addition to standing committees, preceptors are members on the accreditation steering committee and are actively involved in the accreditation self-study process.

The OEP utilizes preceptor feedback to improve rotations to reflect current and contemporary practice standards. Methods to solicit preceptor feedback include focus groups, site visits and preceptor education conferences. Focus groups were conducted with long-term care consultant pharmacists to improve IPPE 1 learning experience in long-term care facilities. Another focus group with local mental health providers determined activities and objectives for APPE mental health rotation. With the increase in MTM activities, community pharmacist leaders partnered with the college to increase student involvement in MTM process. OEP collaborated with health-systems preceptors and management to delineate activities between IPPE and APPE hospital pharmacy rotations. Site visits provides an opportunity for preceptors to communicate any feedback on the curriculum and experiential program. Another avenue for soliciting input from preceptors is during the preceptor education conference. Preceptors attending the meeting have the opportunity to discuss best practices in precepting and novel strategies to incorporate students into learning experiences.

### Notable Achievements

The college continues to incorporate preceptors in cutting edge practice areas such as HIV/genomics, Association Management (NCPA, ASHP, AACP, etc.), Pharmacy Informatics and MTM. Our students benefit from preceptors practicing at top tier academic institutions in the TMC, and being the recipients of local and national preceptor awards (ASHP Best Practices Award – St. Luke’s Hospital 2010 and Houston Methodist Hospital 2015).

### Interpretation of AACP Survey Data

Preceptor quality, participation and involvement in the college are evident in the examples provided above and results from the AACP survey.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance</li> <li><b>/or</b></li> <li>• Factors exist that compromise</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented	<ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> </ul>

	current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Adequate information was not provided to assess compliance
<input type="checkbox"/> <b>Compliant</b>	<input checked="" type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Floor plans for college or school's facilities and descriptions of the use(s) of available space

[21A UH Science and Research Building 2 Floor Plans](#)

[21A2 Texas Medical Center \(TMC\) Floor Plans](#)

[21A3 HSBS2- New Building Floor Plans](#)

- ✓ **Description of shared space and how such space promotes interprofessional interaction**

- ✓ Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies.

[21C Analysis of space](#)

- ✓ Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable [21D AAALAC Accreditation](#)

- ✓ Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.)

[21E Description of Educational Resources](#)

- ✓ CV of the librarian(s) who act as primary contacts for the pharmacy program [21F Pharmacy Librarian CVs](#)

**Required Documentation for On-Site Review:**

- ✓ Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report)

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Questions 26-29, 31
- ✓ AACP Standardized Survey: Student – Questions 68-76
- ✓ AACP Standardized Survey: Preceptor – Questions 42, 43

21GAACP Standardized Survey Data 2013-15      21G2 AACP Standardized Survey Data 2016

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the standard.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>21.1. Physical facilities</b> – The college or school's physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained.	X	○	○
<b>21.2. Physical facilities' attributes</b> – The college or school's physical facilities also include adequate:	○	○	○
• Faculty office space with sufficient privacy to permit accomplishment of responsibilities	X	○	○
• Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators	○	X	○
• Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology	○	X	○
• Laboratories suitable for skills practice, demonstration, and competency evaluation	○	X	○
• Access to educational simulation capabilities	○	X	○
• Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university	○	X	○
• Animal facilities that meet care regulations (if applicable)	X	○	○
• Individual and group student study space and student meeting facilities	○	X	○
<b>21.3. Educational resource access</b> – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors.	X	○	○
<b>21.4 Librarian expertise access</b> – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies.	X	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of how the college or school's physical facilities (or access to other facilities) utilize current educational technology
- ✓ A description of how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors
- ✓ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.
- ✓ A description of the equipment for the facilities for educational activities, including classroom and simulation areas
- ✓ A description of the equipment for the facilities for research activities
- ✓ A description of facility resources available for student organizations
- ✓ A description of facilities available for individual or group student studying and meetings
- ✓ How the facilities encourage and support interprofessional interactions
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

## Physical Facilities

UHCOP occupies physical facilities both in the Science Research 2 (SR2) Building on the Main UH campus and in the Pharmacy Building at the Texas Medical Center (TMC). Within the SR2 building the College occupies approximately 40,000 square feet of space, about 18,500 square feet of which is research space. The TMC Building has approximately 43,000 square feet of space, approximately 9,000 square feet of which is research space.

The UHCOP delivers the professional program using these two sites with the P1 and P2 years utilizing facilities on the Main UH campus and the P3 and P4 years utilizing the facilities on the TMC Campus. The P4 class is at the TMC campus one day every 6 weeks for group activities with the majority of the training conducted off campus at various experiential sites.

### *Science and Research 2 Building, Main Campus (21A)*

The [SR2 building on the main UH](#) campus has one large classroom (140 seat). This classroom accommodates the majority of the traditional didactic portions of the P1 and P2 curricula. However, this leaves very little time during the day when there is a large classroom available for activities outside of formal class presentation. The lunch hour is the only time when professional development activities, such as the monthly student convocations, can be scheduled.

SR2 also houses 2 small-group learning classrooms (34 seat ea) which are used for the skills lab portions of the curriculum of P1 and P2. Since didactic courses of P2 meet in the morning, all skills labs must be in the afternoon and similarly all P1 skills labs must be in the morning. There are no instructional laboratories in the SR2 building. Therefore, the dosage formulation lab in P1 is delivered off-campus through a contract with Professional Compounding Centers of America (PCCA). This arrangement

enables all of our student to receive excellent translational training in dosage formulation not available elsewhere in the country.

Besides classrooms, the first floor of SR2 houses the College Dean's office and administrative suite, the Admissions and Student Services suite, the Learning Resource Center, the Computer Lab (42 workstations), the College Business Office, and the student lounge. Floors 4 and 5 of the SR2 building contain the offices and research labs of medicinal chemistry and pharmacology faculty in the Pharmacological and Pharmaceutical Sciences Department who are responsible for delivering a majority of the P1 and P2 curricula.

### *Texas Medical Center Campus*

The College of Pharmacy delivers the P3 and P4 years of the professional program within the [TMC campus building](#). Didactic portions of the curriculum are delivered in a large classroom (130 seats) that can be divided into two smaller classrooms. There is a medium size classroom (65 seats) and several small meeting rooms with 12 to 15 seats inside the TMC building. Finally, there is a 32-station Pharmacy Care lab, 2 small computer labs with 14 to 16 stations and a small student lounge in the TMC building. The TMC building does not have facilities for sterile products training. Therefore, the college rents time in a sterile products classroom at the downtown Houston Community College Campus where college faculty provide training in the preparation of sterile dosage forms.

The TMC campus also includes graduate student and faculty offices for the Department of Pharmaceutical Health Outcomes and Policy (PHOP) as well as faculty offices and research labs of the department of Pharmacy Practice and Translational Research (PPTR) who deliver the majority of the P3 and P4 curricula. The 5<sup>th</sup> floor of the TMC building houses the graduate students, faculty offices and labs of the pharmaceuticals faculty in the Department of Pharmacological and Pharmaceutical Sciences (PPS).

## **Facilities Limitations**

Without doubt, the greatest limitation of the current facilities is the physical separation of the P1 and P2 classes from the P3 and P4 classes. There is minimal opportunity for the more experienced classes to interact with their junior counterparts. This situation creates major challenges in the mentoring of newer students by older students. These limitations will be removed in Fall 2017 when all of the faculty and professional classes of the college will move into a new state-of-the-art classroom and research facilities in the Health and Biomedical Sciences Building 2 ([HBSB2](#)) that is currently under construction.

In addition to limiting interactions amongst the professional classes, the separation of the majority of the basic science faculty from the pharmacy practice faculty creates major challenges in the integration of the clinical and basis science curricula and severely limits professional interactions. This impedes the development of collaborative relationships as well as appreciation of each group's contributions to the training process. Having said this, successes of UHCOP students on national boards, in competition for residencies and fellowship, in being sought out by employers as well as a steady supply of preceptors wanting to train UHCOP students all suggest that the UHCOP program continues to generate high quality future pharmacists. Nevertheless, there is a general sentiment amongst faculty, students and alumni that

being in one physical location within a new state-of-the-art building will enable UHCOP to take pharmacist training to the next level.

