COLLEGE OF PHARMACY

ACPE Self-Study

Oregon State University

ON-SITE REVIEW
MARCH 9-12, 2020

SELF-STUDY REPORT
OREGON STATE UNIVERSITY

ACPE On-Site Review
March 9-12, 2020

Oregon State University
College of Pharmacy
Corvallis, Oregon 97331

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Introduction

College Overview

Changes & Developments Since the Last On-Site Evaluation

Oregon State University College of Pharmacy faculty, students, and alumni collaborate for transformative leadership in pharmacy education, research, community engagement, and patient care. Our mission defines a commitment to advance societal health and wellness through transformative leadership in pharmacy education, research, community engagement, and patient care. Continual improvement processes support our mission and are exemplified by the following achievements since the last accreditation site visit.

Section I: Educational Outcomes

Foundational knowledge continues to be a programmatic strength but was reorganized making all biomedical sciences pre-pharmacy requirements. This allowed additional emphasis on pharmaceutical sciences such as Immunology and Genomics.

Pharmaceutical and clinical sciences are increasingly integrated into a new Integrated Drug Therapy sequence. The integration of the Pharmacists' Patient Care Process (PPCP) is also emphasized and more clearly identified for students, faculty, and preceptors.

The introduction of complex case discussions and utilization of a true Simulation Center earlier in the curriculum enhances students' abilities in all areas of 'Approach to Practice and Care'.

Collaboration between faculty and student services, and the new co-curricular requirements, created a clear progression for personal and professional development. This culminates with creation of a specific individualized plan that students use during APPE and to model planning for life-long learning.

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

Strategic planning has been rigorously tracked since 2012 and faculty approved a revised plan, extending to 2022, in the fall of 2019.

Dean Kuo began her tenure as Dean on July 1, 2019. Dean Kuo brings an accomplished record advancing interprofessional engagement of pharmacists and helped establish a national pharmacogenomics program. Dr. Kuo joins a highly-experienced administrative team.

Interactions and leadership of the College and faculty with collaborators are at an all-time high. Two national scientific meetings, the American Society for Pharmacognosy and the Nanotechnology and Drug Delivery Symposium were hosted by College faculty.

The faculty undertook a comprehensive revision of the curriculum. All aspects of the curriculum were examined, but the most substantive changes were the creation of a Pre-APPE Readiness (PAR) Block, using summative and formative assessments, and extension of APPE to require 8 six-week rotations, providing students with a greater variety of experiences and depth of preparation.

IPE activities with prescribers and other professionals underwent significant revision providing a more defined vision and greater control over strategies for IPE.

A rigorous co-curricular program was implemented, providing verification of student engagement with Patient Care, Health and Wellness, Professional Development, and Leadership and Innovation.

The Rural Health Initiative with OHSU provides rural interprofessional APPE opportunities for students. OSU and OSHU students also collaborated to establish the Bridges Collaborative Care Clinic, a free clinic created and operated by an interprofessional team of students.

The Portland-based advisor, newly created in 2011, has become an essential resource for Portland-based students and faculty.

Challenges in student recruitment were addressed by adding a recruiter to the Student Services team and expanding the Early Assurance Program to institutions outside OSU.

Instructional faculty have increased across both departments from 30 to 40 faculty.

Faculty had their most successful year to date in publications and extramural funding. Facilitating growth was the addition of 1.5 FTE in pre- and post-grant management.

Additional professional and support staff were added to the Office of Experiential Education to support the refinement of IPPE and APPE.

Significant expansion of Continuing Education programming to aid practitioners, including preceptors, in staying current with expanded roles and professional transitions.

Significant enhancements to facilities included:

- Consolidation of Medicinal Chemistry faculty into remodeled labs in a single building.
- Purchase of a generator to power the Pharmacy building if a power loss occurs.
- All students, P1- P4, now have access to both OSU and OHSU libraries.
- Completion of, and move of Portland-based faculty and students into, the Robertson Life Science Building (RLSB), a state-of-the-art, interprofessional academic and research facility.
- Transfer of all pharmaceutics faculty to laboratories in RLSB to facilitate research collaborations at the OHSU academic medical center.

Section III: Assessment of Standards and Key Elements

Increased capacity for assessment in support of stronger continuous improvement processes through the addition of a full-time Director of Assessment and Faculty Development and an Assessment Analyst.

Self-Study Process

Changes & Developments Since the Last On-Site Evaluation

The self-study process in preparation for ACPE evaluation was comprehensive and self-reflective, examining all components of the professional program and achievement of the overall College mission. Discussions were insightful, identifying areas of strength and opportunities for growth. The resulting document is an affirmation of the rigor, creativity, and commitment involved in delivering an outstanding educational program. Faculty, staff, students, and alumni take great pride in the professional program and are confident graduates will continue to provide leadership in health care.

Preparations for an accreditation team visit began at a faculty meeting in April of 2018, in anticipation of a fall 2019 site visit. The initial presentation to faculty included an overview of the role of ACPE, a review of accreditation standards, goals of a self-study process, and potential outcomes of the accreditation process. A timeline and structure were proposed, and faculty were invited to submit requests for their participation in the review of standards that most closely aligned with their interests.

The Executive Associate Dean and the Director of Assessment and Faculty Development served as self-study co-chairs to direct completion of the self-study process. The existing College Council served as an oversight Task Force and met as needed to review the process and progress of the self-study. By the end of the 2017- 18 academic year, Writing team leads and committee members, including staff, alumni, and students, were assigned. Committees were constructed such that faculty from different departments and campuses were represented. Writing teams were independent of, but supported as needed by College standing committees. A summary of committee structure and membership is in optional documentation.

Each writing team was initially charged to conduct a high-level review of standards for which they were responsible and notify the co-chairs if

there were specific concerns or resource needs anticipated. The first 'in-person' writing team meetings took place at the fall 2018 faculty meeting. These conversations provided a critical first impression analysis of all aspects of the professional program. Much of the remaining work was conducted asynchronously to maximize opportunities for alumni and student involvement. Specific members on each writing team were assigned responsibility to prepare an initial analysis and narrative addressing how effectively the College was meeting specific standards, with a due date of early December 2018.

The Task Force reviewed the initial analysis and narratives submitted by writing teams and provided feedback during the first quarter of 2019. Feedback received was discussed at a faculty meeting in March. At approximately this time, the College was notified by ACPE the site visit would be delayed to March 2020. Still, a decision was made to stay with the original timeline for the early part of the process. Suggestions from the March meeting were incorporated into narratives and final drafts completed prior to the end of the academic year.

Drafts were made available to all faculty with a request that summer term be used to review documents and provide comments to the self-study chairs by August. Comments received were distributed to writing team leads. The summer was also used to concentrate on the completion of the variety of appendices requested.

The site visit delay provided the College an additional opportunity to use AACP surveys to gather insight from faculty and other stakeholders. Survey results became available before the fall 2019 faculty meeting. At that meeting, teams were asked to review assigned narratives once again to determine if the most recent survey results altered the content or conclusions of their narrative for each standard.

Revised narratives were received in early November, at which point the co-chairs and writing team leads conducted a final editorial review, confirming that all key aspects were addressed in the narrative, and accurately represented the state of the College. If substantive questions arose during the editorial process, writing team leads were consulted to arrive at the final narrative.

