



**Continuous Quality  
Assessment Program Report  
2016**

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### HARRISON SCHOOL OF PHARMACY 2016 RETERAT

#### Instructions for the CQI Teams

1. A comprehensive list of stakeholders (Stakeholders Master List) was identified in the 2006-2008 CQI Report. Please review and recommend any additions or deletions to the list. Include a brief justification for either action.
2. For each standard your team has been assigned, determine which stakeholders may be most affected by the standard or which may most affect attainment of the standard (including stakeholders from the 2006-2008 Master List and any new ones you may have identified)
3. For each standard your team has been assigned, determine the **Progress** as a result of implementing change strategies from the 2015 CQI Report.
4. After review of the ACPE 2016 Standards, the Guidance Document for the standards assigned to your team, and the Self-Assessment Instrument items related to your standards, please outline the following for each of your standards:
  - **Strengths** – What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.
  - **Areas for Development** – Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties.
  - **Insights** - Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.
  - **Programmatic Aspirations** – Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes

**Resources:**

- 2015 CQI Document
- 2016 ACPE Standards
- 2016 Guidance for Standards 2016
- ACPE Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy
- HSOP 2016-20 Comprehensive Plan
- HSOP 2015 Comprehensive Plan Progress Report

## STAKEHOLDERS MASTER LIST

### Stakeholders and Their Interests

**Consider:**

*Who funds the program?*

*Who has linkages to the program?*

*Who uses the program?*

*Who provides inputs to the program in the form of people, materials, knowledge or processes?*

*Who makes use of the outputs of the program in terms of people, materials, knowledge or processes?*

Stakeholder	Interest	Stakeholder	Interest
AACP	As a means of leadership in education; networking; active membership; raising the bar; attendance at meetings	AAPS	Advance research; provide a forum for research; science vs clinical; opportunity for other degrees; source of grad student pharmacists
ACPE	We can influence the standard Accreditation influences our credibility (and therefore the pride factor) Credibility of ACPE influences the pride factor To assure programs are of appropriate quality	Alumni	Pride Provision of money for the program Reconnecting Continuing education Maintain reputation of alma mater; CE; support; drug information; employees; legacy
Affiliated Residency Programs	Faculty are engaged in these programs and the residents participate in HSOP educational mission.	Citizens of Alabama	Competent pharmacists to improve health, well-being; provide information; safety
Auburn University	Accredited program Enrollment of quality student pharmacists Graduation of all those enrolled (success rate) Program that is a leader in the nation Program that aligns with university interests		

Stakeholder	Interest	Stakeholder	Interest
	Reputation; financial; attracts student pharmacists. Pre-pharmacy Education(i.e. COSAM), AU Office of Accommodations		
Citizens of contiguous states	A pharmacy school; collaboration; manpower; source of revenue	City of Auburn/Opelika/Lee County	Taxes; care for citizens; revenue to the city; economics – reducing health care costs – self-insured
Auburn University Employees and dependents	Provide pharmaceutical care services to improve health care outcomes and control escalating health care costs	Faculty (regular, affiliate and adjunct)	Accredited program Appropriate representation of key material Ensure that a minimum level of competency is reached before progression or graduation Qualified graduates—reflection on program Tenure Promotion A professional, friendly, civil home Security Achievement Recognition Autonomy An interesting area for scholarship and teaching Being part of a quality program; good pay; sustainable; make a difference; reasonable workload; feel appreciated
Employers	Exceptional professionals—ready to enter workforce Ensure that a minimum level of competency is reached before progression or graduation Qualified graduates—reflection on program Contribute to funding of program Adequate number of graduates Innovative, Assist in moving profession forward	Faculty and staff spouses	Decent work hours for spouse; good pay; good health care; happy work environment

Stakeholder	Interest	Stakeholder	Interest
Healthcare professionals	Continuing education for pharmacists, nurse practitioners, pharmacy technicians, long term care administrators in Alabama, and nationally Sources of DI; meds; consultation	Interprofessional education students	Engaged with other health professional students as vital member of the health care team.
MD general practitioners	Provide well educated pharmacists; employees;	MD specialists	Same as GP's; interventions; primary care; improved patient care; hub for multiple MD's to direct traffic on patient; continuity of care; consulting
All Federal Funding Agencies; Governmental and NGO regulatory organizations	Improve quality of education/practice through research; funding; advancement of science	Patients / Citizens	They are often unaware of their stake Increase outcomes and decrease cost, PPE patients, patients directly affected by clinical practice
Parents	Pride Caring environment Happy, successful children High quality, caring, affordable education; free health care; want their kids taken care of	Payers / Insurance	Cost containment Profitability Increased quality Competent pharmacists to optimize care and outcomes with fiscal consciousness
Profession	We are leaders in change in the profession, through site upgrades Provide assessment New knowledge Hard working conscientious professionals to raise the bar; change agents; members; leadership; consultants/expertise to advance profession; new information; CE.	Regulatory & Compliance Entities	AAALAC, IACUC, IBC, IRBs, DEA
USA, UAB, VCOM and other affiliated Universities and Healthcare Institutions	Collaboration, interprofessional education, education of other health care professionals, education for student pharmacists	Samford U	Work together to improve practice; pushes quality; competing for student pharmacists/sites
Professional Organizations / Foundations	Leaders often come from academy Quality research Somewhat of a stakeholder; research programs; funding; services	Staff	Safe, enjoyable work environment Respect Feedback

Stakeholder	Interest	Stakeholder	Interest
	Members/leaders/speakers		Jobs; administrative support; good pay; friendly work environment; upward mobility
Student Spouses / Significant others	Happy partners Time to be with their partners Flexibility for families Appreciation for their role in support, money Solid education; mental health of spouses; good jobs for spouses; cost-effective education; convenient; quality of life	State Board	Safe practitioners (discipline issues) Competent practitioners to safeguard public; obey the law, leadership; insights on how to regulate practice
State	Qualified professionals Good reputation of state supported school Program that is a leader in the nation Meets the needs of the state population Decrease health care costs; improve health care; outcomes research; public health of citizens; manpower	International Outreach	Competent professionals to promote national/international public health/outcomes research; training for international services – mild stakeholder
Student pharmacists	Student Friendly Academic Affairs Friendly, safe learning environment Mutual civility A degree Accredited program Quality education Prepared to enter workforce with knowledge and skills necessary A well-paid career Feedback about their progress Improving the quality of their lives; care of society; solid affordable education; a good paying, rewarding job; mentoring/modeling; quality while in program; sense of belonging to something important; enjoyment; appropriate accommodations for success	Graduate students/ undergraduate researchers/ postdocs/visiting fellows.	Support the development of human health researchers who engaged in making medications work thought innovative research Prepare researchers for positions in industry and academia. Assist researchers from other countries to excel.



## AUHSOP VISION

Auburn University's Harrison School of Pharmacy is the State of Alabama's only public institution charged to educate pharmacists in the treatment of human illnesses that focuses on the appropriate use of drug therapy. This responsibility also extends to educating other health care providers and the lay public in this area. In addition, the Harrison School of Pharmacy provides graduate education programs which focus on the creation of basic and applied knowledge in pharmaceutical sciences and in the delivery of patient care that ensures optimal medication and health outcomes.

Auburn University Harrison School of Pharmacy will provide a collaborative educational experience in which student, patient and faculty learning occurs. The educational program and experiences of students will be grounded in service-based, primary care focused, community practice that is collaborative with other health disciplines. Caring for others is a central theme for all endeavors within this academic community. Graduates will enter practice with the personal character, confidence, and competence to assume leadership positions in their communities and their patient care practices. The School's faculty will serve as educational innovators and advisors to help practitioners address the changing demands of health care.

Auburn University Harrison School of Pharmacy will provide leadership in the state of Alabama among health care providers and other stakeholders to advance pharmaceutical care for individual patients and populations of patients. The School will partner with pharmacists, other health care providers and health care organizations to improve the delivery of patient care and their outcomes through the continuous re-engineering of pharmacist training, practices, environments and systems.

The Auburn University Harrison School of Pharmacy will pursue scholarly activities that are focused on solving healthcare problems. The School will engage in research that assesses and optimizes clinical practice and health care outcomes, improves patient/health care provider communications, discovers new targets and agents for therapeutic and diagnostic discovery, explains mechanisms of drug action and disease pathogenesis, evaluates and improves drug delivery and maintains cutting-edge educational programs.

## AUHSOP MISSION

The Harrison School of Pharmacy was established to serve the broad interests of the citizens of the State of Alabama which now extend into the global community.

The School pursues its mission in the Land Grant tradition through:

Teaching and learning, which prepares a diverse student body to be competent pharmacists and scientists who are able to provide and improve primary health care to Alabama's citizens by:

1. Collaborating with other health professionals to ensure optimal medication therapy outcomes;
2. Influencing the development of public health policy related to drug treatment;
3. Promoting wellness and assisting in improved access to cost effective, primary care;
4. Leading health care research;
5. Engaging in specialized and general education throughout their professional careers;
6. Contributing to the professional education of students who are future health care providers.

Research that enhances the health and quality of life of Alabama's citizens by:

1. Participating in the development of new drugs;
2. Improving the use of existing drugs;
3. Creating innovative services and products;
4. Designing and evaluating the delivery of patient care;
5. Improving the outcomes of pharmaceutical education;
6. Re-engineering patient care delivery systems.

Outreach to Alabama's citizens, health care providers, businesses, industries and agencies by:

1. Delivering patient care that ensures optimal medication therapy outcomes;
2. Offering continuous professional development opportunities for current health care providers;
3. Disseminating medical information and results of research;
4. Applying knowledge and technologies;
5. Influencing public health policy regarding delivery of optimal medication outcomes.

The Harrison School of Pharmacy has a unique leadership responsibility: to enhance the education of the Alabama citizens and health professionals; to inform the public about pharmacists and pharmacist delivered patient care; to collaborate in solving health problems in Alabama communities; and to enhance the State's economic development.

## STATEMENT OF EDUCATIONAL PHILOSOPHY

The educational philosophy is consistent with the HSOP's Mission and Vision Statements and its strategic plan. The curriculum is consistent with the School's educational philosophy, including its commitment to learner-centered contemporary instruction and mentoring processes which facilitate the development of student pharmacists who are professional, responsible and life-long learners committed to the compassionate care of patients.

### **FACULTY & STAFF**

The faculty and staff of the Harrison School of Pharmacy are members of a collegial, learning community dedicated to educating pharmacists who will (1) confidently embrace the responsibilities of a practice ready clinicians, (2) advance the profession of pharmacy, (3) be dedicated citizens and leaders in their respective communities, and (4) display the attitudes, behaviors and characteristics of positive role models. To achieve these four outcomes, the faculty collectively own and are responsible for both formal and extra-curricular education. The curriculum (established ability-based outcomes, course objectives and specific content, desired skills and behaviors, instructional approach, evaluation and assessment which are linked to outcomes and course objectives) is the responsibility of all pharmacy faculty members and single courses are led by individuals or groups of faculty members. The curriculum is developed by engaging the faculty as a whole through a critical, collegial, evidence based and consensual process with stakeholders input. The staff plays a central role in supporting and integrating the work of the learning community.