The college is strongly committed to providing high quality educational technology to its students. In the large classrooms on both campuses, each seat has power and hardwire Ethernet access to the Internet. Both classrooms have Polycom installed enabling video and audio sharing between the Main and TMC campus locations, as well as sharing with other educational partners with similar capabilities. Each location has Mediasite, enabling audio, video and graphic lecture capture which is stored electronically and available via Blackboard to all students enrolled in classes in these rooms. Each classroom has a smart board podium and Smart Notebook collaborative learning software so that any annotations made to PowerPoint presentations are projected in class and recorded for later review. Finally, each location is equipped for TurningPoint student response assessment and the University supports this system. All this technology is intended to optimize the didactic experience.

Outside of didactic courses, “skills lab” or small group collaborative learning sessions are incorporated into each semester of the P1-P3 curricula. In SR2 these are conducted in two 35-seat rooms with moveable tables and chairs and in the TMC these are conducted in the large lecture room by dividing it in two with a moveable divider as well as by using a smaller room (75 seat) that also can be divided, as well as other smaller rooms scattered about the building. On the main campus these spaces are adequate, although utilized heavily within the constraints produced by scheduling of the large classroom. On the TMC campus, space for these activities is at a premium and requires highly collaborative and cooperative scheduling each semester amongst all building occupants to make it work.

The pharmacy practice training undertaken within UHCOP facilities includes patient counseling training that starts in P1 in the small group classrooms on the UH main campus and the community pharmacy training which takes place in the Pharmacy Care lab within the TMC building. Given that current class sizes are 110-125, the limited size of the pharmacy care lab requires rotating students through the lab in shifts to enable dispensing, management and patient counseling training within the limited physical space of the lab and adjacent areas. Finally, OSCE training/assessment is undertaken during each professional year. This is performed in the TMC building and requires the use of faculty offices and small meeting rooms in order to accomplish one session for a whole class in a timely manner. The new facilities with a 60 station pharmacy care lab, with video/audio recording capability, a 10-room set of OSCE suites including Murphy beds and video/audio recording capabilities, a dedicated sterile product preparation lab with 12 stations, and significant expansion of classroom space will enable the faculty to address the current limitations and optimize student training.

## **Educational and Student Resources**

Outside of the classroom, access to [educational technology](#) is provided to students in a variety of ways. First, WiFi access to the internet is available throughout the college’s CougarNet facilities. Through this network, all students have access to Blackboard Learn 9 and Blackboard Collaborate Web Conferencing resources that are heavily utilized to support all classes. Blackboard also provides all students access to Turnitin and most written assignments require Turnitin submission.

With both physical as well as electronic access to the resources of the [UH M.D. Anderson](#) and [Houston Academy of Medicine](#) libraries, students within UHCOP programs have available to them an extremely large and diverse collection of pharmacy and biomedical books and journals, as well as databases. These resources can be accessed remotely from any device that has Internet access so that students virtually have these resources available 24/7/365.

Facility resources to support student organizations are limited but are made available to organizations to the maximum extent that schedules and availability permit. There is an office in the SR2 building that is shared by all student organizations. Student organizations are allowed to book college classrooms on both campuses through the student services offices on a first-come-first serve basis at the start of each semester after all classes have been scheduled. The new building will provide a single physical location for all classes and faculty, an expanded student organizations office and generally larger and more numerous spaces. This should markedly improve facilities to support student organizations. However, in spite of the current limitations, the UHCOP has many large, active and nationally recognized student organization chapters.

Areas within facilities of UHCOP for individual and group study are very limited, but have been maximized within the constraints of the college's current locations. On the Main UH campus the 500 sf student lounge on the first floor of the SR2 building and is available unrestricted to students. The Learning Resource Center (LRC) consisting of 1,500 sf with moveable tables and chairs to accommodate student groups, 10 workstations for Internet resource access, and printers is available for group study/meetings or individual study. Adjacent to this, and also in the LRC is 1,500 sf of individual study carrels in an enclosed and designated quiet area for individual study. Additionally, conference rooms and small classrooms scattered around the SR2 building that are under college control are made available to students as schedules permit.

On the TMC campus, facilities for individual and group study are much more limited. There is a small 500 sf lounge in the TMC building for students, but this also doubles as a classroom at times. Outside of this, students use any space not in use for study. Additionally, about 1 block away there is the McGovern TMC Commons that has lounge and food court areas that may be used for study.

The above described limitations regarding student individual and group study space as well as general gathering space will be dramatically improved in the space committed to UHCOP in the new HBSB2 currently under construction. Drawings are included in the appendix material.

## **Research Facilities**

The UHCOP has a significant research mission as part of its contribution to the University as a Tier 1 urban research university. This mission is supported by approximately 18,500 sf of laboratory space in the SR2 building on the UH Main campus and approximately 9,000 sf of laboratory space on the TMC campus. Additionally, there are [AAALAC-accredited](#) animal facilities in both locations. However, the college does not have sufficient laboratory space to meet the needs of faculty that will be hired to fill current faculty vacancies in the PPS and PPTR departments. The building of new state-of-the-art laboratory space will eliminate these limitations and poise the research activities of the college for future expansion.

## Notable Achievements and Improvements

The college has implemented many improvements and innovations to maximize the environment for our students. First, the college has instituted a convocations meeting in large lecture halls on the main university campus, enabling, P1-P4 students to interact. Second, we have invested significantly in classroom technology with Mediasite, Polycom, TurningPoint, and Smartboard Podium and Smart Notebook Collaborative to optimize the educational experience of our students despite the aging and limited-size classrooms available to our program. This is not generally available in classrooms across campus and reflects the college’s commitment to creating the best learning experience for our students.

An essential component of the educational experience of our students is the mentorship and training that our student receive from the preceptors that participate at our external training sites across our city, region, state and the nation. All preceptors receive email, and can have UH and TMC library privileges equivalent to those of regular college faculty if so desired. Additionally, preceptors are trained and are provided access to E-Value, a comprehensive Internet-based healthcare education data management system that is utilized by the College of Pharmacy students, faculty and preceptors. This system enables Experiential Management of all APPE and IPPE activities and coursework, programmatic assessment by both preceptors and students, preceptor evaluations and performance reports of students, and student evaluations of preceptors and preceptor training sites. Therefore, the college’s preceptors are provided significant resources to support them in their training and mentoring roles.

## Interpretation of AACP Survey Data

A comparison of faculty and graduating student responses on AACP surveys provides validation of the points made in this commentary. Generally, less than 50% of faculty agreed or strongly agreed that our physical facilities for research and teaching are adequate, compared to 80% or greater for peer schools. Similarly, 80% of students agreed or strongly agreed that classroom facilities were adequate, as compared to >94% for peer schools. Taken together, these survey results emphasize the college’s need for the facilities that will be provided by the new building currently under construction.

- 4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance</li> <li><b>or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>

	factors and will bring the program into full compliance.		
<input type="checkbox"/> <b>Compliant</b>	<input checked="" type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Date of completion of the building and move is 7/20/2017**

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)  
[22A IPPE Agreement Template](#) [22A2 APPE Agreement Template](#) [22A3 Affiliation Agreement Examples](#)
- ✓ Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both  
[22B Practice Sites Master List](#)
- ✓ Policies and procedures related to site selection, recruitment, and assessment  
[22C Site Quality and Evaluation](#) [22C2 Site Expectations and Site Visit Template](#)
- ✓ Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment  
[22D Site Feedback Example](#) [22D2 Example of Site Visit and Removal of Students](#) [22D3 Practice Site Evaluation Data](#)
- ✓ ACPE IPPE Capacity Chart. Template available to download. [22E IPPE Capacity Chart](#)
- ✓ ACPE APPE Capacity Chart. Template available to download. [22F APPE Capacity Chart](#)

**Required Documentation for On-Site Review:**

- ✓ A list of practices sites (classified by type of practices), specifying IPPE and/or APPE, with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites used in the past academic year should be ideidentified.)

