

Idaho State

UNIVERSITY
College of Pharmacy

Self-Study Report

Prepared for the Accreditation Council for Pharmacy Education
September 7, 2016

Self-Study Table of Contents

Overview of Changes & Developments	3
Summary of the College’s Self-Study Process	5
Summary of the College’s Self-Evaluation of All Standards	6
Standard No. 1: Foundational Knowledge.....	7
Standard No. 2: Essentials for Practice and Care	14
Standard No. 3: Approach to Practice and Care	20
Standard No. 4: Personal and Professional Development	27
Standard No. 5: Eligibility and Reporting Requirements	35
Standard No. 6: College or School Vision, Mission, and Goals.....	41
Standard No. 7: Strategic Plan	47
Standard No. 8: Organization and Governance	52
Standard No. 9: Organizational Culture.....	59
Standard No. 10: Curriculum Design, Delivery, and Oversight	64
Standard No. 11: Interprofessional Education (IPE)	74
Standard No. 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum	80
Standard No. 13: Advanced Pharmacy Practice Experience (APPE) Curriculum	88
Standard No. 14: Student Services.....	97
Standard No. 15: Academic Environment	104
Standard No. 16: Admissions	110
Standard No. 17: Progression	117
Standard No. 18: Faculty and Staff—Quantitative Factors	123
Standard No. 19: Faculty and Staff—Qualitative Factors	130
Standard No. 20: Preceptors	137
Standard No. 21: Physical Facilities and Educational Resources.....	144
Standard No. 22: Practice Facilities.....	152
Standard No. 23: Financial Resources	158
Standard No. 24: Assessment Elements for Section I: Educational Outcomes	164
Standard No. 25: Assessment Elements for Section II: Structure and Process	170

Overview of Changes & Developments

Introduction

The Idaho State University College of Pharmacy enjoys a nearly 100-year tradition of educating competent and caring pharmacists with a rich history of educational innovation and community service in rural and underserved areas. Our self-assessment during the 2011 self-study has been taken seriously; areas marked for improvement have been addressed and great progress has been made.

Section I: Educational Outcomes

Since the last accreditation visit, the College has adopted a new set of educational outcomes and learning objectives based upon the 2013 CAPE Outcomes. They have been fully incorporated into the assessment program of student performance and overall curricular success. Specific accomplishments include implementation of a portfolio system for student self-assessment and reflection, and an online tool for standardizing course syllabi helps facilitate measurement of the breadth and depth of curricular content.

Section II: Structure and Process to promote Achievement of Educational Outcomes

As part of a dynamic professional curriculum, numerous changes and enhancements have occurred. Key elements include the following:

- Modifying the basic science sequence to better integrate with the pharmacotherapy curriculum
- Sequencing the pharmacy administration series to better emphasize communication, patient counseling, and professionalism
- Restructuring the IPPE sequence to better assess progressive skill development, and implement an interprofessional component
- Restructuring the capstone course to address pre-APPE outcomes so that students are better prepared for success in clinical practice and on the NAPLEX

Significant administrative changes include the restructuring of several faculty positions to create a Director for Interprofessional Education (IPE) and Assistant Deans at each teaching site. The College has contracted with local payers to provide MTM services and provide students with exposure to real-life situations and complex patient needs. Additionally, the first tele-pharmacies in Idaho were successfully opened and creation of *Bengal Pharmacy* has allowed the hire of two additional clinical instructors. Meanwhile, relationships with partnering healthcare facilities have added three new co-funded faculty positions. Finally, the College was instrumental in meeting the requirements for joint (interprofessional) accreditation of continuing education programs for pharmacy, medicine, and nursing.

Opening the Alaska site has led to more inclusive committee structures, administrative assignments, and student organization leadership models. WWAMI medical school professors at the University of Alaska Anchorage now provide all instruction for required physiology courses.

Improvements made to facilities include the construction of research space in Meridian, remodeling of the compounding lab and student lounge in Pocatello, and relocation of the Drug Information Center from the ISU Library to the College.

The College has now fully implemented multiple mini interview scenarios in the admissions process and is tracking and analyzing its effectiveness. While out of state application numbers have declined, the in-state pool is acceptable and enrollment is stable. Our students continue to excel, not only scholastically but in the delivery of healthcare to underserved rural populations, as evidenced by repeated national and regional student outreach APhA-ASP awards.

Further, the College has implemented an early identification process for those struggling academically. Two academic coaches have been trained and a validated instrument is being used to identify areas of weakness as well as a referral process to best utilize ISU resources to maximize student success. Student Affairs implemented a new progressions and remediation policy this past year that provides students with the opportunity to remediate knowledge gaps and progress normally.

Section III: Assessment of Standards and Key Elements

The Office of Accreditation and Assessment (OAA) was reorganized and a .75 FTE Assessment and Accreditation Coordinator was added. Recent accomplishments of the OAA and Assessment Committee include:

- Creating the annual assessment report annually for the past 5 years has provided useful longitudinal data
- Implementing ExamSoft® to provide additional assessment data
- Revising nearly all student and teaching evaluation instruments
- Revising the Strategic Plan metrics
- Implementing assessment metrics for Standards 3 and 4 affective domains across the curriculum

Conclusion

The College recognizes a need for continuous quality improvement to ensure graduates are prepared for contemporary pharmacy practice now and into the future. To that end, the faculty and administration of the Idaho State University College of Pharmacy proudly present the 2016 Accreditation Self-Study Report as evidence of its long-standing traditions and strong commitment to preparing caring and highly competent graduates.

Summary of the College's Self-Study Process

The self-study process at Idaho State University began in 2014 shortly after the release of the draft Standards 2016 in February. The self-study was managed like a high level documentation plan, with the project management team consisting of the director and coordinator of assessment and accreditation. Together, these two created a plan and assembled a steering committee to manage the self-study process.

In the 2014-2015 school year, a project timeline and assignments for self-study subcommittees were sent out to all faculty (Upload [S1](#)). Members of the steering committee served as chairs to each self-study subcommittee, which included faculty, staff, students, and preceptors. The first task for subcommittees was to provide an in-depth analysis of strengths and weaknesses of the existing program related to the new standards for their area of expertise. To assist with the initial assessment, each subcommittee was given a template for assessing the data needs for each standard that included, the data element, new or existing data, description of new data or missing data and the person who was going to be accountable for gathering the data. Action plans were shared at steering committee meetings and subsequent progress was reported at future meetings.

Several major milestones were identified and accomplished as part of the self-study process that have improved the quality of the program. First, the College developed a new strategic plan with assistance from faculty, students, and stakeholders. Second, as part of the strategic planning process, new educational outcomes were adopted and assessment metrics were updated. Third, evaluation tools were updated and included feedback from preceptors, peer schools, and faculty. These milestones have allowed broad involvement and participation in meeting the demands of the new standards and developing the self-study.

Initial drafts of each standard were due in April 2016. The accreditation team provided detailed feedback on every standard. In several instances, content needed to be clarified or expanded to fulfill what was outlined in the ACPE self-assessment instrument. Existing staff, as well as external editors, were used for second and final drafts. The editing, organization, and final revisions took approximately six months to complete.

Faculty retreats, which are two-day administrative and faculty development meetings held each fall, were a great opportunity to report on the progress and workshop various elements of the self-study. The fall 2015 faculty retreat highlighted affective domain elements and the need for expanding assessment efforts. The fall 2016 retreat was especially critical as faculty were split into small groups and asked to evaluate 2-3 standards using the ACPE rubric for purposes of determining a final evaluation (e.g., compliant, non-compliant, etc.) for each standard. Groups were also encouraged to provide editing suggestions, review the data Uploads and appendices, as well as provide feedback on directions for future quality improvements.

The College solicited feedback regularly throughout the various stages of the self-study process. Students were solicited for feedback actively during subcommittee participation, town hall meetings, as well as asked to comment on the final draft of the standard. The accreditation process was a topic at every faculty meeting for the past two years, providing a forum for discussion and faculty feedback on various elements of the self-study.

Summary of the College's Self-Evaluation of All Standards

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

Standard No. 1: Foundational Knowledge

Required Uploads:

- ☑ Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data **broken down by campus/branch/pathway** (*only required for multi-campus and/or multi-pathway programs*)
- ☑ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years **broken down by campus/branch/pathway** (*only required for multi-campus and/or multi-pathway programs*) Template available to download
- ☑ Performance of graduates (passing rate, Competency Area 1¹ scores, Competency Area 2 scores, and Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years Template available to download
- ☑ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years.

College's Self-Assessment

	S	N.I.	U
1.1. Foundational knowledge – 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.	●		

Comments on Standards:

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

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

Introduction

The Idaho State University College of Pharmacy takes pride in its ability to prepare graduates with the foundational knowledge necessary to excel as pharmacists. The curriculum is designed to build a strong base in the foundational sciences that is integrated and applied throughout the program to result in graduates who have the ability to provide high quality patient-centered care and advance population health. Student performance on standardized exams such as the PCOA, NAPLEX and MPJE confirms that our students can apply their knowledge, skills and abilities appropriately as an ISU graduate.

Description of Foundational Knowledge in the Curriculum

In the first professional year (P1 year), students are introduced to the four foundational sciences: biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences, which build upon pre-professional coursework (Appendix [1.1](#)). Basic biomedical and pharmaceutical sciences principles and core concepts covered include:

- Advanced human physiology
- Pharmacology
- Immunology
- Medicinal chemistry
- Basic pharmacokinetics
- Pharmaceutics
- Pharmacy calculations

First year social/behavioral and administrative sciences include:

- Healthcare systems
- Pharmacoeconomics
- Pharmacoepidemiology
- Ethics
- Communication skills
- Interprofessional concepts
- Basics of pharmacy law
- Professional development
- Research design

Background in the clinical sciences includes:

- Self-care pharmacotherapy
- Clinical pharmacology
- Patient assessment
- Clinical problem-solving
- Care plan documentation
- Information retrieval and literature evaluation

During the P1 year, students are also required to complete 200 hours of Introductory Pharmacy Practice Experiences (IPPEs), where students obtain a context for how knowledge gained during the first year may be applied in the future. Both the breadth and depth of information covered is documented through course mapping to ACPE Appendix 1 (Appendix [1.2](#)).

Integration of Foundational Sciences

The foundational sciences are reinforced throughout the first year and continue into the fall semester of their second professional year (P2) in Dosage Form Design and Compounding Laboratory. Coursework progresses in the second and third years to further advance, integrate and apply knowledge.

A key series of courses specifically designed for promoting curricular integration are the pharmacotherapy modules. These modules are a series of ten sequentially taught, multidisciplinary, organ system-based courses beginning in the P2 year and spanning four semesters. They constitute 32 credit hours and represent approximately 1/3 of the didactic curriculum. These modules integrate a number of disciplines that were previously taught separately including:

- Pathophysiology
- Pharmacology
- Medicinal chemistry
- Clinical chemistry
- Therapeutics

Applied information relating to pharmaceuticals, pharmacogenomics, toxicology, immunology, and clinical pharmacokinetics are also included as appropriate. Population-based care is addressed in each module through coverage of preventive health strategies and discussion of evidence-based guidelines. The integrated format helps students learn the material in a manner that facilitates understanding and transition from foundational concepts to application. Grades from several of these modules contribute to a student's core course GPA, which is used as curricular effectiveness and student performance measures (see Standard 24).

Accompanying each module is a pharmacotherapy skills laboratory that focuses on clinical skills development and application of knowledge. Typical lab activities include:

- Case discussions
- Patient counseling
- Physical assessment
- Hands on experience with various drug delivery and point-of-care monitoring devices
- Literature retrieval and evaluation
- Practice with pharmacokinetic and nutritional support calculations

The Problem Based Learning (PBL) Case Studies courses are a critical, sequential part of developing the ability to integrate and apply knowledge from across the curriculum. PBL courses begin in the P2 fall semester to reinforce the pharmacotherapy modules and build on the P1

Introduction to Clinical Problem Solving course. This series of courses is designed to foster clinical decision making skills, professional development, and communication skills.

PBL Case Studies uses a small group discussion format along with published patient case histories, real-life clinical vignettes, and journal clubs. Students are expected to integrate and apply their knowledge of therapeutics, other foundational sciences, and literature evaluation skills to assess patient cases and recommend evidence-based treatment plans. Each course includes a midterm and a final case write-up that is used to assess the progression of problem solving skills and students' ability to apply foundational knowledge to patient-centered care. PBL exam scores are tracked for each student, as well as aggregated across each class throughout the four semester sequence, as key measures of student performance and curricular effectiveness.

Completing the didactic curriculum at the end of the P3 year is the Capstone Pharmacy review course, which is taught intensively over a five-week period. The major objective of this course is to ensure that students are prepared for their upcoming Advanced Pharmacy Practice Experiences (APPEs) and can integrate and apply knowledge acquired from the entire curriculum to patient care. To accomplish this, the course includes a NAPLEX review, multiple recitation activities, and a variety of student-directed problem solving exercises involving real-life pharmacy consults. Although there is some faculty-led teaching, the course focuses on student-led activities, including small group assignments, student presentations, peer teaching, and a self-study of the top 300 drugs.

The final capstone course in the P4 year is the Professional Student Seminar. This seminar is a self-directed one credit course where students must identify a "controversial clinical question" to frame their literature review and presentation. They must perform a comprehensive literature search, draw conclusions based on the information available and deliver a one-hour presentation that includes a question and answer discussion session with peers and faculty. Presentations are evaluated by two faculty, and students must achieve a passing score to graduate.

Evidence of Foundational Knowledge & Quality Improvements

To ensure the College is adequately preparing students, a series of assessment tools and standardized exams provide comparison data on student performance against national peers. Performance is measured at the end of each spring semester during P1 and P2 years to ensure an adequate knowledge base is being obtained and progression through the program is appropriate. The Pharmacy Curriculum Outcomes Assessment (PCOA), North American Pharmacist Licensure Examination (NAPLEX), and Multistate Pharmacy Jurisprudence Examination (MPJE) are standardized exams that provide information regarding student acquisition of foundational knowledge and allow for national comparison. It should be noted that data is available for Pocatello and Meridian students, but will not be available for Anchorage students until spring of 2019 and 2020.

PCOA Results

ISU recently began administering the PCOA exam to P3 students in the years 2013, 2015 and 2016 and therefore has limited data (Uploads [1.1.1](#) & [1.1.2](#)). In each case ISU has exceeded the 50th percentile for total score, marked by a slight improvement each year starting at the 53rd

percentile in 2013, 56th percentile in 2015, and 60th percentile in 2016. In addition, 2016 was the first year that ISU students exceeded the 50th percentile in each of the foundational sciences.

ISU has consistently scored highest in the clinical sciences and lowest in the basic biomedical sciences, although this has improved since 2013 and 2015. Data for 2016 shows scores to be comparable between sites as expected. Sub-topic scores are harder to interpret because patterns fluctuate each year, and some of the data is based on a very small number of questions. Areas where ISU has consistently scored below the national average are molecular cell biology/genetics and medicinal chemistry. Course mapping suggests that some aspects of genetics are being covered throughout the curriculum; however, basic biomedical aspects may not be at the depth that PCOA covers.

As a result of these low scores and potential curriculum deficiencies identified through mapping, P1 course revisions will include enhancing medicinal chemistry content beginning in fall 2016. Another notable factor thought to have negatively impacted overall PCOA scores is a lack of student accountability if they score poorly. In an effort to proactively improve performance, students who score lower than the 15th percentile will be required to retake the exam at their own expense and be provided with personalized study suggestions for weak areas.

NAPLEX Results

A downward trend has been noted in NAPLEX scores over the last 3 years with ISU pass rates lower than the national average for 2014 and 2015 (Upload [1.2](#) & [1.3](#)). The College's Assessment Committee and the Curricular Affairs Committee (CAC) review this data annually before it is presented to the faculty. Potential explanations for scores have been identified as follows:

- Declining quality of the applicant pool
- Prior weaknesses in basic pharmaceuticals and pharmacy calculations courses
- Lack of student comfort with the exam format
- Less recall focus on individual drugs

Using these potential explanations as a starting point, curricular changes were made and several more are underway. The following changes are expected to positively impact the spring 2016 NAPLEX scores:

- 1) In fall 2013 a new faculty member was recruited to teach pharmaceuticals and pharmacy calculations (Area 2). This was largely due to student concerns on course evaluations regarding teaching quality of the previous instructor.
- 2) In spring 2015, a 1-credit self-study NAPLEX board review component was added to the P3 Capstone Pharmacy course. Student feedback on course evaluations led to the College purchasing pre-NAPLEX exams and copies of the *RxPrep Course Book 2016* (RxPrep, Inc.) for student checkout beginning with the 2016 graduating class.
- 3) There have been two faculty development programs (August 2014 and January 2016) focusing on exam writing guidelines from the National Association of Boards of Pharmacy. The primary driving force was the idea that students would benefit from an

improved comfort level with a similar NAPLEX test question format. A policy has been recently implemented that mandates faculty follow the NAPLEX item writing format.

- 4) Beginning in fall 2016, all students will be held accountable for information contained in *McGraw-Hill's Top 300 Pharmacy Drug Cards* (available electronically on AccessPharmacy®) to improve individual drug knowledge. P1 students will be tested over them in the spring semester of Biological Basis of Drug Action II, and pharmacotherapy module coordinators met at the August 2016 Faculty Retreat to determine a plan for incorporating them into the modules.

MPJE Law Results

MPJE results show that ISU students have consistently exceeded the national pass rate over the last 5 years, indicating that knowledge of pharmacy law and regulatory affairs is being appropriately addressed (Upload [1.4](#)).

P4 Seminar Results

P4 Professional Student Seminar data provides another outcome measure of student ability to integrate and apply knowledge. Seminar scores from the Pocatello and Meridian sites show that a large majority of students score very high, with no notable differences in student performance based on site location. Overall, scores dramatically exceed the passing threshold with students earning an average score of 91% on their seminars (Appendix [1.3](#)).

PBL Case Studies Results

PBL Case Studies midterm and final exam scores for the P2 and P3 years indicate students are meeting the desired pre-APPE thresholds for integrating and applying foundational knowledge for patient-centered care (Appendix [1.4](#)).

Interpretation of AACP Survey Data

AACP survey data from students (2015), faculty (2015), preceptors (2014), and alumni (2013) was used to compare graduates against national and peer norms. With few exceptions, ISU scored at or above the national mean for “strongly agree” and “agree” on all of the curriculum-related AACP survey questions. For those questions scoring below the national average, no issues were deemed significant.

Most notable, is that faculty perceive the ISU curriculum provides a strong foundation. For the 12 faculty survey questions regarding the College’s ability to prepare students, faculty rated the College an average of 7.1% higher than the national average. Faculty ratings were also above the national average for “the curriculum is taught at a depth that supports understanding of central concepts and principles” and that “curricular collaboration is encouraged” (Appendix [1.5](#)).

Application of Guidelines to Meet the Standard

Course mapping to ACPE Appendix 1 shows that ISU has as a comprehensive curriculum that provides graduates with the foundational knowledge needed for the practice of pharmacy (Appendix [1.2](#)). Each topic of the foundational sciences is covered in the didactic curriculum, as well as being longitudinally reinforced, advanced, and applied. The pharmacotherapy modules have been specifically designed to promote integration of the biomedical, pharmaceutical, and clinical sciences and provide the knowledge needed for advancing population health and patient-

centered care. The PBL Case Studies courses have proven highly effective in teaching students to integrate and apply their knowledge for solving therapeutic problems, scientific literature evaluation, and patient care. Further application of knowledge is promoted in multiple skills laboratories throughout the curriculum, as well as IPPE experiences. While recent NAPLEX pass rates have raised some concern, other assessments show students are able to apply knowledge of the foundational sciences to the provision of patient centered care.

College's Final Self-Evaluation

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

Standard No. 2: Essentials for Practice and Care

Required Uploads:

- Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework.
- Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE).
- Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE).

College's Self-Assessment

	S	N.I.	U
2.1. Patient-centered care – 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. Medication use systems management – 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. Health and wellness – 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. Population-based care – 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.		●	

Comments on Standards:

- How the college or school supports the development of pharmacy graduates who are able to provide patient-centered care
- How the college or school supports the development of pharmacy graduates who are able to manage medication use systems
- How the college or school supports the development of pharmacy graduates who are able to promote health and wellness
- How the college or school supports the development of pharmacy graduates who are able to describe the influence of population-based care on patient-centered care
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

Introduction

The College equips graduates with the knowledge, behaviors and attitudes necessary to provide patient-centered care, manage complex medication systems, improve health and wellness, and recognize best practices for supporting population-based care. Throughout the didactic and experiential curriculum students are able to develop and refine the skills and abilities required to become highly competent practitioners. The College monitors student achievement through assessment activities such as the annual competency exams, portfolio activities, and standardized tests, which include PCOA and NAPLEX scores. Achievement of educational outcomes is provided for didactic coursework in Upload [2.1](#), IPPE Upload [2.2.1](#) (tabs 1-3), and APPE Upload [2.3](#).

Supporting Development of Patient-Centered Care

The College is committed to developing graduates who provide patient-centered care beginning with early exposure in the P1 year. Students are given the opportunity to interact with numerous healthcare providers and are integrated with an interprofessional healthcare team. The goal is to provide patient-centered care activities that empower patients to understand their medication therapy.

During the first year students are given mini cases for patient review and counseling in their Introduction to Pharmacy Practice class. Lab time is designed to establish familiarity with computer drug resources and references in order to identify drug problems, interactions, adverse effects, and to keep up-to-date on current drug regimens and guidelines. Students learn how to effectively use these resources to develop care plans to establish patient-centered medication plans and monitoring parameters for their drug therapies. In addition, students become well versed in navigating primary literature and guidelines to further assist their ability to recommend current drug regimens for various disease states. This exposure allows students to develop confidence in their ability to provide patient-centered care and make rational and competent recommendations.

Patient-centered care is further developed in the curriculum using patient cases and focusing on patient counseling skills. Patient-centered care is advanced in forum discussions and lectures are used to enhance student knowledge as the medication expert. PBL case studies is an important curricular component that presents students with varying levels of patient complexity and provides a setting for students to discuss, evaluate and determine a patient specific pharmacotherapy plan.

Introductory Pharmacy Practice Experiences (IPPEs) provide students an opportunity to receive, interpret, process and verify prescriptions. Students are actively responsible for patient counseling, medication selection (prescription and over-the-counter) and providing information in regards to prescription and over-the-counter medications. Community, retail and hospital pharmacy practice requires students to become familiar with ordering, inventory control, third party reimbursement and pricing.

Second and third year professional students regularly participate in IPPE experiences (supervised by a pharmacist) in pharmacy-related services and volunteer activities, such as:

- Health fairs
- Diabetes clinics
- Brown bag lunch presentations
- Substance abuse presentations
- Poison prevention presentations
- Patient counseling
- Drug information
- Cholesterol screenings

Throughout the learning process students are educated on the rules and regulations of pharmacy law while in the classroom and during IPPEs. A strong understanding of law helps students stay current with changes to patient-centered care. For example, recognizing that hydrocodone/acetaminophen was recently changed to a CII status is important in order to appropriately educate patients and avoid any misunderstandings.

Advanced Pharmacy Practice Experiences (APPEs) prepare graduates to collect and interpret medical literature and formulate defensible drug therapy recommendations. Students also learn the importance of time management and prioritizing activities in order to effectively carry out patient care. Students acquire the tools needed to evaluate, implement, monitor, and formulate action plans for patients when managing their chronic disease states. Having implemented a patient plan, students are required to document these activities within various electronic health records. Becoming proficient in communication amongst their peers, patients and other healthcare providers is an essential requirement that is emphasized throughout the curriculum and is crucial during APPE rotations and as future healthcare professionals.

In 2015, 90.5% of graduating students “strongly agreed” and “agreed” that the College prepared them to document pharmaceutical care activities and 98.4% agreed or strongly agreed that the College prepared them to develop a patient care plan to manage medication-related problems.

Supporting Development of Medication Use Systems Management

ISU graduates learn to manage healthcare needs using resources for optimizing medication safety and ensuring the efficacy of medication use systems through both didactic and experiential activities. Students receive extensive training in DDI software. In the P1 year, they are introduced to Lexi-Comp's Drug Interaction Checker and Facts and Comparison's Drug Interaction Facts. P2 year students have an opportunity to compare and contrast results from the two interaction databases as part of a CYP450 laboratory in the GI module; in this lab students are required to make treatment modifications based on their results and practice identifying clinically relevant versus non-relevant interactions requiring simple monitoring. In the P3 year, students receive a drug information refresher lecture series where they again utilize two databases to identify and determine the clinical significance of various interactions. The impact of CYP polymorphisms and pharmacogenetics on drug interactions is also addressed in recitation sessions.

P2 students are initially exposed to pharmacy dispensing software in the Dosage Design and Compounding laboratory. Of course, additional experience is gained in the Community and Hospital IPPE experiences.

Supporting Development of Health and Wellness

Another essential element for practice and care is the ability of graduates to design, educate and manage chronic disease and improve health and wellness. Along with didactic coursework, students are involved in a wide variety of outreach activities through student organizations and membership in professional organizations. The College supports participation by granting scholarships and student awards and using certain activities to qualify as IPPE service hours. Programs that have been implemented by pharmacy students include:

- Immunization
- Hypertension
- Diabetes clinics
- Poison and drug information/prevention programs to elementary and high school students
- Substance abuse presentations (education on naloxone training)
- Heartburn awareness
- Latino recruitment efforts
- Medication Therapy Management counseling

Health screenings, MTM, and the interprofessional activities focus on patients with very complex healthcare issues including chronic pathophysiological conditions associated with poly-pharmacy and numerous drug-drug, drug-disease and drug-food interactions. Patients with limited access to healthcare are also targeted in an attempt to improve outcomes within that patient population. Health screenings are an important tool that targets high risk patients or those who would not otherwise seek screening from a provider and facilitates referrals to appropriate facilities for follow-up. Helping to manage chronic disease states and improve health and wellness within the community provides a valuable service that is recognized and acknowledged. Interprofessional relationships encourage a teamwork approach to improve patient care with the goal of empowering patients to take care of their healthcare needs.

Supporting Development of Population-Based Care

Significant effort is devoted to providing graduates with the ability to develop strong evidence-based practices encompassing population-based care and decision-making. Evidenced-based treatment guidelines are addressed throughout the Pharmacotherapy Module sequence with additional emphasis on specific sub-populations in Pharmacotherapy VIII: Special Populations. All students must submit a written reflection related to population-based care in the student portfolio system and document their exposure to diverse patient populations through the portfolio's diversity checklist. These activities allow students to document the breadth of their experiences with high risk and specific sub-populations. Additionally, application of population-based care is introduced early to pre-APPE students through the PBL Case Studies sequence (Appendix [24.4](#)). Using case histories and vignettes, students discuss the patient case and must make a clinical decision regarding whether the patient qualifies for therapy according to

evidence-based guidelines or patient-centered therapy due to special circumstances. Thus, students are well versed in population-based versus patient-centered decision making long before they enter APPEs and are required to apply it to real patients. Incumbent in all of these activities is the inclusion of the patient's overall healthcare needs including preventative measures, recommended health screenings, and healthy lifestyle reinforcement.

Interpretation of AACP Survey Data

In the 2014 AACP graduating student survey, 91.3% of students strongly agree or agree that the ISU PharmD program prepares them to effectively manage a patient-centered pharmacy practice. These results, along with other relevant AACP survey data show that the College meets or exceeds the national averages and peer group norms without significant differences.

Quality Improvements

The College meets the intent of the standard through continuous quality improvement of a comprehensive and highly integrated curriculum that prepares graduates to deliver patient-centered care, effectively manage medication use systems, and promotes health and wellness. In addition to traditional coursework and IPPE activities, the College has employed a well-developed and unique problem-based learning curriculum for nearly two decades. The PBL case studies sequence provides an important framework for developing the skills and abilities necessary for meeting Standard 2-Essentials for Patient Care. As described in Standard 24, newly implemented assessment instruments and metrics have been implemented that will further aid evaluation of student performance and learning. Results from assessments are used to make improvements and document student learning using curricular effectiveness measures (Appendix [24.3](#)).

College's Final Self-Evaluation

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

Recommended Monitoring

The College is currently expanding its measurement efforts to include assessment data related to patient-centered care, medication use systems management, health and wellness, and population-based care. The current plan includes implementing ExamSoft® testing software initially in spring 2017 and fully into all didactic courses in fall 2017. ExamSoft® will allow for more robust and detailed evidence of student learning related to learning objectives, Bloom's taxonomy, and NAPLEX knowledge categories. Additional improvements will be made starting in the fall 2016 portfolio courses to expand reflection activities that capture student comprehension and application of the essentials for practice and care expected of ISU pharmacy graduates. The College will continue to monitor the growing demand for evidence of student learning through its Office of Assessment and is willing to adapt to future expanding needs.

Standard No. 3: Approach to Practice and Care

Required Uploads:

- ☑ Examples of student participation in IPE activities (e.g. didactic, simulation, experiential)
- ☑ Outcome assessment data of student achievement of learning objectives for didactic course work
- ☑ Outcome assessment data of student achievement of learning objectives for introductory pharmacy practice experiences
- ☑ Outcome assessment data of student achievement of learning objectives for advanced pharmacy practice experiences
- ☑ Outcome assessment data of overall student participation in IPE activities
- ☑ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3
- ☑ Outcome assessment data of student achievement of problem-solving and critical thinking
- ☑ Outcome assessment data of student ability to communicate professionally
- ☑ Outcome assessment data of student ability to advocate for patients
- ☑ Outcome assessment data of student ability to educate others
- ☑ Outcome assessment data of student demonstration of cultural awareness and sensitivity

College's Self-Assessment

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

- ☑ How the college or school supports the development of pharmacy graduates who are to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally
- ☑ How the college or school incorporates interprofessional education activities into the curriculum
- ☑ How assessments have resulted in improvements in patient education and advocacy.
- ☑ How assessments have resulted in improvements in professional communication.
- ☑ How assessments have resulted in improvements in student problem-solving and critical thinking achievement
- ☑ Innovations and best practices implemented by the college or school
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

Introduction

The College emphasizes critical thinking and problem-solving as a process to identify and resolve drug-related problems. Through recently implemented course revisions, greater emphasis is now placed on the importance of educating audiences, and advocating for patients in a way that best supports their needs and wishes. It also imparts knowledge about how to actively participate and engage as a member of a healthcare team that improves patient care. Graduates are not only able to identify and explore best strategies for quality care, but they are able to effectively communicate with a wide range of audiences including patients, community groups, and other practitioners. These skills, abilities, behaviors, knowledge and attitudes are deemed critical for all graduates to acquire.

A comprehensive set of Educational Outcomes (Appendix [3.1](#)) was adapted from the 2013 CAPE Outcomes and approved by the faculty in 2015. It serves as the cornerstone for curriculum development, monitoring student progress, and ensuring each student is competent to practice pharmacy upon graduation. Achievement of educational outcomes and learning objectives occurs every course each semester and uses a variety of instruments and techniques to allow multiple, different faculty perspectives and observations. The principal educational techniques include a student-driven portfolio system, a unique problem-based learning (PBL) case-based curricular sequence (Appendix [24.4](#)) and traditional classroom and laboratory skills activities. Educational outcome assessments taken throughout the curriculum for the 2015-16 year are presented in Uploads [3.2.2](#), [3.3](#), & [3.4](#). A description of processes and student assessment data related to the approach to practice and care follows.

Supporting Development of Problem-Solving

Critical thinking and problem-solving abilities have been a long-standing fundamental element emphasized throughout the curriculum. Prior to publication of the JCPP Patient Care Process, the College used an identical process to develop student problem-solving abilities for several decades. Beginning fall 2016, a seamless transition to the JCPP process will be undertaken throughout the curriculum.

Beginning with the P1 course, Introduction to Clinical Problem Solving, and continuing through the P3 Capstone year, students are guided through the process of writing pharmaceutical care plans for complicated patients with multiple therapies and co-morbidities. Skills are measured at an individual level using timed, written care plans, for midterm and final exams in each semester of the PBL curriculum. The mean exam scores for each student are used as a major determinant of pre-APPE readiness (Upload [12.11](#)). The College recognizes that problem-solving extends beyond clinical to biomedical, pharmaceutical, ethical, managerial, economic and legal problems. Coursework in the BPSCI and healthcare series supplement and expand curricular foundations in problem-solving abilities.

The culminating problem-solving activities included as part of the APPE readiness criteria occur in a student-led Capstone recitation. Finally, prior to graduation P4 students present a seminar and are graded on communication, effective education and demonstrated problem-solving abilities.

Improving Problem-Solving and Critical Thinking

Historically, student performance is consistently strong for problem-solving and critical thinking as assessed by P2 mean midterm and final case study exam results (Appendix [3.2 & Upload 3.7](#)). Incorporating student feedback from course evaluations and faculty input has allowed the college to make subtle changes to case studies coursework with success. Similarly, aggregated measures for P2 and P3 competency measures exceed the thresholds set. Assessment efforts and strategic plan goals are directed at establishing reliable student performance measures. Longitudinal data collected over the last five years shows a progressive improvement in P2 case studies exam scores (Appendix [1.4](#)).

Incorporating Interprofessional Education

Opportunities for students to participate as a healthcare team member have become more intentional, deliberate and purposeful as elaborated in (Uploads [3.1 & 3.5](#)) and Standard 11. Interprofessional education (IPE) is not a goal but rather a process where stakeholders are continually being identified and engaged. A significant component of IPPE is now devoted to interprofessional student outreach activities. Assessment of interprofessionalism is in its initial stages with continuing method refinement. Student perceptions of these activities from the 2015 AACP Graduating Student survey provide conflicting data as follows:

- ISU is 10% below the national average on preparation to work with others to engender a team approach.
- Working with the healthcare team to implement a patient care plan is consistent with the national average.
- Four times as many ISU students compared to the national average reported not participating in interprofessional education.
- Preparation to work with other stakeholders to identify and resolve problems is consistent with the national average.
- The highest level of agreement in seven years was reported for preparation to practice pharmacy in an interprofessional and collaborative practice settings.

Additional data that conflicts with the above AACP results is seen in IPPE and APPE student evaluations, which suggests high levels of student engagement in interprofessional activities. APPE scores average 3.69/4.0 for the metric; actively participating and engaging as a healthcare team member by demonstrating mutual respect, understanding and values to meet patient care needs. IPPE scores for this metric are slightly lower at a mean of 3.6/4.0.

In Goal 3 of the strategic plan, expanding the interprofessional role of graduate pharmacists is measured with three objectives and six annual performance metrics. Metrics requiring improvement since baseline monitoring began currently include:

- Number of sites receiving MTM reimbursement
- Number of clinical faculty with collaborative practice protocols
- Number of students in interprofessional courses

New interprofessional metrics being implemented include:

- Proportion of students participating in interprofessional courses.
- Number of participating faculty in interprofessional residencies.

Interprofessional engagement of P3 students is newly assessed through the Center for Collaborative Education Interprofessional Collaborative Assessment rubric. In 2016, P4 students will use a new SPICE-2 (Student Perceptions of Physician-Pharmacist Interprofessional Clinical Education) instrument, which will be piloted in an effort to survey teamwork, roles/responsibilities, and patient outcomes. Self-reported student confidence is relatively high regarding interprofessional roles. Additional qualitative assessment data collected during a recent Kasiska Division of Health Sciences (KDHS) IPE case study event has resulted in expansion of icebreaker activities, added a debriefing component, and better facilitator role definition.