Teaching pedagogy employs evidence-based innovative approaches designed to engage student pharmacists in collaborative, learner-centered education resulting in practitioners motivated to make evidence-based patient care decisions which improve cost effective health outcomes. The program strives to provide relevance by integrating knowledge with current practices and foster creative ideas for individual and collective future pharmacy practice. Ample formative practice time and participation in extracurricular professional activities enables student pharmacists to achieve expected levels of competency as defined by established educational outcomes and specific objectives.

Faculty mentoring, role modeling, instruction, and caring for student pharmacists stimulate the highest standards of integrity, personal accountability, and professionalism. Faculty members exude a passion for the pharmacy profession, and for student academic success in a challenging educational program. Respect and caring for the individual student pharmacists, patients, colleagues or other persons, guide their daily interactions.

### **STUDENT-PHARMACISTS**

The HSOP's student pharmacists are expected to enter the School with high expectations of self and the profession and demonstrate a commitment to developing life-long learning habits, as well as the skills, abilities and knowledge required for a competent practice ready clinician. They are expected to display internalized behaviors and attitudes expressed in the school's Tenets of Professionalism including: responsibility, honesty and integrity, commitment to excellence, respect for others and stewardship of the profession.

## **PRACTICE READY GRADUATE**

### **Pharmacy Practice in the Next Decade and Beyond**

Although the profession will maintain responsibility for the safe and effective distribution of medications, this will no longer be the primary focus of pharmacy practice in the future. Increased emphasis will be placed on optimizing patient outcomes and decreasing overall health care expenditures. Pharmacists will function within interprofessional teams as the evidence based “pharmacotherapy specialists” handling complex medication related issues throughout all aspects of care. They will assess, treat and/or triage patients with acute illnesses within their scope of clinical competence and privileges, and provide medication therapy management for chronic disease. Pharmacists will function with the autonomy to prescribe or adjust medications in collaboration with physicians. Pharmacists will engage in preventative health and wellness activities and provide appropriate patient specific interventions. Pharmacists will serve as a vital resource to educate other health care providers as well as patients. Due to continual change in the healthcare environment, pharmacists will need to develop adaptive practices and systems in order to advance patient care.

*The practice ready HSOP graduate should be able to...*

- 1. Provide direct patient care**
- 2. Provide evidence-based pharmacotherapy services**
- 3. Serve as a health educator**
- 4. Optimize clinical, economic, and humanistic outcomes**
- 5. Function within an interprofessional team**
- 6. Distribute medications safely and effectively**
- 7. Manage Pharmacy Practice**
- 8. Provide preventative health and wellness services**
- 9. Change Healthcare Environment/Advocacy**
- 10. Engage in Personal and Professional Development**

## AUHSOP COVENANT

The culture towards which we strive at AUHSOP is best illustrated by our covenant:

### A COVENANT BETWEEN STUDENT PHARMACISTS AND FACULTY OF THE HARRISON SCHOOL OF PHARMACY

#### Faculty

- We pledge our best effort to ensure a high quality educational program for our student pharmacists.
- As mentors, we will maintain high professional standards in our interactions with student pharmacists, our colleagues, and staff.
- We respect all student pharmacists regardless of gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who disrespects student pharmacists because of biased attitudes or beliefs and will take appropriate actions against such individuals.
- We pledge to be cognizant when student pharmacists are having personal or academic problems and seek appropriate resources to provide help.
- In encouraging and nurturing the intellectual, personal, and professional growth of our student pharmacists, we celebrate expressions of professional attitudes and behaviors, as well as academic achievement.
- We do not tolerate any abuse or exploitation of our student pharmacists (or faculty).
- We encourage any student who experiences mistreatment or who witnesses mistreatment or unprofessional behavior to report the facts (preferably in writing) immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

#### Student pharmacists

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty AND our obligations to patients.
- We hold the professional virtues of honesty, compassion, integrity, fidelity, and dependability as standards to conduct in a profession.
- We respect all faculty members, staff, and fellow student pharmacists regardless of gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who disrespects faculty, student pharmacists, or staff because of biased attitudes or beliefs and will take appropriate actions against such individuals.

- We pledge to conduct ourselves as professionals, demonstrating respect for faculty, colleagues, and staff.
- In meeting our professional obligations, we pledge to assist our fellow student pharmacists in meeting their professional obligations as well.

*Adapted from, Cohen, JJ. Our compact with tomorrow's doctors. Academic Medicine. 2002; 77;6: 475-480.*

### Standard 1: Foundational Knowledge

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

Element	Description
1.1	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Faculty, Student Pharmacists, Pre-Pharmacy Educational Programs, Patients and citizens, citizens of contiguous states, citizens of AL, citizens of Auburn, Opelika, Lee County; Auburn University

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

**2016 Strengths:** *What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- Curricular development- backward design, holistic process which is examining the content and delivery methods that would be more effective in educating our student pharmacist
- CAPP, PPE- opportunities for application
- Team based learning (PPE, IP)
- OSCE based assessments
- Administration support of research, innovative ways to deliver knowledge
- Presence of on-site pharmacy and clinic
- Network of support for providing experiential experiences across AL, GA, FL, MS
- Faculty who buy into mission of the school
- Community outreach
- Student mentoring
- Incorporation of electronic health record
- Pharmacy clinics on site
- AUPCC
- Research opportunities

- PharmD/PhD program
- PharmD/MPH program with UAB

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Areas for development, changes that can improve performance related to meeting the standard
  - Clear vision of the new curriculum
  - Increased interdepartmental collaboration
  - Interdisciplinary faculty skills workshops
    - Workshops will have specific objectives and goals
    - Faculty will be prepared before workshops and the goal of workshops will be to create common approaches to instruction
    - Workshops will be continuous
  - Faculty need to be held accountable for engaging students in active learning and integrating
  - Gaps in current curriculum
    - Course materials building on each other, rather than being taught as separate topics
    - Evaluating scientific literature
    - Pharmacogenomic applications
    - Provision of healthcare to multicultural patient populations

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- Need for deliberate collaboration between departments
- Collaboration needs to be well thought-out, organized, with a product delivered at the end

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- HSOP serves as a model for pharmacy education across the nation
- Student pharmacists realize their potential to create new practice models and utilize their talents in non-pharmacy health care roles.



## Standard 2: Essentials for Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health

Element	Description
2.1	<b>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).
2.2	<b>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.
2.3	<b>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.
2.4	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

All stakeholders

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- We know there are competency checklists for community and HSP rotations for IPPE. We don't have APPE checklists.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- PPE- integration of content from all areas within discussions.
- Number of students going into postgraduate training, dual degree programs- these numbers are increasing
- More realistic EHR incorporated into courses (PPE, IP, CAPP)
- Are students qualified for a wide variety of positions after graduation due to the strength of our program (residencies, general positions, niches/unique settings)
- Student-run Equal Access Programs within states (three currently)
- Student orgs do health care screening and programs
- Our program provides patient care in a variety of settings throughout the state (inpatient, outpatient-general/specialty practice sites)
- Our program teaches our students interventions (how to do them/importance) and they have a foundation on doing this in practice

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Need more PPE patients for students to see—consider adding acute care patients, transition of care
- The “patient care process” (JCPP) needs to be integrated into all aspects of student pharmacist education and experiences
- Reinforcement of CAPP skills
- Students need more experience in learning HR related issues (schedules, managing others, business aspects.)
- Need to have students working within different pharmacies as part of the curriculum earlier
- Need more early integrations of drug literature/Evidence Based Medicine skills. Competency check list for APPEs have not been developed as suggested in 2014.

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- New curriculum is integrating these concepts into the design. (e.g., workshop on patient care process, students become the practice ready graduate, curriculum seems to be more practice, more repetition and building upon knowledge)

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

### Standard 3: Approach to Practice and Care

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

Element	Description
3.1	<b>Problem solving</b> – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.
3.2	<b>Education</b> – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.
3.3	<b>Patient advocacy</b> – The graduate is able to represent the patient’s best interests.
3.4	<b>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.
3.5	<b>Cultural sensitivity</b> – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.
3.6	<b>Communication</b> – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Students, ACPE, Healthcare providers, Patient/citizens, Auburn University, State of Alabama

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- New patients are constantly being added to the PPE programs
  - Auburn 305, Mobile 56 = 361 patients
  - PPE survey of patients suggested positive outcomes
  - In Mobile, developed affiliation with Cigna Healthspring where patients are referred to PPE program
  - Additional patients are being acquired through patient referrals, health fairs, IPE activities, faculty referrals
  - PPE relationship with Achievement center (patients with disabilities)
  - New staff member with Social Work background was hired in OEL
  - BCBS quasi endowment provides funding for patient needs in PPE
- IPPE
  - Gives good overview of the context through which this Standard is met
- Core curriculum:
  - Core curriculum devoted to problem solving
  - PPE, PCS, and CAPP all have focus on patient education and communication
  - Direct patient encounters from day 1 of the curriculum
  - OSCE actors use communication checklist and give the students feedback
  - Cultural sensitivity in the PCS course
  - Motivational interviewing in early curriculum
  - Need to better identify current and future assessment data for students for cultural competence

- IPE:
  - Core concepts of IPE are in PCS and pharmacy management from marketing perspective
  - APPEs gets interprofessional education opportunities
  - Most faculty have appointment with medical department to educate other Health Care Providers
  - Children’s Healthcare Insurance Program clinics, Mobile IPE clinic
  - Nutrition (10-12 students) in PPE

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties.*

- PPE
  - Numerous recommendations have been made to improve PPE including:
    - Need for additional administrative support
    - Meeting the goal of one patient for each student. (There may be a need to assess if number of patients should be based on number of visits patients need rather than number of patients needed)
    - Need to identify additional sources for patients (i.e. targeted physicians, non-tradition visits)
    - How to best utilize AUPCC for additional patients.
- IPPE
  - Long distances, large variations in practice site exposures and IPE exposures
- Core Curriculum:
  - Milestones: cases, holding to standard, etc., minimum competency, remediation
  - Cultural sensitivity/cultural competency/health sensitivity needs to be expanded to be weaved throughout the curriculum
  - Faculty are not consistently utilizing resources/standardized vocabulary for cultural competency/health literacy
  - Need reinforcement of communication skills in the future curriculum, need reinforcement in PPE
    - Unsure if there is buy-in from all faculty in later components of the curriculum
- IPE
  - Need more exposure to actual IPE education earlier in the curriculum
  - Intentional competencies need to be developed for existing IPE activities
  - Consider revisiting PPE structure to enhance IPE opportunities

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- There are a number of concepts taught in the P1 year that are not carried forward consistently across the curriculum.
- Are the faculty educated appropriately to effectively implement this Standard?
- Concern of desire to have 1:1 patient to student for PPE.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- HSOP’s curriculum is totally integrated based on established patient care competencies and students effectively assessed regarding the defined competencies.