**Data Views and Standardized Tables:**

**Optional Documentation and Data:**

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard.

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>22.1. Quality criteria</b> – The college or school employs quality criteria for practice facility recruitment and selection, as well as setting forth expectations and evaluation based on student opportunity to achieve the required Educational Outcomes as articulated in Standards 1–4.	<input type="radio"/>	X	<input type="radio"/>
<b>22.2. Affiliation agreements</b> – The college or school secures and maintains signed affiliation agreements with the practice facilities it utilizes for the experiential component of the curriculum. At a minimum, each affiliation agreement ensures that all experiences are conducted in accordance with state and federal laws.	X	<input type="radio"/>	<input type="radio"/>
<b>22.3. Evaluation</b> – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.	<input type="radio"/>	X	<input type="radio"/>

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment
- ✓ Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements
- ✓ How the college or school employs quality criteria for practice facility recruitment and selection
- ✓ How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

The quality of the pharmacy practice facilities for interprofessional education (IPE), introductory (IPPE) and advanced pharmacy (APPE) practice experiences has been deemed acceptable as evidenced by data from site visits and student feedback. However, ongoing processes are being developed to assess sites using additional metrics. Based on 895 student evaluations of practice sites in 2015-2016, the average overall score for pharmacy practice sites was 3.76 out of 4, on a scale of 1 to 4 with 1 being poor and 4 being excellent. High

quality practice sites are maintained through careful screening process and continuous quality review of available sites by the OEP. While the University of Houston is not associated with a health science center or a university teaching hospital, the UHCOP students have access to outstanding academic medical centers and their affiliated institutions in Texas. The Texas Medical Center (TMC) in Houston has two premier medical schools (Baylor College of Medicine and UTHealth-Houston), the University of Texas Medical Branch (UTMB) in Galveston, and the University of Texas Southwestern medical school in Dallas. These sites provide a diverse and robust setting for experiential education and interprofessional collaboration.

For consistency purposes, the college makes an effort to use the same sites for both IPPE and APPE, whenever possible. In 2015-2016, there were 187 IPPE and APPE active sites, precepted by 437 active preceptors on record. Overall, including sites and preceptors not used this year, the college currently has more than 300 available sites and more than 500 available [preceptors](#) maintained on record. Of the 7 APPEs that students must complete, there are 4 required: Advanced Community Pharmacy, Advanced Hospital Pharmacy, Internal Medicine and Ambulatory Care in addition to selecting 3 electives, two of which are patient-care focused and one may be either patient-care focused on non-patient care focus. In order to provide students with ample opportunities to train in a variety of practice settings with diverse patient population, UHCOP maintains affiliation with different pharmacies locally in the Houston-Galveston area and also in the Dallas/Fort Worth area, other parts of the state, and federal facilities throughout the country. The types of practice setting are in hospitals, poison control centers, managed care facilities, ambulatory care clinics, long-term care facilities, home care, academia, corporation, infusion centers, prison facilities, government agencies, professional organizations, and community pharmacies. Community pharmacy sites include independent, compounding, and chain pharmacies. The college has incorporated novel practice sites specializing in pharmacogenomics, medication safety, medication therapy management and pharmacy informatics to keep pace with the changes in pharmacy practice and healthcare. To maintain the quality in practice experiences for students, the Office of Experiential Programs (OEP) strives to utilize consistent sites for IPPEs and APPEs.

### **Capacity Assessment and Future Plans**

At the present time, we have adequate experiential sites for our current enrollment; however, we share most of our sites with other Texas colleges of pharmacy. With increased enrollment by all colleges of pharmacy, including those newly created, we will experience continual pressure for quality sites. The number of high quality institutions in the nearby TMC that offer a significant number of experiential learning opportunities for our students is of great benefit to the college.

UHCOP requests preceptor and site availabilities at least seven months before the beginning of the experiential year. The capacity assessment (surplus or shortage) of the required and elective [IPPEs](#) and [APPEs](#) is conducted prior to student enrollment. Capacity charts for the last three academic years show a significant surplus of available APPE rotations. The OEP strategically assigns students based on his or her preferences on geographic location, elective courses, and preceptor/site availability. The capacity chart does show a deficit overall for IPPE, but this is filled by service learning events (health fairs, counseling, volunteer opportunities, etc.) that are not prepopulated into the capacity chart. Service learning events may vary year to year, but student organizations are able to provide adequate service learning to satisfy IPPE hours.

All students are assigned to experiential courses for the year, and will receive their schedule at least three months prior to beginning their experiences. The Texas Consortium on Experiential Programs (TCEP) coordinates the APPE experiential calendar to benefit the sites and preceptors. TCEP has standardized the

timeline in which the colleges of pharmacy in Texas will obtain APPE availabilities from the sites and communicate student assignments. This will help the sites and the colleges of pharmacies to determine how to fill any open spots. Upon review, there is a need for more qualified ambulatory care APPEs. Adding an MTM ambulatory care APPE has helped with ambulatory care sites availability. The expansion of ambulatory care services within the institutional setting (oncology, anticoagulation, cardiology – CHF) has also provided for additional practice experiences. APPEs and IPPEs sites outside Houston and surrounding areas have been consistently obtained to meet the capacity needed for experiential training.

## **Selection and Evaluation of Practice Sites**

Experiential sites are selected by a variety of mechanisms. The majority of sites have a long-term relationship with the UH College of Pharmacy and these sites participate consistently with student training depending on availability. Most sites are identified and selected by the OEP. New sites and preceptors may contact OEP to establish partnership with the College to precept students. OEP conducts a needs assessment for site and preceptor availability. Contact is made with all sites by an OEP faculty member prior to establishment of new practice site or re-establishment at a previously participating site. A site visit is made by an OEP faculty for any new sites to determine if site meets criteria. If a site is located outside Houston and surrounding areas, initial contact may be made by telephone and site visits may follow. Potential practice sites that do not meet facility requirements, or cannot provide necessary learning opportunities are not utilized for experiential learning. The careful pre-evaluation and screening of potential practice sites has helped to ensure our students are sent to high quality sites, as evidenced by recent student evaluations.

Continuous communication is made with pharmacy practice sites through midterm and final evaluation for each rotation; and by phone, email, and preceptor continuing education sessions. The site and preceptor evaluations completed by students are reviewed by OEP. For the most recent academic year (2015-2016), 96% of practice sites received an overall score of 3 or more out of 4 (175/183 sites), with 3 being good and with many sites scoring in the excellent range. In addition to feedback from our students, site visits are instrumental in addressing areas of improvement and also commending sites that are exemplary. All experiential sites are evaluated using a [standardized site visit template](#). The experiential team evaluates the site's resources (technology, drug information, legal compliance, distribution profile, and post-graduate training) and the provision of opportunities for students to interact with other healthcare professionals for interprofessional team patient care and diversity of patients. This information is found in the quality assurance section of the UH Preceptor Manual. The Experiential Department evaluates each pharmacy practice facility with an on-site visit every two years, or as needed prior to the biennial site visit. Prior to a visit from the Experiential Department, sites will receive an aggregate summary of site evaluations completed by students since the last site visit, and a schedule for the current IPPE/APPE year. The site visit agenda typically consists of a review of evaluations and recommendations for improvement if warranted, an opportunity for the site and preceptors to provide feedback to the college, and a tour of facilities and patient care areas. The OEP utilizes the site visit template to document findings. Sites are evaluated on eight major characteristics, including but not limited to (1) a conducive environment for learning, (2) appropriate patient workload for real-life experience, (3) appropriate space for interactions with other healthcare providers and patients, (4) clear guidelines concerning duties and responsibilities, (5) compliance with pharmacy law and TSBP rules, (6) coverage of objectives for the rotation, (7) comprehensive mix of patients for varied experience, and (8) appropriate integration of pharmacy interns into pharmacy services. The site visit is an opportunity to discuss strategic initiatives on how practice sites can incorporate students into novel patient care areas or initiatives which can help sites achieve their patient care goals. After a site visit is completed, the OEP documents finding from the visit and sends a summary of items

discussed and action items to the site. The summary also includes a timeframe for the next site visit depending on results from the current visit. The combination of student evaluations and OEP site visits allows for an effective continuous quality review process to maintain high quality practice sites.