Penultimate narratives and appendices were loaded into AAMS in mid-December. All contributors to the self-study process were provided access, invited to conduct a final review and make suggestions for all narratives by early January. The co-chairs and writing team leads considered input received and, as appropriate, incorporated it into the final narratives.

The final self-study was provided to faculty with a final one week opportunity to review, followed by an electronic voting process. Faculty were invited to affirm they had adequate opportunity to participate in and review the self-study. Finally, faculty were asked to confirm they agreed with the self-study and its analysis as assembled.

Optional Documentation

- Self-Study Writing Teams.pdf
- Self-Study Planned Timeline Overview and Details.pdf
- Self Study Major Milestones Actual.pdf

Self-Evaluation

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

	Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
01. Foundational Knowledge	●			
02. Essentials for Practice and Care	●			
03. Approach to Practice and Care	●			
04. Personal and Professional Development	●			
05. Eligibility and Reporting Requirements	●			
06. College Vision, Mission, and Goals	●			
07. Strategic Plan		●		
08. Organization and Governance	●			
09. Organizational Culture	●			
10. Curriculum Design, Delivery, and Oversight	●			
11. Interprofessional Education	●			
12. Pre-APPE Curriculum	●			
13. APPE Curriculum	●			
14. Student Services	●			
15. Academic Environment	●			
16. Admissions	●			
17. Progression	●			
18. Faculty and Staff – Quantitative Factors		●		
19. Faculty and Staff – Qualitative Factors	●			
20. Preceptors		●		
21. Physical Facilities and Educational Resources		●		
22. Practice Facilities	●			
23. Financial Resources	●			
24. Assessment of Elements: Educational Outcomes	●			
25. Assessment of Elements: Structure and Process	●			

Comments and Documents

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Standards

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Foundational Knowledge

Comments and Documents

Standard

1

Standard 1

Foundational Knowledge

Topics Addressed

- [x] 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.
- [x] 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.
- [x] How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- [x] Any other notable achievements, innovations or quality improvements.
- [x] Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Essentials for Practice and Care

Summary of College's Self-Assessment of the Key Elements	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

Foundational Knowledge

The professional pharmacy program has been recognized throughout our 100-year history for comprehensive strengths in foundational sciences. The curriculum emphasizes robust foundational knowledge as being necessary to prepare graduates to be highly competent pharmacists and support life-long learning. The program is dynamic, responding to students' evolving professional needs. Several innovative reforms in the foundational curriculum were made beginning in fall 2014 to improve the strength and delivery of the professional program. These changes were the most comprehensive curriculum revision since initiating the entry-level PharmD program in 1998. The redesign had three guiding principles: 1) Enhance student skills and confidence in managing complex cases; 2) Provide opportunities for each student to differentiate themselves with specific capabilities; and 3) Restructure, redesign, and expand pharmacy practice experiences and rotations.

The 2013 CAPE outcomes provided the basis for curricular discussions leading first to faculty generated 'competency statements' and 'terminal and enabling objectives,' before evolving to the current Program Student Learning Objectives (P-SLOs). Curricular mapping, coupled with ongoing systematic assessment activities, continues to inform curricular decisions and guide the evolution of the professional curriculum. Curriculum mapping confirms components of the educational curriculum are comprehensive and progress in expectations and rigor throughout the professional program. Similarly, using the 2013 CAPE Outcomes as a basis for P-SLOs has assured that the curriculum provides strong support for the delivery of Entrustable Professional Activities (EPAs) as mapped to the 2013 Cape Outcomes by the AACP Academic Affairs Committee in 2017.

Other systemic assessment activities, such as course evaluations conducted each term, guide annual minor adjustments, which are reflected on individual course syllabi, and complete a full feedback loop to students. More fundamental changes occur every few years. They are guided by feedback from locally developed surveys, focus groups, AACP surveys, outcome data from PCOA, NAPLEX, or MPJE, and by simply observing the trajectory of the profession. These processes have led to a robust professional curriculum designed to meet or exceed all requirements set forth by ACPE and related standards.

Entry to the professional program requires a minimum of three years of college-level coursework. Admission to the professional program is a holistic process. Still, there is a strong preference that a few courses, such as cell biology, human physiology, and microbiology, be completed at a four-year institution. Nearly all biomedical science coursework are prerequisites for admission, allowing for a clear focus on pharmaceutical and clinical sciences in the professional program. A PharmD course sequence overview is provided in the optional appendices section.

Foundational pharmaceutical sciences are developed over the first two professional years to support a smooth transition into the clinical sciences. Introductory courses that build a foundation for how drugs effect the body in the P1 year were restructured into a sequence that includes Drug Action I: Principles of Medicinal Chemistry & Pharmaceutics (PHAR 735); Drug Action II: Pharmacogenomics, Pharmacology and Toxicology (PHAR 737); and Drug Action III: Autonomic Drug Action (PHAR 736). Topics are intentionally coordinated with perspectives in pharmacy practice to emphasize the linkage of pharmaceutical and clinical sciences early in the curriculum. Examples include parallel content in PHAR 735 and the P1 Pharmacy Practice course sequence, PHAR 720, 721 and 722 and the application of skills developed in the Information Science course to assessments in PHAR 735. The P1 Pharmacy Practice course sequence focuses on community pharmacy and

over-the-counter therapeutics, as well as initiates discussions on the therapeutic application of the top 200 drugs. This helps prepare students for P1 IPPE experiences and complements P1 didactic coursework. Nutrition and Complementary Medicine is an example of a course specifically designed to integrate the foundational understanding of the biochemical actions of nutrients to their significance in clinical practice. Foundational concepts in immunology and inflammation winter term are intentionally followed by infectious diseases and their treatments in the spring term. The pharmaceutical science sequences provide strong and broad-ranging foundational knowledge while intertwining with clinical sciences early in the program and providing a path for students' understanding to progress seamlessly through the curriculum.

Development of an understanding of how the body influences drug action and disposition is similarly integrated across the professional program. Introductory pharmacokinetics, presented within PHAR 735, utilizes a traditional approach to reveal components of drug products, their influence on formulations and behavior during the breakdown of the drug product. First-year courses in Pharmaceutics (PHAR 733 and PHAR 734) examine drug dosage formulation concepts to optimize drug therapy, including factors that affect the development, production, and use of pharmaceutical dosage forms. PHAR 750, Pharmacokinetic / Biopharmaceutics, in the P2 year, provides a more complex investigation of pharmacokinetics and bioavailability of drugs in clinical care. Finally, Advanced Pharmacokinetics (PHAR 770) completes the development of these content areas by exploring disease- and patient-specific considerations in pharmacokinetics in the P3 year.