In response to AACP survey data and impressions that students may be misinterpreting terminology, a common lexicon is being emphasized college-wide and within the KDHS. By developing a common language and familiarity with interprofessional terms, the KDHS expects to see a significant improvement in survey results related to interprofessional activities.

Improving Patient Education, Cultural Awareness and Advocacy

Graduates of the College are able to educate a broad audience and advocate for the patient's best interests by applying sound knowledge, skills and abilities. Advocacy while seemingly second nature for many students has grown in emphasis. During the P1 year in Healthcare I, students are provided an introduction to foundational issues related to patient advocacy and cultural sensitivity. During Healthcare II and III, autonomy and health belief models are introduced, as well as eight contact hours dedicated to disparities and cultural competence. These courses provide the foundation for community health screening (CHS) events, IPPEs, and APPEs where students gain direct patient contact experiences and reflect on them in the professional student portfolio. IPPE assessment data (Uploads [3.9](#), [3.10](#), & [3.11](#)) taken from faculty evaluations of portfolio reflections demonstrates a modest improvement from P2 to P4 year (P2 class score 2.48/3.0) and highest for the P4 class (3.83/4.0). Additional refinement of rubric scales and advocacy activities is an ongoing and developmental process.

Improving Professional Communication

The ability for a graduate to provide high quality patient-centered care is dependent on strong interpersonal skills. Communication is vital to the profession as graduates are expected to be able to communicate, explain, and interact verbally and nonverbally with a diverse audience. Communication skills are assessed in the didactic curriculum in Crucial Conversations, PBL Case Studies, Pharmacotherapy module labs, Capstone Recitation, and Senior Seminar (Upload [3.8](#)). Written communication skills are assessed extensively in the portfolio reflections required of all students.

IPPE assessments evaluate the following communication skills:

- Seeks patient interaction, communicates appropriately with patients
- Participates actively and effectively in all educational activities and as a member of an interdisciplinary healthcare team
- Interacts in a culturally sensitive manner, being open-minded and non-discriminatory for others, appropriately communicates with other students, healthcare professionals and patients
- Demonstrates linguistic competency, and is proactive in communicating with patients

Further assessment data has shown areas for improvement related to:

- AACP graduating student survey data indicates communication with patients and caregivers is below the national average.
- The most recent PCOA 2015 P3 scores for core communication were consistent with national averages.
- P2 patient warfarin counseling and P4 Seminar all met goal thresholds.
- Poor student performance on the 2016 Capstone course final oral exam for P3 students was consistent with initial results from 2015.

Following discussion at a recent faculty meeting, several improvements are in progress. A signature assignment similar to the Capstone course's oral exam will be incorporated earlier in the curriculum to scaffold assessments of communication competencies. For 2016, a new Performance Assessment for Communication and Teamwork (PACT) survey instrument will be initiated, and self-reported in the portfolio. This instrument is a new verbal communication metric within the PBL case studies courses that has been incorporated into the College's strategic plan. These changes will allow the College to identify potential areas for improvement in student learning related to communication.

Innovations and Achievements

The College offers Medication Therapy Management (MTM) services aimed at improving patients' understanding of their medications and ultimately enhancing health outcomes. Students are able to participate in MTM opportunities and gain experience in patient education, communication, counseling and advocacy.

The community health screening (CHS) is a model of collaboration among health sciences professions, government, academia and those in the community with limited healthcare access. Screening services provided by interprofessional teams includes: dental, nutrition, pharmacy, physician assistant, audiology, traumatic brain injury, counseling, vision, and nursing. Students from different disciplines work together while still functioning within their scope of practice.

Students are able to obtain IPPE hours for CHS events where they are involved in direct patient care, giving them exposure to the essential components of patient-centered care:

- Problem-solving
- Communication
- Advocacy
- Education
- Population-based care

Application of Guidelines to Meet the Standard

The College has made a concerted effort to develop an in-house portfolio system, revise its educational outcomes to align with CAPE, and re-tool its IPPE and APPE evaluation instruments to track accomplishment of individual student learning outcomes. While assessments are still rudimentary and evolving, a system has been fully implemented that will facilitate continuous quality improvements and achieve reliable assessments of Standard 3 student performance attributes.

College’s Final Self-Evaluation

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

Recommended Monitoring

While the College believes the intent of Standard 3 is being met, several elements require additional attention to ensure valid and reliable measures are in place. Assessments for cultural sensitivity, patient advocacy, and communication skills, especially patient counseling, were implemented only recently in 2015-16. Further experience may suggest a need for further experimentation, development, and/or adoption of new measures. Nevertheless, an assessment culture has taken root that, with support and encouragement from the College’s administration, will hopefully foster scholarly pursuits related to these endpoints. Therefore, the College proposes a two-year timeline in which progress in refining metrics will be reported to ACPE for standard 3 elements. Further, the College commits to supporting at least one scholarly proposal related to defining, developing, or comparing metrics related to Standard 3 elements.

Standard No. 4: Personal and Professional Development

Required Uploads:

- ☑ Outcome assessment data summarizing students' overall achievement of professionalism
- ☑ Outcome assessment data summarizing students' overall achievement of leadership
- ☑ Outcome assessment data summarizing students' overall achievement of self-awareness
- ☑ Outcome assessment data summarizing students' overall achievement of creative thinking
- ☑ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4
- ☑ Description of tools utilized to capture students' reflections on personal/professional growth and development
- ☑ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning
- ☑ Outcome assessment data of student achievement of learning objectives for didactic course work
- ☑ Outcome assessment data of student achievement of learning objectives for introductory pharmacy practice experiences
- ☑ Outcome assessment data of student achievement of learning objectives for advanced pharmacy practice experiences

College's Self-Assessment

	S	N.I.	U
4.1. Self-awareness – 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. Leadership – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.	●		
4.3. Innovation and entrepreneurship – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.		●	
4.4. Professionalism – 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.	●		

College's Comments:

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

- Any other notable achievements, innovations or quality improvements

Introduction

The College mandates that graduates complete the program with a well-rounded understanding and commitment to personal and professional development. Developing the affective domains of self-awareness, entrepreneurship, professionalism, and leadership are critical to success after graduation and produces a pharmacist that is well prepared to practice in an evolving field.

Tools for Personal and Professional Development

The College has developed an in-house student portfolio management system and database to capture the relevant attributes and educational objectives necessary for contemporary pharmacy education and practice. The portfolio system is a work in progress having undergone two major revisions within the last three years. Student portfolios have evolved from predominantly a showcase type portfolio to a hybrid model that captures student development, assesses student attainment of learning outcomes, and showcases examples of student learning. Students are able to Upload artifacts, reflect on assignments and experiences, and complete self-assessment surveys. The goal of the student portfolio system is to provide students with an opportunity to expand personal and professional development through metacognition.

In addition to the portfolio activities, assessment of Standard 4 attributes is measured throughout the curriculum (Upload [4.5.1](#) & [4.5.2](#)). Assessment of educational outcomes is measured in the didactic, IPPE and APPE curriculum (Uploads [4.8.1](#), [4.8.2](#), [4.9.1-4.9.3](#), & [4.10](#)).

Processes for Developing Personal and Professional Growth

Students progress through Student Portfolio I, II, III, IV courses each year of the curriculum. Beginning in the fall semester, students attend an informational meeting where expectations are outlined and the syllabus is discussed. Because the portfolio course is a student-driven online course, all materials are available digitally. Students are responsible for Uploading a select number of artifacts, self-assessments and reflections that assess learning, capture achievements, and demonstrate growth and development. After students submit materials, it is made available to faculty advisors for evaluation and feedback.

Each fall faculty are led through a presentation from the Office of Assessment & Accreditation that explains the portfolio assignments, rubrics, and resources used to assist in the evaluation of student reflections. As faculty advisors grade portfolio assignments they have the option of assigning supplemental readings, additional reflective activities, or other requirements if the original submission is not satisfactory. In order for the student portfolio to be marked “complete” all assignments must achieve a score of 2 or higher, indicating that the reflection or artifact met the minimum standards acceptable and connected learning to future practice and/or educational competencies. This section is also reproduced in Upload [4.6](#).

Experiences in Leadership, Self-Awareness, Professionalism and Creative Thinking

Leadership

The College has numerous opportunities for students to develop and demonstrate responsibility for creating and achieving shared goals (Upload [4.2.2](#)).

Three categories of leadership opportunities available to students include those:

1. Required for all students
2. Available to all students
3. Available to a limited number of students

Students are required to do a number of leadership activities throughout the curriculum. One activity, is that they are responsible for tracking their leadership activities in a “Leadership Checklist” tab in the Portfolio system. Students also complete a leadership self-assessment survey (Upload [4.2.3](#)) that is reviewed by each faculty advisor during advising week. Other portfolio activities require students to reflect on readings in *Pharmacist’s Letter* articles.

Prior to graduation, P4 students are required to reflect on what it means to be a leader in pharmacy and describe their personal plan for continuing to develop their leadership abilities. Lectures on leadership are delivered in Pharmacy courses including the Dean’s recitation class on CAPE roles of pharmacists and Healthcare II consisting of four lecture hours on leadership, ethics and emotional intelligence. PBL Case Studies reflections in the P3 year require students to reflect on how they were evaluated by their peers.

Leadership opportunities available to all students include:

- Membership in professional organizations (APhA, ISHP, ISPA)
- Elective classes in leadership are also available including:
 - PHAR 4499, Leadership and Advocacy
 - HCA 2215, Healthcare Leadership
 - CMP 3320, Foundations of Leadership
- Membership in selective organizations (PPSA, Phi Delta Chi, Kappa Psi, ASHP, etc.)
- Attending professional meetings
- ASP Student Leadership Certificate

Leadership opportunities available to a limited number of students include:

- Membership in Rho Chi (top 20% of each class) or Phi Lambda Sigma (invitation only)
- Serving as a class officer
- Serving as an officer of professional organizations (PPSA, Rho Chi, Phi Delta Chi, Kappa Psi, etc.)
- Serving as a student representative on faculty committees
- Attending the APhA-ASP Leadership Institute, and/or the ASHP Foundation Pharmacy Leadership Academy

Self-Awareness

Throughout the four-year curriculum, students must complete several reflections in the student portfolio system pertinent to self-awareness beginning in the P1 year after completion of their required 200 IPPE hours.

Examples of these reflections include reading issues of the *Pharmacist's Letter* (PL), reflecting on what they read, and answering questions relevant to the content, such as:

- Many pharmacists use PL to keep them updated while they are in practice. Why is it important to be a lifelong learner?
- Do you find reading the PL to be as helpful as your education? Why or why not?
- Reflect on the article “Lifelong Learning”
- Reflect on the article “Professional Competence Post-Graduation”

Additional self-awareness activities include self-evaluations after Problem-Based Learning (PBL) Case Studies (spring P1 year and fall P3 year). In the fall P3 PBL Case Studies, students are required to review their previous semesters' clinical notes and identify what they perceive as their greatest improvements, and areas they still need to improve. This continues into their P3 Capstone presentation, where students must reflect on what they would do differently to improve their presentation.

Professionalism

All students are expected to demonstrate professionalism and exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare workers, and society. Students are assessed for professionalism in many venues, including class attendance and punctuality, contributing to class discussion, completing assignments on time, collegiality, and working well in group settings such as the PBL Case Studies series. The college's student senate has formalized a two-page Professional Conduct Policy that students are expected to uphold. Violations of the policy will result in students appearing before the Student Conduct Committee.

Other professionalism activities include a portfolio reflection in Healthcare I, where students must reflect on ethical responsibilities, as well as activities intended to develop attributes of lifelong learning. Additional reflections occur upon completion of their 200 IPPE hours, students must complete a series of reflections related to professionalism. These include:

- What is professional conduct? Please discuss your experiences and thoughts about dealing professionally with patients, showing concern and respecting their rights.
- Give some examples of professionalism you experienced during your IPPE hours. Part of professionalism is “interacting with other healthcare professionals in a way that facilitates cooperation and trust”. What does this mean to you?

Creative Thinking: Innovation & Entrepreneurship

Healthcare Management coursework strongly emphasizes innovation and topics related to entrepreneurship in practice (Healthcare II). In this course students are required to complete a reflection on what it means to be innovative and entrepreneurial in pharmacy. The course addresses additional topics including junior partnerships, management of perception, mission and vision statements, and marketing professional services. All students are also exposed to “[Crucial Conversations](#)”, which helps prepare them for difficult situations and the accompanying conversations they may encounter as a pharmacist.

Elective courses in Personal Financial Management for Pharmacists and Business Planning are available to all students. Furthermore, students have the opportunity to pursue a dual degree program leading to a Master of Business Administration through the College of Business that provides additional entrepreneurial development. If interested, students can also participate in the National Community Pharmacist Association (NCPA) chapter. In previous years, students have entered NCPA's business plan competition, and in 2011 a group of ISU students won the national award.

The College also manages an independent pharmacy, Bengal Pharmacy, where IPPE and APPE students are exposed to innovative practices including tele-pharmacy and expanding pharmacy clinical services in rural settings. Preceptors using the IPPE and APPE evaluation instruments are asked to evaluate student abilities related to innovation and entrepreneurship. Items that pertain to innovation and entrepreneurship include: "engages in innovative activities by using creative thinking to envision better ways of accomplishing professional goals" and "demonstrates initiative when confronted with challenges."

Assessing Leadership, Self-Awareness, Professionalism and Creative Thinking

Leadership

Assessment of leadership activities is accomplished in the same manner as other affective outcomes where faculty use a standardized rubric for assessing Portfolio reflections, PBL Case Studies, IPPE, IPE and APPE assessments generated during didactic, experiential, and/or co-curricular events. Scores are aggregated for each student and class. The 2015-16 class scores are displayed in (Upload [4.2.1](#)).

Self-Awareness

Self-awareness is assessed in the following manner. First, at the end of their 200 IPPE hours, students are assessed on several items related to self-awareness (Appendix [4.1.1](#)). Second, all P2 students are administered the Myers-Briggs Type Indicator test, a widely used personality test, which has several questions related to self-awareness. Third, faculty advisors review student portfolio reflections pertinent to self-awareness and provide feedback. Finally, students are assessed by preceptors at the end of each IPPE and APPE using an instrument adapted from the Northwest Pharmacy Experiential Consortium Preceptor Evaluation Form (Standard 12 and 13). Items assessing self-awareness include "demonstrates a commitment to professional growth and lifelong learning, including the ability to self-assess, accept and utilize feedback and learn independently", and "utilizes reflections to develop a personal plan for professional growth". The 2015-16 class scores for self-awareness are displayed in (Upload [4.3](#)).

Professionalism

As with other domains, preceptors also assess professionalism and provide a summary evaluation during PBL Case Studies, IPPE, IPE, and APPEs. Additional professionalism activities are captured and evaluated in student portfolios, as well as in the student management database.

Students also complete a five-page Pharmacy Professional Domain (PPD) survey (Upload [4.1.2](#)) at the end of their P4 year that assesses five domains of professionalism:

- Reliability, responsibility and accountability
- Life-long learning and adaptability
- Relationships with others
- Upholding principles of integrity and respect
- Citizenship and professional engagement

After completing the survey, students are required to identify perceived deficiencies and discuss how they will improve. Finally, at the end of their P4 year students are required to review, and reflect on, the Oath of a Pharmacist and discuss how their views have changed on what it means to be a pharmacist. They also develop a personal plan for professional growth. These activities are reviewed and evaluated by their advisors. Professionalism assessments for the 2015-16 academic year aggregated by class are reported in Upload [4.1.1](#). In addition to monitoring individual student performance for appropriate outcomes, all affective domains (see Standards 3 and 4) are measured longitudinally to ensure a high standard of student performance as well as monitor improvements over time.

Creative Thinking: Innovation & Entrepreneurship

Innovation and entrepreneurship are assessed by preceptors using the IPPE and APPE evaluation instrument in addition to didactic coursework. Items that pertain to innovation and entrepreneurship include: “engages in innovative activities by using creative thinking to envision better ways of accomplishing professional goals” and “demonstrates initiative when confronted with challenges.” The College recognizes a need for expanding innovative and entrepreneurial activities in the College. Limited data from the 2015-16 academic year is reported in Upload [4.4](#).

Improvements in Leadership, Self-Awareness, Professionalism and Creative Thinking

Although metrics and evaluation instruments were fully implemented during the 2015-16 academic year, longitudinal data is obviously lacking, and therefore, the ability to monitor any changes over time is not available. Moreover, the College recognizes that measurement instruments initially developed will likely require additional calibration and refinement. As an initial step for the 2016-17 school year, the OAA is revising all assessment rubrics into a standardized scale to better facilitate a valid representation of achievement of the affective domain attributes. This will remedy the current problem of comparing domain scores using different scales. In addition to newly initiated assessments for professionalism and leadership, more robust assignments of self-awareness and creative thinking are being explored.

Application of Guidelines to Meet the Standard

The College has invested significant effort in developing an in-house portfolio system, revising its educational outcomes to align with CAPE, and retooling its IPPE and APPE evaluation instruments to track accomplishment of individual student learning outcomes. While assessments are still rudimentary and evolving, a system has been fully implemented that will facilitate

continuous quality improvements and achieve reliable assessments of Standard 4 student performance attributes.

College’s Final Self-Evaluation

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

Recommended Monitoring

Assessments for professionalism, leadership, self-awareness, and entrepreneurial/creative thinking, were implemented only recently in 2015-16. While the College believes the intent of standard 4 is being met, elements requiring additional attention to ensure valid and reliable measures are in place. Further experience may suggest a need for further experimentation, development, and/or adoption of new measures. Nevertheless, an assessment culture has taken root that, with support and encouragement from the college’s administration, will hopefully foster scholarly pursuits related to these endpoints. Therefore, the College proposes a two-year timeline in which progress in refining metrics will be reported to ACPE for standard 4 elements. Further, the College commits to supporting at least one scholarly proposal related to defining, developing, or comparing metrics related to Standard 4 elements.

Standard No. 5: Eligibility and Reporting Requirements

Required Uploads:

- University organizational chart depicting the reporting relationship(s) for the Dean of the college or school.
- Document(s) verifying institutional accreditation.
- Documents verifying legal authority to offer/award the Doctor of Pharmacy degree
- Accreditation reports identifying deficiencies (if applicable)
- Description of level of autonomy of the college or school
- Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program.
- Or check here if no applicable deficiencies.

College's Self-Assessment:

	S	N.I.	U
5.1. Autonomy – 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. Legal empowerment – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.	●		
5.3. Dean's leadership – 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. Regional/institutional accreditation – 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. Regional/institutional accreditation actions – 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. Substantive change – 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.	●		

College's Comments:

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

- Any other notable achievements, innovations or quality improvements

Introduction

As a member of the Kasiska Division of Health Sciences, the Dean works closely with other health sciences administrators and University officials to ensure the College's policies and procedures meet Idaho State University's educational goals. In this role, Dean Paul Cady represents the College in all administrative, academic, and financial affairs.

Regional/Institutional Accreditation and Actions

Idaho State University is fully accredited by the Northwest Commission on Colleges and Universities (NWCCU). Accreditation was reaffirmed following a site visit in fall 2014 although the Commission identified several areas for improvement. The commission indicated that ISU was not in compliance with accreditation standards as reported in recommendation 5 of the report. The evaluation committee recommends that the institution develop and implement a process of ongoing assessment of student learning outcomes for its General Education program. (NWCCU Standard 4.A). Additionally, the commission responded to specific complaints from University faculty. In July 2016, the NWCCU found ISU in compliance with Standard 4.A after receiving ISU's ad hoc report.

While the issues raised are important, the concerns stated in the report do not reflect adversely on the College or impact its function. The letters confirming satisfactory compliance are shown in Upload [5.2.1](#) and [5.2.2](#). Since the Northwest Commission of Colleges and Universities did not take any sanctions and subsequently approved the University's corrective actions, ACPE was not notified. All reports related to the accreditation visit and associated reports can be seen at: http://www.isu.edu/acadaff/accreditation/year_seven_self_evaluation.shtml

Autonomy and Legal Authority

The College received its authority to offer the Doctor of Pharmacy Degree from the Idaho State Board of Education (SBOE) who awarded granting authority during its September 1987 meeting (Upload [5.3](#)). The College is a self-governing unit within Idaho State University and maintains its autonomy regarding admissions, student retention, curriculum, and initial recommendations for promotion and tenure decisions. Promotion and tenure processes, although subject to a lengthy administrative review process, are well-defined and function as expected for the institution and culture. The College perceives no threats to academic freedom with respect to curriculum notwithstanding the customary University policies and procedures necessary to meet legal and contractual obligations.

The College is administratively located within the Kasiska Division of Health Sciences (KDHS). It is unique in that it's the only designated college within the KDHS, although a dean also leads the School of Nursing. Administratively, the College functions similarly to other ISU colleges with designated representation on university committees, faculty senate, and student governance. As a member of the KDHS, the College participates in University governance as previously mentioned and reports directly to the KDHS Associate Vice Provost on such matters as tenure and promotion decisions as well as staff and faculty evaluations. The Provost has delegated many administrative duties to the Associate Vice Provost for the Division. The administrative structure for ISU can be seen in Upload [5.1.1](#) and the KDHS in Upload [5.1.2](#).

Financial Autonomy

For finance, the college is managed similarly to other colleges. As stated in [ISU's Financial Policy III, B](#):

“Each Dean, Vice President, or other unit Administrator is ultimately responsible for monitoring all indexes for which he/she is responsible...The Administrator of each unit, with the assistance of their University Business Officer (UBO), Account Directors, and Principle Investigators, has ultimate responsibility for management of the unit's budget and planning of expenditures to maintain a balance sufficient to meet requirements thought the year”.

The College's UBO reports to the Vice President of Finance and is a shared position with all units within the KDHS. The UBO approves all purchases, transfers, employment offers, and raises.

Since 2009, current hiring procedures require approval from the UBO, the Associate Provost, the Provost, and the Vice President for Research before an offer can be made. The lengthy approval process requires searches to estimate a minimum of two months or longer before administrative approvals are completed for positions. Additionally, salary ranges approved by ISU administrators are generally at or below the 50th percentile nationally for pharmacy faculty salaries. As a result, the College has struggled with recruiting for open positions and has experienced delays in hiring critical pharmaceutical science and clinical practice faculty.

The current faculty search for a Chair of Biomedical and Pharmaceutical Sciences has been in progress for almost a year. The Vice President for Research and Dean of the College have been actively working to identify candidates, although several faculty have expressed concern over the lack of departmental involvement in the search process. The faculty would welcome an open and transparent dialog between ISU administrators regarding future recruitment and strategic hiring plans.

Dean's Leadership

The Dean represents the College, its faculty and programs, both within and beyond the University, in performing all functions associated with the College's programs. The Dean is the chief executive, financial, and academic officer and participates in university governance, including the Council of Deans that is chaired by the Provost. The Dean also participates in special meetings with the President and meetings called by other administrative officers as needed.

Collaboration with University Officials

The KDHS was a new concept during the last accreditation self-study. Since that time the KDHS leadership title has evolved from Executive Dean to Associate Vice President to Associate Provost. When originally conceived, the intent was to develop an administrative structure that would eventually be led by a Provost for Health Sciences. The recent creation of a Vice-President for Health Sciences is clearly a positive move in that direction and the evolution of the KDHS has certainly had many benefits. Collaboration among all the health profession programs

has facilitated discussions regarding many common concerns including regulatory issues, student placements, and the need for greater interprofessional education within the Division.

The Health Sciences Administrative Council (HSAC) functions as an administrative advisory group to the Associate Vice Provost of the KDHS and meets biweekly or as needed. The HSAC members include the deans of Pharmacy and Nursing, associate deans for the Kasiska School of Health Professions and School of Rehabilitation Sciences, and the Director of the Office of Medical and Oral Health.

Application of guidelines to meet the Standard

The College has not had any ACPE actions taken against it since the last accreditation review in 2011. A major reorganization and formation of the Kasiska Division of Health Sciences has been fully implemented, and the College continues to hold a prominent leadership position within the KDHS. The College maintains complete authority related to admissions, student retention, and curriculum.

Notable Achievements, Innovations, and Quality Improvements

Since the last accreditation site visit, the college has submitted reports of substantive change. These include changes in administration, phasing out of the Non-traditional Pharm.D. program and requesting permission to begin developing a site in Anchorage, Alaska. These reports can be seen in Appendix [5.1](#).

Recent changes in the University's highest administrative positions are currently being implemented (ACPE substantive change letter to follow) that includes two new positions. The current Provost Dr. Laura Woodworth-Nye has been elevated to Executive Vice President and Provost and will assume authority for all day-to-day operations of the University. Additionally, the creation and appointment of a Vice-President for Health Sciences has been announced. A current College faculty member, Dr. Rex Force, PharmD, BCPS, has assumed this position. There was also a recent appointment of an Interim Chief Financial Officer, signaling an important shift within the University. This shift, coupled with the recent announcement of a new for-profit medical school (Idaho College of Osteopathic Medicine) that will be affiliated with ISU Meridian Health Sciences, a renewed institutional commitment to health sciences education bodes well for the College.

As these changes are occurring at the time of this writing, the full impact and extent of the reorganization changes is unknown but improved and streamlined administrative efficiencies are anticipated that will positively impact the College and University. An ACPE substantial change letter is in preparation and will be forwarded as more details are revealed.

College’s Final Self-Evaluation

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

Recommended Monitoring

Changes as of August 2016 within ISU’s administrative ranks suggests a new era at ISU. Elevation of the current Provost to Executive Vice-President and Provost, instillation of a newly created VP for Health Sciences, and appointment of an Interim-VP for Finance, signals an important shift within the University. Coupled with the recent announcement of a new for-profit medical school (the Idaho College of Osteopathic Medicine) that will be affiliated with ISU Meridian Health Sciences, a renewed institutional commitment to health sciences education bodes well for the College.

Although the administrative reporting structure remain to be determined, the College will provide ACPE with a substantial change letter at the earliest possible opportunity outlining the following:

- ISU’s realignment and reporting structures including a new organizational chart
- A guiding principles document for replacing 8-10 faculty retirements over the next 3 years

Standard No. 6: College or School Vision, Mission, and Goals

Required Uploads:

- Vision, mission and goal statements (college/school, parent institution, and department/division, if applicable)
- Outcome assessment data summarizing the extent to which the college or school is achieving its vision, mission, and goals

College's Self-Assessment

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

College's Comments:

- How the college or school's mission is aligned with the mission of the institution
- How the mission and associated goals² address education, research/scholarship, service, and practice and provide the basis for strategic planning
- How the mission and associated goals² are developed and approved with the involvement of various stakeholders, such as, faculty, students, preceptors, alumni, etc.
- How and where the mission statement is published and communicated
- How the college or school promotes initiatives and programs that specifically advance its stated mission
- How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team

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

Introduction

The College's mission and vision statements clearly articulate a direction and focus for College programs, initiatives and activities. The mission enunciates its current role and responsibilities to the profession and preparation of practitioners. The vision calls attention to the College's aspirations for continued progress and improvement in fulfilling its mission. Underlying these two statements is a commitment to promoting and embodying values that are an indispensable foundation for both the mission and the vision.

Congruence with University's Mission

When the mission of the College was reviewed and updated in April 2016, care was taken to ensure its congruence with the ISU and KDHS mission statements. The mission, vision, and core values for the KDHS are shown in Appendix [6.1](#). The mission statement and core themes for ISU as approved by the Idaho Board of Education on February 18, 2016 are shown in Appendix [6.2](#). The ISU mission includes the declaration, "Idaho State University provides leadership in the health professions, biomedical, and pharmaceutical sciences..." The ISU strategic plan is currently under revision with an anticipated completion deadline of July 2017.

One of ISU's four core themes is healthcare, which clearly documents ISU's alignment with the KDHS, and the College of Pharmacy. The College's strategic plan is also in line with the core themes of learning and discovery, access and opportunity, leadership in the health sciences, community engagement, and impact.

College Mission, Vision, and Goals

In April 2015 the mission statement was updated in an organized, open, and inclusive process (Appendix [6.3](#)), utilizing input from key stakeholders and then approved by the faculty. It forms the basis of daily activities, is upheld by the faculty and staff, and is discussed with the students.

The College's mission statement has associated, measurable goals that will be described elsewhere in the report. The mission of the College and its vision statements and values, are found in Upload [6.1](#) and [6.2](#). Both the vision and mission were reviewed and received significant updates during the 2014-2015 academic years.

Additionally, the mission, values, and goals are in line with the issues of inclusiveness, service, and interdisciplinary education. The College chose to include interdisciplinary education under the larger umbrella of promoting collaboration. The Departments of Biomedical and Pharmaceutical Sciences (BPSCI) and Pharmacy Practice and Administrative Sciences (PPRA) likewise developed mission statements, which specify departmental areas of focus and their respective relationship to the College's overall mission (Appendix [6.4](#)).

College's Strategic Plan

Serving as the primary foundation of the College's strategic plan, the previous mission, vision, values, and goals were carefully reviewed to ensure that an updated version would continue to meet the expanding role of pharmacists, as well as address issues that have become increasingly important to the pharmacy profession in recent years. Prior to the ACPE site visit in 2011, the College did a major revision of its strategic plan. Since then, strategic plan changes are better

categorized as modifications to existing plans rather than major rewriting and revision. The stakeholders involved in all updates included:

- Dean's Advisory Council (DAC)
- Administrative Council
- Faculty
- Student leaders through the representation of the class presidents
- Student Senate (one time)
- Preceptors and practitioners
- Representatives from the state and regional pharmacy associations and from the State Board of Pharmacy, Pharmacy leaders, and alumni

With the extensive input from the aforementioned stakeholders, the College did not request comments from consumers or patients in the community. The mission, vision, and values statements are periodically reviewed for updating with the input from these stakeholders and provide a well-rounded pool of contributors. The DAC, for example, includes alumni, representatives from state pharmacy associations and the Idaho Board of Pharmacy, and current leaders in the profession from across the state. This council was especially important in the review and updating process. A list of Advisory Council members is presented in Appendix [6.5](#).

The theme of caring was stressed by several members of the DAC about six years previously when the College mission underwent a major rewrite, and that concept continues to be a focal point in our mission. This theme was adopted and is now a component of the mission of the KDHS. Caring embodies the key attribute that the College strives to actively inculcate to students. While widely recognized as a key trait in many other health professions, caring encompasses a range of attitudes and values including empathy, compassion, service, trustworthiness, and fidelity and emphasizes not only what pharmacists should do but also how they should practice. Moreover, it is the foundation for all professional activities especially as the curriculum evolves toward more patient-centered care and works in collaboration with other health professions.

Preparing students to be actively involved in the provision of pharmacist-delivered patient care is central to the College's mission, vision, values, and goals. Goals 1 & 3 of the strategic plan specifically address this issue. The College is committed to preparing students to provide patient-centered care (Goal 1) and expanding the role of pharmacy (Goal 3). Assessment of strategic plan goals and objectives is presented in Upload [6.2](#).

Commitment to the Mission

The College has several examples of programs and initiatives demonstrate its commitment to pharmacy practice, professional education, research and scholarship, service, and continuing professional development. First, the College was among the first to provide a non-traditional Pharm-D program specifically aimed at providing professional development for baccalaureate pharmacists currently in practice. This long-term goal of the non-traditional program was to help enhance the clinical skills and abilities necessary for contemporary pharmacy practice.

Second, the College supports faculty and encourages the development of research and scholarship opportunities through financial reimbursement of publication and travel costs allowing faculty to present their scholarship at national and regional conferences. As part of this faculty research support, the College supports research laboratories in both Pocatello and Meridian and will be developing a second research laboratory in Meridian.

Third, the College demonstrates its commitment to professional community service through support of numerous outreach programs delivered by faculty and students. Faculty involvement is demonstrated by the Dean who serves on the Medicaid DUR program board and several faculty serve on local hospital boards and committees. An emeritus faculty member and Phi Delta Chi student fraternity also provide collaborative services to the Pocatello free clinic.

The highly successful ISU Meridian outreach program, ISU Community Health Screenings, has led the way for pharmacy students to work alongside other healthcare professionals to provide free screening clinics throughout the Boise metro area. Additionally, the mobile clinic seeks to identify medical, mental, and dental health needs of uninsured adults and refers them to low-cost medical providers for treatment. This clinic consists of an interprofessional team including pharmacy, physician assistance, dietetics, physical therapy, mental health, nursing, massage therapy, medical lab sciences, and dental hygiene and creates a significant number of referrals for local community agencies. For example, pharmacy students often work interprofessionally in the dietetics station with dietetics student to provide services. This outreach initiative has been so successful that one Idaho county provides financial compensation to the College which is then used to further support and promote the mobile clinic.

The College's commitment to pharmacy practice continues through innovations like Bengal Pharmacy and tele-pharmacy operations. Faculty are significantly engaged in developing entrepreneurial practice models that are expanding the role of rural pharmacy practice and collaboration with preceptors.

As a final example of the College's commitment, the College annually hosts continuing education (CE) programs at three locations in Idaho, and the faculty are very much involved in CE programing in Alaska, including their pharmacy association's annual meeting. The College is leading the CE movement and recently been granted a collaborative CE certificate between Pharmacy, Nursing, and Medicine. This certification will allow ISU to provide CE credits for each of these disciplines. The Director of Continuing Education, a pharmacy faculty member, is coordinating this effort for ISU and the KDHS.

Communication of the Mission, Vision, and Goals

The College makes efforts to introduce the College's mission at P1 student orientation when the student handbook is reviewed. Additionally, the mission is posted in the hallway of the Meridian, Pocatello, and Anchorage facilities where it can be seen by students, faculty, staff, and visitors. The principles are reinforced again during lectures on ethics (PHAR 9931, Healthcare Systems). First year students also participate in a discussion on professionalism during orientation and again several times during their P1 seminar course.

Advancing the Mission

In order to aid the College in focusing on its mission, goals, and objectives, a strategy was created that embodies the College's goals in pursuing new opportunities. New opportunities such as Bengal Pharmacy are a result of this new strategy. A key element is recognition that any such endeavor must provide teaching, research and service to our patients and community.

Thus, establishing Bengal Pharmacy was never envisioned as an income stream. Rather, the emphasis was on first meeting the three essential goals of teaching, research and service. To this end, several small research grants have been awarded including a research opportunity to provide a different model of pharmacy care. This research looks at patient care outcomes when a pharmacist helps manage the complex drug therapy for HIV and Hep-C patients. The pharmacist works in concert with students and other healthcare providers to teach a very unique model of pharmacy care. Hence Bengal Pharmacy is fulfilling the College's teaching mission while also developing research and practice opportunities.

Support of Post-Graduate Training

The College further promotes the advancement of pharmacy through post-graduate training. In addition to encouraging students to pursue post-graduate opportunities, the College provides partial support of residency positions and opportunities for those who desire to pursue these experiences. Additionally, the College has a combined Pharm.D./MBA program, and a Pharm.D./Ph.D. program.

The College further promotes post-graduate training opportunities through an elective course designed to enhance students' ability to be competitive for residency positions. The creation of the Residency Readiness course resulted from employer survey comments administered at the College hosted Pharmacy Recruiting & Exhibition Fair approximately four years ago. The feedback from some residency directors indicated that our students weren't as well prepared for residency interviewing as students from other programs. This extended beyond student CVs, and included development of posters, presentations, and leadership attributes. The Residency Preparedness course appears to have successfully corrected the problem as evidenced from recent survey feedback.