**Standard 4: Personal and Professional Development**

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

Element	Description
4.1	<b>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.
4.2	<b>Leadership</b> – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.
4.3	<b>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.
4.4	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Professional organizations, Industry, Other universities and healthcare systems, Funding agencies, Faculty, Alumni, Employers, Dean's Advisory Council, Staff, State Board, Profession, ACPE, Healthcare professionals, Students, Auburn University, State.

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- None listed to comment on.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- Multiple student organizations with numerous leadership, involvement and membership opportunities
- Professionalism is a core competency throughout of the curriculum
- We have students who are part of national organizations and state organizations as members as well as on appointed leadership positions
- Students are taking novel positions after graduation
- Our alumni are leaders within the national and state in organizations, boards, etc.
- Our students are strong candidates for postgraduate programs due to the leadership and professionalism taught/nurtured within the school

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Streamline the number of professionalism assessments throughout the curriculum that faculty complete.
- Leadership activities are documented for all students.
- IPE education will foster the development of professional roles.
- Need to bring back more reflections into PPE
- Reorganize student governance and require all students to engage in activities as part of co-curriculum/course requirement.

**Insights** - Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.

- Current curriculum has lost aspects that we need to reintroduce in new curriculum (i.e., reflection pieces (metacognitive processes), joining organizations)
- Students still holding multiple leadership positions, can we still work spreading the opportunity? Except in Mobile—lots of need for students for officer positions. Need to emphasize quality versus quantity. Leadership is not position centric. Students can show leadership through active engagement.

**Programmatic Aspirations:** Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.

- Have a meaningful portfolio/Continuous Professional Development program
  - All students are actively engaged in co-curricular activities
  - Aspire to encourage students’ realization that they can become leaders in the field of pharmacy

**Subsection IIA: Planning and Organization**

**Standard 5: Eligibility and Reporting Requirements**

The program meets all stated degree-granting eligibility and reporting requirements.  
(Standard 4 in 2007 Standards)

Element	Description
5.1	<b>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
5.2	<b>Legal empowerment</b> – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.
5.3	<b>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.
5.4	<b>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.
5.5	<b>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.
5.6	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Faculty, Schools Admin, Provost, Graduate School, Students, Dean, Dean’s Advisory Board, BOP, Alumni. ACPE, Board of trustees, Provost, AACCP Counsel of Deans, Provost Counsel of Deans, State professional organizations, alumni association. SACS and ACHE

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- N/A

**2016 Strengths:** *What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- The Dean’s administration has expanded to meet the changing needs – Associate Dean of Curriculum and Assessment and Instructional Design, Secured DDD Department Head

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties.*

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

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

The college or school publishes statements of its vision, mission, and goals.  
(Standard 1 in 2007 Standards)

Element	Description
6.1	<b>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
6.2	<b>Commitment to educational outcomes</b> – The mission statement is consistent with a commitment to the achievement of the Educational Outcomes (Standards 1–4).



<b>6.3</b>	<b>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.
<b>6.4</b>	<b>Consistency of initiatives</b> – All program initiatives are consistent with the college or school’s vision, mission, and goals.
<b>6.5</b>	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Inclusive of Master Stakeholder List

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

N/A

**2016 Strengths:** *What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

Mission Statement Is Consistent With The Commitment To The Achievement Of The Educational Outcomes.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

The vision should be revised to be short, concise and establish the ultimate goal and direction of the school. It should focus on educating the best pharmacists, community outreach and excelling in research. It should better mirror our revised slogan – The vision should be a slight expansion of the slogan. It is questioned if the vision should have such a focus on primary care based on the current standards specifying that “practice ready graduates” should be prepared to work in multiple settings. (The primary care direction is based on the health care needs in the State of Alabama. Does not preclude candidates practicing in any venue.)

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

**Standard 7: Strategic Plan**

The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.  
(Standard 2 in 2007 Standards)

Element	Description
7.1	<b>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.
7.2	<b>Appropriate resources</b> – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.
7.3	<b>Substantive change planning</b> – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Inclusive of all Stakeholders on Master List

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

**2016 Strengths:** *What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- The CQI process includes faculty, staff and student pharmacists and attempts to include preceptors through OEL, PEC III and the Dean’s Advisory Counsel. The strategic plan is posted on the school’s web site and updated yearly
- HSOP’s committees provide minutes to all faculty and staff as well as updated during quarterly at faculty meetings

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties.*

**Insights** - Identify at least one new and significant) understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.

**Programmatic Aspirations:** Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.

**Standard 8: Organization and Governance**

The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals. (Standards 7 & 8 in 2007 Standards)

Element	Description
8.1	<b>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.
8.2	<b>Qualified dean</b> – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.
8.3	<b>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.
8.4	<b>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.
8.5	<b>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.
8.6	<b>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.
8.7	<b>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.
8.8	<b>Systems failures</b> – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.
8.9	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Auburn University (employees, faculty, student pharmacists), USA, VCOM, UAB, other affiliated Universities and Healthcare Institutions and Professional Organizations/Foundations.

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- No areas for development in 2015 CQI document.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- 8.1 leadership collaboration - Yes
- 8.2 qualified dean – 20+ years of experience
- 8.3 qualified admin team – expanded leadership structure through addition of several dean-level positions (eg, research, education, etc.); weekly exec meetings with minutes sent promptly to all faculty
- 8.4 Dean's other substantial admin responsibilities – Dean assigned to various search committees (e.g., interprofessional); answer is Yes, per other administrators within the HSOP
- 8.5 authority, collegiality, and resources – organizational charts within the P&P manual; departmental lines of authority are clear; collegiality – retreat for big picture & colloquia; resources are allocated at department level – allows local decision-making by those who are most informed
- 8.6 college or school participation in university governance – representation on Graduate Council, IRB at AU and USA, IACAU, AU P&T committee, AU Senate, Patent Committee, Grievance Committee, Provost Council, AU's Assessment Committee, AU IPE Steering and the Implementation Committee.
- 8.7 faculty participation in college or school governance - Yes
- 8.8 systems failures – Hurricane policy; AU and individual course policies on making up missed work; ExamSoft, PharmAcademic, and Canvas are backed up by vendors and AU, respectively; IP backup facilitator schedule
- 8.9 alternate pathway equitability – N/A

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties.*

- 8.8 curricular failures – HSOP does have a plan if either campus is shut down as a result of natural causes and follows the respective Universities plans for threats due to other threats (i.e. active shooter). There is not a plan to adjust to fiscal exigency issues as a result of reducing student enrollment or reduction in University funding.

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- We need contingency plans in event of fiscal exigency events related to support for educational programs.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- All faculty and staff are familiar and comfortable with others in the program, understanding scope of responsibilities and commitments, and appreciate differences.

### Standard 9: Organizational Culture

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

(Standards 5, 6, & 23 in 2007 Standards)

Element	Description
9.1	<b>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.
9.2	<b>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.
9.3	<b>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.

**Stakeholders for this Standard -** *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Auburn University, USA, VCOM, AUSON University Employees, Faculty, Affiliated Residency Programs, State of Alabama, Patients/Citizens, Profession, Health Care Professionals, Alumni

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- Faculty (or volunteer pharmacists) are involved in EAB and PAWS clinics.
- No progress has been made yet in moving student involvement in fewer events that are larger in scope (the Villages system could potentially address this).
- AU-IPE implementation committee is functioning with the goal of establishing a campus wide IPE program. There is a Provost appointed AU – IPE Steering Committee overseeing the progress of this initiative. VCOM (public-private relationship) is also engaged in the program’s development.
- Tracking individual co-curricular activities – no progress but part of the new curriculum and/or use existing resources to periodically record activities?
- Student org annual reports – reports go to parent orgs for some groups but possibly not all; does not sound like reports go to the school.
- Consistency of faculty coaching – Is this focused on academic mentees or PPE mentor meetings? Either way, a standard approach to coaching has not been implemented. Some guidance was provided several years ago, but nothing recent. Some other schools use a standard approach where specific domains are addressed across each P1 class, P2 class, and P3 class.
- Routinely apprise faculty on professionalism assessment process – make faculty aware of CARP’s stepwise procedures and what happens after submitting a professionalism assessment; need to be aware of confidentiality issues; review assessment form for utility in the variety of settings in which we will use it

**2016 Strengths:** *What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- 9.1 leadership and professionalism – ALFP & ARFP for HSOP administrators/faculty; student and faculty participation in organizations; individuals in elected positions for state and national levels; funds for professional development; Cardinal leadership program; several participants in AACP Walmart scholars program; professionalism introduced in orientation and continues throughout other years; PSS to broaden student experiences; PPE & IP provide good opportunities to interact with students; smaller size of Mobile allows strong relationships (as does APPE regions)
- 9.2 behaviors – Yes: Honor Code, Tenets of Professionalism, Grievance Policy, Faculty-Student Covenant
- 9.3 culture of collaborations – PP faculty have collaborations with practice sites (including formal agreements); research activities across departments with administrative direction; culture is very much open and collaboration; Collaboration with VCOM, all practice sites, EAB, and PAWS

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- 9.1 leadership and professionalism – while we do have a student travel fund, more funding would always be helpful; Need student-leadership in developing a longitudinal approach to developing professional attitude (this is beyond PPE)
- 9.2 behaviors – none needed
- 9.3 culture of collaboration – need to build relationships to support collaborative practice within AL; continue to foster existing relationships at practice sites; continue to leverage existing professional leadership positions to advance the profession

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- We have a foundation for an effective organizational culture. We need to continue to nurture existing relationships, strengthen what we do around professionalism, and increase diversity our organizational culture and those with whom we collaborate.
- The new budget model may cause challenges in keeping collegial relationships across campus.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- HSOP faculty are fully engaged in helping advance pharmacy practice in Alabama.
- The HSOP will develop a culture of mutual respect and accountability in which its faculty, staff, student pharmacists, and graduate students hold each other accountable for adhering to the Faculty and Student Covenant and other established standards.

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

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

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

(Standards 9, 10, & 11 in 2007 Standards)

Element	Description
10.1	<b>Program duration</b> – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.
10.2	<b>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.
10.3	<b>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.
10.4	<b>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.
10.5	<b>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.
10.6	<b>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.
10.7	<b>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).
10.8	<b>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.
10.9	<b>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.
10.10	<b>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.
10.11	<b>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.
10.12	<b>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).
10.13	<b>Diverse learners</b> – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.
10.14	<b>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.