Social/behavioral/administrative sciences are also incorporated vertically throughout the curriculum. PHAR 729 [Principles of Evidence-Based Medicine (EBM) I: Information Science] occurs immediately in the fall term of the P1 year. In this critical initial exposure to evidence-based medicine, students learn to identify appropriate information resources and systematically collect, arrange, and begin to analyze pertinent information related to a particular patient or drug product problem. PHAR 726 (Principles of EBM II: Drug Literature Evaluation) in the P2 year shifts to emphasize study design and critical analysis of published studies. In the P3 year, PHAR 773 (EBM III: Evidence Synthesis and Decision Analysis) progresses to advanced literature appraisal, evidence synthesis, including the application of the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method, and pharmacoeconomic analyses. The final course in the EBM sequence is PHAR 774 (EBM IV: Drug Policy), where concepts are applied in managed care and population health decision-making. A 'must-pass' New Drug Evaluation capstone project integrates concepts from throughout the sequence. Students search the literature to identify high-quality guidelines and systematic reviews for the evaluation of clinical trials of a drug under review. The information must be critically appraised, followed by an assessment of comparative efficacy, safety (risk/benefit), and cost, including grading the evidence. Finally, recommendations are developed for placement in therapy and appropriate drug use (if applicable).

Courses in Healthcare Systems and Pharmacy Management provide critical complementary knowledge and skills in support of evidence-based decision making. PHAR 738: Healthcare Systems I examines the U.S. healthcare industry and how it relates to the profession. Emphasis is given to changing relationships between healthcare systems, patients, providers of care, hospitals, insurers, employers, and the government. PHAR 739: Healthcare Systems II is focused on the application of population-based strategies for improving health and wellness, with an emphasis on prevention rather than treatment. PHAR 746 Pharmacy Management course uses a case-based format for students to work in groups to address real-world problems based on scenarios from different healthcare settings.

A new Integrated Drug Structure, Action, and Therapeutics (IDT) sequence in the P2 year incorporates clinical science perspectives with foundational knowledge. The series is designed to provide broad expertise to students on the molecular, cellular, and physiologic basis of drug action; chemical and physical

properties affecting drug metabolism, action and toxicities; treatment options for drug therapy of diseases; and patient or disease-specific therapeutic considerations. This is a significant change in the structure of the curriculum, integrating therapeutics (previously primarily isolated to the P3 year) with pharmacology and medicinal chemistry, rather than being taught separately. Generally, the IDT sequence focuses on the therapeutics of chronic conditions typically treated in the outpatient setting during P2 year to coordinate with the IPPE focus in community and ambulatory practice settings. Also, second-year Pharmacy Practice case content (PHAR 740, 741 and 742) is coordinated with the IDT course sequence. By allowing students to practice content application in group-based discussions with the oversight of a content expert the P2 Pharmacy Practice sequence allows for the development of a more complex and advanced application of the Pharmacists' Patient Care Process (PPCP) earlier in the curriculum.

Major topics in the P3 year IDT sequence progress to more acute care therapies not previously addressed in the P2 year. This allows for strong coordination with IPPE practice settings in the 3rd year and helps to complete student preparation for P4 APPE rotations which begin at the end of the P3 year. The P3 Pharmacy Practice sequence, PHAR 764 and 765, continues to use case-based discussions lead by content experts, but now focuses on acute, institutional care issues. The evolution of topics and approach throughout the P2 and P3 IDT and Pharmacy Practice sequences facilitate each student's progression in understanding drug action vertically through the curriculum.

The structure and integration of foundational sciences effectively lead students from their pre-pharmacy foundation in biomedical sciences, through pharmaceutical sciences, social/behavioral/administrative sciences, and, finally, clinical sciences. Additionally, spring term of the P3 year is now utilized to provide students an opportunity to self-diagnose the application of foundational strengths using a comprehensive Pre-APPE readiness assessment block, before entering a full calendar year of APPE rotations.

Notable Achievements, Innovations or Quality Improvements

Redesign of foundational Drug Action sequences in the P1 year and Integrated Drug Structure, Action and Therapeutics sequences in the P2 and P3 years reflect a substantive change in the delivery and integration of foundational knowledge. Biomedical sciences are primarily moved to pre-pharmacy requirements, allowing for earlier consideration of crucial concepts in foundational pharmaceutical and clinical sciences. This, in turn, allows for greater coordination and integration of foundational concepts with their application, as early as the first term, and continuing with drug class-specific and disease-based discussions throughout the second year and third years. These changes are appropriate and support earlier and more comprehensive examination of challenges in health care fulfilling our goals to: (1) Enhance student skills and confidence in managing complex cases; (2) Provide opportunities for each student to differentiate themselves with specific capabilities; and (3) Restructure, redesign, and expand pharmacy practice experiences and rotations.

Curriculum Outcome Assessments

Graduation Rates: Historically, student graduation rates have been high with a 4-year graduation rate of 90-96% and the 5-year graduation rate of 97-99%. A drop in the graduation rate was observed in AY 2016-2017 for the 2013 cohort with a 4-year graduation rate of 85% and a 5-year graduation rate of 95% but returned to historical averages in AY 2017-2018. This positive trend continued in AY 2018-2019 (the 2015 cohort) with the projected 4-year and 5-year graduation rates of 90% and 97%, respectively.

Pharmacy Curriculum Outcomes Assessment (PCOA): OSU has participated in the PCOA since spring 2016. PCOA is administered during the winter term of the third year, and national comparisons are against other P3 students. Students are encouraged to perform at their best and to utilize the examination as a rough indicator of preparedness for advanced pharmacy practice experiences, but students are not provided extra time or review sessions in preparation for the exam.

In 2019, percentile rankings compared to national performance covered nearly the full range of possible values, with a low of 13th percentile and a high of 99th, almost one-third of all students scored above the 90th percentile. Four years have not allowed adequate time for a full understanding of PCOA content or student performance that would drive substantive curricular change. A broad examination of overall programmatic performance, however, suggests that the professional program and students rank strongly as compared to other programs across the country

Performance of Licensing Exams: NAPLEX first-attempt pass rates (FTPR) from 2014 to 2018 have exceeded the national averages each year and are comparable to Pac-12 and self-identified peer institutions. Following a national trend, the College's FTPR declined 10% in 2016, likely due to the test's redesign. However, in 2017, the College's NAPLEX pass rate had returned to pre-2016 levels with a 96% FTPR, 8 percent above the national pass rate of 88%.

During the same period, OSU's MPJE FTPR fell slightly short of the national average in three out of the five years, again with the largest decline in 2016. Efforts have been and continue to be made to provide students additional opportunities for law review at the end of the P3 year and during P4 seminars. Averages across 2017 and 2018 for the College's MPJE FTPR are more closely aligned with the national pass rate. Student Performance Data for the NAPLEX and MPJE are publically available on the College website.

Summary

Foundational science courses at Oregon State are designed to exceed core competencies as developed by faculty and defined by ACPE. AACP Survey data for presented for this standard show graduating students, alumni, and preceptors consistently agree or strongly agree with this observation; exceeding the College performance threshold of at least 85%. Curricular design purposefully seeks to integrate concepts within and across academic years, while progressively increasing depth and complexity, so that our graduates will have the knowledge, skills, attitudes, and values necessary to apply and evaluate scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.

Documents

Foundational Knowledge

Required Documentation and Data

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).

- Three Year PCOA Trends and Comparisons - Final.pdf

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.

- Student Performance Data

Performance of graduates (passing rate, Competency Area 1 scores and Competency Area 2 scores for first-time candidates) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years.

- Student Performance Data

Performance of graduates (passing rate of first-time candidates) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years.