A significant portion of the student experience at ISU includes Outreach Programs supported by the College. Some examples include the Student Senate and sponsorship of the annual Pharmacy Recruiting & Exhibition Fair attempts to improve student interviewing experiences. The funds generated from the fair are returned to the students to support other activities and outreach efforts. Finally, student outreach has a wide reach because it impacts patients from across the state.

Application of the Guidelines to meet the Standard

The College is clearly aligned with all three University Core themes and it occupies a prominent leadership role within the KDHS. Commitment to its educational outcomes is evidenced by the successes of its student outreach activities including numerous regional and national awards as well as development of important initiatives such as Bengal Pharmacy, which provides a unique practice model that supports teaching, research and service.

Notable Achievements

The opening of Bengal Pharmacy along with tele-pharmacy services delivered to Arco and Challis, Idaho represents a significant investment of time, money and resources by the College. However, it exemplifies the College's strong commitment to teaching, research, and service to fulfill its mission. The success of this program continues to generate interest from other small rural cities in Idaho where pharmacy services are highly valued and desired, but not financially feasible locally. The College strives to be a national leader in the development of rural pharmacy practice.

Interpretation of AACCP Survey Data

The College desires to continuously improve in an attempt to meet the needs and perspectives of faculty and students. Several AACCP survey questions from students and faculty provide insight into the College's success in preparing caring professionals. Graduating student survey questions 85 and 87 indicate they have a favorable opinion of their choice of pharmacy and willingness to encourage others to choose pharmacy, (86% and 85% respectively). In a similar fashion, 100% of the faculty indicated that they believed the curriculum is consistent with the vision of faculty and administration (Faculty Survey #40). Both examples demonstrate the College is responsive in pursuit of its mission.

College's Final Self-Evaluation

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

Standard No. 7: Strategic Plan

Required Uploads:

- College or school’s strategic planning documents
- Description of the development process of the strategic plan.
- Outcome assessment data summarizing the implementation of the strategic plan

College’s Self-Assessment

	S	N.I.	U
7.1. Inclusive process – 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. Appropriate resources – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.	●		
7.3. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.	●		

College’s Comments:

- How the college or school’s strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as, faculty, students, preceptors, alumni, etc.
- How the strategic plan facilitates the achievement of mission-based (long-term) goals
- How the college or school’s strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, mechanisms for ongoing monitoring and reporting of progress
- How the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan
- How the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan
- How the strategic plan is driving decision making in the college or school, including for substantive changes to the program
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACSP standardized survey questions, especially notable differences from national or peer group norms

Introduction

The College's mission statement and strategic plan guide all planning and decision-making regarding the teaching, research, and service responsibilities. The College administration and faculty annually evaluate and update the strategic plan based upon the current progress, successes, and the changing professional landscape.

Strategic Plan Development

It is essential that those in service to the College have a strong participatory role in the creation and adoption of its guiding documents. The strategic plan was developed and modified to help guide substantive changes and opportunities, as well as help manage resources for their implementation. During 2014-15, numerous stakeholders assisted with a scheduled revision using the previous strategic plan as a foundation. This has enabled the College to examine its strengths and weaknesses, capitalizing on new opportunities while confronting challenges and adapting to a rapidly changing environment. Strategic Planning documents and process are shown in Uploads [7.1](#) & [7.2](#).

In addition to the Administrative Council (AC), which initiated its revision, College faculty crafted the strategic plan with input from students, preceptors, and stakeholders, including members of the Dean's Advisory Council (DAC). Members of the DAC include pharmacy professionals from diverse backgrounds including, preceptors from various practice sites, state pharmacy association representatives, regulators, and other leaders in the profession (Appendix [6.5](#)).

To begin the process, and in order to gather inclusive and pertinent input for plan development, the Office of Assessment distributed an email questionnaire to College faculty in October 2014 and later to members of the DAC. Comments derived from the survey were discussed at several faculty meetings, and ultimately divided into two ranked categories, strategic and operational activities. While similar in scope, the 2015-18 adopted strategic plan contains important modifications from previous versions in both language and intent. Finally, the mission, vision, and strategic plan goals were distributed to alumni, preceptors, and friends of the College.

University Cooperation and Support

The University is committed to the success of the College and its commitment to implementing the elements of the strategic plan. Evidence of the University's commitment to and support of the College's strategic initiatives include:

- Institutional support was an essential element required for the sustained development of Bengal Pharmacy and tele-pharmacy programs.
- Institutional approval was sought and granted for space allocation and financial resources were committed to developing Medication Therapy Management (MTM) services in Meridian and Pocatello.
- Institution of an educational affiliation agreement with the University of Alaska Anchorage was approved and carried forward to Idaho State Board of Education and the Northwest Commission on Colleges and Universities (NWCCU), regional accreditors.
- Institutional support including matching funding for purchase of an LC/MS instrument.

The State Board of Education (SBOE) has approved the mission and core themes of ISU's strategic plan. Over the next year, a University committee including Pharmacy representatives will help further develop the goals and objectives for that plan.

Alignment with University and Kasiska Division of Health Sciences (KDHS)

Currently, KDHS departments and faculty are in the process of revising the mission and goals of its strategic plan. While pending revisions provide substantive improvements, their impact on College operations or long term goals is expected to be minimal and in line with the College's aspirations. Further, the College has worked to ensure that its strategic plan is in line with those of the KDHS and ISU. Evidence of University and KDHS support of the College is evidenced through financial and institutional support necessary for both interprofessional and continuing education (CE) programs through creation of the interprofessional education (IPE) and CE offices within the KDHS.

Monitoring the Strategic Plan

The College has expended significant efforts to make the evaluation of progress more efficient and effective. Assisted by the Administrative Council and faculty, the Director of Assessment has formulated metrics which identify goals, assign data-gathering responsibilities, and where appropriate identifies an appropriate timeline for completion. Metric results are compiled annually and presented to the College faculty via an Annual Assessment Report. The 2015-18 Strategic Plan, goals, objectives, responsible party, and metrics can be seen in Upload [7.3](#).

The Strategic Plan spans three years but is reviewed and adjusted annually in order to ensure that objectives are met and any new opportunities are identified. For example, in 2014 the College's NAPLEX pass rate fell below the national average for the first time in many years. Faculty members held several meetings to identify contributing factors and posit solutions. As a result, the P-3 capstone course was implemented to provide better preparation for NAPLEX and standardized multiple-choice questions simulating those on the NAPLEX exam were initiated. Instructors also now offer NAPLEX practice tests.

Achieving Mission-based Goals

As further demonstration of the College's commitment to strategic planning, goal 1.7 was created to develop a remediation program in response to data showing an increasing attrition trend. Eligible students earning less than a C- in any course are now required to remediate course(s) during the summer session. While program implementation has necessitated the College's investment in additional faculty and staff support, it promises to yield improved graduation rates with higher levels of proficiency, as well as improved MPJE and NAPLEX pass rates.

In support of strategic plan goal 3, Dr. Barbara Mason was appointed to the newly established position of Director of Interprofessional Education (IPE) with responsibilities to enhance interdisciplinary communication and reinforce positive interprofessional team dynamics to optimize patient care. Dr. Mason's work with the KDHS committee promoting IPE has significantly improved IPE advocacy and advanced opportunities throughout Idaho. The College has taken a leadership role within the KDHS through coordination and promotion of events and

creating an inclusive atmosphere by inviting community members and faculty from various disciplines to join these events. This commitment to Goal 3 and IPE was also extended to professional continuing education programs.

In July 2016, the College received joint CE accreditation for medicine, nursing, and pharmacy allowing development of joint CE programming for all three health disciplines. The College's strategic plan was an important driving force behind this initiative spearheaded by CE Director, Brooke Bautista, PharmD.

Additionally, the College is preparing to conclude the phasing out of its non-traditional PharmD program. (NTPD) In service of this transition, the College has devised ways to accommodate remaining non-traditional students and manage the diminishing need for support staff. The nature of the program provides some flexibility with regard to closure, but a timeline that NTPD students must adhere to is November 2018.

The College seeks to improve the student experience and foster caring, competent graduates and professionals. With this goal in mind, the College has responded to student feedback with several quality improvements. To combat lower NAPLEX pass rates, all fourth year students are provided a free NAPLEX trial and access to a study guide. As previously mentioned, instructors have also committed to employing standardized test questions similar to those on the NAPLEX exam. Finally, having found some students' interpersonal communication skills wanting, the College is purposefully working toward a solution. The College's newly implemented Residency Preparedness course has been praised by Residency Directors.

Application of the Guidelines to meet the Standard

The strategic plan is reviewed annually and any major changes are brought forth for discussion at faculty meeting(s) with additional input sought from outside stakeholders (i.e., the Dean's Advisory Council). Approved changes occur by faculty vote. Recent developments in tele-pharmacy and MTM services, expanded research infrastructure, curricular modifications, and the opening of an Anchorage site, are all adequately resourced and functioning according to the strategic plan. In major transitions, such as the new College site in Anchorage, additional review and institutional support may be required. In such cases, a projected budget detail with input from joint stakeholders (in this case, the University of Alaska) with review and consent of ISU administration and the SBOE. ISU's administration has been very supportive of recent initiatives, and the SBOE has likewise approved both the tele-pharmacy program and Anchorage expansion.

College's Final Self-Evaluation

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

Standard No. 8: Organization and Governance

Required Uploads:

- College or school organizational chart
- Job descriptions and responsibilities for college or school Dean and other administrative leadership team members
- List of committees with their members and designated charges
- College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning
- Curriculum Vitae of the Dean and other administrative leadership team members
- Evidence of faculty participation in university governance
- Required Documentation for On-Site Review:**
- Written bylaws and policies and procedures of college or school
- Faculty Handbook
- Data Views and Standardized Tables:**
- It is optional for the college or school to provide brief comments about each chart or table (see Directions).
- AACP Standardized Survey: Faculty – Questions 1, 2, 5, 10
- AACP Standardized Survey: Alumni – Question 14
- Table: Distribution of Full-Time faculty by Department and Rank

College's Self-Assessment

	S	N.I.	N.I.
8.1. Leadership collaboration – 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. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.	●		
8.3. Qualified administrative team – 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. Dean's other substantial administrative responsibilities – 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. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.	●		
8.6. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.	●		
8.7. Faculty participation in college or school governance – 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. Systems failures – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.	●		
8.9. Alternate pathway equity* – 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.			
---	--	--	--

College's Comments:

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

Introduction

The College maintains a clearly defined organizational structure governed by the faculty constitution and bylaws to ensure thorough faculty involvement and fulfillment of its mission and goals. The College is committed to enhancing its educational programs while fostering and preserving autonomy. Recent and upcoming organizational changes to governance at Idaho State University (ISU) and the Kasiska Division of Health Sciences (KDHS) have encouraged discussions about the current and projected administrative structure within the College.

Organization

In July 2016 the Division of Health Sciences became the Kasiska Division of Health Sciences (KDHS) and Rex Force, PharmD, BCPS was appointed as the new Vice-President for Health Sciences. This new position will guide the KDHS leadership team when the current Associate Vice-Provost for Health Sciences retires in December 2016.

In addition, on July 28, 2016, The State Board of Education (SBOE) changed ISU's leadership structure. The provost and vice president for academic affairs became the executive vice president & provost. This position oversees nearly all university functions, including the VP for Health Sciences. The College has notified the Accreditation Council for Pharmacy Education (ACPE) of the changes. The new reporting structure is posted on the University's website, and KDHS reporting lines did not differ from those previously in place. For this reason, this report will describe the College's current structure.

The College has a well-defined order of authority and published organizational chart (Upload [8.1](#)). College-wide policies and procedures are directed through the dean's and associate dean's staff. The associate dean is responsible for student affairs, physical facilities and assessments. The College manages budgetary affairs with assistance from the ISU finance. A list of staff members and assigned responsibilities can be seen in Appendix [8.1](#).

Participation & Collaboration

The College is one of five units comprising the KDHS. The College works closely with its colleagues in the KDHS to enhance its programs and find opportunities to collaborate in the health science division's administrative council (HSAC). The HSAC gives voice to each health science program with regard to common issues, including affiliation agreements, clinical placement, and IPE. A KDHS faculty committee advises the Vice-Provost for Health Sciences on policy and tenure issues. A list of KDHS administrative council members can be seen in Appendix [8.2](#).

The Dean serves on the Council of Deans with all ISU deans, meeting biweekly with the Provost. The Council works to develop policies and procedures and oversees academic programing, budgeting, planning, and student management concerns.

Administrators and faculty from all three sites hold regular retreats; their informal interactions create a sense of solidarity and foster creative communication. According to the 2015 faculty survey, 79.2% of respondents agree that College administrators function as a unified team.

Leadership to the Academy and Advancing the Profession

Dean Cady actively seeks to increase the visibility of the College within Idaho and regionally. Dr. Cady frequently visits active preceptors and pharmacies throughout the region. Dr. Cady also attends events sponsored by state associations at the Idaho State Capitol, and regularly assists the Associate Dean in meetings with pre-pharmacy students and advisors at other state institutions.

Evaluation of Effectiveness

Faculty evaluate the college administration annually in a series of surveys. Annual faculty survey results indicate that 87% of respondents affirm being given ample opportunity and sufficient anonymity to evaluate their administrators. The survey also shows 75% of faculty members find the administration responsive to their needs (in line with the 74% national average).

To ensure that the College's leadership is meeting the needs of students and the community, internal evaluations of the Dean, the Associate Dean, and department chairs are conducted annually. In 2016-2017, these reviews will be modified to include an external review. For example, preceptors will be asked to participate in the evaluation of the Assistant Deans for Experiential Learning at the end of the academic year.

College Bylaws

The College's bylaws require at a minimum, two faculty meetings annually. However, the College regularly exceeds these expectations by holding monthly meetings. All committees report during regularly scheduled faculty meetings, and all faculty are expected to attend. In 2015, 79% of those responding to the AACP Faculty Survey agreed or strongly agreed with the statement, "faculty meetings function effectively as part of the governance of the College" (Question 10). In 2016, that number rose to 87%, showing a positive change in faculty perceptions.

Faculty Roles in Achieving Mission and Goals

Through its mission, vision, strategic plan and goals, the College complies with guidelines and standards, striving for responsible advancement in its endeavors. As defined in its constitution, the College is organized to facilitate the successful fulfillment of its mission, vision, goals and objectives, and to clearly delineate the role of faculty in conducting College affairs (Upload [8.7.1](#)). As stated "the Faculty of the College shall be responsible for the governance of its affairs including, but not restricted to, student policies, curricular matters, faculty promotion and tenure policies, and such operational policies as may be specified in the bylaws,"

The College bylaws provide clear instructions regarding the management, structure, and processes for governing the College (Upload [8.7.2](#)). The bylaws define faculty organization, committee structures, officers, voting privileges, and responsibilities. Its purpose is to facilitate an active and informed faculty.

Standing committees are usually given charges in addition to those described in the bylaws, and most faculty serve on at least one College committee. Additionally, many serve on ISU or KDHS committees. Faculty committee membership can be seen for 2015-2016 and 2016-2017 in Appendix [8.3.1](#). The 2015-2016 College committee charges can be seen in Upload [8.3.2](#). The

faculty affairs committee has recommended specific changes to the bylaws to include the site in Alaska.

Experience of Administrative Team

In 2009, Paul S. Cady, Ph.D., R.Ph. was appointed Interim Dean, and in 2010 he became the 11th Dean of the College of Pharmacy. He served as Associate Dean for 13 years. Dean Cady studied at the University of Arizona, where he earned a Bachelor's Degree in Pharmacy in 1980, and later received an M.S. and Ph.D. in Pharmacy Administration in 1988. Dr. Cady joined ISU's College of Pharmacy faculty in 1990, where he maintained significant levels of teaching and research while serving in several administrative positions. He has 24 scholarly publications and invited presentations and has served both as a prominent advisor to the graduate program and as a committee chair for ten graduate students. He successfully secured external funding for numerous projects, including the 17-year data management for the Idaho Drug Utilization Project.

Throughout his career, Dr. Cady has championed pharmacy and education while remaining active in pharmacy practice. A member of both national and state pharmacy organizations, Dr. Cady served as the secretary/treasurer of the Idaho State Pharmacy Association for many years. Dean Cady's curriculum vitae can be seen in Upload [8.4](#).

The Dean of the College is responsible for overseeing all college affairs, representing the College to the university and wider community, and ensuring compliance with all ACPE and campus accreditation guidelines. The dean thus assumes responsibility for submission of all reports to the ACPE, and for notifying the ACPE upon substantive changes within the college (Appendix [5.1](#)). The dean oversees all hiring and personnel matters in the College. He supports student governance and organizations, fostering students' development as professionals and leaders. All students are members of the Associated Students of Pharmacy granted memberships in the Idaho Pharmacy Association and Idaho Society of Health Systems Pharmacists, and Alaska students are provided membership in the Alaska Pharmacist Association.

The Dean's leadership style fosters mutual trust throughout the College. Dean Cady oversees the management and administration of the college with the full support of the administrative leaders and staff, meeting weekly with the Administrative Council (AC). A list of AC members can be seen in Upload [8.4.2](#).

The College consists of two departments, Biomedical and Pharmaceutical Sciences (BPSCI) and Pharmacy Practice and Administrative Sciences (PPRA). Department chairs play a central role in promoting faculty development, while assistant chairs are appointed to aid with departmental duties. Department Chair Chris Owens, Pharm.D, leads PPRA. Robin Dodson, PhD, began serving as interim chair for BPSCI in August, 2016 when the previous department chair retired. At this time the College is determining future directions for recruiting a new chair for BPSCI.

Cathy Cashmore, PharmD, currently serves as the Associate Dean, encompassing a very broad role. Her purview includes curriculum, admissions, progressions, physical facilities and information technology (IT). Two members of the faculty, Tom Wadsworth, Pharm.D., and Kevin Cleveland, Pharm.D., serve as Directors of Student Services in Anchorage and Meridian

respectively. Drs. Wadsworth and Cleveland aid Tracy Pettinger, Pharm.D., the Assistant Dean for Experiential Education, in overseeing experiential sites and relationships in their geographic regions. Robin Dodson, Ph.D. was appointed by Dean Cady to serve as the Director of Special Programs prior to being appointed interim chair of BPSCI. He assists with the reinforcement of relationships with organizations and governmental agencies. Vaughn Culbertson serves as the Director for Assessment and Accreditation. Dr. Barbara Mason, Pharm.D., serves as the leader for the advancement of IPE in the college. A list of administrators, their job titles, and their credentials, can be seen in Upload [8.4.2](#). And team member CVs can be seen in Appendix [8.4](#).

Developing and Evaluating Interprofessional Education and Practice Opportunities

Recent notable achievements shared by ISU and the College include initiation of the Bengal Pharmacy's three tele-pharmacies, implementation of an innovative practice model for HIV and Hepatitis C patients, MTM services, the Alaska program, and the addition of research lab facilities in Meridian. The College has also implemented a number of curricular modifications including moving course locations, adjusting course credit hours, updating and revising topics, and procuring testing computer carts.

To advance the profession, faculty are encouraged to create new methods of teaching. The College funds teams and individual members to participate in training programs. Support for this is evidenced by the most recent AACP Faculty Survey in which 100% of respondents "strongly agreed" and "agreed" with the statement, "The Dean is an effective leader." The Dean's achievements are reflected in his last annual review.

Additionally, the College provides preceptor development during annual Continuing Education conferences held throughout the state. Preceptors are invited to participate in special development and training events free of charge. Continuing Education activities are expected to expand in 2016-2017 into Alaska.

Developing Interprofessional Education

The College has an Office of Interprofessional Education and Office of Experiential Education (OEE) that work collaboratively to develop and evaluate interprofessional experiences. The OEE has included an IPE rubric to be used on site visits to further define and identify IPE in these settings, and is further described in Standard 13.

Systems Failures

The College has safeguards in place to minimize the impact of systems failures or other unforeseen events. The college maintains servers that are independently managed but contained within the university IT system. If ISU or pharmacy security is ever compromised, the College could reestablish student and academic records from several redundant off-site storage and backup facilities. The College follows all university guidelines to maintain IT security and its backup process has been tested to ensure viability (Upload [8.6](#)).

With program sites in Pocatello, Meridian, and Anchorage, all original pharmacy lectures are archived for one year. If local events lead to service interruptions or site closures, lectures can be

viewed at a later time. In the event of an emergency or other disruption, online materials remain available to students at a distance.

Quality Improvements

An ad hoc faculty committee developed and presented two organizational charts, titled “*What We Are*” and “*What We Would Like to Look Like*”. Although the College’s great horizontal growth is a welcome sign of success, it has necessitated a new organizational structure. A clearer vision of the new structure and organizational chart is expected in time for the ACPE site team’s visit in November. A proposed reorganization chart is presented in [Appendix 18.8](#).

College’s Final Self-Evaluation:

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

Standard No. 9: Organizational Culture

Required Uploads:

- College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors
- Examples of intra/interprofessional and intra/interdisciplinary collaboration
- Examples of affiliation agreements for practice or service relationships (other than experiential education agreements)
- Examples of affiliation agreements for the purposes of research collaboration (if applicable)
- Examples of affiliation agreements for academic or teaching collaboration (if applicable)

College's Self-Assessment

	S	N.I.	U
9.1. Leadership and professionalism – 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. Behaviors – 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. Culture of collaboration – 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.	●		

College's Comments:

- Strategies that the college or school has used to promote professional behavior and outcomes
- Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes
- Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes
- The number and nature of affiliations external to the college or school
- Details of academic research activity, partnerships and collaborations outside the college or school
- Details of alliances that promote and facilitate interprofessional or collaborative education
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Introduction

College faculty and staff strive to promote the profession through advancements in lifelong learning, interprofessional collaborations in teaching and research, and clinical practice. Individual accountability and positive role-modeling are chief means of cultivating dynamic, evolving relationships and methods, within the College and beyond. The culture within the College fosters professionalism and distinguishes itself as a contemporary and innovative program, providing positive outcomes for healthcare providers and patients alike.

Promoting Professional Behaviors

Throughout their academic journey, students are encouraged to showcase developing skills in a variety of events and activities. As an example, the annual fall Pharmacy Fair is a forum for students to interview with potential employers, who in turn offer encouragement, advice, and constructive criticism. Four years ago, when potential residency directors cited a lack of student preparation as a cause for concern, the College responded by developing elective Residency Preparedness courses to assist students with CV refinement, interpersonal communication skills, interview preparation, and presentation skills. The course has, according to positive employer reviews, greatly enhanced professionalism since its implementation.

The core curriculum includes coursework in ethics and pharmacy law, providing students with a comprehensive understanding of their professional responsibilities. These safeguards allow students to develop meaningful relationships with their faculty, facilitating professional development. An important part of professionalism is service. While service opportunities are built into the curriculum, additional occasions arise through the student-run “operation” events. The Professional Pharmacy Student Alliance (PPSA), which unites all student organizations and coordinates efforts for Operation Immunization, Operation Heart, Operation Diabetes, and Operation Self Care. These events place students in professional settings that provide valuable patient care training and allow students to emulate high standards of professional practice.

The University has a published faculty code of conduct, as well as procedures for addressing violations of that code (Upload [9.1](#) and [9.2.1](#)). Additionally, students are held to congruent Professional Conduct Policies established by the KDHS and College student handbook, page 44 (Appendix [9.1](#)). Like the KDHS, the College strives to promote professionalism, collaboration, and lifelong learning. Not only are these concepts advanced in class, practice experiences, and in the student handbook; college members and affiliates also exemplify these qualities through role modeling and mentoring activities. In 2016, the faculty approved a proposal requiring college-wide adherence to the Professional Conduct Policy, found in the College’s student handbook.

Again, faculty adhere to the same professional standards as students. Furthermore, as state employees, faculty and staff are also subject to employee regulations; these rules also address issues related to appropriate behaviors. Any behavioral issue related to staff or faculty is, as a matter of policy, disclosed to the University’s Department of Human Resources Policies and information related to employee conduct is displayed in (Upload [9.1.3](#)).

Promoting Harmonious Relationships

The College seeks to maintain a unified and harmonious atmosphere that fosters collaboration, mutual respect, and integrity among faculty, staff, and students. At least once a year, a faculty retreat is held; the retreat is administrative in nature, but more importantly, it fosters unity, harmony, and communication among the faculty and administrators from all three sites.

Among the most successful strategies for promoting relationships amongst students has been the College's sponsorship and support of numerous outreach activities, professional meetings, and student organization events. All faculty, staff, and students are invited to picnics beginning and ending each academic year, and to an end-of-the-year golf tournament. These informal, family-oriented events held in Meridian, Pocatello, and now Anchorage help to cultivate a sense of community among faculty and students.

Promoting Mentoring & Leadership Development

Faculty, staff and administrators are encouraged to mentor students informally which can prove transformative for students. With faculty distributed proportionally across the three campuses, effective mentorship is accomplished at each site. It begins with faculty setting high expectations and modeling stringent standards of performance and behavior.

Promoting Interprofessional Education

The KDHS has united a majority of the university's health profession programs, providing new interprofessional opportunities for education, research, and practice among faculty and students. Through KDHS leadership and efforts of the College, Interprofessional Continuing Education activities are steadily increasing throughout ISU. The number and diversity of affiliations provide a foundation for the College's Interprofessional Education (IPE) efforts. Dr. Barbara Mason, a senior faculty member is leading the development of IPE activities for both the College and Division (KDHS).

One exemplary IPE collaborative effort is that of Meridian pharmacy students and dental hygiene students working together at the ISU-Meridian Health Science Center. Such alliances will no doubt expand in number and scope after the opening of the medical school next to ISU's Meridian campus. Students are also invited to participate in monthly mobile clinics, serving people in need throughout the Treasure Valley. Pharmacy students rotate through services including pharmacy, mental health, laboratory, audiology, and dietetics, among many others. These rotations provide practical exposure to numerous disciplines and underscore the need for each to work in concert with the others, for the holistic health of every patient. An example of Pocatello IPE opportunities is the annual Homeless Stand Down, which provides healthcare screenings to indigent residents. Finally, all students are presented with interprofessional case studies in which they must work with students from other disciplines to create comprehensive patient treatment plans. This process has also been used in Pharmacy Continuing Education (CE) courses and invites cooperation with other disciplines and universities.

College faculty were the first university members to participate in IPE conferences and events, and they have encouraged others on campus to do the same. The College assumed a primary role

in seeking interprofessional accreditation for continuing education within medicine, pharmacy, and nursing through the efforts of Dr. Brooke Bautista.

External Affiliations

The College also encourages students to participate in state and national association meetings through financial support of student membership fees for the American Pharmacist Association, Idaho Pharmacist Association, and the Idaho Society of Health System Pharmacists.

Participation in College outreach programs, including the aforementioned Operation events, has greatly increased since initiation of courtesy memberships. Students have demonstrated their commitment to high standards of professionalism through numerous ASP regional and national awards. A list of student service awards for the last 10 years is presented in Appendix [9.2](#).

College faculty are encouraged to participate in local, state, and national associations. Those serving in elected positions are provided funding in order to fulfill their duties as leaders. Additionally, faculty serve on state and regional committees and boards, in both government and private sectors. The College considers qualities exhibited through service to be essential to its identity as an institution and as educators. A list of members of faculty serving external entities in addition to the College and University can be seen in Upload [8.5](#).

The College also promotes and develops relationships with community preceptors and educators; the college currently benefits from approximately 209 affiliations, including a growing number of Alaska sites. The College maintains active affiliation agreements with all sites providing introductory and advanced practice experiences (Upload [9.5](#)).

In addition to affiliations for teaching purposes, the college has affiliation agreements with some healthcare entities to support shared salary positions. Examples of community-based, hospital-based, and co-funded affiliation agreements can be seen in Upload [9.3](#).

Affiliation agreements allow for collaborative research activities and partnerships between the College and outside entities. These include the following examples:

- Pocatello Veterans Administration
- Boise VA Center for Excellence and frequently contribute to VA research projects
- The ISU Family Medicine residency clinic
- Boise St Luke's Medical Center

Academic Research & Collaborations

The College maintains an affiliation agreement with the ISU Foundation to run Bengal Pharmacy. This agreement covers the management of Bengal Pharmacy and the collaboration needed with the College faculty to manage its affairs. The College holds affiliation agreements that address research as well as experiential education (Upload [9.4](#))

The shared position of Associate Dean for Clinical Research is a collaborative effort between the College, the KDHS, and the Pocatello Family Medicine Residency program. This position directs the ISU Center for Health Research and ISU Family Medicine Clinical Research Center.

Until recently, this position was held by College faculty member, Rex Force, PharmD, and has been one of the College’s most productive research collaborations.

As previously reported, Dr. Force recently accepted the position of Vice-President for Health Sciences. This administrative change may have a broader impact on the College’s structure, but reporting lines are not yet known. The research center’s new leadership will likely continue to be a pharmacist.

Application of guidelines to meet the Standard

The College promotes a culture consistent with the mission, vision, and values that demonstrates its commitment to developing future leaders, promoting professionalism, and fostering collaboration. This culture extends to administrators, faculty, staff, preceptors and all the students within the College.

College’s Final Self-Evaluation:

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

Standard No. 10: Curriculum Design, Delivery, and Oversight

Required Uploads:

- Description of curricular and degree requirements, including elective didactic and experiential expectations
- A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program
- A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards
- Curriculum vitae of faculty teaching within the curriculum
- Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments
- List of the professional competencies and outcome expectations for the professional program in pharmacy
- A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school
- A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years
- Examples of instructional tools, such as portfolios, used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development
- Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback
- Policies related to academic integrity
- Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development)
- Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners
- Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum
- Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills
- Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program
- Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills
- Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes
- Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles
- Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities

College's Self-Assessment:

	S	N.I.	U
10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.	●		
10.2. Curricular oversight – 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. Knowledge application – 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. Skill development – 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. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.	●		
10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.	●		
10.7. Content breadth and depth – 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. Pharmacists' Patient Care Process – 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. Electives – 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. Feedback – 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. Curriculum review and quality assurance – 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. Teaching and learning methods – 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. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.	●		
10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.	●		
10.15. Experiential quality assurance – 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.	●		
10.16. Remuneration/employment – 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. ³	●		
10.17. Academic integrity* – 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.

College's Comments:

- A description of the professional competencies of the curriculum
- A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes
- The curricular structure and content of all curricular pathways
- How the curricular content for all curricular pathways is linked to Appendix 1 of Standards 2016 through mapping and other techniques and how gaps in curricular content or inappropriate redundancies identified inform curricular revision
- Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values
- Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum
- A description of the curricular structure, including a description of the elective courses and experiences available to students
- How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length
- Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- How the results of curricular assessments are used to improve the curriculum
- How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision
- How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.
- A description of the college or school's curricular philosophy
- A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery
- A description of teaching and learning methods and strategies employed in the delivery of the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable), and how those methods are expected to advance meaningful learning in the courses in which they are employed.
- Efforts of the college or school to address the diverse learning needs of students
- The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

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

Introduction

The four-year Doctor of Pharmacy curriculum has been carefully designed to be rigorous, contemporary, and meet the collective vision of the College. It is structured to ensure graduates acquire and integrate foundational knowledge, develop and apply the skills to make therapeutic decisions, and acquire and display professional attitudes and behaviors.

Description of Curricular Philosophy

The College views the curriculum as a tool to develop professionals who assume responsibility for their own learning and who are committed to the advancement of pharmacy practice. Primary curricular goals are the development of a strong foundational knowledge in the biomedical and pharmaceutical sciences, inculcation of the JCPP drug-related problem-solving process, and fostering an evidenced-based approach to optimizing pharmacotherapy and patient health outcomes. Because it is a dynamic work in progress, we continue to experiment, assess, revise, and innovate within our curriculum to graduate highly competent practitioners. See Appendix [10.1](#) for a complete version of this philosophy.

Description of Educational Outcomes

The professional curriculum is built upon a solid foundation that incorporates the College's mission, goals, and objectives, curricular philosophy, and educational outcomes along with ACPE Appendix 1 requirements. Recently updated educational outcomes include 47 objectives, closely following the 2013 CAPE Outcomes and ACPE Standards 1-4. The educational outcomes are organized into four primary sections (Upload [10.6](#)) as follows:

1. Foundational Knowledge
2. Essentials for Practice and Care
3. Approach to Practice and Care
4. Personal and Professional Development

Assessing Curricular Outcomes

The faculty directs the PharmD curriculum with oversight delegated to the Curricular Affairs Committee (CAC). Other partners include the Office of Experiential Education (OEE) and the Assessment Committee. The CAC is defined in the College Bylaws and is responsible for ongoing evaluation, development, and improvement of all aspects of the professional curriculum. Committee membership includes faculty and student representation from each site as well as College administration (Upload [10.7](#)). The chair of CAC is also a member of the assessment committee, ensuring coordination with assessment. The Dean and Administrative Council are highly supportive of curricular improvement and have provided resources as needed.

The CAC meets at least monthly, with activities driven by an internal procedure document (Appendix [10.2](#)) as well as the Dean's annual committee charges (Upload [10.8](#)). Ongoing and systematic review of the curriculum specifies each academic year be reviewed sequentially on a 4-year cycle that includes design, delivery, sequencing, and student workload. Assessment data is reviewed annually as part of this process and includes the Annual Assessment Report, PCOA, NAPLEX, MPJE data, and course evaluations by students. College faculty, as well as the University Undergraduate Curriculum Council must approve all major curricular changes.

Working with the CAC, the Office of Experiential Education (OEE) sets standards and monitors IPPEs and APPEs, including the assurance that students are not remunerated for practice experiences. The OEE has developed syllabi that include core learning objectives for each type of experience to promote standardization between sites. Universal evaluation tools ensure a consistent assessment of student and preceptor performance and help guide experiential curricular change.

Using Results for Curricular Improvements

The PharmD curriculum is highly dynamic with a number of changes made over the last 5 years (Appendix [10.3](#)). Both the CAC and assessment committee review curricular assessment data as it is available, and potentially significant findings are presented and discussed at faculty meetings for input. When assessment data suggests a concern, additional data are sought before making major changes. Curricular improvement also comes from faculty, student, preceptor, and stakeholder feedback, systematic curricular review, trends in pharmacy practice, and faculty desire to improve their courses.

Curricular Content, Structure & Pathways

Curricular content emphasizes the knowledge, skills, attitudes, and behaviors necessary for practice. Learning is structured so that principles are reinforced and built on a foundation that intensifies each year of the didactic and experiential curriculum.

Curricular Structure and Length

The PharmD program is four academic years in length, made up of six semesters of didactic coursework, 300 hours of IPPEs, and 1680 hours (42 weeks) of APPEs (Upload [10.1](#)).

Knowledge Development

Knowledge development begins with pre-professional studies prior to entering the program. Students are required to complete a minimum of 72 semester credits of pre-pharmacy coursework. In addition, students must either have a baccalaureate degree, associate degree, or complete the ISU general education requirements for a Bachelor of Science degree (Appendix [10.4](#)).

The first year (P1) of the curriculum is designed to provide a comprehensive introduction to each of the foundational sciences, as well as the necessary skills, attitudes, and behaviors for professional development and maturation. Beginning with the second year, focus is on integrating and applying knowledge that is developed in parallel with clinical skills. Woven into this structure is a succession of IPPEs and optional co-curricular activities, all of which are intended to prepare students for APPEs and achievement of educational outcomes. Standard 1 details this further.