Each year, all practice site evaluations are analyzed for trends and identification of strengths and weaknesses of our program. For practice sites with weaknesses identified during student evaluations or site visits, a plan for improvement is discussed with the site and preceptors. These practice sites may require more frequent monitoring than the scheduled biennial site visits until improvements are seen. If a practice site does not provide an adequate learning experience for students, or improve on noted weaknesses during site visits, the OEP will assess the appropriateness of sending students to that site and may discontinue until the site meets criteria. Recently, the OEP removed a community practice site because it no longer provided an OTC section to patients, which was a required learning component for students. Another site visit to an institutional pharmacy continued

To display a non-conducive environment for learning, limited rotation hours, and prohibitive onboarding process and therefore was not used as a training site for students. The OEP attends local, state, and national professional pharmacy conferences to stay abreast of new developments and changes in experiential education, and to meet with preceptors. In addition, the TCEP meets quarterly to discuss experiential and program issues, and to collaboratively coordinate internship schedules, evaluation forms, and documents.

### **Practice Site Affiliation Agreements**

Affiliation agreements are maintained for all experiential practice sites. The Experiential Department works closely with the college's Central Business Office to ensure that agreements are created or updated in a timely manner. A central repository of agreements is available on the OEP shared drive, and hyperlinks in the practice site master database connect all sites and affiliation agreements. Copies of standard affiliation agreements for both [IPPEs](#) and [APPEs](#) are attached, in addition to several examples of current agreements with practice sites. An effort to sign affiliation agreements with health-system wide entities instead of each individual institution in a health-system will help to streamline the process. In addition to the standard agreement, some facilities chose to use their own affiliation agreements. Only a few privately owned community pharmacy sites and Indian Health Service sites do not have affiliation agreements, but agreements are currently being secured. Previously signed agreements automatically renew unless the college or practice site initiates a change in terms or discontinues the partnership.

### **Notable Achievements**

UHCOP partners with many practice sites recognized for their best practices. For instance, Memorial Hermann Memorial City implemented a Transitions in Care Program (TIC) incorporating IPPE and APPE students and serves as a practice model for other Memorial Hermann institutions. The Pharmacy department at Baylor St. Luke's Medical Center CHI St. Luke's Health collaborated with UHCOP faculty and students to improve patient care through clinical service, teaching, and research, which was recognized as ASHP 2014 Best Practice. Another affiliated institution, Houston Methodist Hospital won the 2015 ASHP Best Practice Award for mitigation of the incidence of hospital-acquired delirium in the geriatric population. There has been an increasing trend in sites desiring to align with UHCOP to offer longitudinal or multi-block rotations in order to decrease onboarding, optimize student learning and research development while offering ongoing mentorship and professional development. The longitudinal or multi-block rotations are beneficial to the sites, students, and college in providing consistent practice experiences.

## Interpretation of AACP Survey Data

Students felt that their pharmacy practice sites were of high quality, and allowed them to interact with a diverse mix of health care providers and patient populations at their experiential pharmacy practice sites. Data from the AACP survey showed that 98% of students in 2015 (97-99% range from 2012-2014) agreed or strongly agreed that access to educational resources during pharmacy practice experiences was conducive to learning. Students felt the practice sites they attended were of high quality (94% APPE, 88% IPPE - agree or strongly agree), which showed an improvement in student attitudes since 2012. Students surveyed also felt that their pharmacy practice experiences gave them the opportunity to collaborate with other health care professionals (99% agree or strongly agree in 2015) and interact with diverse sets of patient populations (100% agree or strongly agree), data which has remained similar over the last 4 years. In comparison to national data trends from the 2015 AACP survey, the college received similar practice site survey results compared to schools nationwide.

- 4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> <b>Compliant</b>	<input checked="" type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

- 1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- Detailed budget plan or proforma (previous, current, and subsequent years)

[23A Financial Summary](#)

[23A2 Financial Resources](#)

- ✓ Description of college or school's budgetary processes [23B Description of School's Budgetary Process](#)
- ✓ In-state and out-of-state tuition compared to peer schools [23C In-State and Out-Of-State Tuition Comparisons](#)

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Faculty – Questions 27, 28
- ✓ AACP Standardized Survey: Preceptor – Question 42
  - 23DA [ACCP Standardized Survey Data 2013-15](#)      23D2 [ACCP Standardized Survey Data 2016](#)
- ✓ In-state tuition for past five years compared to national data [23E In State Tuition Comparison Table](#)
- ✓ Out-of-state tuition for past five years compared to national data [23F Out of State Tuition Comparison Table](#)
- ✓ Grant funding for past five years compared to national data [23G NIH Funding Comparison Table](#)

**Optional Documentation and Data:**

- In-state tuition for past five years, with peer school comparisons [23H In-state tuition peer comparison](#)
- Out-of-state tuition for past five years, with peer school comparisons [23I Out-of-state peer comparison](#)
- Total grant funding for past five years, with peer school comparisons [23J??AAMS](#)
- NIH funding for past five years, with peer school comparisons [23K NIH funding peer comparison](#)
- Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. (*Note: This report is available from AACP on request.*). Request form available for download.
- Other documentation or data that provides supporting evidence of compliance with the standard
  - [23L College Budget Plan](#)    [23M Pharmacy Outcome Measures Target](#)    [23N Strategic Plan Tracking Document](#)
  - [23O NIH Funding Report](#)

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>23.1. Enrollment support</b> – The college or school ensures that student enrollment is commensurate with resources.	X	○	○
<b>23.2. Budgetary input</b> – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices.	X	○	○
<b>23.3. Revenue allocation</b> – Tuition and fees for pharmacy students are not increased to support other educational programs if it compromises the quality of the professional program.	X	○	○
<b>23.4. Equitable allocation</b> – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways.	X	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.
- ✓ An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving
- ✓ A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees
- ✓ A description of how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets
- ✓ How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable
- ✓ An assessment of faculty generated external funding support in terms of its contribution to total program revenue
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

The financial resources of the UHCOP have been deployed efficiently and effectively in support of all missions, goals and objectives, and have been provided in accord with the Vision 20/20 strategic plan of the College. The College operates with a budget that is planned, developed and managed in accordance with sound and accepted business practice, and follows established guidelines of the University of Houston System Board of Regents. The budget planning process begins with the Provost notifying the College Deans that the budget planning cycle has begun and providing an outline of what information should be included in the college plan and budget proposal. The University budget allocations are based on the university's goals of student success, national competitiveness, and what the university forecasts for the next fiscal year in terms of local, state, and national resources.

The Dean then meets with the Executive Council Leaders group (ECL) to begin the budget planning process. This meeting is then followed by meetings with Department Chairs and Assistant/Associate Deans requesting their feedback on unit and departmental budgetary needs for the upcoming budget cycle. The Dean also

informs faculty at the next faculty meeting of the budgetary process and discusses what the budget planning process will entail over the next few months and asks for faculty input.

Following this, department chairs and deans meet with the faculty to solicit input regarding departmental and unit resource needs (i.e. equipment, space, personnel, etc.). This input is taken into consideration when the Chairs and Assistant/Associate Deans prepare their respective budget requests to the Dean for departmental/unit support. The budget hearing document is prepared by the Dean after receiving input from the department chairs, assistant deans, and faculty. The [final document](#) is submitted to the Provost's Office in preparation for the College Budget Hearings.