<b>10.15</b>	<b>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 components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.
<b>10.16</b>	<b>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.
<b>10.17</b>	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

- All stakeholders are impacted

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- Improved development of ABCD objectives, which could still be improved further.
- In regards to the new student portfolio system: We have a continuous professional development system that will begin in 2017 to allow students to reflect on their growth. More than likely we will use the portfolio system for this purposes. This may apply more to another standard (4.1).
- There has been progress on IPE through the development of the campus-wide committee and the HSOP committee to further this effort. We have also developed competencies towards IPE.
- The Coordinator of Pharmacy Curriculum Development has been identified, recruited, hired, and embraced.
- A working curricular model was approved by HSOP in last 2015.
- SOAP notes remains under review and in progress. All incoming faculty (clinical and not) could/should under-go training to a standard process. At the beginning of each semester or years expectations of SOAP notes for PPE should be rearticulated to better standardize expectations for faculty and for students. This should be reviewed not only within each team, but also during faculty orientation as well. There is variability among faculty as how the construct and draft SOAP notes. There is benefit gained by the students to learn the variability to SOAP notes from different faculty, however. Through this variability to learn differences in style and what is critical. This may actually allow student pharmacists to develop their own style upon graduation, which could vary based on practice site and patient care population.
- Implementation of PCOA (Pharmacy curriculum outcomes assessment) is complete.

- Development of the new curriculum is addressing integration of course work across all departments
- A standard remediation process will be developed as the new curriculum is refined, which will allow for a prospective design of the remediation process. By better (more specifically) tagging of test items we can more effectively focus (drill down) on a specific student's problem area(s), which will allow for a more focused remediation process. This may require more faculty development on Exam Soft, which may include development of a basic and an intermediate workshop.
- We suspended mapping of the existing curriculum and will began prospectively mapping the new curriculum based on the current development process.
- Contemporary use of technology, software, and resources should be thoughtfully incorporated into the 2017 curriculum as it is being developed such that all students gain exposure to these aspects.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- We are actively and aggressively moving forward with the curriculum construction and have not stagnated.
- We have had a curricular review process that is in place and occurs regularly at intervals of every 2-3 years which is currently suspended. We will need to consider how a process will be integrated into the new curriculum.
- We have hired key personnel who help critically and thoughtfully move us forward in a systematic manner.
- The new curriculum has been designed with greater focus on active learning. Additionally, there seems to be increased usage of active learning within the current curriculum.
- Faculty College has been reinvigorated through a focus on active learning pedagogy.
- There have been greater collaborations among the two campuses. We work to ensure similar experiences on each campus.
- There is student representation on PEC 3 and during the faculty retreat for CQI.
- Students learn early-on how to engage the patient, identify common goals, and collaboratively work towards those goals. (This may not actually be taught consistently through all APPEs and IPPEs.)
- Curricular revisions have engaged faculty and students in all stages of the new curriculum development process.
- The new curriculum will ensure integration of department and disciplines.
- Electives in the current curriculum allows for students to selectively experience a higher level of education in diverse areas. Electives are offered from all departments.
- 10.6 all APPE preceptors are invited to attend regional meetings and host sight visits. All adjunct faculty appointments in the Pharmacy Practice Department are approved by the faculty.
- Cluster hires have facilitated ability to bring in specific and unique skills into the faculty. This also helps to facilitate collaborations among departments and schools. This may play into the development of IPE.

- The backwards design process being utilized in the 2017 curriculum development is being conducted in a methodical text-book way.
- Innovative – HSOP has always tried to achieve at a higher level than what the standard requires.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Become more consistent in the development and use of ABCD objectives
- May consider collaborative methods to challenge team building between the two campuses with a potential focus of improving students' professional communication through electronic means and technology.
- Student representation on other PEC subcommittees needs to be added.
- Consider utility of focused groups for engaging external stakeholders in the curriculum revision process, which may utilize virtual meeting rooms.
- Standard 10.8 – need to standardize terminology used in the pharmacist patient care process (PPCP).
- The new curriculum is centered around the Pharmacist Patient Care Process. Need to help students learn how to function within an inter-professional team earlier in the process. Students need to mentally develop into identifying themselves as the drug expert within an inter-professional team before entering the 4<sup>th</sup> year. They need to know their role on the team upfront to starting the 4<sup>th</sup> year. This may be accomplished through watching a video of pharmacists functioning on a team, role play, and through OSCE grading. This is requires modification as a belief and attitude. We may approach this by intentionally engaging VCOM.
- Improve formative feedback process offered by students to faculty. Become transparent with students about the impact of these evaluations. Revise the forms for student evaluations of faculty to be shorter and more intentional. Could consider using a random sample of students to complete formative feedback surveys to prevent survey burnout.
- Learn Team: how to proactively address students' concerns that are articulated through this process without generating defensiveness on the part of faculty.
- May consider how to thoughtfully incorporate “soft” skills (leadership, professionalism, advocacy, empathy, and adaptability) into the new curriculum, which will most likely fall into the co-curriculum.
- 10.6 Faculty expertise might be better defined and aligned with the most appropriate aspect of the curriculum.
- We may consider tapping to into cluster hires to facilitate IPE development.

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- For some faculty, being part of the curricular development committee has helped/inspired him/her to improve current teaching methods.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

### Standard 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.

(Not Listed as a Standard in 2007)

**Guidelines 1.6. 3.2, 6.1, 6.2, 8.2, 14.5, 27.1, 30, 2**

Element	Description
<b>11.1</b>	<b>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.
<b>11.2</b>	<b>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.
<b>11.3</b>	<b>Interprofessional team practice</b> – 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

**Stakeholders Master List** - *A comprehensive list of stakeholders was identified in the 2006-2008 CQI Report. Please review the Stakeholders Master List above and recommend any additions or deletions. Include a brief justification for either action.*

- USA, UAB, other affiliated university: add VCOM to this list

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Healthcare professionals, USA, UAB, VCOM other affiliated universities and practice sites, Students, Faculty, Profession, ACPE.  
State board

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- IPE development continues to be a focus area.
  - Progress:
    - IPE implementation committee has been formed; work at university level/school level begun
    - Focus in new curriculum: integrated in a way that's meaningful
  - Concern:
  - Obtaining support from other entities
  - How to ensure opportunities between campuses?
- A search for the position of Coordinator of Pharmacy Curriculum Development was started. This three year, limited term position will provide assistance related to instructional design and development during the upcoming curricular revision process.
  - Progress: The coordinator was hired
- Curricular model will be finalized and approved by the faculty in 2016.
  - Progress: Approved

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- PPE, team projects, and IP start the team dynamics skill sets
- IPE clinics: CHIP clinic, student run free clinic (Mobile), BHM clinic
- Implemented questions in the student feedback evaluation form in APPE to determine where students are exposed to IPE, how occurring, etc. (attempt to quantify and qualify)
- Exposure to nutrition students in PPE and building bridges with other HCPs
- APPEs
  - Faculty are training other professionals
  - Students are working with other Healthcare students
- IPE survey of all faculty
- Planning seminar, etc.
- AU IPE Implementation Committee

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- How to ensure opportunities between campuses?
- Need to change culture within pharmacy curriculum to understand the importance of collaboration
- HSOP needs to develop a comprehensive collaborative IPE program taking into consideration: space requirements, access to simulation facilities; faculty and preceptor training; course descriptions for catalogues; human and fiscal resources; assessment methods
- Obtaining support from other entities must be obtained.
- Access to simulation labs (VCOM., AUSON)
  - IPE simulations cases
- Variable exposure to IPE in APPEs (not the focus although assessing IPE activity during APPE could be useful)
- Mixed opinions on needs assessment of outcomes to determine the benefit of nutrition students in PPE
  - Need assessment of outcomes
- Need IPE orientation and implementation into the early curriculum with other HC professionals. Work with campus committee on operational issues.
- Need to assess other curricula to develop core course across all HCPs (with all students and all HCs faculty)
- Develop vision and mission statements, and goal statements for IPE
- Statements addressing IPE in the student handbook and/or catalogs
- Relevant syllabi for all courses that incorporate elements of IPE that document reinforcement of IPE skills and practice in pre-APPEs coursework.
- Student IPPE and APPE evaluations that document exposure to IPE team based patient care
- Outcome assessment data summarizing students' overall achievements of the IPE outcomes
- Define IPE activities

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- We are not doing IPE consistently right now – no capability to provide opportunities for all students
- Teach collaboratively in order to learn collaboratively for this to be IPE
- Must think outside the box

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- HSOP’s (AU’s) IPE program will serve as a model for other land grant with universities’ health care professions programs that are not located on an academic health care center.
- All students will gain experience in IPE practices

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

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

(Standards 13 & 14 in 2007 Standards)

Element	Description
12.1	<b>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.).
12.2	<b>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.
12.3	<b>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.
12.4	<b>Care across the lifespan</b> – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient’s lifespan.
12.5	<b>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.
12.6	<b>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.
12.7	<b>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.



**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Students (Applicants, Current), Citizens of AL/patients, Preceptors, Preceptor site/health system/organization, Board of Pharmacy, Healthcare professional, ACPE, AACP, Faculty, Professional staff/employees and dependents, Alumni, Community agencies (i.e. social workers, free housing), Families/spouses, Potential employers, Auburn University/other affiliated universities

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- Develop more consistent approach to SOAP notes across first 3 years of curriculum (PPE, CAPP, IP, etc.). Revisit existing samples previously developed for this purpose.
  - Progress:
    - Increased consistency between CAPP and PPE
  - Concern:
    - Could be reinforced/developed more in P2 and P3 year
    - Help students identify pertinent information that should be incorporated
- Implementation of PCOA needed to meet standards prior to progression to P4 year.
  - Progress: done
- Continue to need greater integration across coursework as courses remain siloed by department.
  - Progress: working on this in the new curriculum, as its goal is completely integrated coursework, so will not be a focus with current curriculum
  - No changes recommended to current curriculum
- Remediation needs to be addressed across the curriculum. Consider a standardized approach to remediation processes that is well delineated by course and area of remediation need – consider use of ExamSoft to identify areas of need.
  - Progress: is being addressed with new curriculum
  - Processes identified for CAPP, IP
- Mapping process needs to be reinvigorated and reinforced.
  - Progress: New templates have been created
  - Based on template for ILE
  - Current mapping is being used for new curriculum