Skill Development

Skill development begins in the P1 year with courses such as Introduction to Pharmacy Practice I and II and Introduction to Clinical Problem Solving, which allows students to:

- Build communication skills
- Learn to educate others

- Work in teams
- Develop information retrieval and literature evaluation skills
- Practice basic patient assessment
- Practice clinical problem solving and documentation

This expands during the P2 and P3 years in the PBL Case Studies series, pharmacotherapy skills labs, compounding laboratory, and Capstone Pharmacy course (described in Standard 1). Service and shadowing IPPEs provide early opportunities for students to test their skills followed by full development in the P4 year.

Professional Attitudes and Behaviors

Development of professional attitudes and behaviors are addressed and cultivated throughout the curriculum. This process begins during P1 orientation and the White Coat Ceremony where students sign the “*Code of Ethics for Pharmacists*” and culminates at graduation when students take the “*Oath of a Pharmacist*” (Upload [10.12](#)). Ethics, leadership, and professional behavior are introduced in the P1 fall semester and covered in multiple courses throughout the curriculum (Appendix [10.5](#)). Self-assessment via student portfolios track professional development over time (Upload [10.9](#)). Also key to this development are the myriad co-curricular activities and practice experiences (Appendix [10.6](#)).

Patient Care Process

A significant time commitment is dedicated to developing and preparing graduates to provide a systematic approach to clinical problem-solving and patient-centered care. Courses designed to promote this are Introduction to Clinical Problem Solving, the PBL Case Studies courses, and Capstone Pharmacy, which span five semesters of the curriculum. Although not specifically identified as the JCPP Pharmacists’ Patient Care Process, these courses have long taught an identical process for identifying, resolving, and documenting drug-related problems. Starting in fall 2016 the JCPP model will be specifically articulated in each year of the didactic curriculum.

Elective Coursework

Students must complete six credit hours of electives, chosen based on their interests and completed during the first three years (Appendix [10.7](#)). Elective courses offer an opportunity for students to expand their interests in areas of pharmacy such as:

- Leadership
- Women’s Health
- Toxicology
- Residency Readiness
- Business
- Diverse populations (e.g., Spanish for Healthcare Providers)

Nontraditional PharmD Pathway

In addition to the traditional program, ISU also has a nontraditional program for pharmacists with a Bachelor of Science degree. This program is being phased out and is no longer taking applications. Other degree options are the joint Doctor of Pharmacy/Master of Business

Administration and Doctor of Pharmacy/Doctor of Philosophy in Pharmaceutical Sciences (Appendix [10.8](#)).

Assessment Measures

Curricular Content Mapping

Curricular mapping provides evidence that knowledge, skills, attitudes and values are reinforced and advanced throughout the curriculum. Course mapping to ACPE Appendix 1 and COP educational outcomes was conducted in summer 2016. Mapping results for Appendix 1 show that students receive a thorough introduction to each of the foundational sciences in the P1 year, followed by continued advancement and application of knowledge in courses during the P2 and P3 years (Upload [10.3](#)).

Educational outcomes mapping for didactic and IPPE courses shows that each outcome is addressed within the first 3 years of the curriculum. Foundational knowledge, patient-centered care, health and wellness, education, communication, and professionalism are the outcomes most emphasized throughout the curriculum (Upload [10.2.1](#)). Manually mapped data for APPEs shows that not all endpoints are universally covered during the final year, particularly for population-based care (Upload [10.2.2](#)). Discussion at the August 2016 Faculty Retreat led to suggestions that additional preceptor training be provided.

Teaching and Learning Measures

The College conducts multiple types of evaluations for the purpose of curricular, faculty, preceptor, and student feedback. All students complete course and instructor evaluations anonymously using an electronic process and in-house evaluation tools (Upload [10.10](#)). Multiple evaluations are also conducted within the experiential program (Appendix [10.9](#)).

In spring 2013, the College began development of an online course syllabus system. Goals of this system were to provide a standardized syllabus template, identify educational outcomes for each course, facilitate course mapping, improve coordination, and support assessment of curricular quality. All didactic course syllabi are now electronically mapped to ACPE Appendix 1 and educational outcomes. Plans are also underway to develop a similar template specific to experiential courses (Appendix [10.10](#)). With the electronic system now in place, mapping will be conducted regularly. In addition, the ExamSoft® system being implemented in academic year 2016-2017 will add another layer of detail for curricular mapping and assessing learning outcomes.

Standard 1 discusses data for student attainment of desired core knowledge. Standard 24 describes assessment measures used to evaluate achievement of professional competencies and outcomes.

Teaching and Learning Methods

The vast majority of topics in the didactic curriculum are taught by seasoned pharmacy faculty who have the appropriate credentials and expertise. In cases where faculty expertise is not available, the College uses qualified adjunct faculty to teach didactic courses or labs. Many courses also bring in guest lecturers with special expertise or noteworthy experience (Uploads

[10.4](#), [10.5](#)). Preceptors are selected based on graduation from an ACPE accredited program, at least 1 year of post-graduate practice experience, valid state license to practice pharmacy, and willingness to abide by College standards (Appendix [10.11](#)).

Delivery

The didactic curriculum is offered synchronously to students in Pocatello, Meridian, and Anchorage, using distance-learning technology (DL). The College has extensive experience with this technology, dating back to 1988. Faculty are proficient using DL for both lecturing and conducting discussions. Nevertheless, some types of learning are best conducted with an instructor physically present, including small group discussions and hands-on activities. For these types of learning experiences, students are taught by onsite-instructors.

Methods

Faculty employ multiple instructional techniques which CAC collects annually (Upload [10.13](#)). This information demonstrates a variety of active learning techniques and use of multiple methods for most courses. Audience response and class discussions are frequently used during lecture courses, along with student presentations, homework assignments, and self-reflections. Several courses are paired with skills labs and recitations, while the PBL courses employ small group discussions and collaborative learning. Self-directed learning is promoted in multiple ways (Uploads [10.14](#), [10.15](#), [10.16](#), [10.17](#), [10.18](#), & [10.20](#)).

Diverse Learners

Students have different learning styles that impact their ability to learn from any given instructional method. In addition to traditional style lectures, opportunities are provided to learn through hands-on activities, games, role playing, group interaction, and self-reflection. Many options exist for students to learn independently and from peers. Most didactic courses are taught live and video-recorded, allowing students greater flexibility to learn at their own pace (Upload [10.19](#)). For students who struggle, the College has an academic coaching program and students are encouraged to work with the ISU Student Success Center to identify and address individual needs.

Academic Integrity

High priority is placed on academic integrity. In 2014, the College purchased a set of laptop computers to be used during exams. The computers are equipped with Safe Exam Browser®, which restricts the ability to access outside material or make changes to the software (Deep Freeze®). The College has also developed an exam policy that includes procedures to minimize academic dishonesty, and each exam includes a statement of academic integrity that students agree to abide by. University and College policies are followed for any instances of academic dishonesty that do occur (Upload [10.11](#)).

Application of Guidelines to Meet the Standard

The College has a sound curricular structure designed to facilitate achievement of educational outcomes along with a well-established process for curricular oversight involving faculty, students, and administration. The curriculum is dynamic and continually changing based on assessment data and other input. The new course syllabus data system provides a unique tool for

curricular mapping and curricular quality assurance. Multiple learning techniques are used to accommodate diverse learners and for facilitating skills, attitudes, and behavior development. AACP survey data shows agreement with all aspects related to curricular outcomes, curricular design and faculty role in curricular design (Appendix [10.12](#)).

See Appendix [10.13](#) for entire Standard 10 narrative.

College’s Final Self-Evaluation

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

Standard No. 11: Interprofessional Education (IPE)

Required Uploads:

- Vision, mission, and goal statements related to interprofessional education
- Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs
- Relevant syllabi for required and elective didactic and experiential education course that incorporate elements of interprofessional education to document that concepts are reinforced throughout the curriculum and that interprofessional education related skills are practiced at appropriate times during pre-APPE
- Student IPPE and APPE evaluation data documenting the extent of exposure to interprofessional, team-based patient care
- Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum

College's Self-Assessment:

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

College's Comments:

- How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
- How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education
- How the results of interprofessional education outcome assessment data are used to improve the curriculum
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

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

Introduction

The College has a long history of preparing students to provide entry-level, patient-centered care as part of an interprofessional team, and has close working relationships with other programs in the Kasiska Division of Health Sciences (KDHS). Pharmacy students regularly interact with students and providers from health professions including nursing, physician assistant, and physical/occupational therapy through co-curricular activities such as community service and outreach events, as well as during IPPEs and APPEs. These programs are likewise committed to the concepts of interprofessional education (IPE) and interprofessional practice (IPP) and new initiatives are in place to structure and advance interprofessional education. Details are located in the KDHS IPE Strategic Plan (Upload [11.1](#)) and college student handbook (Upload [11.2](#)).

Supporting Interprofessional Team Education

The Interprofessional Affairs Council (IAC) serves as the foundation and advisory group for IPE efforts for all KDHS health professional programs and is composed of representatives from many of the programs in both Pocatello and Meridian. The IAC collects and compiles survey data to assist in the development of IPE activities for the KDHS. IAC Members have also attended the AACCP Interprofessional Educational Collaborative (IPEC) Institute and have an active role in advising the Executive Dean for the Division on IPE-related matters.

To address the growing emphasis on IPE and IPP, the KDHS has assigned a Director of Interprofessional Education who is responsible for overseeing all IPE-related activities. The IPE Director is a senior pharmacy faculty member who serves as a member of the College's Administrative Council, Curricular Affairs Committee, and a member of the KDHS Executive Council and IAC.

Faculty discussions about IPE suggest that more IPE and IPP is occurring than has been previously documented and assessed, in both the didactic and experiential curriculum. A concerted effort to identify and assess all aspects of interprofessional learning is underway. To do this, guidance documents for faculty to incorporate interprofessional practice and education into APPE, IPPE, modules, electives, labs and case studies have been distributed at department meetings. Faculty are also required to complete the same self-directed IPE module training as first year pharmacy students. The initial plan is to maximize the value of current IPE offerings rather than attempt further expansion at this time. IPE for students is available during didactic courses in the curriculum, as well as KDHS sponsored events. However, based on follow-up assessments, this will be periodically revisited as areas of improvement are identified (Upload [11.4.1](#) and [11.4.2](#)).

Interprofessional Curriculum

The graduating class of 2019 is the first to have a defined IPE syllabus with a 20-hour requirement of focused interprofessional activities and reflections to be completed with Introductory Pharmacy Practice Experiences (IPPEs).

Exposure starts with P1 students completing an online sequence of modules called “Interprofessional Collaboration On the Run”, which includes IPE-related self-assessments, reflections, and covers topics such as:

- communication
- patient/family and community centered care
- role clarification
- team functioning
- interprofessional conflict management
- collaborative leadership

As with other IPPE hours, students are responsible for scheduling and completing their IPE hours without remuneration. All students are provided a list of IPPE sites and preceptors to make arrangements for completing these hours on their own. Guidance for IPE hours, specifically as part of IPPE, is provided in the course syllabus (Upload [11.3](#)). IPE hours may be obtained in a variety of ways, through interviewing other health professionals or by including other health profession students in case study classes, participation in journal clubs, or through co-curricular activities such as health screening events or community health fairs.

IPE assessment consists of ten key elements: six related to interprofessional collaboration/team dynamics and four elements of interprofessional team education/team practice. Starting with the graduating class of 2020 a formal introduction to IPE will be included as part of new student orientation to the College as well as in the fall P1 Seminar course. Additionally, an elective course called Interprofessional Foundations will be offered in spring of 2017 in collaboration with the Boise VA Center of Excellence in Primary Care.

P2 and P3 Interprofessional Education

Annual interprofessional case study events are held for P2 and P3 students to collaborate with students from other health programs on campus. The exact group make-up varies based on program availability at different sites; however, physician assistant students are available in both Pocatello and Meridian. Despite a slightly different mix of participants at these case studies, similar outcomes and competencies are expected. During events multiple cases are presented, with initial cases focused on the challenges of group communication and teamwork building. Following an initial ice-breaker activity, students discuss the case in interprofessional small groups, develop a group care plan, and compare their plan to one developed by an expert interprofessional team. Reflections and assessments are required upon completion of the events. A final wrap-up session involves faculty from the participating professions who provide a capstone commentary for the event.

P2s and P3s also have required attendance at the Geriatric Symposium case study session in the fall semester, and an IPE case study session as part of ISU Research Day in the spring. The P3 Capstone Pharmacotherapy course that occurs just prior to APPEs prepares students for team participation through role play and recitation activities emphasizing collaboration in delivery of patient care. For the first time a current PGY1 resident presented on team roles as a pharmacist during APPE orientation for P3s in spring 2016. Other KDHS interprofessional curricular

elective offerings such as mindfulness, healthcare quality, survey of aging and health screening tests can also be taken for IPE credit.

Recognizing that indirect social activities such as lunch time fundraising activities by student organizations or ISU campus sponsored Student Board programs are conducive to elements of interprofessionalism, a series of lunchtime distance learning invited speaker sessions were hosted by the College. Topics centered on roles and responsibilities of health professions that represent dental, medical lab science, dietetics and veterinary medicine. Voluntary attendance from a variety of disciplines on both campuses has averaged 60-70 per event. A similar event hosted with the Idaho Central District Health Department with a focus on meningitis, included giving immunizations to participants.

Interprofessional Team Practice – APPE and Co-Curricular Activities

Co-curricular activities such as the ISU Health Fair and interprofessional journal club sessions offer P1- P3 students opportunities to learn with, from and about other health professions. One of the first endeavors into interprofessional education occurred through Community Health Screening (CHS) events, organized differently, but held both in Meridian and Pocatello. Over the years, numerous improvements have been implemented to maximize the interprofessional CHS learning experience. Screening services are delivered by an interprofessional team of healthcare students in different stations including dental, labs, physical exam and nutrition, audiology, traumatic brain injury, vision, viral results, motivational interviewing as well as a check-in and check-out session.

For IPE to translate successfully into IPP, it is essential for students to learn at model sites where collaboration occurs in every day practice such as during patient interviews, patient assessments, treatment plans, discharge planning, shadowing and observational visits to other clinical departments. While completing APPEs in a variety of practice sites, P4 students participate as interprofessional team members with a role model (i.e., faculty member, preceptor or resident) and an IPE assessment is completed. Organization level factors at IPPE and APPE sites are evolving and creating enhanced opportunities for interprofessional endeavors. For example, although the mental health/psychiatry APPE at the Boise VA has been long standing, the collaboration of the Psychiatry Medical and Pharmacy Residency has been more recent. The College is teaming up with the Northwest Consortium on Experiential Education to collectively identify and share best practices in interprofessional education.

Postgraduate Professional Education and Team-Based Patient Care

A unique aspect of IPE case study events is incorporation of pharmacy residents from the ISU Teaching and Learning Curriculum Program and P4 students on academic rotations as co-facilitators. Evaluation comments from the residents' post-case study IPE event revealed themes of increased awareness and respect for other professional groups, increased resident knowledge about residents as leaders, teachers and health professionals. Evidence of pharmacists training in team care can be seen in another unique aspect of our IPE Case Study events where practicing pharmacists participated with students as team members. These practitioners gained hands on knowledge of the interprofessional curriculum to take back to their practice sites. Preceptor development components of IPE were initiated during the Spring 2016 Dean's Advisory Council

and are ongoing. The Boise VA and the Family Medicine Residency programs in Boise and Pocatello have been affiliated experiential sites for pharmacy students and postgraduate pharmacy residents for many years. College faculty initiated these pharmacy residency programs and support postgraduate interprofessional medical and pharmacy education. The Boise VA Centers of Excellence (COE) for patient-centered medical home practice, which has been staged per Kirkpatrick's Assessment Model at Level 3 behavior change and Level 4 change in organizational practice, provides a state of the art learning venue to develop pharmacy graduates and residents who are trained with other healthcare professionals to provide patient care as a team.

Assessing Interprofessional Education

IPE has been incorporated into the portfolio system as an important initial step in integrating evaluation from the start. Initial assessment endeavors use the Readiness for Interprofessional Learning Scale (RIPLS) served to educate students about readiness for interprofessional learning but did not result in curriculum changes and has been abandoned as an assessment. Literature review has revealed a number of educational models that assess interprofessional team performance, professional perceptions, and attitudes toward healthcare team, yet psychometric soundness of instruments has been lacking. The reciprocal role of assessment requires us to constantly question whether students are adequately learning interprofessional competencies that support and translate into successful interprofessional practice. Although IPE assessments are very rudimentary, initial measurement attempts are seen in Upload [11.5](#).

AACP Survey Results

With the exception of simulations and team skills training, ISU students have the same opportunities for IPE as those in the AACP graduating student public school summary report. AACP faculty survey data shows ISU is above average in preparing students to communicate with patients, caregivers, and other members of the IPE team. This overconfidence bears the risk of less explicit delivery of that message to students. Graduating students and current students both measure above average in their preparation to work well with the healthcare team. Current students are also above average in their appropriate use of health resources to prepare for team patient care. Survey results are consistent with national averages for "my pharmacy practice experience allowed me to collaborate with other health professionals." AACP alumni and preceptor surveys report consistent results suggesting IPEC competency is being met for communication with an IPE team.

College's Final Self-Evaluation

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

Recommended Monitoring

With the addition of the Alaska site, interprofessional opportunities are available to collaborate with Alaska Native Health Consortium, which is strongly founded in principles of IPE. UAA also offers an interprofessional health science simulation center and the Institute for Healthcare Improvement Open School for Health Professions. Collaboration with the Alaska WWAMI will provide IPE activities with medical students.

Qualitative assessment continues with careful consideration of the distinction between interprofessional activities evaluations and learner assessment. Based on Kirkpatrick's four-level educational outcomes, students are at reaction stage 1 showing interprofessional learning opportunities are well received. Incorporating knowledge exams and skills assessment, the goal is for IPE to transition beyond satisfaction to cognition and then behavioral demonstration and performance assessment. The College proposes to provide updated progress towards these goals.

Standard No. 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum

Required Uploads:

- Description of curricular and degree requirements, including elective didactic and experiential expectations
- A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments
- Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4
- Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies)
- Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements
- List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement
- Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure
- Introductory pharmacy practice experiences student and preceptor manuals
- Introductory pharmacy practice experiences student and preceptor assessment tools
- Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs
- Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes

College's Self-Evaluation

	S	N.I.	U
12.1. Didactic curriculum – 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. Development and maturation – 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. Affective domain elements – 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. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan.	●		
12.5. IPPE expectations – 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. IPPE duration – 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. Simulation for IPPE – 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.	●		

College’s Comments:

- How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
- How the college or school ensures that the majority of students’ IPPE hours are provided in and balanced between community pharmacy and institutional health system settings
- How the college or school uses simulation in the IPPE curriculum
- How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- How quality improvements are made based on assessment data from practice sites
Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Introduction

The Pre-APPE curriculum provides a strong foundational knowledge base in the biomedical, pharmaceutical, and clinical sciences. This includes a drug-related problem-based learning (PBL) course sequence that fosters an evidenced-based approach for providing appropriate pharmacotherapy and ensuring optimal patient health outcomes. Pre-pharmacy coursework prepares students to receive further instruction in the pharmaceutical sciences (pharmaceutics, pharmacokinetics, clinical sciences, etc.) that is carefully coordinated and sequenced to build upon prior knowledge and skills. The pharmacy pre-APPE curriculum is delivered using an amalgam of formats including sequenced courses, integrated modules, small group case-based recitations, practice labs, reflection exercises, and stand-alone courses. A full description of the curriculum and degree requirements are provided in (Upload [12.1](#)), course and faculty credentials table (Upload [12.2](#)), curriculum mapped to Appendix 1 (Uploads [12.3.1](#) & [12.3.2](#)), and curricular and co-curricular experiences related to Standards 3 &4 (Uploads [12.4.1](#) & [12.4.2](#)).

IPPE Hours

The IPPE curriculum has three distinct sections, which are completed during the first three professional years (Upload [12.6.1](#) and [12.6.2](#)). Simulation activities are not utilized as part of IPPE hours. Student experiences are obtained in actual practice settings. The P1 IPPE experience begins the summer of their admission to the program and requires students to enroll in an online course, PHAR 9911 and perform 200 hours of competency-based experiential training under the supervision of a licensed pharmacist. Students must spend a minimum of 80 IPPE hours in a community pharmacy, 80 hours in an institutional pharmacy, and an additional 40 hours in either community, institutional, or the Idaho Drug Information Service for a total of 200 hours by the end of the fall semester. This first experience also allows for self-assessment, fosters teamwork and good communication skills, and provides a forum for how to appropriately receive feedback and guidance. This course also has an online component that covers other introductory topics such as HIPAA and medical terminology (Uploads [12.7.1](#)).

Building upon the experience gained from this introductory course, as well as from didactic courses and co-curricular activities, second year students enroll in PHAR 9913 and third year students in PHAR 9914. Participation in a minimum of 40 hours of pharmacy-related service or student organization outreach services is required. P1 students may earn up to 10 hours prior to entering their P2 year, and P2 or P3 students up to 30 of the 40 hours during each academic year, with the remaining balance completed prior to progression to APPE. Examples of such activities include:

- Immunization Clinics
- Health Fair Screening for Blood Pressure/HR, Lipid Profile, Blood Glucose, Hba1c
- Self-Care
- Methamphetamine Awareness
- Poison Prevention

In addition, P2 and P3 students perform 40 hours of “shadowing” a clinical pharmacy faculty member as they function in their various patient care clinical practice sites. During these hours, students observe and contribute to patient-care activities performed by a clinical pharmacist in collaboration with other healthcare professionals. These shadowing hours occur in settings such as:

- Ambulatory Care
- Family Medicine
- Hospital
- Anticoagulation
- Mental Health
- Pediatrics
- Geriatrics
- Medication Therapy Management
- Drug Information
- HIV Clinics

The expectations differ for students in the P2 and P3 years, with greater responsibility for direct patient-care activities expected of P3 students performing service hours and clinical shadowing. Twenty hours of interprofessional education (IPE) are required as a component of IPPE for second and third year students. During these hours, students contribute to patient-care activities performed by interprofessional teams. Acceptable IPE sites include specifically identified patient-care settings, service/outreach activities and/or shadowing experiences (Uploads [12.7.2](#) & [12.8](#))

Objectives of IPPE

The Pre-APPE curriculum is structured to foster the development and maturation of knowledge, skills, abilities, attitudes, and behaviors necessary for a successful pharmacy practitioner. Eighteen pre-APPE competencies were approved by the faculty in December 2015. General areas of competency include:

- Foundational Knowledge
- Assessment
- Problem Solving
- Patient Centered Care
- Medication Use and Systems Management
- Essentials for Practice and Patient Care
- Communication
- Education
- Interprofessional Collaboration
- Professionalism

In addition to the newly developed Pre-APPE competencies, new certification criteria for advancement to APPE will be implemented for the matriculating class of 2016. Students must demonstrate competency in four specific criteria by the conclusion of their third year to advance to APPE. These areas include:

1. Passing scores (≥ 2.0) on the pre-APPE competencies
2. PCOA exam score \geq 15th national percentile
3. Passing grades on the capstone oral exam
4. Passing score (C- or better) in the capstone course

Remediation plans are available for students not achieving goals (Appendix [12.1](#)).

IPPE Learning Objectives

General and site-specific learning objectives and activities for practice experiences focus on the key elements of professionalism, communication, and independent learning. Basic knowledge and skills are instilled in a stepwise, individualized approach to facilitate student development of appropriate interpersonal foundations necessary for success in APPEs and practice. These include the knowledge, skills, and attitudes of practitioners who advance healthcare and positively impact patients' lives as part of an interprofessional team. The specific criteria that differentiate IPPEs from APPEs are included in Appendix [12.2](#).

Pre-APPE Curriculum

In addition to biomedical and clinical science-related topics, the Pre-APPE curriculum also fosters development of knowledge and skills that focus on humanistic outcomes and allow for care across a patient's lifespan. During the P1 year, students are exposed to the fundamental principles of the healthcare system including ethics, patient autonomy, managed care, pharmacoeconomics, and patient advocacy and informed decision-making. Additional holistic approaches to care occur in the P2 and P3 years during lectures and recitations in the pharmacotherapy modules, Healthcare III course, and P3 Capstone. Topics include:

- Oncology
- Geriatrics
- Sexual Dysfunction
- Infants and Pediatrics
- Infertility
- Contraception
- Pregnancy and Lactation
- Immunizations
- End of Life Issues and Hospice

Exercises within the PBL case studies series and integrated therapeutics labs also provide ongoing intermittent exposure to these topics with cases and opportunities to practice counseling. Achievement of pre-APPE outcomes is required for progression to the APPE year. Aggregated educational outcome scores for the 2015-16 P3 class are presented in Upload [12.5](#).

Self-Development

Affective components of self-development and professionalism are likewise addressed throughout the didactic and experiential curriculum, as well as through co-curricular activities. The White Coat Ceremony is an important component of professionalization for all incoming P1 students. Students are taught the fundamentals of professional behavior as part of their ethics coursework. Additionally, concepts related to leadership and emotional intelligence are included throughout the P1-P3 Healthcare series, where students are provided a forum for discussing the importance of these attributes. Professionalism is assessed by preceptors in all experiential courses.

Experiences with Diverse Populations

Students are provided with opportunities for direct interactions with diverse patient populations with regard to age groups, cultures, and socioeconomic status. The service learning activities foster the development of professional relationships with patients and the surrounding community they are serving. Here, students directly impact population health by providing screening and education, while many times working in collaboration with other healthcare professionals.

A practice site survey (Appendix [12.3](#)) was conducted in 2015 in which the majority of student respondents strongly agreed or agreed that practice sites had an adequate patient population that exhibits diversity in culture, medical conditions, gender, and age. Students also provide feedback after each IPPE as to the patient populations they have encountered (Appendix [12.4](#)).

Assessing Student Performance

Exposing students to patient care and disease state management early in the curriculum complements skills learned in the classroom concomitantly. As students progress through the program, they are given increased responsibility with higher expectations. While mainly observation and shadowing are expected at the beginning of P1 IPPEs, students follow a continuum to more practice-based activities at a rate commensurate with student performance and based on regular, structured preceptor evaluations and feedback. IPPEs provide an important mechanism for identifying underperforming students and help to determine readiness for APPEs (Upload [12.11](#)). If a preceptor scores a student lower than an 80% on any experience, an email is generated to the Assistant Experiential Dean for further investigation and potential remediation. By the end of their P3 year, all students are assessed for readiness to begin APPEs (Upload [12.5](#)). IPPE assessment instruments are provided in Uploads [12.9.2](#), [12.9.3](#), [12.9.4](#), [12.9.5](#) & [12.9.6](#).

Students complete portfolio reflections related to all IPPE activities (Appendix [12.5](#)). Shadowing reflections are incorporated into each student's portfolio and reviewed by their advisor. Reflections are graded on a scale of needs improvement, acceptable, or excellent although a 4-point scale will be initiated for the AY 2016-17. If a reflection receives a grade of needs improvement, the advisor will comment on areas for improvement, and the student must complete appropriate changes to their reflection to receive a passing grade.

Preceptor and Site Quality

The majority of preceptors provide both IPPE and APPE experiences. Consequently, evaluation measures for the quality of sites and areas of improvement are similar for both. Preceptors and practice sites are continually reviewed for quality improvement, and all student evaluations of sites and preceptors are reviewed by the Director and Assistant Directors of Experiential Education, Assistant Dean for Alaska Programs, the Pharmacy Practice Department Chair, and the Experiential Advisory Council. Preceptors are encouraged to attend trainings at CE events and document training in the preceptor database. Additionally, a preceptor recruitment and training manual is provided Upload [12.10](#).

Practice sites and preceptors are monitored for quality by utilizing the students' evaluation of the preceptor and site through regular contact with the preceptor via phone or site visits. Assessment of IPPE sites by students is performed immediately following completion of the experience. Results are made available to preceptors once yearly beginning in 2016. Data gathered from evaluation contributes to quality assessment and to ensure consistency among practice sites, by identifying areas for improvement. In some cases, site evaluations may influence the number of student assignments (Upload [12.9.1](#)).

AACP Survey Data

A comparison of 2015 AACP Graduating Student survey responses between ISU and national averages demonstrated similar findings on items related to perceived preparation to begin APPEs following completion of the pre-APPE curriculum. Slightly more ISU students agreed or strongly agreed that the sites available for IPPEs were of high quality compared to the national average (87.3% vs. 84.8%). Similar to the national average, ISU preceptors agreed or strongly agreed that the PharmD Program prepares students to effectively manage a patient-centered pharmacy practice (90.1% vs. 89.4%). However, past alumni rated themselves somewhat lower than the national average for coursework prepared them to enter pharmacy practice experiences (86.4% vs. 92.6%). It is also noteworthy that fewer ISU students believed that their IPPEs permitted their involvement in direct patient care in community and institutional settings (74.6% vs. 83.2%). Taken together, these data suggest that the pre-APPE curriculum is preparing students adequately, but additional improvements are needed that ensure IPPEs provide enough opportunities to put into practice the knowledge gained. This is an ongoing area of concentration for preceptor and site development by the Office of Experiential Education.

A high level of agreement was reported on the part of graduating students in areas related to affective outcomes. Over 98% of students agreed that the PharmD program included opportunities for them to develop professional attitudes, ethics, and behaviors, compared to 95% for the national average. Students likewise agreed that the program helped them to accept and respond to constructive feedback (96.9% for ISU vs. 95.9% national average). These findings indicate that key components of the affective domain are being addressed in the curriculum, and that ISU graduates compare favorably with other graduates across the country.

College's Final Self-Evaluation

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

Standard No. 13: Advanced Pharmacy Practice Experience (APPE) Curriculum

Required Uploads:

- ☑ The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable
- ☑ A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. *(Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.)*
- ☑ Overview of APPE curriculum (duration, types of required and elective rotations, etc.)
- ☑ Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives
- ☑ Advanced pharmacy practice experience student and preceptor manuals
- ☑ Advanced pharmacy practice experience student and preceptor assessment tools
- ☑ Preceptor recruitment and training manuals and/or programs
- ☑ Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care
- ☑ Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes

College's Self-Assessment

	S	N.I.	U
13.1. Patient care emphasis – 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. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states)	●		
13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.		●	
13.4. APPE duration – 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. Timing – 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. Required APPE – 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. Elective APPE – 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. Geographic restrictions – 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.	●		

College's Comments:

- ☑ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- ☑ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
- ☑ How the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings
- ☑ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team
- ☑ How the college or school provides students with elective advanced practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors
- ☑ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- ☑ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- ☑ How quality improvements are made based on assessment data from practice sites
- ☑ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities
- ☑ How the college or school is applying the guidelines for this standard, **and the additional guidance provided in Appendix 2**, in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Introduction

The experiential program is overseen by the Office of Experiential Education (OEE) and provides a continuum of required and elective pharmacy practice experiences that have been carefully coordinated with didactic coursework and co-curricular activities to be of appropriate scope, intensity, and duration to support the achievement of the 2016 Standards and Educational Outcomes. During the P1-P3 years, IPPEs are designed to progressively prepare students for APPEs and ultimately result in practice-ready graduates who have the knowledge, skills, and attitudes of practitioners who advance healthcare and positively impact their patients' lives as part of an interprofessional team.

APPE Hours

In the fourth professional (P4) year, students register for seven sections of APPEs to be completed over 42 weeks. Each section is six weeks in duration, totaling 240 hours for each APPE (1680 hours for the APPE year), exceeding the ACPE requirement of 1440 hours. These experiences build upon competencies gained during IPPEs. APPEs follow successful completion of all IPPE, co-curricular, and didactic components. APPEs engage the learner at a higher level than IPPEs, preparing them for the practice of pharmacy and emphasize continuity of care that incorporates acute, chronic, and wellness-promoting services in both inpatient and outpatient settings.

All required APPEs are performed in the United States, under the supervision of qualified and licensed preceptors. Students may elect to do one APPE in a foreign country. As with IPPEs, students may not receive remuneration during APPEs and they are not assigned to sites where they or family members are currently employed. The College has been in contact with potential preceptors in Alaska since 2013 and continues to facilitate that process through regular interactions with the Assistant Dean for Alaska Programs.

APPE course syllabi (Upload [13.4](#)), APPE manuals (Upload [13.5](#)), APPE assessment instruments (Upload [13.6](#) and [13.6.2](#)), and recruitment and training manual (Upload [13.7](#)) are provided as required Uploads.

APPE Objectives

APPE objectives focus on the development of the roles defined in the Center for Advancement of Pharmacy Education (CAPE): learner, promoter, problem-solver, innovator, manager, leader, collaborator, professional, self-awareness. In instances of patient-care APPEs, objectives include promoter, caregiver, includer, and advocate. The objectives follow the recently updated APPE evaluation tool. APPEs further build on the IPPEs and didactic work to encompass objectives to promote professional growth and to hone skills commensurate with an entry-level practitioner.

General and site-specific learning objectives and activities for IPPEs and APPEs focus on the key elements of patient-centered care, professionalism, communication, and independent learning. As students progress through the program, they are given increased responsibility, more demanding tasks, and higher levels of autonomy. While observation and shadowing are expected

at the beginning of P1 IPPEs, students follow a continuum to more practice-based activities at a rate commensurate with performance and based on regular, structured preceptor evaluations and feedback. The specific objectives that differentiate IPPEs from APPEs are included in Upload [13.1.1](#). Uploads [13.1.2](#), [13.1.3](#), [13.1.4](#), [13.1.5](#) & [13.3](#) provide a general overview of the APPE curriculum. The goals and outcomes for each APPE are mapped to activities listed in ACPE Appendix 2 (Upload [13.2](#)).

Interprofessional Collaborations

Interprofessional education and practice are an important part of APPEs. ISU is home to several programs for healthcare professionals, including nursing, physician assistant, and physical therapy who are committed to promoting these types of interactions. APPEs likewise emphasize and assess the type and scope of interprofessional collaborations. Depending on the experience, students regularly collaborate with prescribers to optimize patient care. Such interactions are most common in ambulatory care, adult medicine, and direct patient-care experiences (Upload [13.8.2](#)). The Director of Interprofessional Education is actively implementing IPE throughout the curriculum. Also, OEE has included an IPE rubric (Appendix [13.13](#)) to be used on site visits to further define and identify IPE in these settings.

Experiences with Diverse Populations

Students are provided with opportunities for direct interactions with diverse populations in a variety of settings and with a high level of patient and healthcare professional interaction. OEE is currently tracking populations through preceptor and student questionnaires. OEE will continue to improve on the method of data capture and subsequently, ensure that each student is exposed to a diverse population over their APPE schedule.

APPEs are structured to provide students an opportunity to encounter diverse patient populations with regard to age groups, cultures, and socioeconomic status. A practice site survey (Appendix [13.1](#)) was conducted in 2015 as a follow up to a similar 2010 survey. From 123 responses, 96.7% of respondents strongly agreed or agreed that their practice site provided adequate patient diversity with respect to culture, medical conditions, gender, and age. Preceptors confirmed this statement by providing the approximate percentage of population types at their site. Students are exposed to diverse ethnic groups, even though Idaho's demographics are predominantly Caucasian. The majority of sites expose students to geriatric and uninsured patients (Appendix [13.2](#)). Students also document their patient population encounters after each APPE and write reflections in the student portfolio (Appendix [13.3](#)).

Preceptor and Site Quality

The College recognizes the importance of ensuring quality preceptors and sites through measuring and maintaining the excellence of sites used for experiences. Recent improvements have led to the development of a standardized template for generating syllabi, additional trainings for preceptors, and an optional residency-like experience for students.