At the annual College Budget Hearing, the Dean meets with the Provost, DBO, Executive Associate Dean, Associate Provost of Institutional Planning and Analysis, Associate Provost of Finance and Administration, and Faculty Senate representative to discuss both the College's Annual [Performance Report Card](#) that measures achievement on key measures related to the university and college goals. The college's budgetary needs for the upcoming budget cycle are discussed in detail. These discussions involve a careful analysis of the requested resources and how these correlate with the university's quest for student success and national competitiveness as well as strategic initiatives within the college's strategic plan.

The college and university provide valuable input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices. University Administration allocates to the college a portion of state funds generated through formula funding. The Dean along with the Director of Business Operations (DBO) project the level of additional funding available to the college (i.e. gifts, research, special funds, etc.). When the total amount of funds available has been determined, the Dean, after consultation with the College Executive Leadership Team, allocates funds within the college. All program and budget decisions are finalized by the Dean, based upon discussions with the Chairs, Assistant/Associate Deans, and Faculty in conjunction with an analysis of the College's critical needs.

The DBO has primary responsibility for the management and oversight of the financial processes within the college. The DBO, who reports to the Dean and the Associate Provost of Finance and Administration, is responsible for communicating policy and procedural changes to the departments. In addition, the DBO ensures that each department has appropriate policies in place to comply with all necessary policies and standards. The DBO is ultimately responsible for the budgetary control procedures within the College.

The financial resources of the College are composed of three categories: 1) state funding (including local premium tuition), 2) research grants and 3) gifts. The percentage distributions of these categories for FY 2015-16 are 63, 29 and 8%, respectively. The [resources](#) available in the past six years, from September 1, 2011 to August 31, 2016 are summarized with these categories. The [Financial Summary](#) for Standard 23 of Self Study Report demonstrates a growth in both revenues and expenses for the College.

The college has been able to secure the resources necessary to deliver the professional pharmacy program and achieved its stated mission in the years since the last site visit. Financial resources available to the College have increased significantly over the past six years. The FY 2015-16 budget of \$24,058,425 reflects an increase of 39.5% when compared to FY 2010-11 (\$17.25 million in the last report). The increases available funding have resulted from increases in College revenues including a special legislative line item appropriation of \$2 million/year for two years in 2013-2015, steady increases of state funding including new faculty salaries and premium tuition return, and gifts during FY 2011-2016. The increase in gifts included a substantial increase in

student scholarships. These increases have directly benefited the students in the professional program. The Texas Governor's Office has asked all state agencies to prepare for a 4% decrease in state funding. It remains to be seen if this reduction will include higher education institutions. The College's Budget Advisory Committee and Faculty will be consulted should a budget reduction come to fruition.

The college or school ensures that student enrollment is commensurate with resources. Enrollment is planned and managed in accordance with resource capabilities, including tuition and professional fees. Tuition and professional fees have been returned to the College at the rate of 67% and 100%, respectively. These funds are dedicated to support the professional pharmacy program.

The resource requirements of the college's strategic plan are consistently addressed in each annual budget planning cycle. The College's current strategic plan, Vision 2020, was developed over a 10 month period shortly after the previous ACPE site visit in 2011 and included a review by all college stakeholders (faculty, staff, the pharmacy student body, Dean's Advisory Council, Alumni and Preceptors) throughout the process and ended in a final faculty strategic plan ratification meeting and approval. The implementation of the plan began in Fall 2012 and is ongoing. The College tracks the progress of each strategic initiative using a [Word document](#) designed in a living document format. The College provides updates and reports to all of the College's constituencies in order to maintain focus and momentum surrounding the Vision 2020 Strategic Plan.

Additionally, College income is generated via external funding from a broad base of sources. These sources include private giving, contracts, royalty income, MTM, Diabetes and Immunization training courses for pharmacists, and drug information service contracts.

The college's total research funding has grown substantially in recent years. In FY11 research grants and contracts totaled \$3,788,047 and in FY15 the total was \$7,642,731. Of this FY15 amount, \$5,287,904 was from [NIH funding](#). This increase is attributable to increased productivity of both existing and newly hired research faculty. Resources and quality enhancements have been provided by the College to offer grant writing consultants and pre grant review which has led to an overall increase in the number and quality of submitted proposals ultimately resulting in an increase in number of proposals funded over the last five years.

Although federal funding is the College's primary goal, awards are also obtained from many other sources including private companies and foundations. These company and foundation awards are extremely useful for conducting preliminary studies that can be leveraged into larger federally funded projects.

In FY 2011-2016, two financial resource areas, gifts and Busulfex® Royalty income, are noteworthy. The gifts from philanthropic giving increased significantly and totaled \$9,391,175 for the six year period. Busulfex® Royalty income totaled \$1,610,580 for the same period.

### **Notable Achievements**

*Special line item from State of Texas (Texas Higher Education Coordination Board-THECB?), with \$2 million/year, for 2 years (FYs 2013 and 2014).* The acquisition of this funding is a notable achievement of the Dean, as it is the first time in the College's history that it has received special funding from the legislature. Strategies are being discussed and developed at the legislative level in both the House and the Senate to increase state funding for the College.

The new Health and Biomedical Sciences Center (HBSB) II facility will be completed in July of 2017 and provide the College with a state of the art teaching, research and service facility. The Texas Legislature provided \$63M toward the \$147M total cost of construction. This new facility will provide 157,000 sq. ft. of space for the College.

The College will also maintain its Texas Medical Center Campus building. This building will be repurposed to support the future needs of the College. This will include establishing a UHCOP Travel Medicine Clinic to service Houston’s many citizens who travel internationally on a regular basis. The University of Southern California’s School of Pharmacy has provided valuable consultation for this future endeavor. This new clinic will provide additional service income for the College.

Recent gifts to the UHCOP include: 1) \$1M to name and establish a core research laboratory, 2) \$500K to name the new PCCA Compounding and Sterile IV Product Teaching Laboratory, 3) \$250K to establish the Robert L. Boblitt Endowed Professorship in Drug Discovery, 4) \$100K to name the Deans’ Conference Room in the new building, 5) \$250K to provide enhancements for substance abuse education and prevention for our students, 6) \$300K to establish the Elsie & Phillip Hargrove Endowed Scholarship in 2017, 7) \$300K to establish the Elsie & Phillip Hargrove Endowed Professorship in Drug Discovery in 2017, and 8) \$75K for the Michelle Hamilton OTC & Patient Counseling Simulation Laboratory.

- 4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

DRAFT

# Section III:

## Assessment of Standards and Key Elements

**Standard No. 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.

### 1) Documentation and Data:

#### Required Documentation and Data:

#### Uploads:

- ✓ College or school's curriculum assessment plan(s)  
[24A UHCOP Assessment Plan](#)   [24A2 UHCOP Assessment Plan Dashboard](#)
- ✓ Description of formative and summative assessments of student learning and professional development used by college or school  
[24B Description of formative and summative assessments](#)
- ✓ Description of standardized and comparative assessments of student learning and professional development used by college or school  
[24C Description of standardized and comparative assessments](#)
- ✓ Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program  
[24D How curriculum assessment advances quality](#)

#### Required Documentation for On-Site Review:

*(None required for this Standard)*

#### Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- ✓ AACP Standardized Survey: Student – Questions 12-30
- ✓ AACP Standardized Survey: Alumni – Questions 26-44
- ✓ AACP Standardized Survey: Preceptor – Question 19-37

[24EAACP Standardized Survey Data 2013-15](#)

[24E2AACP Standardized Survey Data 2016](#)

**Optional Documentation and Data:** [24F Portfolio Requirements](#)

- ✓ Other documentation or data that provides supporting evidence of compliance with the standard Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>24.1. Formative and summative assessment</b> – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.	<input type="radio"/>	x	<input type="radio"/>
<b>24.2. Standardized and comparative assessments</b> – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons.	x	<input type="radio"/>	<input type="radio"/>
<b>24.3. Student achievement and readiness</b> – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:	x	<input type="radio"/>	<input type="radio"/>
• Enter advanced pharmacy practice experiences	x	<input type="radio"/>	<input type="radio"/>
• Provide direct patient care in a variety of healthcare settings	x	<input type="radio"/>	<input type="radio"/>
• Contribute as a member of an interprofessional collaborative patient care team	x	<input type="radio"/>	<input type="radio"/>
<b>24.4. Continuous improvement</b> – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.	x	<input type="radio"/>	<input type="radio"/>

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ A description of formative and summative assessments of student learning and professional development used by college or school
- ✓ A description of standardized and comparative assessments of student learning and professional development used by college or school
- ✓ How the assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level
- ✓ A description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program
- ✓ How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness
- ✓ How the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements
- ✓ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The University of Houston has a history of being innovative in the area of assessment with the implementation of a home-grown high stakes students had to pass to be able to transition from didactic classwork to APPEs 15 years ago. The College of Pharmacy has continued down this path with the utilization of the PCOA as part of a high stakes APPE-readiness assessment of students prior to APPEs in three years ago, the creation and adoption by the faculty of a comprehensive programmatic assessment plan in 2014 and creation and implementation of a revised curricular assessment plan in 2015.