- Student Performance Data

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- AY 19-20 Course Sequence Overview PharmD.pdf

Essentials for Practice and Care

Comments and Documents

Standard

2

Standard 2

Essentials for Practice and Care

Topics Addressed

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

Key Elements

Essentials for Practice and Care

Summary of College's Self-Assessment of the Key Elements	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

Essentials for Practice and Care

The Pharmacists' Patient Care Process (PPCP) serves as the core of instruction throughout the Pharmacy Practice course sequence and patient care experiential courses to ensure students are prepared to deliver patient-centered care. Pharmacy Practice and IPPE run in parallel progressing through different patient care setting each year. Elements of the PPCP have been included for many years, but following the development of PPCP by the Joint Commission of Pharmacy Practitioners, faculty transformed courses to ensure that the PPCP is provided with a consistent approach to patient care across the program. Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE) complement and extend the application of PPCP. During IPPE and APPE students can put into practice what they learn in the classroom under the supervision of preceptors. The 2018 graduating student and preceptor survey questions related to patient care indicate that almost all agree or strongly agree students are well prepared for patient care related activities. IPPE's and APPE's details are discussed in Standard 12 and Standard 13.

Pharmacy Practice in the P1 year focuses on patient counseling and introduction to documentation. Students utilize elements of the PPCP in self-care scenarios and counseling on the top 200 prescription medications, as well as over-the-counter therapies. Cultural competency is an emphasis, and the relationship between the LEARN (Listen, Explain, Acknowledge, Recommend, Negotiate) model of communication for cultural competence and PPCP are discussed. Skills are assessed each term with close-out exams in which students interact with standardized patients. P1 students complete three skills exams, assessing communication skills, and the ability to collect, assess, and plan steps of the PPCP. In fall term, students counsel a standardized patient on a new prescription. Winter term, students counsel on a self-care situation, and in spring term a new or refill prescription is addition to an instructor assessing the patient interaction.

The P2 year in Pharmacy Practice builds on what students learned in the first year, concentrating more on patient assessment, plan development, monitoring, communication, and documentation skills. The focus is clinical pharmacy services, with an emphasis on ambulatory care in the lab and IPPE settings. The PPCP is central as students work through patient cases. Students learn how to collect and interpret subjective information in patient interviews and objective information through vital signs, physical assessment, lab values, and some diagnostics. The course sequence utilizes patient case documentation while working with clinical guidelines and primary literature to develop strategies that include implementation and follow-up of the patient care plan. Students review complex patient cases, incorporating multiple disease states and drug therapy problems students may experience in future practice opportunities. For each complex patient case, appropriate drug therapy and monitoring plans are defined by the students and presented to faculty assessors.

Student learning is assessed using simulation experiences that evolve into increasingly more complex requirements for demonstration of student learning throughout the year. The Simulation Center on the Portland campus utilizes state of the art simulation suites and professional standardized patients. P2 students complete five closeout exams, one in fall term, two in winter term, and two in spring term. The first skills exam includes a full patient interview and a complete review of systems with vital signs. The remaining exams focus on specific disease states and physical exams appropriate to the disease. The final skills exam in the spring is comprehensive and may include any of the disease states covered all year. These exams assess an individual student's ability to interact with patients in an ambulatory care environment and

include student self-assessment and instructor assessment.

The P3 Pharmacy Practice sequence emphasizes the skills necessary for advanced drug therapy problem identification, assessment, and plan resolution for complex patient cases. Case studies revisit key clinical topics from the P2 year with an emphasis on acute care management in the hospital setting. Students enhance skills in collecting subjective and objective data, retrieving and interpreting professional and scientific literature, assessing multiple medication-related problems, and developing and communicating an evidence-based care plan both orally and in written format. The sequence provides practice effectively communicating evidence-based information with peers and then presenting to faculty and faculty preceptors with specific content expertise. Oral examinations at the end of each term assess students' ability to demonstrate required problem-solving and drug therapy management skills. To emphasize critical thought and therapeutic application, written exams focus on patient cases which have one best answer but include multiple distractors which are not completely wrong. Students are forced to apply didactic concepts to real cases and think about a best answer rather than just a right answer.

The P3 year culminates with the Pre-APPE readiness (PAR) block. Within this month-long readiness block, there are additional opportunities for formative complex case analysis and discussion with facilitators. Summative AmCare OSCE and Acute care OSCE assessments are also included to evaluate students individually before APPE.

Efforts to more progressively build skills with complex cases were enhanced in the pharmacy practice series in 2018. Complex cases are now introduced in the P1 year by having students work through a case in a large lecture group facilitated by an instructor. In the P2 year, students work in small groups to identify problems lists and collaboratively work through a complex case. This activity is an excellent introduction to case presentations. Case presentations are not typically graded, but students are assessed on the ability to discuss cases, participation, and support for recommendations. Students comment that they appreciate early opportunities to address multiple disease states in one case, and AmCare OSCE and Acute care OSCE assessments in the PAR Block have shown increased first-time past rates over the past two years.

All pharmacy practice faculty meet periodically to assure the complexity of topics is appropriate to the student level of learning. Introduction of the PAR block assessments has facilitated the development of clear strategies to ensure student progression and readiness for APPE's. Collaborative interaction of faculty is illustrated by their response to student feedback that evaluation of SOAP note documentation varied from year to year. Pharmacy practice faculty, along with the Curriculum committee chair and Director of Assessment, worked to create a Standardized SOAP note rubric and expected components that are used each year, but can still be adapted for where students are in their learning.

Medication Use Systems Management

The primary understanding of medication use management systems is developed during IPPE. First-year students spend 80 hours in a community pharmacy, and as part of required documentation preceptors must certify competency in various aspects for pharmacy practice. Competency 1D states that students must "Perform All Steps Involved in Processing and Dispensing a Prescription." If a preceptor indicates a student has difficulty or has not had an opportunity to achieve a certain competency, then faculty work with the site to ensure students achieve all requirements. All students are required to achieve 100% of the required competencies. In response to the 2018 graduating student survey 95.9%of students agreed or strongly agreed with the statement, "The PharmD program prepared me to optimize the safety and efficacy of medication use systems to manage patient healthcare needs."

Understanding of medication use systems continues throughout experiential activities. During the P2 and P3 years, in Ambulatory Care and Institutional pharmacy settings, students view medication use systems from a different perspective from within the healthcare system to enhance their understanding and learning. Additionally, students participate in the provision of

medication reconciliation activities. In the P3 year, institutional sites used for PHAR 760 are expected to ensure student understanding of systems within institutions, in the context of providing care to the inpatient population.

Several didactic courses complement the understanding of medication use systems that students develop during IPPE and APPE. Foundations of Pharmacy Law addresses key federal and state rules related to drug distribution and pharmacy practice, and Health Care Systems I orients students to the terminology and nuances of managed care and how it impacts pharmacy practice. During the Foundations of Patient Safety and Interprofessional Practice (PHAR 712), students work collaboratively on interprofessional teams to address error events and improve system-based patient safety concerns. Pharmacy Management (PHAR 746) provides an understanding of how to appropriately operate medication use systems, especially at transitions of care points, and how this can improve patient outcomes.