Required Practice Settings

As part of the required APPEs, students are required to take four core experiences in the following settings:

1. Ambulatory Care
2. Advanced Community
3. Advanced Institutional
4. General (Adult) Medicine

Students also complete two direct patient-care (p-care) experiences and one elective experience that may or may not involve direct patient care. A list of direct-patient care and elective APPEs is presented in Appendix [13.4](#). Electives allow students to explore and expand an area of interest in a variety of practice sectors.

Several sites provide opportunities to work in blended environments, with elements of two or more practice types included in a single experience Appendix [13.5](#). Students have input into selection of these experiences through use of a preference form and requests are granted when feasible. This degree of student involvement in the selection process has been well received and allows students to feel committed toward their education. A complete list of APPE sites and preceptors is displayed in Appendix [13.6](#).

Residency Preparation

While many of the core and p-care APPEs are completed at different sites, in a few cases, several may be completed within a single health-system. This method is preferred by our institutional partners and allows the opportunity for continuity of care as well as learning a particular system intimately without the need for repeated site orientation at each rotation. In such cases, students are usually limited to no more than five rotations within a single health system to still allow for ample breadth of exposure to different practice environments. A noteworthy aspect of such longitudinal experiences is the opportunity for students to have a “pre-residency” experience with a single health-system, where four rotations are completed consecutively and purposefully constructed to provide residency preparation.

Preceptor Resources

Prior to each APPE experience, preceptors have access to each learner’s CV, the evaluation form, general and specific APPE competencies and objectives, and a list of students’ experiences. This information is provided on a password-protected area of the College’s website. The OEE is launching a Continuing Education Institute (CEI) that will complement PLPTRN and promote preceptor development. The CEI will initially be tested with 10-12 preceptors to gauge interest, determine practicality and assess effectiveness. This innovative approach to preceptor development is being led by the Director of OEE, who is being trained as a mentor in Learn to Teach in Practice and the Clinical Educator program through Midwestern-Glendale College of Pharmacy.

The OEE has started exploring the feasibility of developing a “preferred preceptor” track. To become a preferred preceptor, additional training would be required and provided. Once completed, the APPE requests of these preceptors will become a priority over those preceptors who choose not to complete the program. Additionally, the OEE will continue to strive for preceptor recruitment and training, especially among the most innovative practice sites, as well as better synchronization among APPEs.

Quality Improvement

Preceptors and practice sites are continually reviewed for quality improvement through student evaluations of sites and preceptors, which are evaluated by the Director of Experiential Education, the Assistant Deans of Experiential Education, the Assistant Dean for Alaska Programs, and the Pharmacy Practice Department Chair (Appendix [13.7](#)). Two assistant directors for experiential education contribute to this process on-site in Coeur d’Alene and Reno. Assessment of APPE sites by students is performed immediately following completion of the experience, but results are not made available to preceptors until after students have completed all of their APPEs. This helps to ensure that results will not affect the grading process. A new site evaluation tool was created and implemented in 2016 (Appendix [13.8.1](#), [13.8.2](#)).

Data gathered from evaluations contributes to quality assessment by ensuring consistency among practice sites and identifying areas for improvement. For example, in response to feedback, some general medicine sites have increased requirements related to in-service presentations and greater exposure to ER and ICU environments; advanced community sites have increased MTM and compounding opportunities.

Assessing Student Performance

APPE outcomes are measured at the midpoint and end of each scheduled APPE. Aggregated student performance as measured for the 2015-16 APPE year is presented in Upload [13.9](#). Using a new tool adopted by the Northwest Pharmacy Experiential Consortium (NWPEC), students are assessed in the following performance categories:

- Learning
- Patient Care
- Problem-Solving
- Communication
- Professionalism

In 2016, the APPE competency form was modified in conjunction with the NWPEC, which represents seven schools and colleges of pharmacy in the Northwest United States. After three months of collaborative effort, integration of the 2016 Accreditation Standards, CAPE 2013 and Joint Commission of Pharmacy Practitioners (JCPP) standards, and vetting by consortium assessment committees and preceptors, the APPE evaluation tool was implemented in May 2016.

Students were introduced to the evaluation tool at the end of their P3 year and preceptors were emailed information summarizing the process of creation, as well as changes in grading format.

During the College's spring 2016 CE programs, preceptors were further introduced to the new format.

An important capstone for all P4s completing APPEs is the Professional Student Seminar course. This course requires that students select a frequently encountered topic of clinical controversy, and conduct a complete literature review, prepare a detailed handout, and give an evidence-based presentation of sufficient depth to provide clinical guidance to the audience of fellow P4 students, preceptors, and faculty. Presentation topics for 2015-16 can be seen in Appendix [13.9](#). All APPE students must attend these seminars and participate in the critique of their fellow students' presentations. Preparation and class time does not count toward total APPE hours. The course syllabus can be seen in Appendix [13.10](#).

Application of Guidelines to Meet the Standard

The College offers a wide range of required and elective pharmacy experiences that start early in the professional program, and are integrated with didactic course work to apply the advanced knowledge, skills, attitudes, and values learned throughout the curriculum. Students are continually exposed to a wide range of population types as well as healthcare providers that they closely interact with to serve these populations. The IPPEs provide a continuum of experiences that progressively prepare students for their APPEs and ultimately allows them to achieve the professional competencies described in Standards 2016.

Interpretation of AACP Survey Data

A comparison of responses on the 2015 AACP Graduating Student Survey with national averages shows room for improvement between: ISU and preceptors, support from the OEE, and library and educational resources. To address these issues, the OEE, over the last two years, has increased site visits and preceptor contact through email, phone and development opportunities. Through these interactions, the OEE is encouraging open communication, feedback from preceptors, and new ideas for improvement of experiential education. The OEE contributes to the College's publication *The Bulletin*, which not only provides educational information to preceptors, but also highlights innovative preceptors and practices (Appendix [13.11](#)). The OEE continues to offer online databases, free live CE, and electronic educational resources while continuing to look for resources to further help preceptors provide high quality educational experiences.

College's Final Self-Evaluation

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

Standard No. 14: Student Services

Required Uploads:

- Synopsis of the Curriculum Vitae of the student affairs administrative officer
- An organizational chart depicting student services and the corresponding responsible person(s)
- Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.)
- Copies of policies that ensure nondiscrimination and access to allowed disability accommodations
- Student feedback on the college/school's self-study

College's Self-Assessment

	S	N.I.	U
14.1. FERPA – 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. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel.	●		
14.3. Healthcare – 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. Advising – 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. Nondiscrimination – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.	●		
14.6. Disability accommodation – 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. Student services access* – 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.).	●		

College's Comments:

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

Introduction

The Office of the Associate Dean (OAD) oversees all Student Affairs activities within the College to support students from recruitment through graduation. The services offered to students extend beyond the classroom through advising, career planning and post-graduate training to promote student success. The OAD works hard to ensure that access to student services and resources are provided equally to promote well-being in all students.

Organization of the OAD

The OAD has highly experienced staff dedicated towards student success. OAD staff includes the Associate Dean, a Director of Meridian Student Services, an Assistant Dean for Alaska Student Services, a Director of Admissions and Student Affairs, staff support (2.0 FTE), and a part-time work-study position. Other College administrative and clerical personnel assist with various activities that come under the auspices of the OAD as needed. (Uploads [14.1](#), [14.2](#).)

Description of Services Offered

The primary student affairs responsibilities of the OAD includes directing the function of Student Affairs, such as:

- Student recruitment and outreach
- Supervising the application and admission processes
- Overseeing student retention
- Academic coaching and remediation programs
- Supervision of academic advising for pre-pharmacy and PharmD students
- Administering the scholarships and awards program of the College
- Monitoring student progression
- Verification of degree requirement completion

The OAD is responsible for a myriad of activities that spans from technical to financial support services. They provide training to assist students with email, electronic textbook access, TurningPoint, Moodle, and other educational methodologies in use by the College. Furthermore, the OAD makes video training available on-demand for faculty advisors, and provides support to faculty to meet the needs of students with disabilities.

The OAD serves as a liaison between the College and University student services as a member of the Council of Associate Deans, including:

- Financial aid and scholarships,
- Disability Services,
- Registration,
- DegreeWorks®,
- Student health and counseling services,
- Academic petitions,
- International student services
- Other student needs.

Additionally, the OAD serves as a liaison with pharmacy student senate and PPSA to recruit and identify student members for standing and ad hoc committees.

Supporting student activities is another area of responsibility for the OAD. These include provision of administrative assistance for Pharmacy Student Senate and PPSA, new student orientation and White Coat Ceremony, pharmacy awards ceremony and graduation banquet, pre-pharmacy student activities, as well as assisting and facilitating other student functions within the College, such as the Annual Spaghetti Feed fundraising effort. The OAD chairs the Student Affairs Committee, including the progressions and scholarship subcommittees; the entire committee participates in the admission decisions.

Compliance is an important area of concern. The OAD maintains, updates and secures student records in compliance with FERPA and assists with the Professional Technical Standards in the Student Handbook and website (Appendix [14.2](#) and [14.3](#)). All informational materials for pre-pharmacy and current students are available on-site and online. OAD also maintains and revises the student handbook annually.

Additional student affairs-related responsibilities include participating in the design and implementation of the College's assessment and strategic plans, preparing the schedule of classes, maintaining online program prerequisites and the pharmacy section of the ISU undergraduate catalog, producing brochures, contributing to the teaching and scholarly productivity of the College, maintaining an active involvement in professional organizations and representing the College at professional meetings.

How Services Are Offered

The comprehensive services offered by the OAD are available to all students regardless of geographic location. The College has made considerable effort to encourage active involvement and access to information as students progress through the program. Primary areas of need revolve around financial aid, advising, career planning, disability accommodations and healthcare.

Access to Services

A primary contact is available at each of our three sites for student services: the Associate Dean in Pocatello, the Director of Meridian Student Services in Meridian, and the Assistant Dean for Alaska Programs in Anchorage. Faculty members occupying these three positions stay in close contact with one another to ensure that access to academic coaching, advising, and counseling is similar at all three instructional sites.

Financial Aid

The need for financial aid has increased dramatically in recent years. While the tuition and fees at Idaho State University remain relatively low compared to many other institutions, the cost remains substantial and has increased annually. Financial aid guidance is available through several mechanisms. Federal financial aid is coordinated through the ISU Financial Aid Office located on the Pocatello site. A number of additional scholarships are awarded by the College and are made available through the ISU Scholarship Office. During the interview process, students are informed about the federal loan limits and the need to apply for GradPlus loans to

cover any gaps. To facilitate financial aid assistance for the P4 (APPE) year, the OAD sponsors a meeting for P3 students. The Director of the Financial Aid Office and others provide students with information regarding scholarships, loans and repayment. All students with loans have an exit interview with the Office of Financial Aid prior to graduation to ensure that they understand timelines, responsibilities, terms and conditions associated with repayment.

Advising

Students are introduced to their advisors during P1 Orientation before beginning their P1 fall studies. Advisors meet with their assigned students prior to registration each semester to review scholastic progress (including progress towards pre-APPE educational outcomes), completion of required trainings, immunization status, portfolio Uploads and student self-assessments. Each faculty advisor has access to their students' online portfolio; any deficiencies or need for improvements are noted so the advisor may reinforce these issues during face-to-face advising. Students participating in joint degree programs are assigned specific faculty advisors familiar with those areas of study and the curricular requirements for successful progression.

Career Planning

The College provides multiple opportunities for students to receive information regarding career options, as well as post-graduate educational opportunities and training. The APhA Career Pathways program is provided during P1 Orientation and again during the P3 Capstone course. The program is provided on site at all three locations to enhance the experience for students. Information on post-graduate education and residency opportunities are provided during the Dean's Hour course and during informational lunches throughout the P1-P3 years. Residency preparedness electives are offered and residency roundtables during the annual Pharmacy Recruiting & Exhibition Fair provide an annual venue for students to gather more information and be advised on these important topics.

Disability Accommodations

The OAD works closely with ISU and UAA (University of Alaska Anchorage) disability services to ensure full compliance with the Americans with Disabilities Act of 1990. Students reporting difficulties learning or taking exams are referred to disability services for further evaluation. Disability Services may refer the student to a qualified professional for documentation, which then provides additional information for evaluation by disability services; students with a qualified permanent or temporary disability are provided with a letter of accommodation outlining suitable adaptations to maximize student success. This letter is sent electronically to the instructor of record of any class the student is registered in, as well as to the OAD. Students are informed (verbally during P1 Orientation and in written form in the student handbook) that all reasonable accommodations will be met in a confidential manner. Testing venues assessing real-life skillsets, however, may be an exception to certain accommodations. Students are informed of these exceptions during P1 Orientation. Students requiring "limited distraction testing environments" take their exams at the Disability Services testing centers in Pocatello or Anchorage. Meridian-based students take their exams in one of several unoccupied faculty offices in Meridian.

Healthcare and other Student Services

Students at the Pocatello, Meridian and Anchorage sites have access to healthcare and counseling services. (Appendix [14.4](#).) ISU discontinued the student health insurance program two years ago; all students must now purchase and provide proof of health insurance coverage (either through their parents or purchased individually on the insurance exchange) when registering for classes. APPE students at sites other than Pocatello, Meridian or Anchorage must rely on local providers accepting their individual policies for counseling and healthcare. These topics are discussed with students during their APPE orientation meetings held P3 spring semester.

Immunization requirements are consistent with ACIP's schedule for health care providers. Proof of immunization status is required upon admission. Copies of immunization records are retained in each student's Castlebranch (formerly Certified Background) profile and are also noted in the student management system. Advisors have access to their advisees' immunization status and potential deficiencies.

The OAD works closely with other student services on campus. ISU Disability Services, Speech Pathology and the Student Success Center are frequently contacted for assistance and referrals. The services provided at ISU have proven to be useful and have successfully assisted many students, especially in the accent reduction program.

Non-Discrimination

The nondiscrimination policy is clearly stated in the College's student handbook, which asserts that program admission and progressions decisions, are made without regard to age, race, religion, gender, lifestyle, sexual orientation, national origin or disability (Upload [14.4](#)).

FERPA

The College takes an active role in maintaining the accuracy and security of all private student information in compliance with the Family Educational Rights and Privacy Act (FERPA). A signed acknowledgment of FERPA training is available for all student services personnel (Appendix [14.3](#)).

The University Registrar maintains permanent records for all ISU students. The College maintains student files for administrative and assessment purposes in accordance with ISU's records management policy (<http://www.isu.edu/infomgmt/RIMGuide.pdf>). Files for program applicants, students enrolled in the professional pharmacy program, and past graduates are maintained and managed under the direction of the Associate Dean. The student files for all three delivery sites are stored and maintained in locked file cabinets in the administrative office area. Access to these hard copy files as well as the student management database is limited to administrative staff and authorized personnel.

Digital Security

The College maintains an SSL-encrypted management system. Access to student records is restricted to administrative personnel by username and password. This system further restricts access to FERPA-sensitive data by limiting connections only from College locations or through ISU VPN access. FERPA data stored in the database is encrypted and only the technical support

manager has access to the internal database. All other access is done through an http-encrypted connection via browsers. The system allows faculty advisors to see information for their advisees, but access is limited to essential data. The College maintains two servers related to FERPA data: the database server, where the data are housed, and the web server, where users are able to access the data via secure https connections. Local connections to both servers are allowed via SSH secure connections. The database can only be accessed locally or from the web server. All other connections are blocked by the firewall. The College maintains a contract with a professional records disposal company that manages record destruction and disposal. Students and their advisors have limited access to the College student management database and portfolios.

The Student Handbook informs students that they have the right to examine their records. Pre-pharmacy student files contain student information essential for advising. To ensure compliance with FERPA, records managers are assigned. The administrative assistant under the Associate Dean acts as records manager for professional and pre-pharmacy student hard copy files. The technical support manager acts as records manager for the online student management database.

Student Handbook

The College of Pharmacy student handbook provides students with a comprehensive description of the policies, procedures and requirements necessary for student success. The student handbook is available online, and in print format in the administrative offices at each site. It is regularly maintained, updated and reviewed as part of the annual student affairs committee charges.

The student handbook provides information relating to student services that includes financial information, including the cost of attendance, scholarship and financial aid information. In the Policies and Procedures section, the handbook describes the requirements for successfully completing the PharmD degree and processes in place to support students experiencing personal or academic difficulties. Advising information in the handbook explains the process of meeting with faculty advisors each semester and details the maximum number of credits allowed before requiring an override. A full copy of the student handbook is available in Upload [14.3](#).

Innovations and Achievements

Three primary areas have been improved recently to advance the level of support given to students. First, the addition of a Director of Meridian Student Services position and the Assistant Dean for Alaska Programs position has ensured equivalency in terms of student services accessibility among the three sites. Second, funding has now been secured for the new Meridian ADA Testing Center, which will fill the gap in equality among our three sites in terms of providing “limited distraction testing environments.” Third, the Student Senate recently took on tutoring and charged Rho Chi with the task of arranging for the availability of tutors for fellow students. Students are advised to contact the Rho Chi leadership if tutoring is desired or requested by academic coaches.

College's Final Self-Evaluation

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

Standard No. 15: Academic Environment

Required Uploads:

- URL or link to program information on the college or school's website
- Copy of student complaint policy related to college or school adherence to ACPE standards
- Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits)
- List of committees involving students with names and professional years of current student members
- College or school's code of conduct (or equivalent) addressing professional behavior

College's Self-Assessment

	S	N.I.	U
15.1. Student information – 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. Complaints policy – 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. Student misconduct – 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.	●		
15.4. Student representation – 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.	●		
15.5. Distance learning policies* – 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.	●		

College's Comments:

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

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

Introduction

The promotion of student success is a key initiative to develop practice-ready pharmacists who can enter the workforce with confidence and the social skills to stimulate positive change in the changing healthcare environment. The College maximizes student engagement through sound instructional design and the appropriate use of technology. Our academic environment fosters the development of professionals who assume responsibility for their own learning and who are committed to the advancement of pharmacy practice. The academic policies and procedures are implemented to foster student success and promote well-being.

Student Participation on Committees

The College actively seeks input from students on all standing and appropriate ad hoc committees. Most standing committees (Assessment, Curricular Affairs, Faculty Affairs, Student Affairs, and Technology) have two student members, one each from Pocatello and Meridian to solicit site-specific feedback, and Anchorage students will be added in fall 2016. Upload [15.3](#) provides a list of current student committee members. Each standing committee has been charged with relevant ACPE standards to review for the self-study process; students have been highly involved in these discussions and student perspectives are actively sought as part of the committee process. The Graduate Education and Faculty Research committee is an exception with respect to pharmacy student involvement; this committee recruits one graduate student as a committee member (the graduate student may or may not be a PharmD/PhD student). As the cohort from Alaska comes on board, these numbers will be adjusted and increased as appropriate to request input from all three sites.

Other Methods to Gather Student Perspectives

The Associate Dean and Director of Admissions attend the first Student Senate meeting of each academic year and present information regarding the role of students on each of the committees. Nominations are requested from the student leadership; some committees have specific requests regarding student level (for example the Curricular Affairs Committee requests two P3 students so they can provide their perspective over more of the curriculum than a P1 student could). Student members of standing committees have been exposed to our self-study process and provided relevant commentary for inclusion in this document.

Student Government

The Pharmacy Student Senate is the governing body for all pharmacy students. This group meets monthly with a live, two-way video distance learning (DL) connection. Decisions that need to be made in the interim are conducted electronically via e-Board meetings. Currently, two co-presidents (one for Pocatello and one for Meridian) are elected; these numbers will be adjusted as appropriate when Alaska students come on board. Nine members of the senate function as the Student Conduct Committee (the two co-presidents of the P1, P2 and P3 classes - one from each site, the P4 class president, and the two co-Chairs of Student Senate). Minor student conduct issues may be referred to this group from other students, faculty and staff members. This gives the student body an opportunity for leadership development and to have a certain amount of self-regulation and practice in professional development.

Complaint Policy

The ACPE complaints policy (Upload [15.1](#)) is posted along with a copy of the ACPE standards on the current student website at: <http://pharmacy.isu.edu/live/current/docs/acpeComplaints.pdf>. This policy is reiterated twice a year during Town Hall Meetings held for each class at the end of fall and spring semesters. The College keeps an ACPE Complaints file on the Student Affairs common drive where all complaints and responses are logged electronically.

Number of Complaints

To date we have had one complaint filed with ACPE on 7/18/2012 from a student dismissed for academic dishonesty. This student alleged that College policies and procedures were not followed in the process of her dismissal, nor were appropriate accommodations made for a documented disability. The Dean was notified by ACPE on 11/14/2012 of the complaint. The College's response and supporting documentation were submitted to ACPE on 12/4/2012 and are also on file electronically, as is ACPE's finding of no basis for the complaint (received 1/14/2013).

Student Misconduct Policy

The College develops, optimizes and implements policies regarding misconduct that outlines the criteria required for program progression, as well as the rights to appeal and due process for all involved. Upload [15.4](#) shows relevant excerpts from the Student Handbook and provides expected behaviors and possible sanctions imposed for violations. The student code of conduct policy is in the Student Handbook and also posted on the student website at: <http://pharmacy.isu.edu/live/current/documents.html>. Misconduct issues deemed by the Associate Dean to be more serious than those relegated to the Student Conduct Committee are brought to the Progressions Committee, a subcommittee of Student Affairs with faculty representation from both departments and all three sites. Consequences for misconduct have ranged from rescinding a seat offer after discovering previous convictions during the background check, to requirements of repeating coursework for poor grades, to permanent dismissal for egregious academic dishonesty.

Distance Education

All admissions information clearly describes the program as a synchronous distance learning environment where classes are held at the same time for all students, linked via audio and video; the instruction may originate from any of the three sites. Our instructors incorporate active learning activities and immediate feedback to engage all participants in the educational milieu. Videos are Uploaded, coded and stored at ISU's Instructional Technology Resource Center (ITRC) and are generally available within 24 hours of taping via Moodle to allow students to re-watch selected material or catch up in case of illness or family emergencies. Off-campus curricular requirements such as IPPEs and APPEs in other geographic locations, as well as associated student financial responsibilities are covered in the Student Handbook (Appendix [15.2](#)).

Quality Improvements

The requirements for matriculating P1 students have grown increasingly complex over time. The P2 students brought forward a concept of a “P1 page” with simple to-do lists and frequently-asked questions (FAQ) to help alleviate confusion and frustration on the part of incoming students. The upperclassmen were unable to maintain the page on a timely basis, so the OAD took it over. A formal process has been implemented for updating information on the site so that the information is clear, complete and accurate. This resource, along with a video developed by the OAD and updated annually, has improved compliance with requirements set forth by the College as well as the Board of Pharmacy. Minor enhancements and updates are necessary to ensure that the site provides complete, accurate and error-free information to incoming students.

The College’s website is updated every summer. The various offices within the college send updates to our Technical Support Manager. However, some offices do a better job than others in terms of keeping their information current. A new Content Management System (CMS) will be implemented by ISU in the coming year. As soon as this resource becomes available to the College, the plan is to move quickly to that platform so that staff will be able to edit pages and directly publish needed changes in a timely manner. The system will automatically prompt the relevant office to update material based upon dates programmed in to prevent the online availability of outdated information and materials.

Interpretation of AACCP data

Satisfaction with financial aid advising has remained steady over the past 3 years, with approximately 60% of students agreeing with the statement, “Financial aid advising met my needs.” The negative responses regarding financial aid may simply be a reflection of stressful economic times.

The level of agreement with the statement, “academic advising met my needs” declined from prior years, from 76.6% in 2012 to 58.7% in 2015. The level of agreement with this statement was 58.7% for our students in 2015, compared with a 71.4% national average. Three unrelated events may have contributed. First, the number of faculty declined slightly, requiring us to assign more students to each remaining faculty member. Second, the portfolio system was implemented, and a key component of this new system involved feedback from faculty advisors to students on reflections and other portfolio assignments. Faculty may have had some initial discomfort with this new process and additional workload. Third, faculty were given enhanced access to student data such as immunization status, grades, and yellow card “flags” citing poor or unprofessional behavior. The lower scores may reflect students’ reactions to being held accountable to a greater degree. As a result of this decline in student satisfaction with advising, the OAD created a video training for all advisors to increase their level of comfort and give them some ideas and tools for identifying poor behavior and encouraging better performance. This item will be closely monitored on future surveys.

Data also indicated that the vast majority of students felt academically prepared to enter their APPE experiences, believed their APPEs were of high quality, and thought the APPE assignment process was fair. They also strongly agreed that their APPEs helped them to achieve professional competencies and that their practice experiences allowed direct interaction with diverse patient

populations. On all of these items, students reported a level of agreement overall that met or exceeded the national averages.

The level of satisfaction with student health and wellness services dropped from a high of 74.3% in 2014 to 57.2% in 2015. However, the percentage of students who reported “did not use” approximately doubled from 12.8% to 25.4%, making the situation difficult to interpret. The latter statistic may be a reflection of the fact that the ISU student health insurance option was discontinued during that time frame and all students were required to purchase their own health insurance on the exchange or show proof of coverage from parental health policies. It may also reflect the fact that policies purchased on the exchange may cover fewer services than the student health policy did. This item will be closely monitored on future surveys.

The level of agreement by preceptors with the statement, “I know how to utilize the process that exists within the college/school to effectively manage misconduct (e.g. plagiarism) by students” increased to 77.8% in 2014, up from 65.5% agreement in 2010. This was likely the result of heightened preceptor awareness secondary to several cases of academic dishonesty that came before the Progressions Committee resulting in expulsion. Enhanced preceptor development presentations that highlighted examples of this and gave preceptors guidelines for handling similar situations likely played a role as well.

College’s Final Self-Evaluation

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

Standard No. 16: Admissions

Required Uploads:

- The list of preprofessional requirements for admission into the professional degree program
- Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable)
- Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway). Template available for download
- Organizational chart depicting Admissions unit and responsible administrator(s)
- Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes (required for nonparticipating PharmCAS institutions only)
- GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes (required for nonparticipating PharmCAS institutions only)
- GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes (required for nonparticipating PharmCAS institutions only)
- Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (nonparticipating PharmCAS institutions will not have access to peer data)
- List of admission committee members with name and affiliation
- Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies
- Professional and technical standards for school, college, and/or university (if applicable)
- Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication
- Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions
- Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

College's Self-Assessment

	S	N.I.	U
16.1. Enrollment management – 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. Admission procedures – 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. Program description and quality indicators – 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. Admission criteria – 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. Admission materials – 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. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.	●		
16.7. Candidate interviews – 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. Transfer and waiver policies – 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.	●		

College's Comments:

- Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable
- How admission evaluations of students are documented and how records are maintained.
- A description of the college or school's recruitment methods
- A description of methods used to assess verbal and written communication skills of applicants to the program
- How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources
- How curricular outcomes data are correlated with admissions data
- The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Introduction

Effective recruitment, enrollment management, and the provision of accurate information about the ISU PharmD program is key to the success of the admission process and the admitted students of this program. Ultimately, the goal is to admit competent, compassionate, well prepared and diverse candidates through a process in which the technical standards of the profession and educational outcomes are the guiding criteria with the end goal to graduate students who will become leaders in pharmacy and healthcare providers.

Enrollment

The College seeks to admit 80 students between the Pocatello and Meridian campuses and up to 15 students per year on the Anchorage, Alaska campus (Upload [16.2](#)). The College has maintained an acceptable student to faculty ratio of approximately 8:1. Enrollment is being effectively managed within educational resources as evidenced by the ability to meet IPPE/APPE placements and sustain the personnel intensive PBL case studies and capstone courses. The College uses the ACPE pharmacy practice capacity chart, which demonstrates the availability of P1 through P3 IPPE sites and hours available and hours needed, in order to accommodate the experiential requirements of students.

Enrollment Management

The College's Administrative Council manages enrollment. Input into enrollment management decisions occurs from all members of this body, including the Dean (who oversees budgetary matters), the Associate Dean (who oversees infrastructure related to pharmacy education), the Assistant Deans for Experiential Education (who provide feedback on preceptor and practice site resources available at all fourth-year sites), as well as the Chair of Faculty Affairs and Chairs and Assistant Chairs of PPRA and BPSCI departments (who provide feedback on faculty resources).

Applicant Pool

Admission to the traditional Doctor of Pharmacy program continues to be competitive. The applicant pool has fluctuated over the past six years from 406 to 185 applicants. The Idaho resident pool has stayed fairly consistent (115 to 101) while the non-resident pool has decreased significantly. As the applicant pool has decreased, the standards for determining the competitiveness and preparedness of applicants continue to be held at a high level.

Recruiting

Recruiting efforts aim to attract a highly qualified diverse student population. As the only College of Pharmacy in Idaho and Alaska, recruiting efforts are aimed at residents of the two states respectively. Appendix [16.1](#) is an overview of the four-year colleges or universities and junior colleges in Idaho and Alaska. The Associate Dean's Office serves as the liaison between the College and advisors at affiliate institutions. Visits are made to each institution to meet with the pre-health advisors and students. To assist with the transfer of students who complete the pre-pharmacy requirements at institutions other than ISU, equivalent courses for each Idaho and affiliate institution can be found on Idaho State University's website at <http://www2.isu.edu/areg/transferEquiv/index.shtml> and equivalent courses for Alaska students has been posted on the college of pharmacy website. (Appendix [16.2](#)).

The College has an active recruitment program. The Associate Dean, Director of Meridian Student Services, Assistant Dean for Alaska Programs and the Director of Admissions and Student Affairs are actively involved and work closely with ISU Enrollment Planning to participate in University recruitment events. Faculty, alumni and current PharmD students participate in the recruitment process as well. The University recruiting efforts are aimed primarily at high school and community college students. These efforts help to increase awareness of the pharmacy program at ISU and pharmacy as a career option.

Applicant Demographics

Idaho's population is predominantly Caucasian, with minorities making up only a small portion of the College's student population. The ethnic percentage of Idaho residents compared to national averages can be seen in Appendix [16.3](#). With the new Alaska site, however; we anticipate an increase in diversity. The number of students, gender and residency status for students applying to the professional program from 2011 to 2016 can be seen in Appendix [16.4](#). The gender and race of students who were enrolled in the P1 class between 2011 and 2016 can be seen in Appendix [16.5](#).

The Associate Dean and Director of Admissions and Student Affairs and College representatives also participate in regional recruiting events, virtual recruiting fairs and oversee high school recruitment/informational events that specifically focus on increasing awareness of health professions careers among minority student populations. The College administers recruitment, advising and admissions processes in accordance with the [affirmative action policy of Idaho State University](#), in order to provide equal educational opportunities for minorities, women, and persons with disabilities.

Admission Materials

Recruitment materials are distributed to students and to health professions advisors at Idaho colleges and universities including a College recruitment brochure (Appendix [16.6.1](#)), and Student Affairs and Admissions Fact Sheet (Appendix [16.6.2](#)) and are also available onsite. Additionally, the College website has a section for prospective students that clearly outlines the policies, procedures and criteria for admission.

Admission Procedures

The admissions process for the PharmD program is the responsibility of the Student Affairs Committee which consists of the Associate Dean, the Director of Meridian Student Services, the Director of Admissions and Student Affairs, the Assistant Dean for Alaska Programs, the Director of the Non-Traditional PharmD program and two faculty members from the Department of Pharmaceutical and Biomedical Sciences and the Department of Pharmacy Practice and Administrative Sciences as well as two PharmD student representatives. The student representatives do not participate in the admissions meetings for selection of candidates for interview or final admission. A formal application process and on-campus interviews are required. Prior pharmacy experience is strongly encouraged. Meridian and Pocatello faculty are equally involved in the admissions process; Anchorage faculty will be increasingly involved in the process as that site expands. An identical interview procedure is conducted at all sites, with

the Director of Meridian Student Services overseeing the Meridian process, the Assistant Dean for Alaska Programs overseeing the Anchorage process and the Associate Dean overseeing the Pocatello process; all data are collected and final decisions regarding admissions are made in a blinded manner by the Student Affairs Committee.

Applicant Requirements

Only applicants who have completed or are in the final semester of pre-pharmacy coursework (Upload [16.1](#)) and the University's general education requirements (Appendix [16.7](#)) are considered qualified for admissions interview status. Candidates must have the required documentation on file (transcripts, letters of recommendation, personal statement, fee payment, etc.) Approximately 140 applicants are invited to interview. The schedule for the 2016-17 admissions process is attached as Appendix [16.8](#).

Students applying for admission to the PharmD program must achieve a GPA of at least 2.5 on a 4.0 scale in all higher education coursework. (Upload [16.4](#)). During the interview process, both faculty and current students are charged with determining whether each candidate possesses the Professional Technical Standards (Upload [16.8](#)) required for completing the curriculum and ultimately performing the functions of a generalist pharmacy graduate. Students must demonstrate the requisite mental, emotional, and physical abilities as well as self-awareness, innovative thinking and leadership abilities to ensure that students are capable of achieving the basic competencies in pharmacy practice adopted by the College. Faculty and current student interviewers also assess interpersonal communication skills during group discussions. Interviewers in multiple mini interview stations query students regarding prior pharmacy experience, pose ethical dilemmas, assess critical thinking abilities and communication skills.

Interview Process

The interview procedure requires a full-day commitment from applicants and consists of: an orientation session, five multiple mini interview (MMI) scenarios with faculty evaluators, group interviews with current Doctor of Pharmacy students, a group ethical situation discussion assessed by faculty and current students, and subsequent individual written essay on an assigned topic. A description of the interview process, example scenarios for each MMI station, Applicant Technical Standard Self-Assessment form, and faculty MMI evaluation forms are included as Upload [16.9](#).

Assessing Applicant Communication Skills

Candidates' oral communication skills are assessed through the MMI interview stations, group interview and case discussion. Written communication skills are assessed through a structured essay each candidate is required to compose during the interview process. The Admissions Committee has been placing greater emphasis on the outcomes of the MMI communications stations and the writing assessment of candidates. For applicants scoring 2 or below (out of 10 possible) in the communications stations (giving and receiving detailed instructions) and/or receiving a 1.5 or below (out of 5 possible) on the essay writing exercise, the committee then further reviews comments and scores from other components of the application and interview

process. The focus is to determine if the interviewer's low scores or comments indicate any consistent communication concerns throughout the application and admissions process.

Admission Evaluations and Records

All application documents and interview results are maintained at the College's main campus (Pocatello) in accordance with Idaho State University's Record Retention Policy and within locked file cabinets in the Office of Student Affairs in Pocatello. Only individuals directly involved in the admissions process have access to the application materials and interview results.

Transfer Students

The College does provide a transfer process for students enrolled in Doctor of Pharmacy programs at other Colleges of Pharmacy. The application process and criteria for consideration can be found in the ISU College of Pharmacy Student Handbook and the [ISU Undergraduate Catalog](#). No students were admitted into the PharmD program under the transfer policy during 2011-2016.

Admissions Data & Quality Improvements

Ongoing correlation of admissions criteria, policies and procedures with student academic performance is the responsibility of the Student Affairs Committee. For example, there was a disproportionate number of students in the incoming P1 cohort from 2014 who were dismissed from the PharmD program in their P1 year due to poor academic performance. In attempt to identify correlations between poor academic performers and any consistent indicators from the admissions process, GPAs, the number of repeated pre-pharmacy courses, scores in the MMI stations, and communication evaluations were analyzed as demonstrated in Upload [17.2](#). Mean pre-pharmacy GPA for the groups who failed to progress was lower and the average number of pre-pharmacy courses repeated was significantly higher for the groups who failed to progress. There were no strong trends identified when lower MMI scores were analyzed for ethics, critical thinking, pharmacy practice knowledge, and communication. The Student Affairs Committee concluded that we should continue to consider high incoming pre-pharmacy GPA a strong predictor of success.