- Continued need for improvement and consistency in ABCD objective development.
  - Progress:
    - Faculty college on learning objectives
    - Dan Surry presented for PP department
    - Erika Kleppinger/Kim Garza presented this for ILE team
    - Format being used for new curriculum
    - Current: IP and CAPP utilizing the objectives
- Interprofessional education needed in early curriculum.
  - Progress:
    - IPE implementation committee has been formed; work at university level/school level begun
    - Focus in new curriculum: integrated in a way that's meaningful
  - Concern:
    - Obtaining support from other entities
    - How to ensure opportunities between campuses?
- There needs to be improvement in using resources to improve students' experiences in contemporary and innovative pharmacy practice including technology, software and other resources available via Pharmacy Health Services (McKesson Dispensing Software, ScriptPro robotics, Inventory Management Software, etc.) Utilization should focus on IPPE, APPE, and CAPP laboratory experiences.
  - Progress
    - More cases in IP and CAPP utilizing EHR; could continue to be used/increased
    - Checklist for IPPE do include some of these opportunities
- Concern:
  - Mobile students do not have opportunities via AUPCC
  - Dependent upon rotations students offered
- Reinforcement of CAPP skills in IPPE – No progress has been made on connecting course topics in CAPP with PPE coaches allowing reinforcement of skills.
  - Progress
    - Is a discussion of possibilities with the “house” discussion in new curriculum?
    - Effort made to encourage students to utilize the skills learned in CAPP be applied to PPE patients
    - Multiple projects including large number of students; projects are sustainable
      - Student run free clinics are allowing these opportunities, but it is not necessarily a school-wide opportunity; volunteer-based

- Equal Access Auburn: 45 student volunteers
  - Medicare project: collaboration with community agency, student volunteers included (~75 students)
- Student involvement in research should be encouraged and accommodated by creating more research elective courses in basic sciences. Such elective courses should focus more on translational lab projects and hands-on experience, limiting didactic materials.
  - Progress:
    - APPE elective rotations for research occurring
    - Increased number of undergraduate students participating
    - Increased number of volunteer Pharm.D. students participating in research with DDD, HORP
  - Research elective offered with 3rd year students
- A new Elective Course: PYDI 9800: Survey of Multi-modality Molecular Imaging for Pharm.D. taught by Dr. Peter Panizzi was added to the curriculum for Fall 2015.
  - Progress: A geriatrics elective has been developed and will be offered.
- Sterile preparation skills development issues have not been addressed this year. It is anticipated that any changes will occur with the new curriculum's development.
  - Progress:
    - Two CAPP labs now address sterile products
    - Additional competencies added in new curriculum
- A mechanism for tracking the co-curricular activity of individual student pharmacists needs to be developed to allow the HSOP to assess the professional development of student pharmacists.
  - Progress: this will be focus in the new curriculum

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- 12.1: have faculty with expertise in each (pharmaceutical, social/administrative/behavioral, and clinical sciences) of these areas, including areas of educational design (individuals with educational expertise)
- 12.4: courses currently offered do contain care across the lifespan, such as pediatric to geriatric cases/learning experiences; there are pediatric and geriatric electives as well
- 12.5:
  - IPPE Experiences are started early and offered consistently/longitudinally
  - Do not have to rely on simulation to offer experiences; meet requirement without simulation

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- 12.1: integration of most relevant core principles needed in new curriculum
- 12.4: Care across lifespan will need to be offered/a focus with new curriculum, not just as elective opportunities. Curriculum content needs to be provided for care from beginning to end of life.

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- We have a different responsibility to have a different level of preparation than we've had in the past

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- HSOP student pharmacists have IPE interwoven into the curriculum (could be aspirational) HSOP uses IPPE to generate maximum use of students in authentic patient care environments intensifying the approach to make it more authentic.

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

A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities. (Standard 14 in 2007 Standards)

Element	Description
13.1	<b>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.
13.2	<b>Diverse populations</b> – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race
13.3	<b>Interprofessional experiences</b> – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.
13.4	<b>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.
13.5	<b>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.
13.6	<b>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.
13.7	<b>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.
13.8	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

- ACPE, students, alumni, AU, citizens of AL/contiguous states, health care institutions/community pharmacies, faculty, health care professionals, employers, State Board, preceptors, spouses/significant others/parents

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

No development areas

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- Diverse APPEs, especially electives
- Attempt to sequence rotations for students based on career goals
- Student specific considerations with regards to rotation schedules (region placement, travel)
- Diverse patient populations throughout all APPEs
- Offer more FT faculty primary care rotations than some schools which is consistent with the HSOP primary care mission
- Professional Communication/Seminar course requirements in the P4 year
- International rotations in Thailand; exchange students from Thailand coming to HSOP summer 2016
- Research APPEs with DDD faculty developed for 2016-2017; elective APPE developed with HGRP faculty

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Mapping of APPEs to Appendix 2 (each practice experience)
- APPE student evaluation data documenting extent of exposure to diverse patient populations in a variety of health care settings (consider Qualtrics survey to collect this data from preceptors-add to survey for preceptors in the Fall)
- APPE student evaluation data documenting extent of exposure to interprofessional, team-based patient care.
- IPE care models in P4 APPE year are needed
- Outcome assessment data summarizing students' overall achievement of APPE educational outcomes (PCAP or some other metric)
- Updating of APPE syllabi with IPE objectives; Identifying/developing outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the APPE curriculum
- Development of electronic site visit evaluation for data analysis and reporting purposes for use by OEL.
- Map APPE assessment to new HSOP ABOs
- Ensure rotation specific objectives in addition to general objectives for each rotation type
- Improve midpoint evaluation compliance by preceptors

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- There needs to be an increased number of APPEs provided by full time faculty for students seeking residencies provided by full time faculty.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

**Standard 14: Student Services**

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

(Standard 16 in 2007 Standards)

Element	Description
14.1	<b>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.
14.2	<b>Financial aid</b> – The college or school provides students with financial aid information and guidance by appropriately trained personnel.
14.3	<b>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.
14.4	<b>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.
14.5	<b>Nondiscrimination</b> – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.
14.6	<b>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.
14.7	<b>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.).

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Auburn University (Office of Student Financial Services, Office of Accessibility), University of South Alabama Student Disability Services

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- Course instructors have not consistently provided OASA Staff and Administrators with TA level access to Canvas, which has made the tracking of student academic progress difficult. In addition, Canvas Grade Books in some courses are not accurately maintained in a manner that allows OASA to effectively track student progress (or for students to know their true progress in a particular course). These issues are being addressed in a proposed policy that will outline specific responsibilities for the instructors of record for courses.
  - Progress:
    - Faculty/Staff now have access to ExamSoft
    - Some improvements have been made to keep exam scores updated in Canvas
  - Concern/Recommendation:
    - Course coordinators maintaining of Canvas has not significantly improved to allow students/OASA to consistently see updated exam scores through the semester
    - Would be helpful if grades could be directly exported from ExamSoft to Canvas

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- School provides accommodations for students
- School now offers PharmD/PhD program
- Have finalized the PharmD/MPH program with UAB
- Students have access to faculty mentoring on both campuses
  - OASA contacts PPE mentors throughout the year with students in academic difficulty
  - Information is sent early on in the year with the contracts and communicating which students are on contracts
- Students have access to mental/health services while P1-P3 years
- SI changes
  - Expanded offerings for SI
  - Instructors are now recognized at GTAs and receive tuition discount/waiver
  - Increased accountability for SI instructors
  - Improved quality of SI, which resulted in improved grades

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- It would be helpful to conduct faculty/staff training on FERPA for better understanding of the process



- It would be helpful to understand what rights everyone has in Canvas in regards to the level of accessibility for student information
- Not all faculty/staff understand the process of accommodations; would be helpful to have faculty development in this area
- Office of Accessibility seems to be understaffed with a lot of turnover, has a lack of space, and students have had poor experiences
- Could be improved communication between HSOP and incoming students regarding financial aid
  - Providing financial advice to students throughout pharmacy school to set them up for success in the future
- P4 students do not have the same access to mental/health services
  - Would be helpful for each region to have information regarding availability of these services for P4s
- Would be useful for faculty to have more general guidelines on the CARP process for making decisions for students in academic/professional difficulty
  - Knowing factors that are assessed during this process
- Would be helpful for faculty to have more general knowledge of the dual degree programs

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- Faculty need more awareness, understanding, and communications of student services

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- All possible processes in the curriculum are transparent to faculty.

### Standard 15: Academic Environment

The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being. (Standards 20, 21, & 22 in 2007 Standards)

Element	Description
15.1	<b>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.
15.2	<b>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.
15.3	<b>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.

<b>15.4</b>	<b>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.
<b>15.5</b>	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

ACPE, parents of students, Biggio Center, AU student government and HSOP student Council, ALBOP

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- A new video production is being developed that will focus on pharmacists as part of interprofessional teams.
  - In the final stages of production
- It is recommended that Committee Chair’s reports contain a section regarding the participation of student members in the particular committee’s activities. In cases where students have largely been non-participatory, a discussion of reasons for student nonparticipation should be included.
  - Progress: chairs may not be familiar that this was an expectation. If desired, it should be included in committee charges. Improved communication is needed from both faculty and students
- There is an initiative to have more PSS sessions be presented by HSOP student pharmacists. For Fall Semester 2015, 4 of the Seminars will be presented total, or in part, by student pharmacists.
  - Progress: multiple sessions have been given by students, AMCP chapter. 5 total sessions were provided by students in the 2015-2016 year.
- Faculty/practitioner supervision of all co-curricular activities involving patient care must be developed. This is particularly important in order to allow the HSOP’s student pharmacists to continue to participate in the free clinics in which they are currently involved. Failure to maintain a presence in these free clinics would greatly impact the HSOP’s already limited IPE opportunities.
  - Progress: Improved supervision of student health fairs have occurred
- The HSOP needs to move to student involvement in fewer events that are larger in scope.
  - Progress: some collaboration is occurring
  - Suggestion: Organizations need to work together to ensure equal contribution
- The HSOP should require each of its student organizations to submit an annual report.

- Progress: this was not required in 2015-2016 but does need to be done
  - A request to the organizations will be sent by OASA
- Suggestion:
  - Executive Committee and faculty may consider which organizations are most needed/beneficial to the school and consider if there should be requirements for membership or any consolidation of organizations
  - Revisit organization stipulations for holding multiple officer positions
- Faculty need to be apprised on an ongoing basis concerning the professionalism assessment process. While multiple negative professionalism assessments may result in CARP reviewing and imposing disciplinary actions on a particular student, it is also important to realize that negative professionalism assessments may create opportunities for faculty to coach students. In cases where a faculty member submits a negative assessment, he/she is encouraged to directly discuss with the student the particular matters of concern. The professionalism assessment process is not designed to replace the Honor Board process and conduct that appears to violate the HSOP's Honor Code should be reported to the Vice-Chair of the Honor Board.
  - Progress: significant improvement has been made.
    - To date, PharmAcademic has been unable to develop a Professionalism -On -The -Fly document.
  - Development:
    - Consider development of ongoing Qualtrics survey or Google forms document
    - Consider decreasing number of professionalism assessments that are required in courses (specifically after each IP block)
    - Could consider only annual evaluation

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- There has been improved communication between OASA and students in regards to expectations with academic and professionalism contracts

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Policies and procedures have not been assembled on school website in an easily found manner
- Can improve communication regarding financial aid?