As noted previously, interprofessional education (IPE) activities give students a broader perspective on medication use systems. P1 and P2, students work collaboratively with other health profession students to discuss ways of assuring patient safety within the health care system. In the PAR block, pharmacy students also participate in legal and ethical discussions, with students from the OHSU Radiation Therapy program. Cases are based on real-world scenarios to provide a better understanding of the pressures that exist day to day in practice. Finally, P4 students are brought together in the Spring term for an event in which they are given an update on current law and receive a Pharmacist In Charge training from Board of Pharmacy staff.

Health and Wellness

Personal health and wellness for first-year students and directions to access any needed resources is a top priority at orientation. The Student Services group meets regularly with students throughout the program to ensure they are emphasizing self-care to ensure success. In May of 2019 the College sent a team to the AACP Spring Institute on Strategies to Promote a Culture of Wellbeing among Students, Faculty and Staff and came back with initiatives to incorporate into the strategic plan. An emphasis on promoting a culture of wellbeing will hopefully translate to how students interact with their patients.

Preparing students to promote health and wellness for a diverse population occurs throughout the pharmacy practice series, IPPE, APPE, and a structured co-curricular program. P1 and P2 students, as part of IPPE, are required to complete 10 hours of patient outreach primarily on health and wellness activities such as immunizations, blood glucose screenings at health fairs and other community events, each year. Students log these hours in e*Value and provide a brief activity description. IPPE faculty run a report through e*Value to ensure that all students have completed this requirement each year. Several projects in Health Systems II (PHAR 739) also involve outreach efforts addressing health and wellness. Also, P1 students carry out an interprofessional community outreach project in which they problem solve real-world challenges identified by local non-profit agencies as part of PHAR 711.Co-curricular activities enhance students' learning through the application of knowledge and skills acquired in the classroom setting to activities and experiences in the community. Described in detail in Standard 4, students engage in a guided reflection process that is reviewed by faculty to lend further insight into their efforts. Opportunities for students to gain a strong understanding of community needs and practice meeting those needs is substantive and, based on comments by most students, very fulfilling.

Population-Based Care

Students explore population-based care in a variety settings, in addition to population health activities mentioned in the Health and Wellness section. Initial exposure occurs in Healthcare Systems II (PHAR 739). Students describe how population-based perspectives influence patient-based care, the development of practice guidelines, and evidence-based practices. PHAR 773: Evidence Based Medicine (EBM) III demonstrates how to critically appraise clinical practice guidelines for quality and bias and includes evaluation of actual clinical guidelines. Patient case discussions in the Pharmacy

Practice course sequence increasingly incorporate guidelines and primary literature as students progress from P1 through P3. The final EBM course, Drug Policy, students describe the process for conducting medication quality improvement reviews and apply managed care principles to population health management. Topics covered include managing drug benefits, the quality improvement (PDSA) process, and strategies used to improve population health, such as Drug Use Review, quality metrics, and academic detailing. A must-pass New Drug Evaluation project ties together concepts taught earlier in the EBM sequence. Students apply skills in literature searching to identify and use high-quality guidelines and systematic reviews. Clinical trials of the drug under review are critically appraised followed by assessment of comparative efficacy, safety and cost. Evidence must be graded, and students develop recommendations for the drugs place in therapy and drug use criteria (if applicable). Students also complete a population health assignment where they propose specific interventions to improve quality of care metrics (such as rates of diabetes or hypertension control) of a managed care population.

Many of the projects students engage in cross between health and wellness and population-based care. In 2017/2018, PharmD students participated in nearly 50 health and wellness outreach events, including helping to staff a mass immunization project in which more than 3000 students were immunized following a meningococcal B outbreak. In 2016, students in the various health profession programs at the Portland campus began the development of a student-run clinic called the Bridges Collaborative Care Clinic to work with underserved populations in Portland. Pharmacy students were part of the leadership during the initial development stages. The doors opened in 2017, and the goal is to use the clinic to create an authentic experiential program that is embedded in the OHSU interprofessional education curriculum.

Documents

Essentials for Practice and Care

Required Documentation and Data

Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework.

- 3-Year CE Data for Appendices AY 16-17 through AY 18-19.pdf

Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE).

- 3-Year IPPE Course Evaluation Outcomes.pdf
- IPPE Outcomes.pdf

Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE).

- Student APPE Performance 2017-2019.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

Approach to Practice and Care

Comments and Documents

Standard 3

Standard 3

Approach to Practice and Care

Topics Addressed

- ☑ 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.

Key Elements

Approach to Practice and Care

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Approach to Practice and Care

The PharmD curriculum utilizes CAPE student learning outcomes (SLOs) to track and assess student progress through the program. SLO tracking ensures students are developing problem-solving skills, learning to be educators, promote patient advocacy, develop inter-professional collaboration, increase cultural competency and hone their communication skills. These concepts are built progressively and reinforced in classes throughout the curriculum, including experiential rotations. Additionally, the College undergoes regular quality improvement assessments, examples of which include feedback from students, partnering with course coordinators to create standardized grading rubrics, longitudinal activities, and formative assessments to design and redesign instructional methods. All AACP survey results consistently affirm student capabilities in their approach to practice and care.

Problem-solving is integral for success, and a strong foundation in problem-solving is embedded throughout didactic, co-curricular experiences, inter-professional education, and experiential rotations. Contributions of the pharmacy practice course sequence, evidence-based medicine series, pharmacy management, and pharmacokinetics courses are most evident.

The patient care process is reinforced throughout the pharmacy practice course sequence to teach students to deliver effective patient care. Student skills are assessed through hands-on activities in small group settings, simulated patient encounters, written SOAP notes, and oral case presentations. Students learn to collect, assess, implement, plan and follow up with patients. Greater detail is provided in Standard 2, but examples that build problem-solving skills in the pharmacy practice series include:

- Pharmacy Practice Case Discussions (facilitated small group case discussions and presentations) integrate prior knowledge and hone clinical problem-solving skills while working on cases with patients seen in multiple settings, with multiple conditions, and multiple medications over time. Patient advocacy and cultural sensitivity are incorporated to highlight social, economic, and cultural barriers that impact the delivery of health care. Cases become more complex as the course sequence progresses and students grow their knowledge base. Expectations for dealing with scenarios involving multiple interacting disease states, drugs and diagnostic lab results had previously been largely limited to the P3 year. However, student feedback advocated for the importance of dealing with complex cases earlier to build these skills across the entire pharmacy practice sequence.

- Simulated patient experiences are used in all three didactic years. Complementing progression of complexity in cases, P1 students learn to counsel patients on medications and appropriate self-care options. P2 students expand to interact with patients and explore disease-state management. Students interview and gather information from the patient to analyze and create a specific treatment and monitoring plan. Practice skills developed from the patient simulation in the P1 and P2 years are assessed again with oral, case-based exams in P3 Pharmacy Practice and during the PAR block. Integration of standardized simulation experiences in summative assessments strengthens students' problem-solving abilities in preparation for APPE.

- Oral case presentations required during the P3 year determine a student's ability to problem-solve quickly with limited resources. Students are given 30 minutes to prepare a case and develop an assessment plan using evidence-based standards and sound judgment. This is followed by a 6-minute presentation of the case to a faculty member. This rubric-based assessment of

student presentations creates an opportunity for students to enhance presentation, communication, and problem-solving skills.