## **PPSLO Assessment Plan**

In 2014, the UHCOP adopted a new set of program level outcomes, Professional Pharmacy Student Learning Outcomes (PPSLOs) based on the 2013 CAPE outcomes. The PPSLOs consist of 10 domains with each one having between 2 and 8 sub-domains. These PPSLOs were mapped to didactic and experiential courses as well as portions of the co-curriculum. From this mapping, an [assessment plan](#) was formed that pulled data from course exam questions, rubrics from skills, OSCE, assignments or other activities, preceptor end of rotation evaluations from IPPEs and APPEs, student reported outcomes from co-curricular activities and their ePortfolio, PCOA performance, and aggregate data collected from area reports in the college such as number of professionalism charges per year.

The PPSLO assessment plan is assessed by the [PharmD assessment committee](#) twice yearly, with a mid-spring review of fall data after it has been collected and input into the tracking document, and a late summer review of spring data. The document is set with an ideal and an acceptable target for each metric. The document is rated as green if the ideal target is met, yellow if the acceptable target is met and red if the acceptable target is not met. The red, yellow, green system allows faculty and the college to see what areas need improvement most so faculty can most judiciously use their limited time.

For each sub-domain, there are multiple measurements from across the curriculum and co-curriculum. If only one measurement within a sub-domain is below target, the PharmD Assessment Committee identifies the measurement to the course coordinator so that person can evaluate changes, if any, they would like to make to their teaching and assessment methodologies. If many measurements within a sub-domain are below target, the PharmD Assessment Committee notifies the PharmD Curriculum Committee as this may indicate an issue with the curriculum or curricular design rather than an issue within a single course.

After the all data from the year has been collected, reviewed by the PharmD Assessment Committee and referred to either the course coordinator or the PharmD Curriculum Committee, a condensed version called the Dashboard is released to the faculty as a whole. The full 75-page document contains a list of all of that year's data plus the previous year's data and comments regarding changes made and improvements or decreases in performance from the previous year. The [Dashboard](#) document contains only the information about the metric, the acceptable and ideal target and a red, yellow or green denotation and is informative about overall curricular outcomes without being as cumbersome. All faculty members have the access to the full results documents in the College's SharePoint page if they wish to see it.

## **Standardized And Comparative Assessments**

The most broadly available [standardized and comparative assessments](#) done within the college are the NAPLEX, MPJE, PCOA, and AACP Survey Data. UHCOP posts on its website each year the results of the graduating class' aggregate NAPLEX and MPJE score. It also posts data related to the third year students' performance on the PCOA.

While these are indicators of curricular performance and are used by UHCOP to investigate areas that may need to be addressed, these metrics are not in our PPSLO assessment plan but rather our college's programmatic assessment plan as it is designed based on the layout of the 2016 ACPE Standards and these are collected each year for assessing Standard 1.

The College has had a 100% or close to it first time pass rate on both the NAPLEX and the MPJE over the past several years. With the new NAPLEX blueprint that was released in November of 2015, our 2016 second trimester first time pass rates dropped a little to 95.5% but this was expected as there generally is a decrease across the nation when a new blueprint is released. Even with this drop, our pass rate was above both the national (87.8%) and the state (88.04%). Our MPJE pass rate for the 2016 second trimester was 100% compared to the national (83.8%) and state (90.5%). The third year students have consistently scored above the national average the past 4 years with P3 students this year scoring in the 75%.

## **Summative And Formative Assessments**

The College uses multiple [formative and summative assessments](#). In the didactic classroom, the four most common uses of formative assessment are the use of an audience response system (Turning Technologies®), quizzes, classroom discussion (either in a large group format or a thin-pair-share format where small groups report back to the full class), or the use of case-based problems. The majority of knowledge-based summative assessments is the traditional examination. The majority of these questions are multiple choice, but many faculty opt to use fill in the blank, short answer, or open-ended in which students must complete a math-based question. One faculty member uses open-ended questions where the student must draw chemical structures and parts of the anatomy.

In the Pharmacy Skills Program courses, formative assessment is generally in the form of feedback to the student on their performance of a particular skill although some use quizzes. Summative assessment is usually demonstration by the student of the skill in question and is assessed using a rubric.

In the experiential portion of the curriculum, the most common use of formative and summative assessment is the use preceptor evaluation of student performance. In both the IPPEs and the APPEs, preceptors complete a mid-point and a final evaluation of the student. The question on the instrument used for this evaluation have been developed and linked based on the college's PPSLOs and to Appendix 2 to ensure measurement of all necessary skills and the Likert-scale rubric used is the same one as all Texas colleges of pharmacy in accordance with an agreement with the Texas Consortium of Experiential Programs (TCEP). For both IPPE and APPE, reflections are required; rubrics are used to assess other skills such as journal club presentations and there is a summative end of experience comprehensive examination for the IPPEs and the four required APPEs. For the IPE portion of the curriculum, the students use a previously validated assessment instrument, The Readiness for Interprofessional Learning Scale (RIPLS), in a pre/post format during the first two years. For the third year experience, the students complete a different validated instrument, the Interprofessional Collaborative Competencies Attainment Survey (ICCAS). This is also used in a pre/post format to assess growth from the experience.

From a program level perspective, there are three major formative assessments used: the PCOA in the first year, an OSCE in the second year, and the second year PCOA. The third year also contains three summative assessments that are high stakes and must be passed for the student to be able to progress to their APPEs. These three are the knowledge-based PCOA administered in the spring semester and the clinical-skills based assessment, Case Exam that is administered in both the fall and spring semester.

While the National Association of Boards of Pharmacy (NABP) does not set a minimum competency like it does with the NAPLEX, the UHCOP requires any student who scores below the National Scaled Score (NSS) to create a personal remediation plan on how they are going to address their specific weaknesses that are identified by their performance on the assessment in preparation for the high stakes utilization of the PCOA in the third year. These remediation plans are reviewed by the Assistant Dean of Assessment (ADA). Any student scoring in the tenth percentile or lower also must make an appointment with the ADA to personally go over strengths and weaknesses and refinement of the student's remediation plan. The second year OSCE serves more as a middle of the program 'gut check' for the students so they have a benchmark to ensure they are adequately progressing in the PharmD program. Unlike the PCOA aggregate results which are distributed annually to the faculty and reviewed in the PharmD Assessment Committee for referral of problem areas to the PharmD Curriculum Committee, the OSCE results are currently only distributed to the students so they can use the results for personal growth.

For the third year PCOA, which is used as a summative assessment, the UHCOP piloted and tried multiple different methods for determining what was considered to be 'minimum competency' and ended up using the NSS minus one standard deviation from the UHCOP students' scaled scores as the cut point. The student must achieve this competency threshold before progressing to the APPEs. The cut point identified has been found internally to be a good predictor for students academically struggling during the APPE year. Those students over the years who have not passed the first offering of the PCOA and have had to remediate and take a later PCOA to demonstrate meeting competency have all struggled and required much more assistance and guidance by the APPE directors and Assistant Dean of Experiential Programs to successfully pass the APPE year.