The admissions ranking scheme has been modified over the past two years to penalize persons with more than 3 pre-pharmacy course repeats, resulting in lower total point ranking scores for those applicants. We will continue to closely monitor student success and correlations with both incoming GPA and course repeats in the wake of this change in application process.

Application of the Guidelines

The College has a well-established admissions process that utilizes a multiple mini-interview format. Additionally, candidates are evaluated on group interaction, communication, and extemporaneous writing. The College is actively engaged in evaluating metrics for better assessing its applicant pool in order to ensure admission of candidates that will be successful.

Interpretation of AACCP Survey Data

There is ongoing consideration of the effectiveness of the admission process and its components. Results of the 2008-2015 AACCP Standardized Survey of Students Q64 indicates that the majority

of respondents (85% to 100%) indicated “the admissions process was well organized”. Comparison of ISU’s graduate survey responses with national data indicates that a slightly higher number of ISU graduates disagreed that the process was well organized. To address this issue in the spring 2016 semester, the Student Affairs Office sought to identify strengths and weaknesses in the admissions process with feedback from current students. Student reflections on their individual experiences and suggestions for improvements in the admissions process were sought for the following areas:

- Online application
- Communication with and from the College during the application/admission process
- Scheduling an interview
- Admission interview process
- Overall: General recommendations for change

PharmD students indicated overall the application is easy to use, communication with the College was positive and timely. The specific recommendations for improvements were: interviews to occur earlier in the academic year and notifications of acceptance made earlier, more and earlier details of requirements upon admittance (immunizations requirements, background check, etc), and a request to enable electronic Uploading of documents instead of hard copies of supporting application materials (personal statements, letters of recommendation, transcripts). This input from current students is valuable. The application and admissions process for the 2017 admission cycle will be reviewed and changes made where possible to incorporate the recommendations by current PharmD students. The College is developing an early entrance program that may be implemented for 2018-2019 admissions cycle.

College’s Final Self-Evaluation

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

Standard No. 17: Progression

Required Uploads:

- Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals
- Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression
- Correlation analysis of admission variables and academic performance

College's Self-Assessment

	S	N.I.	U
17.1. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:	●		
• Academic progression	●		
• Remediation	●		
• Missed course work or credit	●		
• Academic probation	●		
• Academic dismissal	●		
• Dismissal for reasons of misconduct	●		
• Readmission	●		
• Leaves of absence	●		
• Rights to due process	●		
• Appeal mechanisms (including grade appeals)	●		
17.2. Early intervention – 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.	●		

College's Comments:

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

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

Introduction

The College has established and clearly communicated policies related to student progression through the PharmD program. Recent changes have been implemented for monitoring and identifying student performance early in the curriculum through the use of Academic Coaches, Yellow Flags and increased communication between faculty advisors. These policies and procedures aid in student retention while providing additional support services for students.

Matriculation, Graduation and Progression Rates

The College has provided a summary of student retention and attrition data depicting the number of students admitted each year (2013-2015) and the number of students who experienced progressions issues, including those who were dismissed permanently from the program. (Appendix [17.1](#) and Upload [17.3](#)) This table shows that the average anticipated graduation rate for students admitted from 2013-2015 is 92.4%, which is a decrease from the 2005-2010 average of 97%. Much of this decline can be attributed to the 2014 admitted class which had a remarkable 16.8% of students failing to progress for academic reasons. The vast majority received a grade of “F” in a physiology course which has been taught by the same instructor in the same manner for at least two decades. Upon extensive interviews during progressions meetings, it became apparent there was a Pocatello-based cohort who believed the College would blame the instructor if a large number of students performed that poorly. Many of these students complained that the exams in this course were extraordinarily difficult and did not assess their knowledge. Because of these complaints, the Associate Dean and Director of Meridian Student Services acted as instructors of record for a beta test of the physiology remediation course over the summer of 2015. These instructors rewrote a significant portion of the exams; as a result, three of the five students passed and continued with the program. The two students who did not pass the remediation course did not improve on the new questions and the Progressions Committee felt justified in permanent dismissal of these students.

The Progressions Committee dismissed all students with a grade of “F” but allowed all of them the opportunity to reapply contingent upon taking the second semester of physiology as an undergraduate course and passing with a grade of “C-” or better. Almost all of them reapplied, but the vast majority did not achieve a passing grade in physiology despite being the only course they were enrolled in. This group was permanently dismissed from the program.

Data was examined to identify any predictive markers that could have identified the students with academic difficulties during the admissions process during application years 2013-2015. Uploads [17.2](#) & [17.3](#) summarizes these data; the entering mean pre-pharmacy GPA for the groups who failed to progress was lower than the class average in all three application years (3.11 vs. 3.48 in 2013, 3.31 vs. 3.41 in 2014, and 2.10 vs. 3.43 in 2015). The average number of pre-pharmacy courses repeated was significantly higher for the groups who failed to progress (3.75 vs 1.11 in 2013, 2.77 vs 1.43 in 2014 and 2.61 vs 1.48 in 2015). There were no strong trends identified when the low MMI scores were reviewed for content among the various ethics,

critical thinking, pharmacy practice knowledge, and communication interview stations. The Student Affairs Committee concluded that we should continue to consider high incoming pre-pharmacy GPA a strong predictor of success. The admissions ranking scheme has been modified over the past two years to penalize persons with more than three pre-pharmacy course repeats, resulting in lower total point ranking scores for those applicants. This will continue to be closely monitor student success and correlations with both incoming GPA and course repeats in the wake of this change in application process.

The impact of students transferring into the program has been negligible; no students have transferred to ISU from other colleges or schools. The two requests received for consideration as transfer candidates have not resulted in admission because the students' pre-pharmacy performance was below cut-off for admission.

Academic Support Services

Academic coaching and summer remediation was initiated in the 2015-2016 academic year, and initial student feedback has been positive. Summer remediation was beta tested the summer of 2015 by allowing five students who would otherwise have been dismissed from the program due to poor physiology grades to retake the entire course over the summer. Of those five students, three were successful and continued with the program.

Remediation is considered a privilege earned through demonstrated attendance and active participation throughout the school year, not a right. The opportunity to remediate must be determined and approved by the Associate Dean (or designee) after a submission and approval of an "Academic Improvement Plan" is Uploaded into their portfolio and made available to the student's advisor to monitor. Students are allowed to remediate a maximum of two courses per academic year, and a maximum of three courses during the length of the program. Students must earn a grade of "C-" or better in all remediated coursework, and must register for and pay all required tuition and fees.

A database of all students engaged in academic coaching and/or remediation is kept in the OAD. We will continue to closely monitor student progression and correlations with student participation in coaching and remediation.

Progression Policies

The College's Curricular Philosophy Statement states the following:

"The primary curricular goal is the development of a strong foundational knowledge in the biomedical, pharmaceutical, and clinical sciences that includes a drug-related problem-solving process specific to pharmacy and fosters an evidenced-based approach to optimizing pharmacotherapy and patient health outcomes."

The student progression policy (Upload [17.1](#)) supports this learning environment and sets a structure that promotes the importance of learning, retention and application of foundational

knowledge. The College's Assessment Committee has identified specific competency measures that are used to measure student achievement of educational outcomes (Appendix [17.2](#)).

The Progression Policy states that students must rank not less than the 10th percentile (of class rank) in two or more of the Student Competency Measures within a single academic year. The Assessment Committee felt that one poor score may be spurious (due to illness or other unforeseen circumstances), but two or more competency measures ranking in the lower 10th percentile of the class is likely indicative of a problem that needs to be addressed.

Note that not all of the assessments are rote knowledge; each year includes assessment activities designed to simulate a patient case, requiring students to apply their knowledge of pharmacology, therapeutics, drug design, and medicinal chemistry to make a literature-based recommendation and justification in a patient simulation exercise. These assessments require the student to exhibit both written and oral communication when demonstrating their problem-solving skills.

The College has an effective and proactive student services office. Early identification and intervention occurs at the mid-point of all required courses. Instructors are asked to identify any student with a current grade below a C- at midpoint to the Office of the Associate Dean, and these students are contacted to meet with an Academic Performance Coach at their respective site. Prior to their appointment, the student fills out and self-scores a Learning and Study Strategies Inventory (LASSI). Appendix [17.3](#) is an overview of the LASSI assessment of students' awareness about and use of learning and study strategies related to skill, will and self-regulation components of strategic learning. The LASSI focus is on both covert and overt thoughts, behaviors, attitudes, motivations and beliefs that relate to successful learning. Once an area of concern has been identified by self-scoring their LASSI assessment, the student has two assignments before meeting with their coach: they must complete a Coaching Intake Form (Appendix [17.4](#)) and identify three SMART goals for improvement (Appendix [17.5](#)). The Academic Performance Coach then meets with the student and counsels or refers appropriately, utilizing the Academic Coach's Playbook (see Appendix [17.6](#)) that was developed to summarize the resources available at each site.

Students who do not improve through the remainder of the course and are given a final grade of "D" are required to remediate the course per the Remediation Policy (Appendix [17.7](#)). Instructors notify the Office of the Associate Dean of any students receiving a grade of "D" and students are contacted and asked to fill out an Academic Improvement Plan (Appendix [17.8](#)). Students are allowed to accumulate up to two grades of "D" in a single academic year, and up to three grades of "D" during the first three didactic years. All grades of "D" must be remediated the following summer, even if that delays students progressing into APPEs. Any student who accumulates more than two grades of "D" in a single academic year or more than three grades of "D" in their P1-P3 years or a single grade of "F" in any required or elective pharmacy course are required to meet with the Progressions Committee. The outcome is always a committee decision subject to the appropriate appeal mechanism which is outlined in the letter a student receives within one week of meeting with the Progressions Committee (see Appendix [17.9](#)). Students with significant extenuating circumstances may, at the discretion of the Progressions Committee,

be placed under academic suspension and disenrolled from the program with specific tasks or courses to complete in order to qualify for readmission (see Appendix [17.10](#)). The College's Dismissal Policy is outlined in Appendix [17.11](#). Each course syllabus delineates the requirements for passing, as well as how to deal with missed coursework or credit.

Quality Improvements

A recent quality improvement has been the institution of a Yellow Card system that “flags” students who are struggling with professionalism, language skills, or other non-academic issue that may adversely affect progression through the program. Any faculty member, preceptor or staff can enter information online in a FERPA-compliant database that tracks the nature, date, time, and location of the observed incident or behavior. The yellow card database also includes a summary of the faculty intervention with the student, results of this intervention, any follow-up or referrals made to the student, as well as the outcome. Advisors are now able to access these materials during the advising period so they can reinforce the student monitoring. All submitted yellow cards are reviewed by the Associate Dean in an attempt to identify trends in student behavior. This has been a very beneficial step in preventing students from consistently taking exams late because tracking is now more centralized and allowing earlier recognition of unproductive behavior.

College's Final Self-Evaluation

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

Standard No. 18: Faculty and Staff—Quantitative Factors

Required Uploads:

- Organizational chart depicting all full-time faculty by department/division
- ACPE Faculty Resource Report related to number of full-time and part-time faculty. Template available for download.
- List of faculty turnover for the last 5 years, by department/division, with reasons for departure
- Description of coursework mapped to full-time and part-time faculty teaching in each course

College's Self-Assessment

	S	N.I.	U
18.1. Sufficient faculty – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs:		●	
• Teaching (didactic, simulation, and experiential)		●	
• Professional development		●	
• Research and other scholarly activities		●	
• Assessment activities	●		
• College/school and/or university service	●		
• Intraprofessional and interprofessional collaboration		●	
• Student advising and career counseling	●		
• Faculty mentoring		●	
• Professional service	●		
• Community service	●		
• Pharmacy practice	●		
• Responsibilities in other academic programs (if applicable)	●		
• Support of distance students and campus(es) (if applicable)*	●		
18.2. Sufficient staff – The college or school has a sufficient number of staff to effectively address the following programmatic needs:	●		
• Student and academic affairs-related services, including recruitment and admission	●		
• Experiential education	●		
• Assessment activities	●		

• Research administration	●		
• Laboratory maintenance	●		
• Information technology infrastructure	●		
• Pedagogical and educational technology support	●		
• Teaching assistance		●	
• General faculty and administration clerical support	●		
• Support of distance students and campus(es) (if applicable)*	●		

College's Comments:

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

Introduction

Effective delivery of the professional program is performed by faculty and staff who have the appropriate skills, training and experience necessary to address its programmatic needs. The College prides itself on having small class sizes, small group educational opportunities, and more one-on-one interactions to facilitate learning. The mix of faculty expertise is appropriate for delivering programmatic needs related to service, evaluation, practice and teaching. The College uses ongoing curricular assessments, an annual faculty evaluation process, and focused administrative attention to meet teaching and research needs.

College faculty are appointed into one of two academic departments, the Department of Biomedical and Pharmaceutical Sciences (BPSCI) or the Department of Pharmacy Practice and Administrative Sciences (PPRA) (Upload [18.1](#)). Members of both departments are located in Pocatello and Meridian, while one PPRA faculty member is in Anchorage, AK. Additionally, there are two PPRA faculty members in Coeur d'Alene and one adjunct in Reno, NV. Both departments work together to deliver an integrated, module-based curriculum. Appropriate staffing is available for departments at all sites to support education, research, administrative, and assessment activities. A larger contingency of staff support is located in Pocatello for college-wide activities directed from the dean's office (Appendices [18.1.1](#) & [18.1.2](#)).

Members of BPSCI are appointed on nine-month contracts and include faculty with expertise in the pharmaceutical sciences or a related biomedical discipline. The PPRA department includes clinical faculty at a range of practice sites as well as faculty with expertise in healthcare systems and management. Appointments in PPRA are generally 12-month contracts and include tenure and non-tenure track faculty, as well as clinical instructors, visiting, adjunct, and affiliate faculty members (Appendix [18.2](#)).

Faculty Credentials

The College currently employs 43 faculty members with ten in BPSCI and 33 in PPRA for a total of 36.4 FTEs (Uploads [18.2.1](#), [18.2.2](#) & [18.2.3](#)). Most faculty are full-time and paid by university salary lines. Co-funded faculty positions are paid by university salary lines with a portion of funding provided by the affiliated institution. The core faculty responsibilities of teaching, scholarship, service, practice, and precepting comprise approximately 75% of faculty time and effort on average. Faculty are given sufficient time to devote to other activities including mentoring, advising, interprofessional collaboration, and professional development; although an appropriate balance of these still difficult as voiced by some faculty (Appendix [18.3](#)). Part-time lecturers, residents, and others with advanced expertise are utilized to supplement professional curriculum delivery. A table summarizing coursework and faculty teaching credentials is presented in Upload [18.4](#).

BPSCI has two full professors (tenured), no associate professors, and eight assistant professors. Four of the assistant professors are tenure-track with research expectations and four are non-tenure track with greater teaching responsibilities. One of the non-tenure track positions is part-time (0.5 FTE), while another is on a temporary emergency hire salary line. There are currently four open positions in the Department. The total number of permanent positions in BPSCI is currently 12.5.

PPRA is well balanced in terms of tenure and non-tenured faculty and among ranks. There is one open position currently. Additional descriptive information for individual faculty members including primary discipline, degrees earned, and post-graduate training may be found in (Appendix [18.4](#)). There are five PPRA faculty in adjunct or joint positions whose commitment to the College is <0.5 FTE. Approximately 150 affiliate faculty members assist in the delivery of the experiential program (Appendix [18.2](#)).

In early 2015 the College added a new key position, the Assistant Dean for Alaska Programs, to assist in the launch of the joint program between ISU and University of Alaska Anchorage. An additional 3-4 clinical faculty positions are planned over the next 2-3 years. Any additional faculty and staff will be considered depending on future contractual arrangements with medical facilities in Anchorage. Needs assessments in this regard are ongoing.

Pharmacy Practice and Administrative Sciences Department

Since the last ACPE site visit, there have been eight new faculty positions (for a total of 4 FTEs) added to PPRA (Appendices [18.4](#), [18.5](#)). This significant faculty growth has occurred proactively by developing the support of partner institutions and identifying areas of mutual benefit. Ongoing assessment of curricular needs, the potential for new research collaborations, and a desire to expand the clinical activities of pharmacists in all settings has necessitated continual review by administration in order to remain sensitive to threats and opportunities. Identifying immediate and potential gaps created by faculty retirements or resignations remains a significant priority.

The College continues to support residencies with four ISU affiliated residencies in Pocatello as well as teaching certificates for other non-ISU residencies in the Pocatello and Boise area, including regional medical centers at St. Luke's, St. Alphonsus and the Boise VA. Residents support the teaching and research mission of the College. The Drug Information residency was discontinued in 2013 and that stipend is used to partially support a new faculty position in Pocatello. A rural community pharmacy practice residency started two years ago and an additional pharmacotherapy resident that was added at HealthWest ISU in 2016 was due to an ASHP Foundation Pharmacy Residency Expansion grant.

Biomedical and Pharmaceutical Sciences Department

The BPSCI department consists of 12.5 approved positions with responsibilities including administration, research, and teaching. However, the last several years have been challenging with several sudden departures, the retirement of the BPSCI Chair, and one faculty death. The department currently has four open positions with ongoing searches that have ranged from approximately 3 to 12 months. These manpower gaps, however, provide a unique opportunity for departmental needs assessment and restructuring. Pharmaceuticals was identified as a top priority and one of the four ongoing searches focuses on filling this position. Pharmacogenomics was identified as a second priority, and this search is currently in late-stage negotiations with the top candidate. The remaining two open searches focus on identifying faculty candidates with expertise in pharmacology, which will meet current teaching needs in both the professional and graduate programs while complementing the department's research strengths. Previously identified weaknesses in pharmacokinetics and medicinal chemistry have been addressed by two recent hires (a PhD medicinal chemist and PharmD clinical pharmacokineticist).

BPSCI has identified its challenges and developed a hiring plan to address these (Appendix [18.6](#)). Short-term goals for the BPSCI department include plans for faculty retention as well as replacement of retiring faculty and faculty who may resign or are not renewed.

Faculty Workload and Mentoring

Workload expectations for all ISU faculty are available from the university's Office of Academic Affairs (Appendix [18.7](#)), and the College reviews faculty workload annually as part of the faculty evaluation process. Each department has adopted this policy to meet the needs of the College. Faculty evaluations are conducted annually by department chairs and focus on individual expectations and goals as well department goals per existing strategic plans. The PPRA workload policy specifies different tracks for faculty, including teaching predominant, research intensive, or administrative. Specific expectations are included in the letters of offer, and these expectations are individually tailored. New faculty are typically assigned lighter teaching loads their first year while establishing their practice sites and research programs.

Additionally, ISU has a [written faculty mentoring policy](#). An effort is made by both departments to adhere to both the process and spirit of the policy. In recent years, mentor assignments have been centralized in the ISU Provost's office. This policy provides a formal mechanism for junior faculty to receive feedback from a more experienced faculty member at desired intervals.

Discussion of Student-to-Faculty Ratio

The minimum acceptable student-to-faculty ratio has been set at 10:1, and the current student-to-faculty ratio is ideal for the educational focus of the College at approximately 8:1. The College's excellent faculty-to-student ratio is conducive for allowing sufficient faculty time for research, scholarship and service responsibilities. It also aids in recruitment of students because it provides smaller class sizes, which allows faculty the ability to keep teaching methods innovative and adapt to student needs.

Faculty Resource & Succession Planning

The ACPE Faculty resource tables for each teaching site are provided in Uploads [18.2.1](#), [18.2.2](#), & [18.2.3](#). In light of the growth and changing needs of the College, a committee was appointed by the dean in early 2016 to assess the College's administrative structure. The College recognizes a growing demand of program administration and assessment, especially with the opening of the new Alaska site and high teaching and administrative workloads of some faculty. For this reason, a review of College organization was warranted and remains in-progress. An ad-hoc administrative reorganization committee presented recommendations for a proposed new administrative structure to the faculty in May 2016 (Appendix [18.8](#)). In addition, volunteers for an ad-hoc succession planning committee were identified in the August 2016 faculty meeting. Working with department chairs, this group has been tasked with identifying and providing recommendations to the dean with respect to upcoming faculty vacancies and is expected to provide recommendations by May 2017. Upload [18.3](#) reports the faculty turnover since the last accreditation visit in 2011.

Adjunct Faculty

While the College employs sufficient faculty to teach the majority of the professional curriculum and service courses, some specialty areas require the expertise of adjunct or affiliate faculty. The Pharmacy Law course is coordinated and taught by the Executive Director of the Idaho Board of Pharmacy. The hematology/oncology module is coordinated by a clinical pharmacist at the St. Luke's Mountain States Tumor Institute. Adjunct instructors are provided appropriate contacts and staff support within the College to ensure that course materials and exams utilize the same online platform as other courses and that grading and other classroom procedures are administered consistently and in accordance with ISU policy.

Staff

The College currently has 15 full time staff, two part-time permanent staff, multiple temporary staff, and one vacancy. Since our last accreditation, the College has replaced nearly all our staff with new personnel. Seven of these changes were due to retirements after many years of service and three staff accepted new positions elsewhere. The College has added three new staff positions since 2011. Despite this high level of turnover, successful replacements have been found who continue to provide excellent customer service and program support.

Replacement staff hires are both highly qualified and highly educated. Two have an extensive background with Idaho State University in healthcare academics. The advanced level of education of our new staff members has helped the College make smooth transitions during each of these changes. Some staff duties and workload have been rearranged and redistributed between sites. The College also receives funding from Idaho State University for Career Path Internships and work study support. These are part time temporary student workers allowed to work in non-FERPA sensitive environments. They provide additional support to existing staff and faculty. Collectively, our 15 full-time staff members and other part time & temporary workers provide a wide range of strong, professional support to our faculty and students in all locations.

Of the 11 staff housed in Pocatello, at least nine either provide support to students and faculty at all locations, or support stakeholders not physically located at ISU (Non-T program, Alumni). Only our video production/distance learning teams work in specific locations. The College receives support from a University Business Officer, a Financial Technician and a Public Relations Director in the Division of Health Sciences. Additional support personnel available at Idaho State University include the Instructional Technology Resource Center, the Media/Distance Learning Center, Academic Computing, computer labs, Disability Services, a technology Help Desk, and a biostatistician at the Institute of Rural Health.

Application of the Guidelines

Despite recent hardships resulting from faculty vacancies, the College has sufficient faculty and staff to maintain a strong academic program and fulfill its mission and goals. Moreover, the resulting opportunities afforded by these open positions now and into the future with additional retirements will allow the College to redefine itself over the coming 3-5 years. Visionary leadership will be needed to accomplish this, but recent administrative changes within the College and University hold great promise for the future.

Interpretation AACP standardized survey questions

A comparison of ISU faculty responses on the 2015 AACP Survey to national averages identified three questions of particular interest to be discussed here. First, more ISU faculty disagreed that the college used an effective faculty recruitment process compared to the national average (41.6% vs 18.1%). The perception of ineffective faculty recruitment appears to be due to failed searches secondary to university administrative delays and coupled with low competitive salary compared with the national average. Second, more ISU Faculty disagreed that the college has sufficient numbers of qualified faculty compared to the national average (50% vs 28.1%). This is most likely a reflection of workload demands made worse by failed faculty recruitment, especially for BPSCI. Third, it is noteworthy that 100% of College faculty agreed that they have access to documents that detail policies related to their performance, compared with a national average of 88.1%. This speaks to the high level of transparency and communication related to faculty workload expectations and evaluation at ISU.

College's Final Self-Evaluation

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

Recommended Monitoring

In light of the recent expansion to Alaska, increasing assessment and accreditation demands, and significant BPSCI faculty attrition, an ad hoc committee was appointed by the dean in early 2016 to assess the organization of the College, with a focus on administrative restructuring. Coupled with that is the recent attrition of BPSCI faculty including retirement of the BPSCI chair, one death, and one member on medical leave in addition to three other vacancies. Challenges related to the administrative hiring process, location, and lack of a robust research environment are potential contributing factors leading to recruitment difficulties. The College proposes to re-invigorate its efforts regarding a visionary hiring plan for the BPSCI department. This will occur in conjunction with strategic planning (Standard 5) for the planned retirements of approximately 7-10 faculty within the next 1-3 years.

Standard No. 19: Faculty and Staff—Qualitative Factors

Required Uploads:

- List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.
- Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty
- Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention

College's Self-Assessment

	S	N.I.	U
19.1. Educational effectiveness – 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. Scholarly productivity – 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. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.	●		
19.4. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.	●		
19.5. Faculty/staff development – 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. Policy application – 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.	●		

College's Comments:

- The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities
- How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement
- How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences
- How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings
- A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty
- Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching

- ☑ A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning
- ☑ A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff
- ☑ A description of faculty and staff development programs and opportunities offered or supported by the college or school
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms.

Introduction

The College employs qualified, capable, and enthusiastic faculty and staff who are committed to the teaching, scholarship, clinical, and service mission of the institution. The mix of faculty expertise is appropriate for covering a wide breadth of topics in biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences. The College uses ongoing curricular assessments, an annual faculty evaluation process, and focused administrative attention to meet teaching and research needs.

Educational Effectiveness

Faculty are able to effectively use the latest in distance learning and other teaching technologies to provide a quality educational experience that promotes student learning at all sites and in all offered pathways. Faculty engage students at different sites and are aware that many of the courses taught include students in the non-traditional PharmD program as well as students from other health professions. Staff are qualified and committed to the support of teaching and other programmatic efforts on all levels. They are an indispensable part of the workings of the College in the delivery of the curriculum and related educational goals in scholarship and service.

An integrated curriculum has now been taught for over a decade that includes a series of systems-based modules with additional courses in small-group, problem-based learning in healthcare administration and related topics, and electives. Most courses are team-taught, with representatives from both the Biomedical and Pharmaceutical Sciences (BPSCI) and the Pharmacy Practice and Administrative Sciences (PPRA) departments working together with appropriate staff support. At least one course coordinator is available at each site to ensure students have a local point of contact. Teaching assignments for individual faculty are assessed at least annually as part of the evaluation process by the department chairs. A variety of factors are considered in making these assignments, including research areas of interest, clinical practice or research setting, board certification or other specialized training, and demonstrated enthusiasm and success in teaching the subject as evidenced by past course and instructor evaluations.

Faculty & Staff Credentials

All active clinical faculty within the PPRA department are licensed pharmacists in the state of Idaho. All have completed a residency and many support residency education at their practice sites; several work under collaborative practice agreements with providers which allows for starting, stopping, and modifying drug therapy under established protocols. The scope and level of collaborative practice in Idaho far exceeds that of many other states, allowing for high-level patient care and expertise.

Biomedical faculty have extensive training in their respective fields of research. With the exception of one junior faculty member, all BPSCI faculty have earned a PhD. BPSCI faculty regularly present their research efforts at regional and national meetings where they are able to build collaborative relationships with researchers from other institutions.

Adjunct Faculty

While the College employs sufficient faculty to teach most of the professional curriculum, as well as service courses, some specialty areas require the expertise of adjunct or affiliate faculty.

The Pharmacy Law course is coordinated and taught by the Executive Director of the Idaho Board of Pharmacy. A clinical pharmacist at St. Luke's Mountain States Tumor Institute (MSTI) coordinates the hematology/oncology module. Adjunct instructors are provided appropriate contacts and staff support within the College to ensure that course materials and exams utilize the same online platform as other courses and that grading and other classroom procedures are administered consistently and in accordance with ISU policy.

Scholarly Productivity

All faculty are encouraged to develop and maintain an active scholarship program commensurate with their tenure-track status, position description, and the departmental workload policy. Each faculty member has a scholarship area of focus and plan that is reviewed regularly (Upload [19.1](#)).

For most tenured and tenure-track faculty this entails at least a 30% FTE commitment to scholarly endeavors. For non-tenure track clinical faculty this requires a 10% FTE commitment. In addition to sufficient time commitment, measurable productivity in terms of presentations, publications, and grantsmanship is also reviewed as part of the annual faculty evaluation process. A description of the expectations regarding research productivity for pharmacy practice faculty is included in the PPRA department workload policy and scoring rubric. (Appendices [19.1](#) and [19.2](#))

Biomedical & Pharmaceutical Sciences Workload

New faculty are typically given one to two semesters with limited teaching and scholarship expectations while developing their clinical practice site or laboratory; exact expectations are negotiated with the department chair at the time of hire. Faculty are given significant autonomy in developing their research and scholarship programs. An aggregate summary of scholarship may be found in Appendices [19.3](#) & [19.4](#) for the departments. In 2015, the faculty collectively produced 19 peer-reviewed publications and over 30 poster and podium presentations.

Service Commitment

Faculty are likewise encouraged to engage in service to the College, University, as well as to the community and the profession. Most faculty serve on standing committees of the College, such as student affairs, curricular affairs, or assessment; as well as on ad hoc committees, such as search committees. A few are elected to university and KDHS councils and committees, including ISU Faculty Senate. Clinical faculty serve on pharmacy & therapeutics and other committees at their practice sites and/or in positions of leadership with state and national pharmacy organizations. Notable examples include: the Idaho Society of Health-Systems Pharmacists (ISHP), the College of Psychiatric and Neurologic Pharmacists among others. Community outreach and health screening events are important co-curricular aspects of the College and hundreds of faculty hours are required each year in support of these activities.

Contemporary Pharmacy Practice Understanding

Faculty in both departments have a conceptual understanding of current and future trends in biomedical sciences as well as pharmacy practice, and this mutual understanding has been greatly fostered by the integrated curriculum. The problem-based case studies sequence in

particular is a collaborative opportunity for basic science faculty to work with clinical faculty in guiding students through the problem-solving process. Small groups discussions on clinical topics are facilitated by basic science faculty and periodic wrap-up sessions are also included that are led by a member of the clinical faculty. In addition, opportunities are provided for the two departments to learn about each other at department and faculty meetings which are held monthly and retreats.

The College regularly hosts graduate seminars and visiting scholar luncheons where all faculty and staff are invited to participate. Travel support is provided to every member of the faculty to attend state and national meetings that further professional development. The commitment of the College to fostering an understanding of the science and practice of contemporary pharmacy is outlined in Upload [19.2](#).

Faculty/Staff Development

Several faculty and staff development programs are available through the College and University, as well as through external organizations. Department meetings, faculty meetings, and annual faculty retreats are designed to assist faculty in their professional development in instructional, curricular, and research areas. Example topics at such meetings and events have included distance learning, Moodle testing, item writing, portfolio reflection grading, and the use of audience response technology (Appendix [19.5](#)). At the University level, a number of professional development courses and modules are available through the Office of Human Resources, including topics such as FERPA, HIPPA, FMLA, social media and electronic communication etiquette, difficult conversations, and appropriately responding to conflict. A full listing of online professional development courses through the new Talent Management System is available in (Appendix [19.6](#)). The University also provides a Leadership Development Program for faculty and staff; a full listing of this course and areas covered are included in (Appendix [19.7](#)).

The Kasiska Division of Health Sciences (KDHS) provides opportunities for faculty to collaborate with each other across disciplines at First Friday brown bag lunch events where ideas are exchanged, teaching methodologies are presented, and related topics are discussed. There are also KDHS-sponsored Third Thursday which focus on research collaborations. Lastly, there is a KDHS-sponsored Second Friday, which focuses on staff and provides opportunities for training and professional development for all staff. Examples of past activities may be found on the [KDHS webpage](#). The Office of Sponsored Programs provides instruction in writing research proposals, funding opportunities, and guidance in successfully obtaining federal/state/private grants. Faculty are also encouraged to attend national meetings of APhA, ASHP, AACP, and others to enhance educational and research development. Faculty have attended the AACP Interprofessional Educational Collaborative (IPEC) and ASHP Foundation Research Bootcamp. On average, each faculty member attends 1-2 state or national professional meetings a year. Staff opportunities are also offered to provide an opportunity to expand skills through tuition reduction waivers, or by attending national meetings such as AACP's annual meeting.

Policy Application

[ISU Policies and Procedures](#) are available to all faculty and are applied consistently across the University.

Distance Learning

The College has a long history of delivering distance education and all faculty are qualified to manage, teach, evaluate, and grade students at distant sites. Faculty use an online learning management platform called Moodle to organize course materials, administer examinations, and provide a forum for discussion outside of class. Implementing and using Moodle has presented some challenges; however, an increase in efficiency and student satisfaction has been noted. The ISU Instructional Technology Resource Center (ITRC) provides workshops and individualized assistance as needed. The ITRC is available via phone or email during normal business hours to provide immediate assistance for issues that may arise during preparation or administration of courses or exams. At the college level, IT/IS managers and technicians are available in Pocatello, Meridian, and Anchorage to assist faculty in effectively utilizing educational technology.

Faculty Review Process

The annual faculty review is a key part of the assessment and mentoring process and coupled with the third-year review and periodic performance reviews, provides a clear roadmap for faculty development within the College and University structure. The annual faculty evaluation process is the most important mechanism for determining success in various areas of a faculty member's position. This process occurs by calendar year and requires faculty to update a Faculty Activity Report as part of the ISU online Activity Insight program. All aspects of the faculty member's position are included for review and consideration. Teaching information is downloaded automatically from the Registrar, but faculty are required to input scholarly activity information and update other areas. This includes a brief narrative describing innovations in teaching, in-progress and completed research activities, and clinical and service related activities. Narratives are a chance for faculty to describe in greater detail aspects of their position that may not be captured on a simple CV update. In addition, faculty set goals for the next calendar year and report on the status of past years' goals. Narratives also provide the basis for a conversation between the faculty member and department chair to determine progression as well as personal and professional satisfaction with their current position. Faculty are asked to rate themselves in each area (teaching, scholarship, professional service, and clinical service) on a 0-5 scale and then the department chair also provides a rating in each area, based on the workload policy. At the end of the annual review for all faculty, department chairs are able to make reassignments to workload as necessary to ensure that College needs are being met, as well as helping each faculty member succeed with their individual goals. Workload information in terms of relative percent effort in the areas of teaching, scholarship, service, clinical service, administration, and other activities are collected for each semester. A third-year review is also used to help faculty assess their readiness for their first promotion. A 5-year periodic performance review (PPR) is required of each faculty member by departmental peers and is utilized to ensure that scholarship and other obligations are being adequately addressed for ongoing quality and success. Faculty evaluation policies are seen in Uploads [19.3.1](#), [19.3.2](#), [19.3.3](#), [19.3.4](#), & [19.3.5](#).

The University’s new Talent Management System allows for a comprehensive annual review of staff, that includes ratings in multiple areas such as job knowledge, multi-tasking, customer service, and others. Human resources proves a [description of the performance review process](#) for full-time, part-time and voluntary faculty (including preceptors) and staff online.

How the College is Meeting the Standard

Faculty are able to effectively use the latest in distance learning and other teaching technologies to provide a quality educational experience that promotes student learning at all sites and in all offered pathways. Faculty engage students at different sites and are aware that many of the courses taught include students in the non-traditional PharmD program as well as students from other health professions. Staff are qualified and committed to the support of teaching and other programmatic efforts. They are an indispensable part of the workings of the College in assisting with delivery of the curriculum and related educational, scholarship and service goals.

Interpretation of AACP Data

A comparison of ISU faculty responses on the 2015 AACP Survey to national averages indicated near agreement on most items (Appendix [19.8](#)).