- SOAP notes are used in all three years to demonstrate the clinical thought process as well as enhancing written communication skills. Assessment of SOAP notes requires students to provide a sound rationale for therapeutic interventions. SOAP notes also challenge students to show they can manage multiple problems, as the cases become more complex.

While perhaps most evident in the pharmacy practice series, activities in a diversity of courses require the development of strong problem-solving skills. The evidence-based medicine (EBM) series teaches students to problem-solve by critically evaluating information sources, appraising the medical literature and clinical trials for application to support clinical decision-making. Formal inter-professional education (IPE), in one example of activities, asks students to work in inter-professional groups to develop possible solutions for problems posed by local nonprofit agencies. Pharmacy Management turns the students' attention to solving non-therapeutic challenges that can disrupt the delivery of patient care. Advanced pharmacokinetics, by its nature, requires students to identify a best choice in drug selection and monitoring where there is not necessarily a single right choice. Experiential rotations reinforce the problem-solving skills taught in didactic courses and apply them in decision making for real patients.

Finally, as described in Standard 4, co-curricular opportunities further develop problem-solving skills as student organizations work collaboratively to organize a series of educational and patient care outreach activities. Graduating students, alumni and preceptors consistently recognize the development of problem-solving skills. Some of the strongest students take advantage of competitions sponsored by national professional organizations to further challenge themselves.

Educators are at their best when they adjust their message to meet their audience where they are. Students are expected to educate patients of all ages and, when needed, educate members of the care team regarding the care plan. Survey results are uniform in strongly supporting the capabilities of the students to act as effective educators.

Key elements in the curriculum that focus on preparing students to be effective educators are taught in all years of the Pharmacy Practice series and include both written and verbal components. Through patient simulations in Pharmacy Practice courses, students learn to educate through patient counseling skills using the “teach-back” method in their P1 year, educating an ambulatory patient about a care plan in their P2 year, and again during their PAR-block assessments in the P3 year. These skills are further developed in their IPPE rotations throughout the curriculum and then reinforced extensively in APPE rotations.

The Evidence-Based Medicine series similarly assesses both verbal and written abilities as a communicator and educator. Written and verbal responses to drug information requests are assessed in the Evidence-Based Medicine series and during the PAR block. Each students’ abilities as an educator are refined through required applications in IPE courses, co-curricular activities, and experiential rotations. All students participate in poster presentations in P1 courses in IPE (PHAR 711) and the Nutrition and Complementary Medicine course (PHAR 714), developing skills to teach and present content they personally researched and organized for presentation. Required co-curricular outreach activities teach students in real-time how to most effectively educate the public on various health-care topics.

Patient Advocacy highlights for students the obstacles created by social-determinants for individual and population-based health. Courses that prepare students to act as patient advocates again begin in the pharmacy practice series where cultural competence and healthcare disparities are addressed early. Health systems (PHAR 738 and PHAR 739), Pharmacy Law (PHAR 728), and Drug Policy (PHAR 774) courses comprehensively define the challenges patients face through policy and law in the design of our healthcare system. Students explore and are assessed on areas related to patient advocacy using

patient simulations throughout the didactic curriculum that deliberately incorporate social determinants of care. This provides a foundation for interacting with and advocating for patients they see on co-curricular activities and during IPPE or APPE rotations.

There are strong examples where students are required to face difficulties and advocate for patients. PHAR 739 in P1 year includes a Medicare project in which students are assigned an individual patient that needs to be enrolled in Medicare. In considering the patient's specific circumstances, students learn about the barriers associated with the system and how to better advocate for patients going through this process. In P2 year, students engage in similar challenges in a global health simulation, and in the PAR Block, P3 students work together to address issues when pharmacy law and ethics seem to come into conflict (PHAR 768).

Interprofessional collaboration is increasingly critical to quality care. Interprofessional Education (IPE) is addressed more broadly in Standard 11, but AACP Graduating Student Survey, Alumni Survey, and Preceptor Survey results indicate that graduates are well qualified for team-based patient care. Students in both the P1 and P2 years, participate in structured, required coursework specific to IPE. In the P1 year (PHAR 711), PharmD students on the Corvallis campus collaborate in groups with students from three other professions, Doctor of Osteopathy (Western University), Nursing and Medical Assistant (Linn-Benton Community College) programs. The primary focus of the course is learning to work as a team. Pharmacy students, however, have an enhanced opportunity to explore the various health disciplines in the Health Systems course, through a grant provided by the Open-Oregon State initiative at OSU. Students complete an interactive, online program that introduces learners to different members of the healthcare team and then integrates interprofessional teamwork concepts to address cases related to diabetes and heart failure care. Students then read several articles about interdisciplinary care and the pharmacist's role before an in-class discussion.

In the P2 year, students travel to Portland on several occasions to participate in IPE coursework (PHAR 712). A greater diversity of health professional students are involved in these groups at the Oregon Health & Sciences University. The P2 course utilizes a mix of in-person and virtual meetings to explore different aspects of patient safety. This IPE course, in particular, prepares students for practice-oriented experiences through IPPE and APPE rotations interacting with a broad complement of different professionals. A recent expansion of the Rural Health initiative at OHSU, as part of APPE, has been a particularly interesting opportunity. As part of this program, pharmacy students and other health professions students live and practice together in rural communities for several weeks to address local health care challenges.

The students' interest in expanding their ability to serve as strong advocates is clear through their participation in Health Equity Week in the Portland area each year, the creation of an outreach committee focused on underserved patients, and the active role played in creating and sustaining of the Bridges Collaborative Care Clinic in Portland.

Cultural sensitivity and competency extends through all University policies. Awareness begins before classes with required reading of a common book for each professional class on a culturally sensitive, health-related topic that is discussed as part of orientation each year. The students have a strong interest in cultural awareness, as exemplified by several of the focused outreach efforts in which they participate as part of co-curricular activities. Activities range from Health Equity Week to a Chinese New Year outreach to developing outreach materials in foreign languages.

P1 and P2 Pharmacy Practice course series extend the students' natural interests by including--within patient care discussions--social-determinants of health linked to financial and living situations, relationships, religion and beliefs, mental health, disabilities, and sexual orientation. During the P2 Practice course, students participate in a global health simulation where patients from other countries need to navigate the health-care system. Student groups also present on health-related topics for an assigned country, and as a part of the activity,

students participate in a potluck serving dishes from their country that are appropriate for someone with diabetes and are low in sodium. Complementary and non-western cultural health practices are included in the Nutrition and Complementary Medicines (PHAR 714) course, and financial disparities are reinforced with the Medicaid project in the Health-Systems (PHAR 738) course that has been previously mentioned.

Throughout the experiential program students routinely interact with culturally diverse patients, and our APPE policies require that at least one rotation is with an underrepresented population. In some respects, many students personally experience their own cultural shift, in that the first two years of the program is taught in Corvallis and the second two years largely in Portland. For several students each year, learning to adapt from a relatively rural educational setting to a metropolitan health science center is a significant cultural shift and faculty are attentive that it brings some unique challenges.