## **Aggregate And Individual Measures Of Outcome Achievement**

The previously mentioned PPSLO assessment plan is used to measure and track student achievement of the College's curricular outcomes in an aggregate manner. Individual student achievement is tracked through the use of a comprehensive ePortfolio system that was re-vamped starting with the fall 2016 semester. The previously used ePortfolio system was designed to help students with personal and professional growth. The new ePortfolio system measures and tracks not only personal and professional growth, but also the 9 other domains contained in the PPSLOs: Communication, Foundational Sciences, Critical and Innovative Thinking, Health Information Evaluation, Medication Order Evaluation and Preparation, Patient-Centered Care, Professionalism and Teamwork, Health Care Management, and Population-Based Care.

The ePortfolio system is designed in a format similar to the layout of the PPSLOs. At the beginning of each year, students are given a summary description of the required artifacts that must be uploaded each fall and spring semester for each of the 10 PPSLO domains. Not all domains have a required upload in each year. For example, the P1 class has no required uploads in the Patient-Centered Care PPSLO domain. The [required uploads](#) are a combination of assignments with associated rubrics that demonstrate ability to perform certain skills, documentation of required tasks such as the completion of the requisite number of community outreach for the Population-Based Care domain, results from the PCOA, certifications like CPR, immunizations or sterile

compounding, reflections from the students, and results from validated instruments like the Assessment of Professionalism in Pharmacy, A Novel Instrument ([APIPHANI](#)).

Artifacts uploaded into the ePortfolio system are reviewed with the student's PharmD advisor using a 3-point Likert-scale rubric is used for each domain where a 1 is Not Meeting Expectations, 2 is Expectations Met, and 3 is Expectations Exceeded. Students who receive a 1 in a domain where the uploaded artifact is a reflection are required to re-do the reflection. Students who receive a 1 in a domain with a different type of upload are tracked to make sure that in the next years, they complete required documentation of other activities to ensure competence in that domain. Students who receive multiple 1s are deemed to be 'at risk' and are referred to the ADSPA and ADAA for personal attention related to remediation of problem areas and personal guidance on ensuring the student meets competency in each area prior to progression to the P4 year.

## **How the College Uses Assessment Data For Quality Improvement**

As previously noted, all information collected for the PPSLO assessment plan is [referred](#) back to the course coordinator or the PharmD Curriculum Committee for review so they can make changes to either their course or the overall curriculum. The PPSLO Dashboard is given to all faculty members so they can be aware of how the PharmD program is doing academically.

Prior to the Fall 2016, when UHCOP activated the rubrics component of ExamSoft®, the majority of faculty using rubrics in didactic or skills-based courses were using paper-based rubrics. Each rubric was used to calculate a grade for a student, but until the implementation of the PPSLO assessment plan in 2015, the specific components of rubrics were not being tallied for the faculty to get a clear picture of how the class was doing in aggregate on each measure. The aggregate information being provided back to course coordinators has led to some remarkable improvements in student learning outcome achievement. An example of this is the therapeutics course. The rubrics from 2014 were aggregated and it was noted that only 35% of students were achieving competency on the monitoring and follow-up portion of the patient work-up Case Exam. Further investigation revealed that not many of the questions during the course focused on monitoring and follow-up so a change was made in the teaching and assessing of the course in the Fall 2015 to address this and during the 2015 Case Exam, 95% of students were able to achieve competency for patient monitoring and follow-up. Changes have been made to the curriculum as a whole based on review of assessment data as well. Over a three year time period, it was noted that students consistently performed poorly on the PCOA in the areas of genetics and social and behavioral health. Based on this information, genetics was added as a pre-requisite for entry into pharmacy school starting in the Fall 2017 and the new curriculum has added time to the first year course dedicated to communications to also cover social and behavioral health as this is key knowledge for the motivational interviewing skills the students are taught that semester and expected to use in subsequent courses and practice experiences.

## **Notable Achievements**

The College has made great strides in this area with notable achievements being one of the first colleges in the nation to use the PCOA as a high-stakes exam. After presentations at national meetings and webinars through AACP, many colleges have contact UHCOP for guidance on how to implement this in their college and it has been referred to in different assessment sections of national associations as 'the Houston method'. Other notable achievements have been the re-vamping of the PPSLO assessment plan to match the new program level outcomes based on the 2013 CAPE outcomes and change of the ePortfolio system from being one designed for

personal and professional growth to one that tracks individual achievement of student learning outcomes for all 10 PPSLO domains.

## Interpretation of AACCP Survey Data

All questions in this standard have been previously covered in earlier standards, but for a condensed version of these questions and the College’s response, please see Appendix 24E. 24.4.

4) **College or School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> <b>Compliant</b>	<input checked="" type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

**Standard No. 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.

1) **Documentation and Data:**

**Required Documentation and Data:**

**Uploads:**

- ✓ The college or school’s assessment plan (or equivalent) [25A UHCOP Programmatic Assessment Plan](#)
- ✓ List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan

[25B Assessment Committee Roster](#)

- ✓ Examples of instruments used in assessment and evaluation (for all mission-related areas)

[25C Committee Report Template](#) [25C2 Area-Department Report Template](#) [25C3 IPE Plan](#)

**Complete Data Set from the AACP Standardized Surveys:**

Note: Data related to specific standards are also presented under the applicable standard. Composite data are provided under this standard for additional reference.

- ✓ Graduating Student Survey Summary Report (all questions)
- ✓ Faculty Survey Summary Report (all questions)
- ✓ Preceptor Survey Summary Report (all questions)
- ✓ Alumni Survey Summary Report (all questions)

[25D AACP Standardized Survey Data 2013-15](#) [25D2 AACP Standardized Survey Data 2016](#)

**Responses to Open-Ended Questions on AACP Standardized Surveys:**

Note: These data will have restricted access. For the open-ended questions, ACPE provides the opportunity for programs to redact (not remove) offensive text, names, and identifying characteristics. In the EXCEL document downloaded from the AACP Survey System with the results from each survey, redaction can be achieved through highlighting in black the specific items listed previously. The document can then be saved as a PDF and emailed directly to ACPE. No comments should be completely removed.

- ✓ Graduating Student Survey: Responses to Open-Ended Question 80
- ✓ Faculty Survey: Responses to Open-Ended Question 45
- ✓ Preceptor Survey: Responses to Open-Ended Question 44
- ✓ Alumni Survey: Responses to Open-Ended Question 48

[25E AACP Standardized Survey Open Ended Question Responses 2013-15](#)

[25E2 AACP Standardized Survey Open Ended Question Responses 2016](#)

**Required Documentation for On-Site Review:**

*(None required for this Standard)*

**Data Views and Standardized Tables:**

*(None apply to this Standard)*

**Optional Documentation and Data:** [25F Assessment Cycle](#) [25G Faculty Productivity](#)

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee or faculty meeting minutes; analyses/evaluation findings/reports generated as a result of assessment and evaluation activities

2) **College or School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
<b>25.1. Assessment of organizational effectiveness</b> – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.	X	○	○
<b>25.2. Program evaluation by stakeholders</b> – The assessment plan includes the use of data from AACCP standardized surveys of graduating students, faculty, preceptors, and alumni.	X	○	○
<b>25.3. Curriculum assessment and improvement</b> – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.	X	○	○
<b>25.4. Faculty productivity assessment</b> – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service. ??????????????????	○	X	○
<b>25.5. Pathway comparability*</b> – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs. <b>NOT APPLICABLE</b>	○	○	○
<b>25.6. Interprofessional preparedness</b> – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.	X	○	○
<b>25.7. Clinical reasoning skills</b> – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient's lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum.	X	○	○
<b>25.8. APPE preparedness</b> – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE.	X	○	○
<b>25.9. Admission criteria</b> – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.	X	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- ✓ Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality
- ✓ How the college or school's assessment plan provides insight into the effectiveness of the organizational structure
- ✓ A description of how the college or school assesses its curricular structure, content, organization, and outcomes
- ✓ A description of how the college or school assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service

- ✓ A description of how the college or school assesses the comparison of alternative program pathways to degree completion
- ✓ A description of how the college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team
- ✓ How the college or school assesses clinical reasoning skills throughout the curriculum
- ✓ How the college or school assesses student competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program prior to the first APPE
- ✓ A description of how the college or school assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments
- ✓ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ✓ Any other notable achievements, innovations or quality improvements

The UHCOP Office of Assessment is responsible for the overall creation, collection of data for, and distribution of the [College Programmatic Assessment Plan](#) to the [PharmD Assessment Committee](#) for review, to the Executive Council Leaders (ECL) with recommendations from the PharmD Assessment Committee on areas that might need review or improvement so that charges can be sent to the appropriate committees, areas or departments within the College, and to the faculty as a whole.