College’s Final Self-Evaluation

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

Standard No. 20: Preceptors

Required Uploads:

- List of active preceptors with credentials and practice site
- Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience.
- Description of practice sites (location, type of practice, student/preceptor ratios)
- Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention
- Examples of instruments used by preceptors to assess student performance
- Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum
- Description of the structure, organization and administrative support of the Experiential Education office (or equivalent)

College's Self-Assessment:

	S	N.I.	U
20.1. Preceptor criteria – 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. Student-to-preceptor ratio – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.	●		
20.3. Preceptor education and development – 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. Preceptor engagement – 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. Experiential education administration – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.	●		

College's Comments:

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

Introduction

The experiential component of the curriculum allows students to extend their didactic training under the direction of practicing pharmacist preceptors. Recruiting and developing a cadre of highly accomplished preceptors is a critical element of the program. The College has expended considerable effort over the last several years to recruit and train competent practitioner-educators.

Preceptor Criteria

New preceptors are recruited from student suggestions, recommendations by current preceptors, or identified by the College. New preceptors are required to complete the preceptor profile form and are sent a preceptor packet (Appendix [20.1](#)) containing the following:

- The IPPE and/or APPE Manual
 - College's mission, vision, and values statement
 - Preceptor preference form
 - Experiential learning site description form
 - Responsibilities of preceptors and students
 - Learning objectives
 - IPPE and APPE evaluation forms
- Affiliate faculty benefits and form

After completing and submitting the appropriate forms, all new preceptors and sites are visited for evaluation using the Selection Criteria for Experiential Site form. The form is used as a guide for the preceptor and Office of Experiential Education (OEE) during the site visit to ensure the practice site meets the College's expectations to deliver experiential education. All the materials in the new preceptor packet are easily accessible on the College website for all preceptors. During the initial on-site visit, new preceptors are oriented to the College's preceptor website which contains:

- Preceptor training and development resources
- Links to University resources
- Sample syllabi
- Electronic IPPE/APPE student evaluation forms
- Experiential education syllabus creator

The OEE maintains a description of practice sites (Upload [20.3](#)), has well established preceptor recruitment policies (Upload [20.4](#)), and measures student performance through evaluations (Upload [20.5](#)).

Additionally, some students use preceptors for elective APPEs outside of the United States. International sites are recruited based on student interest and request. These sites do not count towards the required state intern hours nor can be used for any core required APPE. International sites are used very rarely therefore quality is assessed through student evaluations.

Preceptor Evaluation

Preceptors and practice sites are continually reviewed for quality improvement, and all student evaluations of sites and preceptors are reviewed by the Assistant Deans of Experiential Education, the Pharmacy Practice Department Chair, and the Professional Affairs Committee (PAC). Practice sites and preceptors are monitored for quality by using the students' evaluation of the preceptor/site, through periodic contact and yearly site visits with the preceptor. Additionally, individual preceptor evaluations are shared with the practice site administration to be used in the preceptor's employment evaluation and promotion. Student assessment of preceptor performance is distributed after students have completed all of their IPPEs or APPEs to ensure that results will not influence student evaluations.

Preceptors and sites are contacted throughout the academic year by clinical practice faculty, as well as the Office of Experiential Education to ensure the quality of the site, address issues with students, help with development of teaching strategies, and inform of any changes in the OEE's policy and procedures.

Student-to-Preceptor Ratio

Currently, the College has over 200 preceptors in Idaho, Oregon, Nevada, Alaska, and other areas of the United States to deliver the experiential curriculum (Upload [20.1](#)). Although the majority of preceptors are volunteers, the College utilizes 30 faculty-preceptors who were responsible for 46% of all APPE instruction during AY 2015-16. With new clinical faculty hires, the percentage of faculty precepting APPEs will increase next year. Additionally, the College is adding new practice sites in order to provide diverse experiences and accommodate student practice interests.

All preceptors are licensed pharmacists and the student/preceptor ratio is 1:1 or 2:1 in all but three practice sites where it may be up to 3:1. Overall, the student to preceptor ratio is well below the 6:1 student/technician-to-pharmacist ratio that is allowed by the Idaho Board of Pharmacy. The low student to preceptor ratio facilitates direct one-on-one mentorship, feedback/evaluation of student performance, targeted instruction and guidance in areas the student may need more focused development. Additionally, the low ratio allows easy integration into practice sites and interprofessional healthcare teams at core institutional sites.

Preceptor Education and Development

To help facilitate the educational responsibilities of the experiential component of the curriculum, the OEE provides various avenues to enhance development of preceptor's professional and teaching skills, and facilitate communication. The College provides free preceptor training during annual Continuing Education conferences held throughout the state. The College also communicates with preceptors via e-mail and provides other online training opportunities through the College website at: <http://pharmacy.isu.edu/live/current/appe.php>.

Each year the College provides a continuing education (CE) program at three locations throughout Idaho and one in Alaska. The first CE hour of each program is a free breakfast for preceptors and a presentation on topics to enhance preceptor development. Recent topics have included how to utilize preceptor resources on the College's preceptor page, activity

development ideas, syllabus creation and integration into the practice site. The preceptor training sessions are active learning that incorporates different teaching strategies such as Think-Pair-Share and TurningPoint. Preceptors who attend the breakfast get free CE for the remainder of the program, including a required Pharmacy Board law review. An online version of the preceptor development presentation is being developed to allow all preceptors' access to the training program. In the past year, the OEE has worked with the Idaho Health-Systems Pharmacists Association (ISHP) to provide preceptor training workshop during their Spring and Fall Conferences. The workshop was done in a roundtable discussion that included topics on: how to manage problematic students, generational differences in student learners, how to provide appropriate evaluation and feedback, and a step-by-step guide on how to setup and use AccessPharmacy. The workshop series is an ongoing collaboration with ISHP in order to reach more preceptors.

Additionally, AccessPharmacy® has some unique educational tools, such as Core Curriculum that preceptors can utilize to enhance the learning experience at their practice site. The Core Curriculum allows instructors to create specific learning modules that can be utilized to enhance learning at the preceptor site. Preceptors also have access to the Pharmacist Letter Preceptor Training Resource Network® (PLPTRN), which provides additional resources for preceptor education. The PLPTRN provides free preceptor training, continuing education hours, PL Journal Club, preceptor toolbox and preceptor interact, which is an online discussion forum for preceptors to interact with other preceptors nationwide. PLPTRN online training network also manages and documents all preceptor training. In an effort to provide more training resources, the OEE is implementing the Collaborative Education Institute's (CEI) preceptor training modules. CEI is a widely used resource by many schools to provide standardized training for pharmacy preceptors. The modules provide teaching strategies for pharmacy students and for resident pharmacists. Current plans over the next year are to create specific training modules in CEI for all preceptors to complete. Upon conclusion of the training, the preceptor will receive a certificate of completion and will be given preference for placement of students.

Preceptor engagement

The Professional Affairs Committee (PAC) was developed to assist with the ongoing assessment and quality assurance of practice sites and preceptors. In order to improve experiential education, the OEE solicits feedback for improvement of IPPEs and APPEs, using evaluation of preceptor sites from the PAC and preceptor surveys. The PAC was formed to provide an outside perspective on trends in practice and to receive information from key stakeholders in Office of Experiential Education. The Professional Affairs Committee consists of:

- The Director and Assistant Directors of Experiential Education
- Two members of the Department of Pharmacy Practice
- Two home-base site coordinators (from Coeur d'Alene and Reno)
- One community pharmacy practitioner
- One hospital pharmacy practitioner
- Two pharmacy students

Each of the PAC members bring unique perspectives of pharmacy practice. Additionally, the PAC helps review syllabi, objectives, goals and experiential evaluation tools. In an effort to maintain consistency in the College's program and neighboring pharmacy programs, the OEE actively participates in the Northwest Pharmacy Experiential Consortium (NWPEC). This is a group of experiential directors from Washington, Oregon, Idaho, Montana, and Wyoming. The NWPEC has worked to synchronize APPE schedules and to develop a standardized experiential education evaluation form that is used by all preceptors in the NWPEC area. The new APPE evaluation instrument is under review by the College's preceptors. The goal of the new evaluation tool is to map learning activities and practices to educational outcomes while providing effective evaluation of the student's abilities.

Experiential Education Administration

The Office of Experiential Education (OEE) (Appendix [20.4](#)) is administered by an Assistant Dean & Director of Experiential Education, who oversee the daily functions of the OEE and practice sites in Pocatello, Twin Falls and Coeur d'Alene. Additionally, two Assistant Deans provide administrative oversight: one for Boise and Reno practice base sites, and one responsible for experiential development in Alaska. Support staff includes an experiential education coordinator in Pocatello, an experiential administrative assistant in Meridian, and an additional administrative assistant in Alaska. The experiential education coordinator is responsible for the maintenance of OEE database, preceptor contacts, affiliation agreements, student experiential hour tracking, APPE schedule setting and contact point for student APPE questions. The experiential administrative assistant is responsible for background checks, tracking of IPPE training requirements and contact point for student IPPE questions. The Assistant Deans of OEE report directly to the Dean, serve on the College's Administrative Council, and participate in the Dean's Advisory Council. Two home base coordinators of experiential education assist in the practice site selection, site visits and preceptor outreach in Coeur d'Alene, ID and Reno, NV. The OEE meets on a quarterly basis to evaluate preceptor sites and provide input in changes in experiential education delivery.

Application of the Guidelines to Meet the Standard

The College is committed to ensuring high-quality experiential education to meet the expanding patient-care role of pharmacists in the healthcare system now and in the future. The experiential education constitutes about 36% (by weeks) of the pharmacy curriculum. This places greater emphasis and reliance on the availability of well-trained qualified practitioners. In addition, practice sites are of high quality and diversity to meet the raised expectations of innovative pharmacy practice.

Notable Achievements, Innovations, and Quality Improvements

The OEE constantly strives to improve its offerings to preceptors. In Fall 2016, to ensure consistency and improve endpoint competency data the OEE created a syllabus generator for sites. Also, the OEE is exploring options to switch from our in-house experiential programming to E-value. Several benefits of switching to E-value include:

- Familiarity from existing preceptors
- Enhanced coordination with non-local (Alaska) sites
- Greater tracking of learning competencies
- Simplified scheduling

Preceptor development is a high priority for the College. Expected changes to preceptor development include a more robust and trackable preceptor training module. The OEE has contracted with Collaborative Education Institute (CEI) to complement Pharmacist's Letter Preceptor, as well as ACPE-approved continuing education credits. The OEE plans to offer the Learn to Teach in Practice program to 10-12 preceptors ranging in clinical settings and years as a preceptor. This will be used as a trial to gauge interest in and feasibility for the program. Additionally, the OEE is considering a "preferred preceptor" tract which will require additional training for preceptors through the CEI program. Once completed, the APPE requests of these preceptors will become a priority over those preceptors who choose not to complete the program.

Interpretation of AACP Survey Data

Data from the 2015 AACP Preceptor Survey indicated:

- 100% of preceptors knew the process for documenting and addressing student performance
- 96% of preceptors stated the responsibilities of the students and preceptor were clearly defined at the practice site
- Over 97% of preceptors agree the student-to-preceptor ratios are appropriate to maximize learning at their IPPE and/or APPE site
- A majority of preceptors agreed they had adequate resources at their practice site and access to university library/educational resources to precept students (90.1 and 87.6% respectively) indicating that high percentage of sites meet the goals, objectives and educational outcomes described by ACPE Standards
- Most preceptors agreed that their practice site contributes to a caring and compassionate environment with a commitment to educating pharmacy students

These findings, while subjective, indicate a high level of commitment and quality of practice sites in a variety of settings. However, the survey did reveal areas of concern in regards to preceptor contact with the OEE and mechanisms to receive feedback. A notable difference in the Preceptor Survey was identified where fewer ISU preceptors report adequate support from the Office of Experiential Education compared with other schools (75.3% vs. 85.3%). This is a significant issue that has been addressed with changes to staffing in the OEE and with the addition of three Assistant Deans for Experiential Education that coordinate three areas of experiential education (Appendix [20.4](#)).

College's Final Self-Evaluation

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

Standard No. 21: Physical Facilities and Educational Resources

Required Uploads:

- Floor plans for college or school's facilities and descriptions of the use(s) of available space
- Description of shared space and how such space promotes interprofessional interaction
- Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies.
- Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable
- Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.)
- CV of the librarian(s) who act as primary contacts for the pharmacy program

College's Self-Assessment

	S	N.I.	U
21.1. Physical facilities – 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. Physical facilities' attributes – The college or school's physical facilities also include adequate:	●		
• Faculty office space with sufficient privacy to permit accomplishment of responsibilities	●		
• Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators	●		
• Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology	●		
• Laboratories suitable for skills practice, demonstration, and competency evaluation	●		
• Access to educational simulation capabilities	●		
• Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university		●	
• Animal facilities that meet care regulations (if applicable)		●	
• Individual and group student study space and student meeting facilities	●		
21.3. Educational resource access – 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 Librarian expertise access – 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.	●		

College's Comments:

- A description of how the college or school's physical facilities (or access to other facilities) utilize current educational technology
- A description of how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors

- ☑ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.
- ☑ A description of the equipment for the facilities for educational activities, including classroom and simulation areas
- ☑ A description of the equipment for the facilities for research activities
- ☑ A description of facility resources available for student organizations
- ☑ A description of facilities available for individual or group student studying and meetings
- ☑ How the facilities encourage and support interprofessional interactions
How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Introduction

The College's well-maintained physical facilities meet legal and safety standards while using state-of-the-art educational technologies. Both the College and University regularly monitor legal and safety standards for adequacy. Fire extinguishers, fire alarms, safety showers, surveillance cameras, and evacuation plans are located at each of the College's sites. The physical and educational facilities support the College's mission and goals of preparing graduates who advance healthcare and positively impact the profession.

Use of Educational Technology

Current technology allows for successful distant teaching and enhances active learning in the classrooms regardless of student location. After nearly 30 years of providing quality distance education between Pocatello and Meridian, the College is a model for effective distance learning methods and is extremely enthusiastic about the expansion to Anchorage in Fall 2016.

Educational Resource Access

The ISU Libraries provide resources and services to support the research, education, and patient care information needs of pharmacy students, preceptors and faculty who are located both on- and off-campus. In addition to the Eli M. Oboler Library, pharmacy students have access to the following libraries:

- Idaho Health Sciences Library
- Arthur P. Oliver Law Library
- ISU Library Center in Idaho Falls
- A joint library in Meridian shared between ISU Meridian Health Science Center and Renaissance High School
- UAA/APU Consortium Library, which is a joint library serving the University of Alaska Anchorage and Alaska Pacific University

Print and online journals are described in the Libraries' online A-to-Z journal list ([Appendix 21.1](#)). Students have access to a wide range of online full-text literature as ISU subscribes to several databases and journal packages including:

- International Pharmaceutical Abstracts (IPA)
- Cochrane Library
- Clinical Key
- Journals@Ovid
- EBSCO Databases (CINAHL, MEDLINE, Health Business Elite)
- PubMed
- Web of Science
- JSTOR, and selected journals from Wiley-Blackwell, Springer, and ScienceDirect

For a listing of educational resources available for students, faculty, and preceptors, see [Appendix 21.1](#) and [Upload 21.5](#). Distance students and faculty may request print articles available in Pocatello to be scanned and posted for them on a password-protected website.

The College library liaison (a pharmacy faculty member), in consultation with colleagues and a medical librarian, selects pharmacy books, databases, and other resources. The group consults

selection tools such as AACP's *Basic Resources for Pharmacy Education*, Doody's *Core titles in Health Sciences* and Doody's Review Service, and *Choice: Current Reviews for Academic Libraries*. Resources are selected based upon the curricular and research needs of students and faculty.

Technological Access to Resources for Students, Faculty, and Preceptors

[ISU Libraries' extensive website](#) connects ISU students and faculty to a variety of pharmacy information resources in various formats and library services. Wireless Internet access is available throughout all library buildings and library computers are available to students and faculty for research purposes. The website uses EZProxy software to authenticate access to online resources for all ISU students, regardless of their geographic location.

Print and online books, print and online government documents, print and online reserve items requested by professors, and multimedia items, are described in the online catalog of the library. Online books include Access Pharmacy, Books@Ovid, Clinical Key, Ebsco Ebooks, Ebrary, and pharmacy library may be accessed from links in the online catalog or from links on webpages.

Librarian Access

Access to librarian expertise includes the current staff of the Idaho Health Sciences Library. Primary contact is Molly Montgomery, MLS, MS (Upload [21.6](#)).

Description of Physical Facilities

The College's three sites are located in Pocatello's Leonard Hall (LH), Meridian's Health Science Center's Skagg's Pharmacy Complex, and at the University of Alaska Anchorage (UAA) in the Professional Studies Building.

Leonard Hall (LH) is located on the Pocatello campus of Idaho State University and is home to the College's main campus. LH occupies 49,831 sq. ft. over three floors (Upload [21.1.1](#) & Appendix [21.2](#)). A section of the 12,987 sq. ft. basement has been recently revitalized for small group learning and a drug information center providing medication therapy management services (MTM). The ground floor consists of three videoconference classrooms (LH 123, 125, 162) with a seating capacity of 50 students per classroom. The Dean's suite is located on the first floor of LH and houses administrative personnel and affiliated support staff. The Dean's conference room provides a setting for administrative, small group meetings. Pocatello facilities provide individual, furnished office space for up to 26 faculty members including department chairs to facilitate daily duties including advising and mentoring. Research laboratory and support space occupies 9,229 sq. ft.

In 2009, the ISU Meridian Health Science Center was opened in Meridian, Idaho. The Center occupies approximately 100,000 square feet of a 322,000 square foot facility. Students are able to pursue training in more than 20 different health-related undergraduate, graduate, and post-graduate occupations. The building is also home to the administrative offices for the Meridian school district, as well as the Renaissance High School, a magnet school that provides a curriculum directed towards students interested in the sciences and health professions. The Center also recently opened a new, state-of-the-art anatomy and physiology laboratory including an Anatomage table and sophisticated technologies such as a 3D printer.

The Skagg's Pharmacy Complex occupies approximately 44,000 square feet of the 2nd story of the Meridian Health Science Center (Upload [21.1.2](#) & Appendix [21.3](#)) The pharmacy area is comprised of: administrative, core faculty and support staff offices, video conference classrooms, small group study rooms, a developed teaching and compounding laboratory, potential research laboratories, a student lounge, a kitchen and break room, and several storage rooms. The central lab suite occupies 1,824 sq. ft. (Rm 745), and an additional 1,600 ft. sq. ft. of future lab space is available. The administrative office (Rm 756) provides approximately 526 square feet of open area workspace for up to four support staff and a private office for the Meridian Director of Student Services (Rm 769). Adjacent rooms provide space and equipment for copying, faxing, mail, office supplies, and a breakroom. In addition, there is a private office for the video instruction manager, and computer servers. Each faculty member, including the Pharmacy Practice Dept. Vice-Chair, has a furnished private office sufficient to facilitate daily duties, including advising and tutoring activities as needed. There are sufficient private offices to house 15 faculty members. The Meridian site also has three videoconference classrooms (Rms 735, 738, 742) that have a capacity to seat 60 students per classroom.

The University of Alaska Anchorage (UAA) Professional Studies Building is the newest educational site (see Upload [21.1.3](#) for floor plan and Appendix [21.4](#) for square footage tables). The Anchorage facilities were designed to mirror their Idaho campus counterparts. They currently occupy 1,580 sq. ft. with plans to add 2,155 sq. ft. in coming years. Current educational lab space occupies 150 sq. ft. and the student lounge is 420 sq. ft. The classroom (Rm 108A, 520 sq. ft.) has an occupancy of 30 people and contains student seating, lectern, and distance learning equipment. An audiovisual room (108 B, 220 sq. ft.) is adjacent to the classroom and houses distance learning equipment. Student work space is nearby (Rm 110A) as well as an open work area and faculty offices (Rms 110B, 110C, 110D). Future construction will create additional classrooms, office, administrative, and laboratory space.

Safety

The Annual Security and Fire Safety Report (Clery Compliance) and a full listing of [Public Safety personnel and procedures](#) may be found online. A partnership between the Meridian Police Department and the Institute of Emergency Management is responsible for the safety and [security of the Meridian Health Science Complex](#). The Anchorage Police Department oversees safety and security at the Alaska campus.

Equipment for Educational Activities

Each teaching site has three classrooms designed for videoconferencing with cameras, multimedia computers, LCD projectors/monitors, document cameras, and sound reinforcement equipment. Each student seat is provided with a power source for laptop computers, and Wi-Fi access is provided throughout the buildings. The classrooms are adjacent to the video/IT control rooms and supported by video instruction technicians. Each large classroom contains cameras, two large video-screens, a television monitor that allows the instructor to view the distant sites, a data and multimedia computer (both with desktop sharing software), and two DVD projectors to facilitate delivery of didactic materials.

Each site also contains conference rooms capable of video conferencing with two portable video conferencing carts equipped with two 37” flat panel monitors, teleconferencing phones, and a computer with desktop sharing software, document camera, microphones and a video camera. These carts allow for small group discussion and meetings across sites for both students and faculty.

Onsite, simulation activities are performed using small conference rooms and videotaping equipment. Fully-equipped laboratories with computers, pharmaceutical dispensing software, and compounding equipment are suitable for skills practice, demonstration, and competency evaluation. Access is available to simulation dummies aka “the sim man” as well as the sophisticated Anatomage table in Meridian.

Equipment for Research Activities

Faculty research laboratories have well-maintained equipment including research support services within the college and the university. Core equipment (autoclaves, centrifuges, microscopy, refrigerators, etc.) is housed in common areas for all research sites. Specialized laboratories contain needed equipment such as LC-MS/MS, Tecan Robot and Atomic Force Microscope (Appendix [21.5](#)). Currently the College does not have anyone performing animal research or using animal facilities.

Challenges have resulted from an inadequate HVAC system and lengthy wait times for renovating or building new laboratory space at the Meridian site. Poor temperature control in the laboratory has previously affected freezers used for research activity. Pending renovations to the biomedical laboratory to prepare the space for a new LC-MS/MS instrument will include a dedicated HVAC system for both the equipment room and the new freezer suite. The construction project, which has been awarded and will begin soon, is anticipated to address all HVAC issues.

Facility Resources for Student Organizations, Individual or Group Student Studying and Meetings

All students have 24-hour access to their respective site. Space is also available for both large and small meetings including student organizations. Large student breakrooms provide access to small conference rooms containing conference tables, chairs, and dry erase boards allow for individual or group student study space. Additional space includes optional lockers and even free communal print, copier, and scanner access. Students also have space to store equipment for community outreach programs (sphygmometers, cholesterol machines, etc.) and student organizations.

Interprofessional Space

ISU’s main campus in Pocatello has a long tradition of educating healthcare professionals allowing pharmacy students to interact with other disciplines such as: nursing, physician assistant studies, and other health disciplines. Most of these programs are large enough to require their own building. However, campus facilities provide a variety of opportunity for interprofessional education and practice by using communal spaces. In Pocatello, the ISU Student Union Building, and Rendezvous all provide additional space for interprofessional

discussion such as journal clubs as well as practice space for activities such as community health screenings.

In essence, the entire Meridian Health Sciences Center is interprofessional shared space since all programs are housed in one central building. Students in this interprofessional atmosphere have multiple opportunities to interact with their student colleagues training in other professions. Students in Anchorage will also have opportunities for interprofessional learning by interacting with students attending UAA's allied health programs.

Facilities Assessment

Currently, the student body is split in half between Meridian and Pocatello with UAA adding 8 additional students in the first cohort. There is adequate classroom size, small conference rooms, study space, faculty and support offices at all sites. Classrooms are large enough to accommodate a substantially larger class size than currently exists. Although current space allocations allow for modest expansion of additional faculty, staff and/or student needs, continued growth (especially in Meridian) will necessitate careful planning and resource allocations. Facilities assessment is also re-produced in Upload [21.3](#).

Examples of Quality Improvement

The physical facilities provide students with a unique and comfortable environment at all sites. One of our most important areas is the case study and small group study rooms that provides a curriculum centered on problem-based learning. An example of ongoing facilities improvements is the recent remodeling of the student lounge in Pocatello (LH).

As classroom educational technologies change rapidly, enhancement and implementation will remain a high priority. The Technology Committee is charged with maintaining and enhancing educational resources that promote a culture of learning. It is comprised of IT staff members along with three faculty and staff members.

AACP Survey Interpretation

According to faculty attitudes, the College made great improvements on providing adequate resources to accommodate present student enrollment. In 2010, one-third of faculty disagreed with the statement that resources were adequate whereas in 2015, 12.5% disagreed. Students have consistently responded at or above the national average in regards to facilities. For preceptors, the College improved immensely on access to educational resources. In 2010, over 20% of preceptors disagreed to a statement stating their access was adequate whereas 2014 was less than 4% disagreement.

College's Final Self-Evaluation

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

Standard No. 22: Practice Facilities

Required Uploads:

- Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)
- Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both
- Policies and procedures related to site selection, recruitment, and assessment
- Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment
- ACPE IPPE Capacity Chart. Template available to download.
- ACPE APPE Capacity Chart. Template available to download.

College's Self-Assessment

	S	N.I.	U
22.1. Quality criteria – 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. Affiliation agreements – 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. Evaluation – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.	●		

College' Comments:

- Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment
- Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements
- How the college or school employs quality criteria for practice facility recruitment and selection
- How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria
How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Introduction

The College is committed to ensuring it provides high quality experiential education to meet the expanding patient-care role of pharmacists. The College's Office of Experiential Education (OEE) sets strict criteria for recruiting, evaluating, monitoring and retaining preceptors and sites that expose students to an increasingly complex, interprofessional healthcare system. The goal of the OEE is to provide an adequate mix of practice opportunities by managing the number and quality of practice experiences through ongoing preceptor and site development.

Capacity Assessment

The College has a sufficient number of high-quality experiential sites for students to complete their IPPEs and accomplish the professional competencies and educational outcomes necessary to prepare them for the more rigorous and demanding APPEs. All sites are appropriately licensed and meet established criteria for quality. Currently, over 150 sites offer IPPE hours to students during their first three years of the professional curriculum.

There are approximately 204 active practice sites affiliated with the College to provide pharmacy practice experiences (Upload [22.5](#)) and Upload [22.6](#)). This represents more than enough experiential sites for students to have the opportunity to observe, learn, and actively participate in pharmacist-provided patient care in interprofessional practice environments (Upload [22.2](#)).

At present, more than 90% of the practice sites are in Idaho, Nevada, and Utah. While the Alaska site will require further development, it is important to note that ISU currently has several affiliation agreements in place and several past students have completed their APPEs there. Other states with affiliated IPPE and APPE sites include: Arizona, California, Hawaii, Illinois, North Dakota, Virginia, Washington, and Wyoming. Additionally, the College has affiliation agreements with international sites in Canada, New Zealand, and Erste River (S. Africa).

The College has a wide variety of APPE practice sites to ensure fourth-year students receive an adequate mix of practice environments in the core areas of ambulatory care, general medicine, institutional, and community practice. In addition, two pharmaceutical direct-patient care (p-care) APPEs are also required in specialty practice areas such as anticoagulation, cardiology, critical care, geriatrics, infectious disease, intensive care, long-term care, mental health, nuclear pharmacy, oncology, pediatrics, rehabilitation, or surgery. All students must also complete one elective experience, which can be another p-care experience or they may opt for an experience in a non-patient care area such as academics, Board of Pharmacy, compounding, consulting, managed care, pharmacy management, or research.

Affiliation Agreements

Practice site affiliation agreements are prepared by the ISU Office of General Council (OGC) and describe the mutual legal responsibilities, commitments and expectations of the student, program and facility. After the affiliation is fully implemented, original copies are retained by the OGC, the affiliate site, and the COP. Scanned copies of all agreements are available on the College's website and examples may be seen in Upload [22.1](#).

The affiliation agreement also includes:

- Immunizations policies
- Criminal background checks
- Liability insurance
- Health insurance
- Confidentiality understanding; (specifically HIPAA)
- Professional conduct expectations, and cause for student withdrawal

The affiliation agreement begins on the effective date and is continuous, with automatic one-year renewals on each successive anniversary date. The facility or the program has a right to terminate the agreement upon no less than sixty days' written notice to the other party.

Practice Facility Recruitment and Selection

The College has developed selection criteria for preceptors and sites to validate the quality prior to working with students. Each site must meet all state and federal requirements related to the practice of pharmacy and comply with all HIPAA requirements. In addition, all sites must be adequately staffed and provide an appropriate range of patient-centered care activities and allow students to engage meaningfully in the day-to-day operations. Sites must have an adequate patient population to accomplish the goals, objectives, and educational outcomes of the specific experience. Site Selection Criteria are shown in Upload [22.3.1](#) and Preceptor Selection Criteria in Upload [22.3.2](#).

To ensure that all new and existing sites and preceptors qualify by meeting the criteria stated in the ACPE standards, potential preceptors fill out two forms. The Preceptor Profile Form (Appendix [22.1](#)) asks the preceptor to specify pertinent information regarding him/herself, including willingness to participate in providing pharmacy education and a confirmation that he/she meets the necessary criteria to serve as a preceptor. The Experiential Site Description Form (Appendix [22.2](#)) includes the following information: the type of practice setting, patient demographics (including approximate percentages of different patient populations and ethnic groups served), and patient-care services provided. In addition, all sites must attest to the fact that all legal requirements have been met and that an adequate patient population is present for students to accomplish goals and objectives.

Assessing Quality of Sites and Preceptors

Quality assurance of IPPE and APPE sites is an ongoing process. Practice sites and preceptors are monitored for quality in two main ways: 1) by utilizing the student evaluations of preceptor and practice site, and 2) regular site visits by a member of the OEE. All student evaluations of preceptors and practice sites are reviewed by the Director of Experiential Education, the Assistant Deans of Experiential Education, the Assistant Dean for Alaska Programs, and the Pharmacy Practice Department. Two assistant directors for experiential education contribute to this process on-site in Coeur d'Alene and Reno, NV. Any concerns noted on student assessments regarding the preceptor or site are addressed by the Director of Experiential Education.

Preceptors and sites are visited throughout the academic year by the Director of Experiential Education or a designated clinical faculty member at all our practice sites in Pocatello, Meridian, Coeur d'Alene, and Reno. Taken together, the information obtained from these two mechanisms is used in an ongoing fashion for assessing quality and maintaining consistency among all practice experience sites, and provides direct feedback to preceptors.

Preceptors receive annual, anonymous feedback via student reflections and surveys. Upon APPE completion, students and preceptors are encouraged to discuss ways to continually improve the site and to engage in ongoing quality improvement activities of their own at their respective sites. In response to student feedback, several APPE sites have created new processes or initiatives to improve or expand the learning environment (Upload [22.4](#)).

Practice sites are also continuously evaluated to ensure that students have appropriate access to technology, informatics, and learning resources necessary to provide adequate training and optimum patient care. All preceptors have access to the Idaho Drug Information Service Center and the following online databases: Facts & Comparisons, Lexi-Comp, Micromedex, and the Preceptor Letter.

Discontinuing Relationships

Sites that fail to meet experiential site criteria are provided a written warning of any noted deficiency as well as specific instructions for addressing it. The Assistant Dean for Experiential Education follows up with the site on a regular basis to ensure that necessary changes are made and that criteria are being met. In the event that a site does not comply with recommendations, the relationship will be discontinued and no further student placements will occur until appropriate corrective action has been taken.

Preceptor Resources

The [College's Preceptor webpage](#) allows preceptors to view and update site and preference information and view student schedules. The website is the repository of all information related to precepting IPPE and APPE students and contains links to Experiential Site Selection Criteria, the Preceptor Profile Form, and the Preceptor Preference Form. Additionally, the website also provides access to a practice site survey that was recently updated and is completed by preceptors when submitting their APPE schedule preferences. The purpose of the survey is to ensure that each site used for required pharmacy practice experiences meets the required characteristics stated in ACPE Appendix 2. The current survey version as of October 2015 has 173 respondents (representing approximately 80% of preceptors).

Responses to the practice site survey are included in Appendix [22.3](#) and indicate that most practice sites >95% agreed that they are adequately staffed, appropriately licensed, and include environments and patient populations that are conducive to high quality educational experiences. Furthermore, most sites have access to appropriate technology and provide experiences that meet the goals, objectives, and educational outcomes described in the ACPE Standards. Most likewise agreed that their practice site contributes to a caring and compassionate environment with a commitment to educating pharmacy students. These findings, while subjective, nevertheless indicate a high level of commitment and quality of practice sites in a variety of settings.

Innovations and Quality Improvements

There are many examples of innovative pharmacy practice experiences among IPPE and APPE sites. For example, at St. Luke's Magic Valley, students are able to complete longitudinal experiences in a variety of areas that encompass up to five of their APPEs consecutively. Such experiences provide the appropriate breadth while increasing the depth of exposure to a single medical center. Such longitudinal experiences are especially attractive to students seeking residency preparation. Also, the College also has long-time agreements in place with the Veteran's Affairs (VA) and Indian Health Services (IHS) Medical Systems. These sites allow for a broad range of collaborative and interprofessional experiences where pharmacy students are provided opportunities to participate in direct patient-care experiences where pharmacists practice "at the top of their license."

The Boise VA Medical Center in particular has received national recognition as a Center of Excellence in Primary Care Education. Outside the VA and IHS setting, ambulatory care pharmacy practice in Idaho is very advanced due to a progressive Collaborative Practice Act that gives pharmacists in the state the ability to start, stop, and modify drug therapy and order a range of associated diagnostic and laboratory tests in collaboration with physicians. Many ambulatory clinical faculty have collaborative practice agreements in place at their clinical practice sites.

ISU also maintains the first and only tele-pharmacy site in the state of Idaho, Bengal Pharmacy, which provides services to rural communities in central Idaho. Students completing community pharmacy IPPEs and APPEs there are provided an opportunity to practice pharmacy in an innovative setting, utilizing technology that is not available at any other pharmacy in the region. Bengal Pharmacy works with small hospitals and clinics in Arco and Challis, Idaho and is also affiliated with ISU HealthWest Clinic, home of ISU's Family Practice Physician Residency Program and Eastern Idaho's HIV and hepatitis C clinic. Students completing APPEs are likewise given an opportunity to engage in patient education for these complex medical conditions and gain experience in managing a 340B pharmacy program.

AACP Survey Results

A comparison of responses on the 2015 AACP Survey of the ISU College of Pharmacy to national averages (Appendix [22.4](#)) demonstrated similar findings on most items related to practice sites, especially for APPEs. Over 90% of students agreed that the process for assigning APPEs was fair and that their experiences allowed for direct interactions with diverse populations and collaboration with other health professionals. There were three notable differences. First, a higher proportion of ISU faculty agreed that current program resources can accommodate student enrollment better than the national average (87.5% vs. 78.5%). Second, fewer ISU students indicated agreement that IPPE assignment was done fairly (74.6% vs. 89.2%). This is likely due to the fact that students are responsible for securing their own experiences and not assigned by the College. Third, fewer ISU preceptors report adequate support from the OEE compared with other schools (75.3% vs. 85.3%). This is a significant issue that has been addressed with changes to OEE staffing and creation of three new Assistant Deans for Experiential Education.

College's Final Self-Evaluation

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

Standard No. 23: Financial Resources

Required Uploads:

- Detailed budget plan or proforma (previous, current, and subsequent years)
- Description of college or school's budgetary processes
- In-state and out-of-state tuition compared to peer schools

College's Self-Assessment

	S	N.I.	U
23.1. Enrollment support – The college or school ensures that student enrollment is commensurate with resources.	●		
23.2. Budgetary input – 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. Revenue allocation – 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. Equitable allocation – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways.	●		

College's Comments:

- How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.
- An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving
- A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees
- A description of how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets
- How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable
- An assessment of faculty generated external funding support in terms of its contribution to total program revenue
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

Introduction

The College practices sound financial practices related to daily operations and future planning. Resources and mechanisms are in place to support the stability of the program and work to achieve the College's mission and goals. The College has been successful at building financial reserves and focusing development efforts to bring in additional funds that will be used to support the College's future needs.