Communication skills are central to all aspects of practice and care. As for most skills related to practice and care, the Pharmacy Practice course series, Evidence-Based Medicine series, IPE courses and experiential rotations are most strongly involved in helping students learn to be more effective communicators with patients. Co-curricular, IPPE, and APPE experiences and several elective offerings provide opportunities to develop and apply those skills. SOAP notes, additional documentation methods, and written assignments progressively build the depth and complexity of written communications through the curriculum. Similarly in verbal communications, counseling skills lead to interview skills with standardized patients, leading to early application in IPPE, and finally to efficient communications between health professionals in P3 practice. All communication skill trainings progress toward assessments in the PAR block and preparation for APPE.

Although most obvious in the courses above, the development of communication skills is also present in a variety of other coursework. Equally important, are written assignments in didactic courses, required poster presentations, co-curricular outreach activities, and often most compelling are self-reflections provided by students as part of co-curricular requirements or preparation for PAR block advising.

3

Documents

Approach to Practice and Care

Required Documentation and Data

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

- Phar 711 (P1 Year Long Course).pdf
- Phar 712 (P2 Year Long Course).pdf

Outcome assessment data of student achievement of learning objectives for didactic course work.

- 3-Year CE Data for Appendices AY 16-17 through AY 18-19.pdf
- Assessment of Educational Outcomes

Outcome assessment data of student achievement of learning objectives for introductory pharmacy practice experiences.

- 3-Year IPPE Course Evaluation Outcomes.pdf
- IPPE Outcomes.pdf

Outcome assessment data of student achievement of learning objectives for advanced pharmacy practice experiences.

- Student APPE Performance 2017-2019.pdf

Outcome assessment data of overall student participation in IPE activities.

- 3 Year Trend Oregon IPE P1 Data Analysis .pdf
- OHSU IPE Report - 2016-2017 - Pharmacy Student Responses.pdf
- OHSU IPE Report - 2017-2018 - Pharmacy Student Responses.pdf
- OHSU IPE Report 2018-2019 - Pharmacy Student Responses.pdf

Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3.

- Public and Patient Outreach Opportunities to Develop Students' Approach to Practice and Care.pdf

Outcome assessment data of student achievement of problem-solving and critical thinking.

- Assessment of Educational Outcomes

Outcome assessment data of student ability to communicate professionally.

- Assessment of Educational Outcomes

Outcome assessment data of student ability to advocate for patients.

- Assessment of Educational Outcomes

Outcome assessment data of student ability to educate others.

- Assessment of Educational Outcomes

Outcome assessment data of student demonstration of cultural awareness and sensitivity.

- Assessment of Educational Outcomes

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

Personal and Professional Development

Comments and Documents

Standard 4

4

Standard 4

Personal and Professional Development

Topics Addressed

- ☑ 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.

Key Elements

Personal and Professional Development

Summary of College's Self-Assessment of the Key Elements	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.	●		

4

Comments

Personal and Professional Development

Personal and professional development is a life-long continuous improvement process. It captures foundational strengths of candidates entering a professional program, assists student pharmacists in maturing their perspectives, and engages pharmacists for a career dependent on critical inquiry and reflection. Self-awareness lies at the center of this process as an essential and, for many, a learned skill.

Personal and professional development are woven throughout the student experience in the professional program. Curricular, co-curricular, and advising components of the program have complementary significance and are integrated to prepare students to be 'Practice Ready.' A capstone exercise leading to the creation of Personal and Professional Development Plan (PPDP) precedes entry into APPEs, is used as a tool to guide learning in APPE rotations. This capstone exercise is noteworthy and builds upon guided professional development advising throughout the professional program.

Self-awareness is an extension of self-reflection but requires a focused and individual evaluative effort and willingness to act. A variety of tools are used to guide assessment for meaningful self-reflection. The emphasis across the program is evidenced in AACP Surveys, which indicate only 6% of graduating students, alumni, or preceptors express concerns about abilities to reflect on and understand how graduates' choices influence personal or professional growth. Examples of tools used to guide students in self-reflection and awareness-building activities in the program include:

- Review of the Essential Characteristics of Student Pharmacists, a locally developed framework, (found in the Student Handbook and used during advising and other interaction with students).
- Inclusion of self-reflection related to cultural awareness, self-evaluation of patient counseling skills, and group reflection on tobacco cessation patient education in the P1 Pharmacy Practice course sequence (PHAR 720-722).
- Pre- and post- self-reflective requirements in Community IPPE (PHAR 708, 709, and 743) and journaling during Institutional Health Systems IPPE (PHAR 760) that challenges students to reflect on how their clinical experiences achieve learning outcomes.
- Specific prompts during annual advising sessions to examine Attitude, Professional Demeanor, and Wellness using our College-developed advising tool 'Characteristics of Highly Successful Graduates'(CHSG).
- Guided self-reflection questions for reporting requirements of co-curricular activities in each professional year.
- Incorporation of self-reflection in the development of the PPDP before APPEs.

Faculty and advisors mentor students through feedback comments on self-reflections to close the loop and encourage improvements going forward to facilitate the transition from self-reflection to self-awareness. Year-end self-reflections and assessments in IPPE and co-curricular activities specifically challenge students to utilize those reflections to identify what types of experiences will further enhance their preparation in the coming year.

Leadership skills are developed and reinforced early in the curriculum, starting with the year-long interprofessional education (IPE) course (PHAR 711). Focusing on skills required for team-based collaborative patient care, students (PharmD, DO, Nursing, and Medical Assistant) rotate responsibility for leadership of small group sessions that intentionally do not utilize faculty or clinical facilitators. Similar experiences in small

group collaboration are provided in the year-long P2 IPE course (PHAR 712) and Health Systems I and II (PHAR 738 &739).

The P1 series of IPPE courses: PHAR 707, 708, and 709 have several lectures covering leadership development basics, including discussions on leadership versus management as well as Big L versus Little L leaders. This series also utilizes the StrengthsFinder as part of leadership development discussions.

Co-curricular expectations specifically identify Leadership, and reflections on leadership, as a required activity for all P2 and P3/P4 students. Irrespective of co-curricular requirements, for many students, leadership is demonstrated through organizational or committee leadership. Students are included in several College standing committees, participated in the development of Strategic Plan 2022, and are members of the ACPE Self-Study Task Force and Writing Teams. Typically, nearly one-half of all students hold some level of elected or appointed leadership position sometime during their four years. Phi Lambda Sigma and Rho Chi chapters recognize and foster student leadership through their activities. Also, students identified through a competitive process as the Student Ambassador's complete a leadership and professional development elective in the P1 year. A leadership elective is also available to P1 and P2 students on the Corvallis campus, and an additional leadership elective is available to P3 students on the Portland campus. Leadership perspectives integrated throughout the professional program emphasize leadership opportunities irrespective of position. As an example, students are asked to reflect on their leadership as patient advocates during their co-curricular experiences.

Individual advising sessions, as part of the PPDP before APPEs, include conversations to assist students in accepting responsibility for their learning on rotations. Survey results confirm these efforts to '...prepare students to accept responsibility for creating and achieving shared goals.' In essence, the PPDP conversations before entering APPEs develop the capacity to 'manage up' by teaching students how to take leadership in providing preceptors guidance on the student's strengths and rotation specific expectations for learning.