## **UHCOP Programmatic Assessment Plan**

The UHCOP Programmatic Assessment Plan was developed during the summer of 2014 and was approved by the faculty in the fall of 2014. The plan was developed based on the layout of the draft 2016 ACPE Standards and was refined in 2015 after the release of the final version of the Standards.

The UHCOP Programmatic Assessment Plan currently has 26 domains with the first 25 being the 25 standards and the 26<sup>th</sup> domain being the area of co-curriculum. The Plan has a person or area who is responsible for providing the information and the information is collected by the Office of Assessment through the use of reports that are completed twice yearly by PharmD committees and annually by areas within the College (e.g., Student Services, Academic Affairs) and departments. Additionally, some processes within the College have their own individualized assessment plan that feeds into the College's Programmatic Assessment Plan. These areas are recruiting, admissions, IPE and co-curriculum. The experiential group has been charged with creating their own assessment plan during this academic year. The purpose of these assessment plans is to measure and assess the efficiency and effectiveness of the process and to ensure that the mission, vision, and goals of each of these processes are being met. The [college reports](#) and the [individual process](#) assessment plans are attached.

Most metrics in the Plan are based on the required uploads or information needed in each ACPE Standard so that when it is time for the next self-study, all of the previous year of data and information regarding improvements is available in annual files. Each metric in the College Programmatic Assessment Plan (PAP) has an acceptable and an ideal target. For ease of review, each metric is marked using a red, yellow, green system.

If the ideal target is met, it is marked green; if the acceptable target is met, it is marked yellow and if the acceptable target is not met, it is marked red.

The PAP is reviewed annually by the PharmD Assessment Committee with different components of the plan and the PPSLO Assessment Plan being assigned to different months in the year to spread out the workload so it does not become overwhelming for the committee members. The [calendar](#) of when each piece is reviewed by the PharmD Assessment Committee. Due to the complexity of the PPSLO and Programmatic Assessment Plans in regards to when the data should be collected, when it should be reviewed by the PharmD Assessment Committee, when results need to be distributed to the appropriate parties, and when the committee should receive back information from areas or departments on planned quality improvements, a productivity app called [Asana®](#) is used by the Office of Assessment and Chair of the PharmD Assessment Committee.

After the PharmD Assessment Committee has reviewed the portion of the PAP, results are sent back to the individual areas and they are asked to respond with a plan of action for an item needing improvement. In the case of an action needing to be taken by a PharmD committee, the Executive Council Leaders (ECL) are informed of areas of concern by the PharmD Assessment Committee so they can provide charges to the committees as they see necessary. For areas that were flagged as needing improvement, if no action plan or quality improvement measure is implemented and the area is flagged for a second consecutive year, the ECL is also notified.

It should be noted that since the first four standards are related to curriculum outcomes, this information is collected and reviewed in the College's [PPSLO Assessment Plan](#) with the exception of the NAPLEX, MPJE and PCOA scores which are all housed in Standard 1 of the PAP.

## **How Individual Components Of PAP Are Assessed**

### *Effectiveness of organizational structure*

The effectiveness of the organizational structure of the College is assessed and included in domains 5-9. Currently, the assessment of the strategic plan (standard 7) is done by the Dean's office and Strategic Planning Committee, but the College is in the process of moving this process to the Office of Assessment.

### *Effectiveness of curricular structure, content, organization and outcomes*

The effectiveness of curricular structure, content and organization is currently assessed in domains 10-13 and through the use of the PPSLO Assessment plan. This information is primarily derived from the reports from the PharmD curriculum committee, the experiential area report and the IPE assessment plan.

### *Productivity of faculty in scholarship, teaching effectiveness, and service*

The [productivity of the faculty](#) is provided by the department chairs and the Office of Research. Some of this information is assessed and retained in the Strategic Planning domain while other pieces are assessed and reviewed in domains 18 and 19. The College is currently working on a College-wide productivity measurement tool. The current process of faculty review involves each department chair having individual faculty complete annual reports submitted to the department chair, but not all departments review this document in the same manner as two departments have the report reviewed by the department chair while the third department has a

committee that reviews the document in a peer review process similar to the P&T process. As with any College of Pharmacy where the job responsibilities are varied based on if a person is predominantly clinical or predominantly research, there are discrepancies in how productivity is measured but it is hoped that the current committee working on developed a standardized format for the College will be able to address this.

#### *Preparedness of students to function as a member of an interprofessional team*

While the IPE program has its own assessment plan to measure the efficiency and effectiveness of the program and to ensure that its mission, vision, and goals are being met, the assessment of students' ability to function in an interprofessional team is measured using two different validated instruments. In the first two years of the curriculum, the students are assessed using the Readiness for Interprofessional Learning Scale (RIPLS). In the third year, students are assessed using the Interprofessional Collaborative Competencies Attainment Survey (ICCAS). More information on the Interprofessional Education program can be found in Standard 11.

#### *Clinical reasoning skills*

These skills are assessed and documented in the PPSLO Assessment Plan. Within the skills-based courses, students are assessed on these skills using rubrics while students who are on IPPE or APPE are evaluated by the preceptor on this during the midpoint and final preceptor evaluation of student.

#### *APPE-readiness*

Patient-centered care skills are assessed in the high stakes Case Exams that are used in the third year of the curriculum while knowledge and to some degree, application of knowledge are assessed using the high stakes PCOA exam during the third year. Neither of these assess Medication Therapy Management (MTM) skills, population-based care, or attitudes. Ability to perform MTM is assessed in the second year during the IPPE I course using a rubric. Ability to perform population-based care is assessed by the students' having to be checked off as competent on patient screening techniques during the first year Pharmacy Skills Program course and later in the curriculum, the passing and receipt of the American Pharmacists Association (APhA) Immunization Certification program. Attitudes are measured through a variety of reflections in the IPPE and IPE experiences as well as documented in reflections contained in the ePortfolio system.

#### *Admissions process*

The College has a documented procedure on the policies and procedures used to ensure the selection of a qualified class of students. This policy and procedure is described in depth in Standard 16. In short the admissions process looks not only at academic performance such as pre-pharmacy GPA and PCAT, but also uses a holistic approach in which students are assessed through an in-person interview on 15 non-cognitive domains. The interview process also included a teamwork activity that is observed and scored by two trained observers.

### **Notable Achievements**

With the release of the 2016 ACPE standards, there was a significant increase in the expectations of documenting outcomes from a programmatic perspective. Using these new standards, the college has been able to create an updated, comprehensive Assessment Plan and has implemented it with a systematic schedule.

## Interpretation of AACCP Survey Data

As this standard requires the upload of all questions from all surveys, the questions that were of note have been described in previous standards. Of note though, AACCP survey questions are included in the College Programmatic Assessment Plan based on the domain in which they are covered and are reviewed by the PharmD Assessment Committee every year.

- 4) **College or School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the standard by putting a check in the appropriate box :

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.