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- Student services needs are somewhat fluid, and there needs to be ongoing evaluation of office operations.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- Academic and professional environment is a significant factor that attracts the brightest and best to the HSOP

**Standard 16: Admissions**

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

(Standards 17 & 18 in 2007 Standards)

Element	Description
16.1	<b>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.
16.2	<b>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.
16.3	<b>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.
16.4	<b>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.
16.5	<b>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.
16.6	<b>Written and oral communication assessment</b> – Written and oral communication skills are assessed in a standardized manner as part of the admission process.
16.7	<b>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).
16.8	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard*

Pre-professional students, current students, faculty, staff, employers, parents/spouses/significant others, Auburn University, outside institutions (other universities).

### **2016 progress to 2015 development**

- Approved proposal to reduce specific course prerequisite requirements for applicants who have a bachelor's degree from other universities prior to admission. This process will be evaluated to see the number of students who benefited from this and how these students performed in the curriculum compared to admission through standard practices.
- New recruitment video is currently in development. It can be used as a recruiting tool to be shown when visiting schools, put on the HSOP website, social media accounts, and included in application materials. The video should be updated as the curriculum and building changes, or at a minimum of every 5 years.
- Predictors of Academic and Student Success has been completed and utilized in deliberation discussions on admission committee, will be presented in poster format at AACP and in Thailand.
- Admission committee discusses admission processes annually in order to determine applicant pool.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- The committee is compliant with elements 16.1-16.8.
- There is a high level of student involvement in admission committee activities.
- Student performance information and NAPLEX passing rates have been posted on website.
- The current full-time HSOP Director of Student Recruitment is a pharmacist.
- Application includes personal statement writing component in addition to writing component of PCAT.
- Admission interview questions have been streamlined.
- All members of the Admission Committee undergo standardized training (including mock interviews, apprentice interviews) in order to establish consistency between interview scores from different interviewers. (Reliability, inter-rater reliability needs to be included).

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Creating and implementing a proactive and intentional approach as a safety-net to incoming students expected to struggle academically or professionally based on historical data analysis.
- Writing component of application could be improved. Applicants could potentially be given writing prompts during the interview. For students with writing deficits, potentially pair with mentor to improve these skills
- The Predictors of Academic and Student Success analysis should be conducted again after implementation of the new curriculum

- There is a proactive and intentional process to identify students expected to struggle professionally or academically and provide support.

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- There is a systematic, structured evaluation process related to admissions: materials, interview process and training are evaluated annually. The committee is fairly consistent and there is not a high level of member turnover each year.
- It will continuously be a challenge to matriculate 149 qualified students.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

### Standard 17: Progression

The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program. (Standard 19 in 2007 Standards)

Element	Description
17.1	<p><b>Progression policies</b> – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:</p> <ul style="list-style-type: none"> <li>• Academic progression</li> <li>• Remediation</li> <li>• Missed course work or credit</li> <li>• Academic probation</li> <li>• Academic dismissal</li> <li>• Dismissal for reasons of misconduct</li> <li>• Readmission</li> <li>• Leaves of absence</li> <li>• Rights to due process</li> <li>• Appeal mechanisms (including grade appeals)</li> </ul>
17.2	<p><b>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.</p>

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard*

Faculty, staff, current students, student and school wide organizations (due to inability to serve), school committees, student parents/families, profession

## 2016 progress to 2015 development

**2016 Strengths:** *What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Implement an interventional approach as a safety net to students expected to struggle academically or professionally.

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- The school’s progression support establishes a benchmark for how students should be assisted.

### Subsection IID: Resources

#### Standard 18: Faculty and Staff—Quantitative Factors

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

(Standard 24 in 2007 Standards)

Element	Description
18.1	<b>Sufficient faculty</b> – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs: <ul style="list-style-type: none"><li>• Teaching (didactic, simulation, and experiential)</li><li>• Professional development</li><li>• Research and other scholarly activities</li><li>• Assessment activities</li><li>• College/school and/or university service</li><li>• Intraprofessional and interprofessional collaboration</li><li>• Student advising and career counseling</li><li>• Faculty mentoring</li><li>• Professional service</li><li>• Community service</li></ul>

	<ul style="list-style-type: none"> <li>• Pharmacy practice</li> <li>• Responsibilities in other academic programs (if applicable)</li> <li>• Support of distance students and campus(es) (if applicable)*</li> </ul>
<b>18.2</b>	<p><b>Sufficient staff</b> – The college or school has a sufficient number of staff to effectively address the following programmatic needs:</p> <ul style="list-style-type: none"> <li>• Student and academic affairs-related services, including recruitment and admission</li> <li>• Experiential education</li> <li>• Assessment activities</li> <li>• Research administration</li> <li>• Laboratory maintenance</li> <li>• Information technology infrastructure</li> <li>• Pedagogical and educational technology support</li> <li>• Teaching assistance</li> <li>• General faculty and administration clerical support</li> <li>• Support of distance students and campus(es) (if applicable)*</li> </ul>

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Auburn University faculty/staff, State of Alabama, Student Pharmacists

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- DDD department head hired 2016
- Technology and ability to connect is better – additional resources with OIT – significantly improved its performance
- Support services are improved
- PP positions are filled – 3
- DDD – 2 positions filled
- Residencies in AL – St. Vincent’s in Bham – added 2 spots (NOT AU related); higher % of students accepted for residencies
- Statistical consulting service – mechanism is in place – people are using as needed
- HORP is Negotiating with faculty candidate for health disparities cluster hire



**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- Meeting ACPE requirement regarding 1:10 faculty to student ratio (65 faculty positions and 600 students) in support of the instructional mission.
- Increased faculty retention in all units of the school
- Auburn University cluster hire initiative – AUHSOP is participating –promotes interdisciplinary research collaboration across campus
- New faculty in all departments are protected from didactic and experiential teaching responsibilities early on after employment allowing them to focus on major area(s) of responsibility
- IP facilitators orientation was smooth and preparation/teaching for CAPP/rotation students
- Use of part-time personnel – using part-time facilitators in IP to take the excessive burden off of PP faculty
- Increased use of faculty extenders, most notably, Supplemental Instruction facilitators.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- An unidirectional understanding regarding faculty/staff needs to enhance effectiveness of respective roles
- DDD needs to recruit 2 faculty members to replace the recent retirements
- Statistical consulting service – faculty are learning how to work with the consultant – involve earlier in the process (faculty need development to involve consultant earlier so he can help with design)
- Faculty College – the focus has moved from teaching to orientation focused on the school/university – we need to re-evaluate the intent of the “faculty college”
- Need to replace the staff person in OEL for PPE.
- Need support staff for new curriculum for Quantifi, webEHR, ExamSoft, Pharmcademic, etc.
- We need additional support staff for technology (inclusive of off-campus needs).
- Need baseline assessment to see if we have the resources we need for the current curriculum and new curriculum as well as dynamic re-assessment of needs for the new curriculum.
- We need to assess the needs (faculty/staff) for overlapping curricula.

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- Addressed several items in the 2015 document but moving forward with the new curriculum Opportunities are there to address changes that are coming - need for sufficient faculty and staff. We still do not know what we need for the new curriculum.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

*HSOP has adequate faculty and staff FTE to effectively support each academic missions of the program.*

**Standard 19: Faculty and Staff—Qualitative Factors**

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

(Standards 25 & 26 in 2007 Standards)

Element	Description
19.1	<b>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.
19.2	<b>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.
19.3	<b>Service commitment</b> – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.
19.4	<b>Practice understanding</b> – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.
19.5	<b>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.
19.6	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Auburn University faculty/staff, State of Alabama, student pharmacists

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- *Faculty portfolio– no progress*
- *A strategy should be developed for tracking applications for intramural awards and other scholarly outputs. – A policy is being developed by ADR’s office.*

- *Strategies for tracking objective outputs of scholarly activity* should be extended in order to make longitudinal (year-to-year) comparisons. – DONE
- Information regarding objective outputs of faculty scholarly activity should be shared among the respective department heads and the OADRGP. – DONE
- A faculty member is participating in a leadership certificate program at ACCP, one member has been accepted into the AACCP ALFP program – faculty have utilized the program in the past.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- 19.3 – faculty are engaged in service throughout the school, university, state, national and international program
- 19.4 – practice understanding – school is leading efforts within the state to advance practice in the state (i.e. collaborative practice)
- 19.5 – faculty/staff development – faculty college was re-conceptualized as a more efficient process
- Guidance 19a – almost all faculty members have postdoctoral and/or 2-yr + residency experience
- Guidance 19c – awareness of colleagues' research – interdepartmental faculty experiences (IFE) are in process; there is more information flowing through Manager of Communications to all of the academic community, professional organizations and the public.
- Professional staff being evaluated through similar process (MBO) as faculty members.
- A process for evaluating part-time IP facilitators has been developed and implemented.
- All 3 departments have junior faculty mentoring

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- 19.1 – Need to work towards using contemporary educational techniques in all settings and to train the faculty in these methodologies.
- Re-evaluate schools' P&T guidelines since it has been 5 years since doc was developed.
- Additional development is needed in the area of faculty mentoring for mid-career faculty.
- Faculty portfolio use has not progressed in part due to the technology platform employed and ongoing discussion of the appropriate parameters that should be included in it.
- Greater consistency of faculty coaching is needed. Faculty members should be required to participate in training sessions designed to improve their coaching skills.

**Insights** - Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.

- Identified a need for training our faculty in contemporary teaching techniques.
- Identified a need to work on a development plan for mentoring mid-career faculty in all departments.

**Programmatic Aspirations:** Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.

- All faculty/staff view HSOP as an environment that supports achievement of academic and professional excellence.
- HSOP is a model for faculty engagement with new pedagogies in pharmacy education.