Annual Budget

ISU operates under an annual budget system from July 1- June 30. Through coordination with academic deans, the budgets are prepared for presentation to the State Board of Education and legislative committees. An analysis of internal budget needs is developed and a University Budget Needs Statement is presented annually each fall to the Idaho State Board of Education. Based upon revenue projections, and in accordance with Article VIII of the State Constitution, the Governor presents a balanced budget to the legislature when it convenes in January. A joint committee composed of the Senate Finance Committee and the House Appropriations Committee (JFAC) develops appropriation recommendations to be reviewed by the entire legislative body. One lump sum is appropriated to the State Board of Education, which distributes the appropriations to the Colleges and Universities.

The budgeting process at the University begins each year during the spring semester. The Finance and Administration VP distributes a process document each year that includes possible scenarios for budgeting. For example, colleges have been asked to provide a budget for a 2% reduction, no reduction, or 2% increase. Currently, the Provost leads discussions with the Dean's to propose and determine budget allocations, to discuss their needs, and to work collaboratively to resolve potential issues. Once the Provost has collected this information, the overall budget for Academic Affairs is presented.

Budgetary Input

The Dean, Associate Dean and Department Chairs monitor all expenditures with the assistance of the University Business Officer (UBO) who reports to the VP of Finance. Once the University budget is determined, it's the responsibility of the Dean, Associate Dean and Department Chairs to monitor and manage their budgets. The College works closely with the UBO for the Kasiska Division of Health Sciences to achieve its financial needs.

The Dean is assisted by the UBO and two staff in managing the finances of the College. The approval of the UBO is required for all purchases except for those using a state purchase credit card, which must follow strict state purchasing rules, and also approves all potential hires and re-classifications; ensuring there are sufficient funds before hires and reclassification are effectuated.

Description of Enrollment Planning

The College's Administrative Council assists in managing enrollment decisions. Input is sought from all members of this body, including the Dean (who oversees budgetary matters), the Associate Dean (who oversees infrastructure related to pharmacy education), the Assistant Deans for Experiential Education (who provide feedback on preceptor and practice site resources

available at all APPE sites), as well as the Chair of Faculty Affairs and Chairs and Assistant Chairs of PPRA and BPSCI departments (who provide feedback on faculty resources). The goal has been to graduate approximately 70-75 students per year between Meridian and Pocatello with an additional 15 students graduating from Alaska. Thus, the anticipated total enrollment is expected to be approximately 85-90 admitted students annually.

Professional Fees and Tuition

The state of Idaho has experienced better financial times since the last accreditation visit. Finances remain tight but the significant budget take-backs and reductions have eased and annual budgets have shown growth. The majority of the growth is due to two factors, increased professional fees, and state funded salary increases for those in state funded positions. Funding merit and cost of living increases have been the driving force necessary for increasing student professional fees.

Description of Current and Future Budgets

Currently, ISU is projecting a \$5M deficit for AY 2017 due to decreased student enrollment. These numbers cannot be fully evaluated until the fall semester begins and accurate income from student fees and tuition is determined. Although the new budget year has begun, the University has not yet provided colleges with their FY 2017 budgets so all budgets are projections including the FY 2018 budget projections and should be interpreted as such. The College conservatively projected an additional 12 new students at the UAA site for FY 2018 and one additional faculty FTE will be hired.

There is significant concern as to how this budget shortfall and anticipated larger shortfalls in future years will impact the College. The current situation is significantly different from the budget holdbacks that began in 2009. At that time the shortfall was a result of economic difficulties in Idaho and a reduction and/or take-backs in state appropriated funding to the University. Although the current situation finds Idaho in a much-improved financial situation, the source of difficulty now is a continuation of lower enrollments. The University has seen a steady decrease in Idaho residents. As a partial solution, the University worked with foreign countries to recruit students and was very successful in this action. However, recent foreign policy changes have resulted in extreme reductions in new freshmen from these countries. FY 2017 is the second year of these reductions and the total revenue loss is anticipated to approach \$20 million FY 2019 and a loss of approximately 1,500 students.

Current budget discussions project cuts will be in units that have incurred the loss of student enrollment. While the College has actually expanded enrollment with the addition of the UAA program, we remain concerned but optimistic. ISU's administration has proposed using existing reserves to cover the current budget shortfall.

Each year the legislature determines cost of living, merit increases, and additional funding for benefits. The same formulas are applied to all staff and faculty whether funded through professional fees or state appropriation. Thus, each year the need to increase professional fees to cover these costs is required. The College has maintained funding and has built reserves that will be used for future technology upgrades and provide start-up funding. While the College has

received additional funds to cover state funded employee costs, there has been no additional funds provided for non-state appropriated lines that must rely on increasing student tuition and fees.

Funding Sources

Funds are obtained from two major sources to support College programs: state appropriated funds and student fees. In FY 2015 these accounted for 90% of funds in the College. This is slightly higher than the 88% of funding observed in FY2011. Other ancillary sources of funds include grants and contracts, gifts and contributions, sales and services, indirect cost recovery and endowment funds. These account for the remaining 10% of funding in FY 2015. Funds in FY 2017 are expected to increase partially due to the addition of Alaska. It is also anticipated that Bengal Pharmacy will return some funds.

Uploads [23.1.1](#)- [23.1.3](#) provide a summary of the financial support derived from major and ancillary funding sources for FY 2011 through FY 2016. This data is presented in both a vertical and horizontal format so that you may see changes across time and within budgets. The vertical analysis shows the percentage each category contributed to total sources of funds for each year. The horizontal analysis shows the growth or decline for each category between years. Upload [23.2](#) contains financial information for FY 2015- 2017 (anticipated), and projected for FY 2018. A projected enrollment was used in arriving at revenue projections for FY 2017 and 2018. An attempt to apply conservative principles in the projections was performed, and the projections are realistic, achievable, and allow the College to fulfill their mission.

Financial Report

Upload [23.2](#) provides additional views of income and revenue, and expenditures for salaries, non-salary, and extramural funds for research and training respectively. These charts provide information for FY 2015 – 2018.

The State appropriated budget for the College increased from FY 2011 to 2016 approximately \$227,000. During the same period, professional fees increased \$1,168,000. This was due to increases in professional fees and anticipated additional enrollment following opening of the Meridian site. Personnel costs are still the biggest component of the budget. The state supported budget includes monies for faculty and staff salaries. Remaining salaries and monies for travel, equipment, and supplies are covered through professional fees. All professional fees are used to support the curricular requirements of the College.

Tuition and fees at ISU are slightly higher than those in Wyoming and Montana, but remain lower than state supported colleges in Washington, Oregon, and Utah. A table comparing in-state and non-resident tuition and fees for state supported pharmacy programs in the mountain west for 2011-2016 can be seen in Upload [23.4.1](#) – 23.4.3. The college considers regional fees prior to making any fee adjustments.

To remain competitive, no increase in professional fees for out-of-state students is planned. In-state professional fees increased 2% to \$5,165 per semester. The university raised tuition for attendance 2.5% for in-state students (to \$3,478 per semester) and 5% for non-residents (to \$7,034 per semester).

The State allocation for FY2017 is projected to increase by 3%. Tuition for Alaska students is different from Idaho students and is clearly stated on our website and application materials. Although initially intended to be partially state supported, that has not occurred due to Alaska state budget shortfalls. Currently, students in the first academic year will pay \$32,000 annually in tuition.

Development

Through individual, corporation, and foundations the college has been fairly successful in building endowments and support for scholarship. Over the past few years, the College has received approximately \$400,000-\$500,000 annually. During FY 2016, funds in excess of \$2.5 million were provided for scholarship and endowments. Currently, endowments in the foundation accrue 4% to the College, down from 5% five years ago.

Currently, the college does not pay for APPEs on a per-rotation basis. However, six faculty positions are co-funded at local medical facilities. Three additional funded positions where the preceptor is an employee of a healthcare facility and the College pays a portion or all of their salary. A Reno, NV faculty member is fully funded at a local hospital and serves as the site coordinator supervising 12 – 14 students annually. Although the College would prefer to fund ISU positions, several faculty at distant sites find it advantageous for insurance and other benefits to be employed locally. With few exceptions, these co-funded positions have been advantageous for both the College and partners.

Salaries

Comparison of current faculty salaries to national norms, salaries are lower than desired (AAMS table) The College has requested the use of professional fees to increase salaries that are well below national and community norms. Salary compression is a significant issue in academia and we are seeking opportunities to make adjustments. College administration has been given permission to develop a plan to use these funds to provide needed increases to faculty and staff. If adopted, the increase would begin with the FY2018 budget cycle.

Other Degree Pathways

The non-traditional PharmD program is not accepting new students. The income derived from this program has declined significantly as well as the number of qualified students. The budgetary impact is not anticipated to be significant. Additional income will be generated from the UAA program to replace any net revenue changes.

Research Funding

The university has made significant efforts in increasing research funding on campus. There has been moderate success. Since the last accreditation visit, the Carnegie rating of ISU has gone from Doctoral Research University-Research High to Doctoral Research University-Research Moderate. The division of indirect funds was modified in 2014 resulting in the College receiving a smaller portion of the indirect income. The impact of this has been small due to an unfortunately low level of grant funding in the college. A comparison of grant funding for the College with national norms can be seen in Upload [23.4.3](#)). The College has recently hired additional research active faculty and one member recently received a \$400,00 NIH R21 grant.

Quality Improvements

In order to maintain the needs of the curriculum, the College has taken the following steps:

- 1) Increase professional fees each year to cover the cost of increased salaries and wages
- 2) Maintain class sizes between Pocatello and Meridian with an admission class of approximately 75 students per year
- 3) Continue to develop a self-funded program with the UAA. This will contribute to managing the College's overhead
- 4) Collaborate within KDHS to assist in meeting budgetary requirements by jointly developing foundational coursework applicable to multiple health disciplines

Application of the Guidelines

The College has been able to work within the current budget to maintain a positive balance sheet. Past financial instability has forced a more aggressive approach to producing income and minimize expenditures. We are now in a position to provide additional support to faculty salaries and to minimize future increases in professional fees. At this time, the College is in a good financial position. We have sufficient funds to meet the curricular needs and to meet the strategic plan.

With the addition of new research focused faculty, additional revenue from research funding is anticipated. The College has been able to build significant reserves in the past few years to help build the program. A significant portion of the reserves has been set-aside for specific needs. The additional of the Alaska site will require an upgrade in telecom equipment in the classrooms. Research labs in both Pocatello and meridian are in need of upgrading including ventilation systems that are inadequate.

College's Final Self-Evaluation

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

Standard No. 24: Assessment Elements for Section I: Educational Outcomes

Required Uploads:

- College or school's curriculum assessment plan(s)
- Description of formative and summative assessments of student learning and professional development used by college or school
- Description of standardized and comparative assessments of student learning and professional development used by college or school
- Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

College's Self-Assessment

	S	N.I.	U
24.1. Formative and summative assessment – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.	●		
24.2. Standardized and comparative assessments – 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. Student achievement and readiness – 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:		●	
• Enter advanced pharmacy practice experiences	●		
• Provide direct patient care in a variety of healthcare settings	●		
• Contribute as a member of an interprofessional collaborative patient care team		●	
24.4. Continuous improvement – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.	●		

College's Comments:

- A description of formative and summative assessments of student learning and professional development used by college or school
- A description of standardized and comparative assessments of student learning and professional development used by college or school
- How the assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level
- A description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program
- How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness
- How the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Introduction

To ensure all students are adequately prepared for professional practice the College performs a broad mix of formative and summative assessment activities to measure student learning and professional development. Due to the ongoing nature of assessment, the process of measuring student learning is constantly evolving. The College's 2016 Programmatic Assessment Plan is presented in Upload [24.1](#) and 2015-16 Assessment Calendar is shown in Upload [24.1.2](#).

In 2015 the College revised its Educational Outcomes to align with the 2013 CAPE Educational Outcomes (Appendix [24.1](#)). This contemporary set of Educational Outcomes serves as the foundation from which assessment of all curricular and co-curricular student learning activities occur. Individual student metrics are in place to monitor performance and verify problems objectively by multiple faculty. This allows for a more robust assessment process by decreasing the likelihood of an isolated assessment being misinterpreted as weak student performance. Additionally, poor performance in one assessment activity now prompts a more comprehensive review that is not limited solely to course grades, but also includes performance on annual knowledge base examinations, problem-based learning assessments, professionalism, communication skills, and other affective domains of student performance.

Formative and Summative Assessments

Educational outcomes are evaluated using several standardized instruments and processes across a variety of academic settings, including: didactic coursework, summative knowledge-based examinations, small-group problem-based learning, IPPE, and APPE activities. The Office of Assessment, with support from the Assessment Committee, is responsible for administering, compiling, and reporting all student performance assessments.

The development of the Accreditation & Student Assessment (ASA) database has allowed for more efficient organization and collection, as well as greater comprehensive analysis of student performance. As a result, the primary responsibility for monitoring student performance has been decentralized such that each faculty advisor is able to efficiently provide close oversight of approximately 6-8 students using the well-established student advising process. Moreover, the depth of analysis has been greatly expanded to include oversight of reflective learning activities, multiple observations of clinical problem-solving abilities, overall clinical competence, professionalism, and achievement of educational outcomes. The regular reporting practices of the ASA database and portfolios has evolved to a point where students with deficiencies are quickly identified and all performance measures are satisfied prior to graduation. Data depicting summative student performance since the last accreditation visit is reported in Appendix [24.2](#) & Upload [24.3](#).

Formative Assessment

The College uses qualitative information from formative assessments to provide evidence of student learning. In addition to traditional multiple-choice exam questions, formative course examinations use several active-learning techniques such as Turning Point®, etc. A description of formative activities is summarized in Upload [24.2](#). The College is planning to enhance its formative evaluation methods by incorporating the ExamSoft® testing platform. ExamSoft

training is scheduled to begin during fall 2016 with implementation in spring 2017. ExamSoft's features will allow organization and administration of a question test bank and assist in categorizing formative assessments by discipline as well as the level of higher order thinking (i.e., Bloom's taxonomy). This technology will greatly enhance our traditional course testing methods and facilitate documentation of student learning at an individual student level that is currently not available. Once fully integrated into our testing and assessment processes, further refinement of student progression requirements and pre-APPE educational outcomes will be necessary.

Summative Assessment

Summative assessments are used to benchmark student learning and emulate a NAPLEX-like examination process. One way this is accomplished is through an annual knowledge base exam that is administered annually to first and second year students. Currently, the exam includes 215 multiple choice questions and is intended to represent the fundamental knowledge and concepts necessary for the practice of pharmacy across the relevant pharmacy disciplines. All students take the same exam annually with the expectation that improvement in student scores represent achievement of student learning and can be compared to previous class results. The annual knowledge base exams provide several purposes including the following:

- Provide a NAPLEX testing simulation to better acclimate students to the test
- Reinforce learning for long-term memory retention
- A component of the annual student progression requirements

To meet ACPE requirements, the PCOA exam is now administered each year prior to starting APPEs and replaces the in-house P3 knowledge base exam. The PCOA was previously administered every other year (2013 and 2015) as a way to provide national comparative analysis of student performance.

A set of Assessment Competency Measures assist in identifying deficiencies, monitoring performance, and documenting student achievement include the following measures:

- **GPA** - Course grades from three core professional courses is calculated for each student and serves as an assessment proxy for short-term memory.
- **Knowledge-based Exams** - P1 and P2 students take a 215 question multiple choice exam designed to mimic the breadth and scope of NAPLEX. Questions are solicited from ISU faculty as well as NAPLEX review questions and is intended to evaluate long-term retention.
- **Problem-solving - PBL Case Studies Exams** – Timed mid-term and final exam scores are reported for each student in the P2 and P3 semesters. The exam consists of a written clinical note/pharmaceutical care plan of a “patient case history” (Appendix 24.4).
- **Communication Skills** - Given a brief patient scenario or case history, students must assess the main problem(s) within 20 minutes and then verbally present their assessment and recommendations to a simulated prescriber.

Standardized and Comparative Assessments

Standardized performance examinations provide objective benchmarks for comparison of overall curricular success when aggregated by class year. Examples include first time pass rates on NAPLEX and MPJE licensure examinations, as well as the Pharmacy Curricular Outcomes Assessment (PCOA) required of all P3 students. Standard 1 provides more detailed discussion of these data with graphic comparisons for these measures since our last accreditation visit in 2011.

Comparison of AACP survey questionnaire data related to curriculum and professional competencies are used to compare ISU results to those of all schools/colleges over the past four years. In ISU's comparison of survey results, a mean score was calculated for each question based upon assignment of points in the following manner:

- 4 = Strongly Agree
- 3 = Agree
- 2 = Disagree
- 1 = Strongly Disagree

A score was calculated for each question and a mean score was calculated for each section of the questionnaire. Since all questions either directly or indirectly related to programmatic success in the AACP Graduating Student and Alumni Surveys, a mean score was calculated for the entire survey. Pertinent sections of the Preceptor and Faculty AACP surveys were also compared (Appendix [24.5](#)). Perceptions from these important constituencies suggest that ISU graduates are prepared to enter practice and are, on average, very similar to graduates from across the country.

As reported in the Annual Assessment Reports over the past five years, PCOA test results (Appendix [24.6](#)) suggested that although the general curricular structure is satisfactory, specific topic areas within the basic/pharmaceutical science disciplines suggested a need for content revision and updating. This has resulted in a significant reorganization of the P1 basic science curriculum including a greater emphasis on the application of pharmaceuticals, medicinal chemistry, and pharmacogenomics. Unfortunately, these are early courses in the curriculum and improvements in standardized test results will not be completely evident for another 1-2 years.

Student Achievement and Readiness

Summative assessments provide the foundation for assessing annual student achievement of professional competencies and are derived from diverse academic settings including:

- Didactic coursework
- Annual evaluation of accumulated knowledge-base
- Achievement of experiential objectives as assessed by IPPE preceptors and student reflections
- Small group and individual assessment of verbal communication skills and abilities

Recent improvements in student oversight and monitoring of student progression requirements have empowered faculty advisors to take a much more active role in student advising. Previously this function was centralized in the Associate Dean's office and advisors had very little information upon which to advise student advisees. With expanded development of the in-house

ASA database functions, advisors now have complete and up-to-date student data for closer oversight of student achievement and more importantly, to identify at-risk students much earlier before irreparable problems occur. To supplement these faculty advising responsibilities, more formalized remediation and academic coaching policies were developed and implemented in 2015.

In addition to defined criteria for progression through the didactic program, the College has recently developed an intensive capstone pharmacotherapy review and assessment prior to progression to the APPE experiential year. The course was implemented in AY 2013-14 and continues to undergo substantial changes and improvements to course activities. Currently, it incorporates several major themes intended to review fundamental pharmacotherapy topics, small group discussions, and patient counseling. Successful completion of the course is a major criterion for progression to APPEs. A complete list of Pre-APPE readiness criteria and remediation requirements are presented in Appendix [24.7](#).

Continuous quality improvements aimed at enhancing student learning were recently identified through faculty course review and assessment of student achievement. As an example, poor performance on the capstone oral communication component has prompted refining the grading rubric that will be incorporated into each year of the curriculum beginning in Fall 2016. The expectation is that by utilizing a standardized evaluation tool for oral communication beginning early in the P1 year, that students will be better prepared with more clearly defined expectations for successful achievement of this important criterion.

Continuous Quality Improvement

A continuous quality improvement (CQI) cycle is also utilized for monitoring curricular and program success. In addition to aggregation of student educational outcome measures, standardized summative examinations are compared to national benchmarks. Data trends are analyzed and summarized by the Office of Accreditation & Assessment and the Assessment Committee. An Annual Assessment Report (Upload [24.4](#)) is distributed to all faculty, the Administrative Council, and Curricular Affairs Committee detailing potential areas of concern and recommendations for improvement. Responsibility for implementation of programmatic changes generally occurs within the Administrative Council or delegated to the appropriate Standing Committee for action, thus reinitiating the cycle of data collection, analysis, and action.

Since many of the programmatic assessment measures were implemented very recently, continuing evaluation and revision will be necessary. Nevertheless, the CQI cycle designed into the assessment processes allows for precisely this occurrence and facilitates a systematic, rigorous, and continuous evaluation process that ensures the curriculum is preparing contemporary practice-ready graduates.

Quality Improvements

The College has a long tradition of curricular innovation that includes a well-defined and highly integrated Problem-Based Learning (PBL) sequence as a parallel component of the professional curriculum. It serves a number of important educational and professional development roles relative to the affective domains while providing faculty with a small group environment for

assessing student achievement that begins very early in the curriculum. In addition to direct observation of problem-solving abilities, the PBL curriculum allows a longitudinal assessment of communication skills, retention and reinforcement of a competent pharmaceutical knowledge base, interpersonal and team-based interactions, and professional development.

Summative evaluation of student progress in the PBL sequence occurs at the end of each semester beginning in the spring P1 year and continues through the P3 year. The PBL sequence uses a summative testing format in which students are presented a written patient case history. In this scenario, students must complete a written pharmaceutical care plan within two hours. These examinations form a critical domain within the annual student progression requirements and have been shown to correlate well with student success during APPEs (Appendix [24.8](#)). Additionally, the PBL curriculum serves as an important assessment tool for evaluating verbal communication, team interaction and counseling skills. Although beyond the space limitations for this standard, a more comprehensive description of the PBL Case Studies sequence is presented in Appendix [24.4](#).

Interpretation of AACP Standardized survey questions

Notable differences from AACP survey comparisons (strongly agree + agree) with national averages include:

- 2015 AACP Graduating Student Survey Q21 “PharmD prepared me to work with other stakeholders to engender a team approach...” (82.5% vs 92.6% national)
- 2015 Alumni survey Q32 “effectively manage a patient-centered pharmacy practice” (77% vs 90% national)

However, responses to both questions differed markedly from previous years suggesting this may be an isolated finding. All other survey questions (old questionnaire) were not substantially different from national averages.

College’s Final Self-Evaluation

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

Standard No. 25: Assessment Elements for Section II: Structure and Process

Required Uploads:

- The college or school's assessment plan (or equivalent)
- List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan
- Examples of instruments used in assessment and evaluation (for all mission-related areas)

Complete Data Set from the AACP Standardized Surveys:

- Graduating Student Survey Summary Report (all questions)
- Faculty Survey Summary Report (all questions)
- Preceptor Survey Summary Report (all questions)
- Alumni Survey Summary Report (all questions)
A complete set of all AACP Survey data since 2011 is presented in Appendix [25.3](#).

Responses to Open-Ended Questions on AACP Standardized Surveys:

- Graduating Student Survey: Responses to Open-Ended Question 80
- Faculty Survey: Responses to Open-Ended Question 45
- Preceptor Survey: Responses to Open-Ended Question 44
- Alumni Survey: Responses to Open-Ended Question 48
Student responses to AACP Survey open-ended questions are presented in Appendix [25.4](#)

College's Self-Assessment

	S	N.I.	U
25.1. Assessment of organizational effectiveness – 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. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, preceptors, and alumni.	●		
25.3. Curriculum assessment and improvement – 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. Faculty productivity assessment – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service.	●		
25.5. Pathway comparability* – 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. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.	●		
25.7. Clinical reasoning skills – 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. APPE preparedness – 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. Admission criteria – 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.			
--	--	--	--

College's Comments:

- Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality
- How the college or school's assessment plan provides insight into the effectiveness of the organizational structure
- A description of how the college or school assesses its curricular structure, content, organization, and outcomes
- A description of how the college or school assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service
- A description of how the college or school assesses the comparison of alternative program pathways to degree completion
- A description of how the college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team
- How the college or school assesses clinical reasoning skills throughout the curriculum
- How the college or school assesses student competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program prior to the first APPE
- A description of how the college or school assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

Introduction

The Office of Accreditation & Assessment (OAA) provides a comprehensive framework for using data to present a holistic view of program assessment. The goal of the OAA is to systematically assess the organization, curriculum, students, and processes in place to achieve educational outcomes that prepare graduates to be practice-ready. The OAA is committed to continuous quality improvement to identify areas for opportunity, plan the resources and processes to meet goals, implements/executes changes, and assesses effectiveness using data metrics.

Assessment of Organizational Effectiveness

The College's programmatic assessment plan is continuous, comprehensive, and provides a systematic evaluation that includes all areas of the college's mission and goals (Upload [24.1](#)). An Annual Assessment Report serves as the primary mechanism used to monitor achievements across the breadth of the College's responsibilities. Outcome metrics have been implemented that encompass the Strategic Plan, curricular success, and student performance metrics aggregated by each class year. Responsibility for data collection is assigned to an appropriate administrator or faculty member and reported to the (OAA) for compilation and data analysis at the end of each academic year. Dissemination of the findings and recommendations presented in the Annual Assessment Report occurs during the subsequent fall semester and is initially sent to the Assessment Committee, Curricular Affairs Committee and Administrative Council for review and comment prior to distribution to the faculty. Additionally, the major findings are presented at one (or more) monthly faculty meetings for further discussion and planning. To complete the quality improvement cycle, action items requiring implementation (e.g., curriculum changes or innovations, strategic plan initiatives, etc) are assigned to an appropriate standing committee or programmatic officer by the Administrative Council. Thus, the College maintains a continuous cycle of measurement, review and revision, implementation, and re-measurement. The current 2015-18 Strategic Plan is presented in Upload [25.3](#).

Assessment of Mission and Goals

Faculty ratified the 2015-18 Strategic Plan on April 8, 2015 following a comprehensive strategic planning process. Faculty comments/input were sought through a survey questionnaire, results were compiled and presented as themes, and these were discussed at length in several faculty meetings before being formalized into specific measureable objectives.

The strategic plan incorporates programmatic outcome metrics for both departments, including academic and professional service, scholarship, clinical practice activities, continuing professional education, and graduate and post-graduate training (e.g., pharmacy practice residencies). Programmatic evaluation by each unit/department occurs each spring through review of strategic plans, goals, and objectives with much of the required data (e.g., scholarship metrics, etc.) obtained during the faculty annual review process (see Standard 18). Responsibility for continuing implementation and oversight of each unit's strategic plan is charged to the unit administrator (e.g., Dean, department chairs, or program directors).

Assessment measures and/or timelines have been defined that permit more objective evidence of programmatic performance within each of these broad areas of responsibility. To enhance transparency and reinforce College's mission and goals, Strategic Plan accomplishments are reported annually to faculty and stakeholders through dissemination of the Annual Assessment Report. Examples of initiatives resulting from programmatic review are summarized in Appendix [25.1](#).

Program evaluation by stakeholders

Each graduating class completes the AACCP graduating student survey as part of the graduation week activities and Board Review. Additional AACCP surveys (e.g., Alumni, Preceptors, and Faculty) are administered on an alternating basis every third year. Inclusion of AACCP survey data is provided within the relevant standard whenever potentially important differences from national comparative data are observed. This data is incorporated into the Annual Assessment Report along with interpretation of any significant trends.

Assessing Curricular Structure, Content and Outcomes

A similar Continuous Quality Improvement process occurs with respect to curricular assessment. Administration of curricular assessment instruments, tabulation, and statistical analyses are the responsibility of the OAA and Assessment Committee. Dissemination of findings and results is accomplished via the Annual Assessment Report that includes:

- The current approved Educational Outcomes
- Pre-defined acceptable indicators or measures
- Composite results for AACCP Curriculum Quality Survey questionnaires and in-house assessment instruments
- Interpretation of the results including program strengths and weaknesses
- Possible actions to correct deficiencies

Assessment data related to curricular success (Appendices [24.2](#) & [24.3](#)) is reviewed by the Assessment and Curricular Affairs Committees annually. Analysis and interpretation of data trends are formulated and distributed via the annual assessment report. Key elements of the report are discussed at a general faculty meeting and action plans are developed in the appropriate standing committee or program office. Thus, as with strategic and programmatic assessment, curricular assessment utilizes a CQI cycle to systematically monitor and improve curricular outcomes. In addition to changes in module testing procedures; module sequencing; and revision of laboratory/active learning exercises, improvements related to annual assessment of curriculum are summarized in Appendix [25.2](#).

Assessing Faculty Productivity

Annual faculty evaluations (described in Standard 18) are used to collect data relevant to scholarship, grantsmanship, teaching effectiveness, and service accomplishments of faculty. The College/University employs a database platform (Activity Insight[®]) for collecting and reporting this data. Department data is aggregated by each department chair and forwarded to the OAA

annually for inclusion into the assessment report. Nearly a dozen strategic plan measures related to faculty productivity are monitored annually and reported in the annual report.

Assessing Alternative Pathways and Sites

Comparison of teaching sites

Evaluation of teaching effectiveness is monitored through comparison of course grades aggregated by teaching site. This has been closely monitored for at least 10 years with no readily identifiable pattern to suggest a difference between Pocatello and Meridian sites. Addition of a third teaching site will necessitate greater scrutiny and further site comparisons will include the AACP Curriculum Quality survey data and standardized examinations (e.g., NAPLEX and PCOA).

Non-traditional Student Assessment

Practitioners enrolled in the Non-traditional PharmD pathway, utilize the same assessment procedures to the extent possible. The NTPD has ceased admissions and is in the process of teaching out the curriculum to the remaining students. It is anticipated that all active students will finish and graduate within the next 18-24 months.

Assessing Interprofessional Preparedness

The College measures student preparedness to practice effectively and professionally through activities in the didactic curriculum which include presentations, self-assessment, and formalized trainings. Progress towards meeting interprofessional initiatives (Standard 11) has focused on collaborations within the Kasiska Division of Health Sciences' Interprofessional Affairs Council. This was recently facilitated by appointment of a full-time tenured Pharmacy professor as Director of Interprofessional Education for the Division. Incorporation of a Division-wide and formalized program has spearheaded significant enhancements to IPE activities over the past two years.

Beginning in 2015, IPPE requirements were changed to include 20 hours of IPE experience over the course of the P1-P3 years. Currently, P1 student experiences are exposure dominant while P2 and P3 classes have used IPE case presentations with guided group discussions each semester. Student participants have consisted of physician's assistant, physical therapy, occupational therapy, athletic training, speech language, and dietetics. Additional professions represented through invited interprofessional conference events have included dentistry and veterinary medicine. Assessment to date has utilized a variety of questionnaires such as Readiness for Interprofessional Learning Scales (RIPLS). The College's portfolio assignments now incorporate interprofessional rubrics for yearly reporting by the Assessment Committee. Recent collaboration with the Northwest Pharmacy Consortium for Experiential Education has evolved to include the sharing of interprofessional education models and frameworks with the collaborative goal of preparing practice ready and team ready pharmacists.

KDHS Division teams participating in the IPEC Institute in 2013 and 2015 have brought forth recommendations specifically to incorporate interprofessional education into the curriculum. One recommendation that has been implemented is the "IPE on the run" module to begin by fall

2016. Entering P1 students are now required to complete this module, and additionally, must complete the first offering of a Fundamentals of Interprofessional Education as a required course.

Further incentives for faculty participation include recognition of IPE collaborative activities during annual faculty performance reviews (collected via Activity Insight). Specific categories for interprofessional teaching, service and research will now allow for quantitative measurement of interprofessional engagement for all faculty in the Kasiska Division of Health Sciences. Furthermore, this data has been incorporated into the College's strategic plan.

Assessing Clinical Reasoning

Clinical reasoning is assessed in the pre-APPE years extensively in the PBL case studies sequence. While a detailed description of the course format is presented in Appendix 24.5, case discussions utilize the JCPP patient care process. The current PBL curricular sequence meets for two hours twice a week beginning in the spring semester of the P1 year. Subsequent semesters are taught in 2.5 hour blocks once each week through the P3 fall semester and are designed to be continuous with each semester building on the one prior. Students meet in groups of 5-8 with a faculty member serving as group facilitator. The course sequence is intended to develop skills in identifying and solving drug therapy problems through the holistic approach of translating acquired knowledge into application, analysis, and synthesis of practical pharmacy cases. In designing the PBL course sequence and activities, the goal was to progressively increase levels of cognitive skill as described in the cognitive domain of the Revised Bloom's Taxonomy (Anderson & Krathwohl, 2001).

A 15-item patient-centered skills assessment instrument is used to evaluate patient-centered skills. It's organized into four clinical skill domains:

1. Patient assessment and data collection
2. Clinical-decision-making
3. Clinical competence
4. Professionalism

This allows calculation of a mean domain score for each student. Student scores are collected and monitored via the ASA database and are aggregated by class to monitor for any changes over time. Data collection and metric reporting to faculty advisors was initiated in the spring of 2016. A timed midterm and final case write-up are major evaluation points in the course sequence. A mean exam score is calculated for each student and used as a student progression criterion in the P2 and P3 years.

Assessing APPE Preparedness

The College has developed a comprehensive and hierarchical set of pre-APPE educational outcomes (Upload [12.5](#) and Appendix [12.1](#)) that begin with fundamental skills in the P1 year with increasing level of interpersonal, communication, and professional skills required in the P2 and P3 years. These outcomes are evaluated in a variety of settings including didactic, IPPE, portfolio, IPE, and small group discussions (PBL Cases Studies), which serve as a foundational element for APPE readiness. Additionally, progression to the APPE year requires P3 students to

successfully fulfill criteria for the capstone course, capstone oral case challenge, and PCOA examination score.

An important charge for the 2016-17 Assessment Committee (Upload [25.2](#)) will include a thorough review and discussion of the pre-APPE Readiness criteria. Since 2016 represents the first time these measures were employed, it is anticipated that refinement and/or additional criteria may be necessary.

Assessing Admission Criteria

The Student Affairs Committee reviews admission procedures and criteria annually. As an example, a recent increase in the number of P1 students having difficulties progressing prompted a closer review of admission criteria. Further analysis revealed a high number of course repeats was an important indicator for this student subgroup. As a result, the number of pre-pharmacy course repeats has been added as a criterion for review and discussion for those students with three or more course repeats.

As a result of recent declines in NAPLEX pass rates, a review of admission variables was also undertaken as part of the 2013-14 Annual Assessment Report. Despite a difference in NAPLEX pass rates between Pocatello 89% and Meridian 100%, no identifiable admission variables (e.g., entering GPA, age, gender) were able to explain this anomaly. Although subsequent NAPLEX results in 2015 confirmed this as a spurious event, it demonstrates the process of continuous review and investigation that is embedded in the admissions assessment process.

Application of the Guidelines

The College has fully implemented a comprehensive curricular and programmatic assessment process. Responsibility for each objective is assigned to the Accreditation and Student Assessment (ASA) database that was specifically designed in-house for data collection and monitoring of all accreditation-related reports. Data maintenance, aggregation, and reporting are assigned to the Director of Assessment and distributed on an annual basis through the Annual Assessment Report. Formulation of action plans to address item deficiencies are accomplished by the appropriate committee and reported to the Administrative Council at the end of each academic year.

Quality Improvements

The College reorganized its administrative structure and streamlined strategic planning and goals to incorporate processes and outcomes that are more clearly defined. The 2015 strategic plan includes process and outcome measures that can be efficiently maintained and evaluated at least annually to provide a comprehensive review of the College's progress.

College's Final Self-Evaluation

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