**Standards 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.

(Standards 24, 25, & 26 in 2007 Standards)

Element	Description
20.1	<b>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.
20.2	<b>Student-to-preceptor ratio</b> – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.
20.3	<b>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.
20.4	<b>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.
20.5	<b>Experiential education administration</b> – 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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Preceptors, students, alumni, AU, citizens of AL/contiguous states, health care institutions/community pharmacies, faculty, health care professionals, employers, State Board, ACPE, spouses/significant others/parents

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- No development areas noted from 2015

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- Screening process/affiliate appointments for new preceptors
- Preceptor development modules and annual CE program

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- Consider inviting preceptors to participate in the annual faculty retreat
- Invited speakers (experiential education thought leaders from across the nation) for all CE programs
- Review policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion and retention
- Develop guidance document (checklist) regarding student-to-preceptor ratios and how the ratio allows for individualized mentoring and targeted professional development of total learners assigned to a preceptor ratio exceeds APPE 2:1 and IPPE 3:1 (ACPE Standards 2016)
- Review and interpret the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms; review by the HSOP Assessment Committee and PEC III
- Develop a model to track new innovative practices involving students; ask preceptors how they have expanded services with student involvement a tracking system for preceptor development/training (prior to having students and ongoing)

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- There are opportunities to compare preceptor feedback pre- and post-new curriculum which could lead to information to share with the academy

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

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

The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.  
(Standards 27 & 29 in 2007 Standards)

Element	Description
21.1	<b>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.
21.2	<b>Physical facilities’ attributes</b> – The college or school’s physical facilities also include adequate: <ul style="list-style-type: none"> <li>• Faculty office space with sufficient privacy to permit accomplishment of responsibilities</li> <li>• Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators</li> <li>• Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology</li> <li>• Laboratories suitable for skills practice, demonstration, and competency evaluation</li> <li>• Access to educational simulation capabilities</li> <li>• Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university</li> <li>• Animal facilities that meet care regulations (if applicable)</li> <li>• Individual and group student study space and student meeting facilities</li> </ul>
21.3	<b>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.
21.4	<b>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

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Regulatory and Compliance Entities, Faculty/Staff, Auburn University, Student Pharmacists, HHS Funding Agencies and NSF, Profession

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- Established policies and procedures regarding access to Walker Building research laboratory spaces.
- Plans have been made for the Walker Building research laboratory and graduate student spaces that will be vacated as a result of DDD faculty moving to the PSRB.
- Plans for expanding the size and number of PP faculty offices in the Walker Building have been explored but will need to continue.
- Plans for developing small group (5-10 people) meeting spaces in the Walker Building have been explored but will need to continue.

- Leadership and operational plans for the PSRB are being developed. These plans will include provisions to foster connections between PSRB faculty members and the Pharm.D program. Specifically, the plans will include an assessment of whether PSRB faculty members need to retain Walker Building office space (and if necessary, accommodations for that need).
- Completed pre-construction processes for PSRB.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- VMR number, personal conference rooms have been a huge accomplishment and benefit to the program
- Not having to schedule meetings between 2 people on the Master Schedule has been a huge positive in the right direction this year.
- The students have sufficient space in the building including personal space, storage space, and meeting space. Students are satisfied/pleased with the electronic resources that we have available.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- We need to include a list of resources available to students (through the library or through ACCESS Pharmacy) during new student orientation every year; also professors should put this information in their syllabi.
- We do not have enough space for interprofessional education experiences within the HSOP
- HSOP must develop a comprehensive space allocation plan that encompasses office, instructional, experiential (IPE), laboratory and breakroom spaces needed for faculty and staff increases due to curriculum revision and additional faculty.
- Plans for developing small group (5-10 people) meeting spaces and mid-sized classrooms in the Walker Building have been explored but will need to continue
- Determine how team room assignments are made for the new curriculum.
- Relocation of the HORP department to the Walker Building would improve the opportunities for interdepartmental collaboration.
- Leadership and operational plans for the PSRB are being developed. These plans will include provisions to foster connections between PSRB faculty members and the PharmD program. Specifically, the plans will include an assessment of whether PSRB faculty members need to retain Walker Building office space (and if necessary, accommodations for that need)

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

### Standard 22: Practice Facilities

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

(Standard 28 in 2007 Standards)

Element	Description
22.1	<b>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.
22.2	<b>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.
22.3	<b>Evaluation</b> – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.



**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Preceptors, student pharmacists, HSOP, ACPE, Employers, Patients

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- SPEEC is very active in order to standardize the APPE experiences
- Director of OEL does prospective reviews of new experiential practice sites.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- OEL should share information with the faculty concerning how experiential education sites are evaluated before being approved and how current sites are monitored for CQI
- We need to expand preceptor development at our experiential site locations
- We have adjusted the types of APPE electives that are available for the P4 students, and we need to continue to strive to expand these opportunities
- HSOP must continue to identify cutting edge practice venues (internal medicine, ambulatory care, and practitioners to participate in its APPE instruction

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

### Standard 23: Financial Resources

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

(Standard 30 in 2007 Standards)

Element	Description
23.1	<b>Enrollment support</b> – The college or school ensures that student enrollment is commensurate with resources.
23.2	<b>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.
23.3	<b>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.
23.4	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

School of Pharmacy, Faculty, Student pharmacists, Student spouses/Significant Others, State of Alabama, Auburn University, Alumni, Donors, HHS Funding Agencies and NSF, ACPE

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- A model showing how the decrease in class size might impact the HSOP budget overall (if we cannot attract a qualified applicant pool) is needed. No progress

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- HSOP has increased grants and contract revenue.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- We need to evaluate and assess how the new budget model is going to impact the HSOP professional and graduate programs
- We need to lobby to have pharmacy included in the state healthcare loan forgiveness programs– political advocacy
- We need to work on the collaborative practice act and pharmacist provider status so that faculty can bill for their services and increase the revenue stream into the pharmacy practice department (similar to medical schools)
- We need to increase contracts, grants, agreements, reimbursement for clinical services---extramural funding....
- We need to model how the decrease in class size might impact the HSOP budget overall (if we cannot attract a qualified applicant pool).
- Consider how the Dean’s transition will effect this standard (the faculty will need to maintain a united front regarding the curricular revision)
- Consider creating a blueprint of the key priorities of the school during the transition time to distribute to internal and external stakeholders (what is the message we want to send)

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- Faculty and students had increased awareness of the potential impact of the new budgetary model

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

HSOP student pharmacists’ loan indebtedness is lower than the national average.

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

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

(Standard 15 in 2007 Standards)

Element	Description
24.1	<b>Formative and summative assessment</b> – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.
24.2	<b>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.
24.3	<b>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:

	<ul style="list-style-type: none"> <li>• Enter advanced pharmacy practice experiences</li> <li>• Provide direct patient care in a variety of healthcare settings</li> <li>• Contribute as a member of an interprofessional collaborative patient care team</li> </ul>
<b>24.4</b>	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Profession, Student Pharmacists, Faculty, ACPE, USA, UAB and other Affiliated Universities and Healthcare Institutions, Healthcare professionals, State Board.

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- The Pharmacy Curriculum Outcome Assessment (PCOA) will be administered to all P3 students in January 2016 in accordance with the ACPE Standards. Results of the exam will be used to determine areas of strength and weakness in the curriculum.
  - The PCOA was administered to all P3 students this spring semester.
  - We are in the beginning stages of looking at results of exam; Unsure if we will have the ability to determine areas of strength and weaknesses given the way results are reported. Global, broad areas to be addressed will be assessed.
- The Associate Dean for Curriculum and Assessment will hold a series of “Assessment Discussions” where data from various assessments are discussed with faculty, staff, and students.
  - Assessment discussions have not been formally done, however Dan Surry is willing to informally meet with anyone to discuss assessment results.
  - Committee charges have changed to focus more on CQI and to create an assessment strategy.
- Need systematic reviews of exams using Examsoft.
  - We have begun this process – tagging of items (learning objectives, Blooms, etc), running analytics, etc
  - Need to schedule an Examsoft boot camp – Channing to schedule
  - Ongoing review of exams in Examsoft need to occur to ensure questions are valid (typos, misspellings, etc)
- Policies and procedures relating to student portfolios are still being refined for June, 2016 implementation.
  - Option for students to create an online professional portfolio.
  - We have a continuous professional development system that will begin in 2017 to allow students to reflect on their growth. More than likely we will use the portfolio system for this purposes.

**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- All exams are now in one place (ExamSoft)
- OSCEs moved to ExamSoft
- Exam policies are in place
- Milestone assessments and OSCEs are being utilized as performance-based assessments
- New curriculum - The assessment plan will measure student achievement at defined levels of the professional competencies that support attainment of educational outcomes

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- New curriculum – Assure that the assessments component is being considered simultaneously as the curriculum is being developed. Faculty need to be made aware of what the assessment plan is.
- Ensure appropriate assessments are developed to ensure that students can provide direct patient care in a variety of healthcare settings. We understand this is being done on a small scale with APPE evaluations.
- PCOA was and will continue to be administered. The Assessment Committee needs to assess which standardized assessments, as required by ACPE, which are being utilized.
- Exam question review.

**Insights -** *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- Faculty need to be informed on overall assessment initiatives and plans.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- There is transparency with all student educational assessments.

**Standard 25: Assessment Elements for Section II: Structure and Processes**

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.

(Standard 3 in 2007 Standards)

Element	Description
25.1	<b>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.
25.2	<b>Program evaluation by stakeholders</b> – The assessment plan includes the use of data from AACCP standardized surveys of graduating students, faculty, preceptors, and alumni
25.3	<b>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.
25.4	<b>Faculty productivity assessment</b> – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service
25.5	<b>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.
25.6	<b>Interprofessional preparedness</b> – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.
25.7	<b>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
25.8	<b>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.
25.9	<b>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.

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

All, except United Nations

**2016 Progress on 2015 Areas for Development:** *As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.*

- None listed
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**2016 Strengths:** *What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.*

- Assessment committee and subcommittee (milestone) in place.
- Assessment plan is being revised to be more formalized and streamlined for consistency.
- Course reviews are currently suspended but curriculum assessment is being done on an individual course bases (i.e. IP).
- New curriculum is a direct result of curricular assessment.
- Completion of faculty activity reports and the annual review process are a good method to assess faculty productivity.
- The Pharm.D. core curriculum is exactly the same (from a content standpoint) across both campuses.
- Piloted IPE programs with dietary and nursing in PPE.

**2016 Areas for Development:** *Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties*

- The assessment plan needs to be formalized and implemented.
- Assessment plan needs to have a plan to include the use of data from AACCP standardized surveys.
- Reevaluate our course and instructor evaluations so that teaching effectiveness can be better evaluated.
- Plan needs to be in place for CQI of new curriculum assessment.
- A formalized process for looking at the admissions criteria, especially in the face of the new curriculum, needs to be in place and continually reviewed.
- Institute an assessment tool for piloted IPE programs.
- Need more clinical faculty on the Milestone Committee.

**Insights** - *Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.*

- We cannot forget about the current curriculum as we move forward with the new curriculum. We need to ensure that curricular assessment is ongoing. Components of the current curriculum will likely be utilized in the new curriculum (P3 electives) and need to continue to be assessed and improved upon.

**Programmatic Aspirations:** *Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.*

- Assessment is universally accepted and utilized by faculty and students in order to continue move forward and improve our educational and programmatic outcomes.



## HSOP INTERNAL STANDARDS

### HSOP Internal Standard 1: Graduate Programs

The School will establish and maintain interdepartmental Pharmaceutical Sciences MS, PhD, PharmD-PhD programs that will prepare students for careers in academia, government, and the private sector. The interdepartmental Pharmaceutical Sciences graduate programs will interface with and support the teaching, scholarship, and outreach/service missions of the school.

Element	Description
IS1.1	Curriculum
IS1.2	Soft skills
IS1.3	Assessment
IS1.4	Funding
IS1.5	Graduate faculty

**Stakeholders for this Standard** - *Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.*

Funding agencies, faculty/staff, university: including Internal research centers/institutes (e.g., AURIC), all students (undergrad; grad; pharmD; postdoc; visiting fellows), State of Alabama public, neighboring institutions/universities, professional associations (e.g., APS), pharmaceutical companies, government regulatory bodies and NGOs (i.e. USP), other practitioners

**2016 Progress on 2015 Areas for Development:** As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.

- The restructuring of the PharmD curriculum should include an assessment of the impact of the curricular change on GTA needs. If GTA needs are expected to increase, a plan for funding that increase should be developed.
  - GTA needs assessment – no progress made yet. Hard to do needs assessment until curriculum is almost completely designed. As progress in courses is achieved, GTA needs assessments can be performed.
- An assessment of GRA/GTA/GA stipend levels at comparator and aspirational graduate programs should be performed as the first step in determining whether an increase in our GRA/GTA/GA stipends is warranted. This assessment plan should be durable, in order to develop a strategy for ongoing and continuous assessment of GRA/GTA/GA stipends.
  - GTA/GRA/GA Stipend levels – anecdotal data are mixed with some indicating stipends levels are low and some indicate stipend levels are high. AU has representation on the AACCP graduate education committee and that committee has been gathering and disseminating stipend data. Those data were culled to restrict the data to the geographically neighboring graduate programs. The general trend is that stipends are on the low side. The new budget model may greatly affect the distribution of funds. Any action proposed would have to reflect the new budget realities.

- Strategies for training GTAs should be developed. This training should be coupled to a comprehensive evaluation strategy and should be part of a CQI process focused on both programmatic improvements and on developing the skills of individual GTAs.
  - GTA training – There has not been discussion of a course for GTAs offered by the School of Pharmacy. Discussion of the possibility of such a course specifically for teaching of the new curriculum should be discussed by the curriculum development teams. We do have an evaluation strategy, which is University mandated, comprehensive, and part of the CQI process.
- Strategies for assessing the performance/outcomes of individual graduate students and of the Pharmaceutical Sciences graduate program should be implemented. These strategies should be part of a CQI process focused on both programmatic improvements and on developing the skills of individual graduate students.
  - GA assessment strategies – We do not have evaluations for GRAs specifically in terms of their job activities, but we do have annual committee meetings, as well as annual reports filed through the OADRGP to the graduate school.
- Many of the courses of the restructured PharmD curriculum will be of reduced value to Pharmaceutical Sciences graduate students. Moreover, the proposed University budget model will encourage HSOP to have its graduate students take fewer courses outside of HSOP. Therefore, the Pharmaceutical Sciences graduate curricula and graduate course offerings should be comprehensively evaluated with these factors in mind. However, this evaluation may need to be delayed until a clearer understanding of the impact of the restructured PharmD curriculum and the University budget model is available.
  - Graduate curricula – DDD and HORP are engaged in curricular revision and course creation for the MS/PhD programs. There is concern regarding faculty shortage to teach the additional graduate courses given the strong incentive to keep courses “in house” by the new budget model.

**2016 Strengths:** What are the ways in which the program’s performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.

- Dramatic increase in enrollment. (2010: ~20 MS/PhD students. Fall 2015: ~50 MS/PhD. On track for 60 MS/PhD students for Fall 2016)
- Percentage of students externally funded remains very high. Approximately 70% are externally funded and the number is expected to increase.
- Time to degree is lower than national average. (Masters ~2.0 years and PhD is <4.5 years)
- Number of publications by graduate students has increased in last 3 years (2014 > 30 pubs & 50-60 authorships), which is greater than the increase in enrollment (i.e., the rate has increased).
- Grad students have competed for, and secured, internal and external funding (e.g., AFPE, NSF, Gates Foundation, Fulbright, AURIC).
- Our students are engaged in multi-unit/multi-disciplinary research activities.
- Continuing to add students to the PharmD/PhD program (3 total) and existing students progressing nicely (1 just graduated).
- Graduate students have been recognized both locally and nationally for their research accomplishments and activities.
- Increase in diversity with the graduate student population.

**2016 Areas for Development:** Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties

- The restructuring of the PharmD curriculum should include an assessment of the impact of the curricular change on GTA needs. If GTA needs are expected to increase, a plan for funding that increase should be developed.
- An assessment of GRA/GTA/GA stipend levels at comparator and aspirational graduate programs should be performed as the first step in determining whether an increase in our GRA/GTA/GA stipends is warranted. This assessment plan should be durable, in order to develop a strategy for ongoing and continuous assessment of GRA/GTA/GA stipends.
- Strategies for training GTAs should be developed. This training should be coupled to a comprehensive evaluation strategy and should be part of a CQI process focused on both programmatic improvements and on developing the skills of individual GTAs.
- Many of the courses of the restructured PharmD curriculum will be of reduced value to Pharmaceutical Sciences graduate students. Moreover, the proposed University budget model will encourage HSOP to have its graduate students take fewer courses outside of HSOP. Therefore, the Pharmaceutical Sciences graduate curricula and graduate course offerings should be comprehensively evaluated with these factors in mind. However, this evaluation may need to be delayed until a clearer understanding of the impact of the restructured PharmD curriculum and the University budget model is available.
- Increase awareness and visibility of the activities of the MS/PhD program within HSOP. A goal is to increase the connectivity of pharmacy practice faculty and members of the research enterprise (e.g., undergrad/grad researchers). Publicize prelim exam oral and dissertation presentations for greater visibility.
- One step in improving graduate education programs should involve tracking outcome by surveying recent MS and PhD graduates.

**Insights** - Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.

- Better understanding of the effect of the change in PharmD curriculum on the graduate program and graduate faculty. New graduate courses will need to be developed to account for changes in the PharmD curriculum.

**Programmatic Aspirations:** Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.

- All units meaningfully engage with the graduate program.

## HSOP Internal Standard 2: Scholarly Activity

The school will engage in cutting edge scholarly activity that is at least broadly related to human diseases and health care.

Element	Description
IS2.1	Infrastructure and Resources
IS2.2	Need to include at least 1 specific element related to this standard

**Stakeholders for this Standard** - Determine which stakeholders from the list above, or those you have added, may be most affected by this standard or which may affect attainment of this standard.

Funding agencies, faculty/staff, university: including Internal research centers/institutes (e.g., AURIC), all students (undergrad; grad; pharmD; postdoc; visiting fellows), State of Alabama, neighboring institutions/universities, professional associations (e.g., APS), pharmaceutical companies, (Pseudo)-government regulatory organizations (e.g., FDA, CDC, USP), other practitioners, patients

**2016 Progress on 2015 Areas for Development:** As a result of implementing change strategies from the last assessment is noted. Any deviations from the planned strategy are analyzed to improve future planning.

- The School should develop a funding plan to support the goal of 25 faculty FTEs in (DDD) and 8 faculty FTE's in (HORP). Likewise, the School should develop a plan for funding the startup packages and for providing the research space needed to accommodate the new faculty hires in PS (DDD).
  - AU has initiated a cluster hire program to hire faculty in multi-disciplinary research areas. Cluster hire should result in 2 HORP and 3 DDD faculty hires, including a portion of the start-up package to be contributed to by the Provost.
- The School must focus on recruiting a (DDD) department head; this individual would help that Department set the vision and strategy for the new faculty hires.
  - DDD department head (Tim Moore) has been hired and will help set the vision and strategy for the new faculty hires.
- Employ editorial assistance in the preparation of grant application (with the support from the Dean's office).
  - We have 3 separate mechanisms for providing editorial assistance: (1) One is through the OVPRED to provide a grant writer in support of major grant applications. (2) The second is through the UAB Center for Clinical and Translational Sciences (and they may suggest collaborators or provide seed funding to collect preliminary data). (3) The Dean has funding available to hire a consultant grant writer to assist with grant development. All of this is in addition to ad hoc activities within the departments.
- The HSOP Contracts and Grants Administrator should virtually meet with off-campus faculty in order to establish or enhance the working relationships with these individuals.
  - Not yet completed. Will continue work on this.

**2016 Strengths:** What are the ways in which the program's performance is praiseworthy? A strength statement addresses what attribute or action was valuable, why it is important, and how to reproduce it.

- Increased extramural funding dramatically. Averaged >\$1.5M over the last 5 years.
- Incentive program in place and highest per capita use of this program across campus.
- Number of graduate students continues to increase.
- Number of patents continues to increase dramatically.
- Averaging ~80 publications per year.
- We have a statistical consultant center to assist in proposal development, data collection, and data analysis.
- Administrative and financial support, and others who help publicize the work, has increased research activity and visibility.

**2016 Areas for Development:** Identify the changes that can be made (between this assessment and the next) to improve performance. They should clearly distinguish the issues that caused problems and delineate changes that could be implemented to resolve these difficulties

- Need to do a better job licensing and commercializing our intellectual property. We are generating invention disclosures through patents (strength). We are not moving towards the next step from there (area for development).
- We need to determine how to obtain help with the initial request of the appropriate statistical test, as well as the interpretation of the statistical output generated by the statistical consultant center. May need to involve the statistical consultant center earlier to assist with the collection phase of the project.
- IACUC- and IRB- related approval processes impede research progress. (Issues with Cross-University CITI training requirements.)
- Animal facilities inadequate for current animal research needs.
- Lack of clinical research resources (e.g., study nurses and assistance in consenting).
- Research/office space is a concern (e.g., HORP will run out space quickly).
- Increase visibility of faculty research in general, and particularly for PharmD students to increase participation by PharmD students.
- Ramp up our self-marketing (e.g., contact Manager of Communication with news).
- Improved post-award financial support.

**Insights** - Identify at least one new and significant understanding that was gained concerning the performance area. Insights include why this new understanding is significant and how it can be applied to other situations.

- We cannot afford to be complacent and must maintain focus if we want to continue to succeed.

**Programmatic Aspirations:** Identify any aspirations that we as a faculty should strive for above and beyond the minimum requirements set forth in the standard. These could be quantitative or qualitative and can relate to processes, outcomes, values, beliefs or attitudes.

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- Scholarly activity contributes significantly to national ranking in the top 15.