Innovation and entrepreneurial perspectives and activities significantly overlap with the concepts of Leadership and Self-Awareness. As noted in Standards 2016, creative thinking and problem solving are inherent to innovation and entrepreneurship. Students are reminded of how critical these skills are to post-graduate success using guided self-reflection during advising on their progress in demonstrating Initiative, Innovation, & Leadership. Surveys of graduating students, alumni, and preceptors consistently show respondents agree that the program has prepared students '...to develop new ideas and approaches to practice'.

Co-curricular activities challenge students to identify and create solutions, prospectively and on-site, for health outreaches, public education, or research activities. Each co-curricular self-reflection specifically asks students to evaluate the activity and suggest how they might improve upon delivery in the future. The P1 IPE (PHAR 711) course challenges students working in small groups to develop creative solutions to real problems faced by local non-profits in a capstone exercise referred to as the Non-Profit Challenge. Pharmacy Management (PHAR 746) challenges students through case studies to address the innovation required for the successful management of pharmacies and the implementation of patient care services. Students in the Senior Care Pharmacy (PHAR 717) elective engage in a similar activity.

Typically 20% of students from each cohort are either pursuing an MBA degree and/or are engaged in the College's Entrepreneurship Academy. Those students pursuing an MBA are assisted in identifying APPE elective rotations that will serve as a required MBA capstone activity. The Entrepreneurship Academy has strong alumni support, utilizes a variety of practitioners to nurture entrepreneurship through presentations, and mentor an internal entrepreneurship competition.

Faculty actively mentor a significant number of students in research processes and projects through individualized participation in Research (PHAR 701) and Reading and

Conference (PHAR 705) electives. Among graduating student survey responses, earlier surveys have suggested the College could be more effective in providing didactic electives that encourage exploration of areas of personal interest. The College is currently examining this area with an Elective Task Force. Recent curricular changes did intentionally expand the number of APPE rotations to eight six-week rotations, providing students with more experiential electives to explore practice settings specific to student interests.

Professionalism, meaning exposure to the modeling of health professional workplace expectations, is not presumed across our diverse student cohort. It is identified, intentionally developed across the program, and begins before matriculation. In preparation for entry into the professional program, students are advised on a variety of professional activities, ranging from the completion of a StrengthsFinder assessment to standards for electronic communication and the use of social media. Students are also made aware of student governance structure and the variety of professional organizations represented. The entire professional program is bracketed by students' reading of the Pledge of Professionalism at the White Coat ceremony the first week of class and the Oath of a Pharmacist at graduation.

Curricular components of professional development are initiated immediately in the fall term of the P1 year. Pharmacy Practice laboratories throughout the program establish expectations for appropriate dress, accountability, and professional communications. The capacity to interact professionally with a diversity of patients and other health professionals is a point of emphasis. PHAR 707 includes a Career Pathways workshop, interview skills workshop, initial efforts to begin development of a CV/Resume, and completion of certifications required to be in patient care areas. Activities that parallel student progression are carried through the IPPE course sequence and, in the second year with additional CV and LinkedIn workshops. Awareness of postgraduate opportunities, such as residencies, are similarly incorporated across the IPPE sequences. All IPPE and APPE evaluations specifically require an assessment of student professionalism in the site. The Academic and Professional Standards (APS) committee clearly communicates that academic and professional conduct concerns can be the basis for being placed on Warning, Probation, or Dismissal.

Faculty committees designed co-curricular activities with specific attention to assuring that students are guided to opportunities that develop and apply professionalism in working with patients, public, and colleagues. The four areas included are:

1. **Health Education and Community Service**
2. **Patient Care and Advocacy**
3. **Professional Engagement**
4. **Leadership and Innovation**

Expanded explanations and mapping of objectives of co-curricular outcomes to the College Program Student Learning Outcomes (P-SLOs) can be found in co-curricular guidelines/syllabi and College Curriculum Map. The university has provided a means by which co-curricular activities can be made transcript visible, and syllabi for PHAR 001 and PHAR 002 are available (see optional appendices). In January 2019, a new instructor position dedicated to co-curricular education and professional development was created and filled. Dr. Stacey Olstad serves in that role. Part of the responsibility of this faculty member is to guide students in their professional development in conjunction with the Office of Student Services and other faculty who formally participate in the review and feedback of co-curricular reflections.

Structured required advising sessions are held throughout the curriculum for every student. The program was initially based on common concerns observed by the student services team, but the content emphasized has evolved to more specifically address personal and professional attributes highlighted in the 2013 CAPE outcomes and 2016 ACPE Standards. The depth of self-reflection and planning required, increases each professional year. Session objectives progress from a focus on self-awareness to self-assessment and professional goal-setting, and finally to creating tools and accountability that will guide one's own learning and

growth. Only 5% of alumni express concern related to responsibility for personal learning, and there is near unanimity among recent grads that they are prepared for life-long learning. Areas highlighted in the Characteristics of Highly Successful Graduates tool; note the importance of developing a professional network of mentors (Relationships), encourage employment or comparable experiences (Experience) and specifically call attention to the Attitude and Professional Demeanor one brings to their professional role. As noted previously, advising coordinated through student services culminates with the creation of a PPDP plan before beginning APPE rotations.

The Personal and Professional Development Plan (PPDP) is a comprehensive capstone and required of every student. It is an intentional and progressive integration of curricular, co-curricular, and structured advising components. It was developed with the recognition that traditional professional development opportunities are necessary, but insufficient, to assure professional preparedness of today's pharmacist. The traditional complement of invited speakers, career or interview days, student competitions, and student participation in nationally affiliated organizations are also available, and students are strongly encouraged to participate. A typical selection of co-curricular opportunities is included in optional appendices.

The efforts of faculty and staff to facilitate an understanding of how to actively cultivate self-awareness, and its value in developing skills required for leadership and innovation, are comprehensive in their breadth and depth. This is similarly reflected in the overall professional development of students, with students, alumni, and preceptors all agreeing that students act in a manner consistent with the trust placed in pharmacy and pharmacists. As noted initially, these attributes are not assumed, but rather progressively developed and share equal significance with each student's academic preparation in the professional program. The structured advising program and the quality of the co-curricular program implemented are clearly noteworthy with regard to the rigor that the College brings to efforts in personal and professional development.

4

Documents

Personal and Professional Development

Required Documentation and Data

Outcome assessment data summarizing students' overall achievement of professionalism

- Assessment of Educational Outcomes

Outcome assessment data summarizing students' overall achievement of leadership

- Assessment of Educational Outcomes

Outcome assessment data summarizing students' overall achievement of self-awareness

- Assessment of Educational Outcomes

Outcome assessment data summarizing students' overall achievement of creative thinking

- Assessment of Educational Outcomes

Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4

- Examples of Experiences Made Available to Document Growth in Affective Domain-Related Expectations.pdf

Description of tools utilized to capture students' reflections on personal/professional growth and development

- Co-Curricular Activity Reflection Form - Patient Care and Advocacy.pdf
- Co-Curricular Activity Reflection Form - Leadership and Innovation.pdf
- Co-Curriculur End of Year Reflection.pdf
- Personal and Professional Development Plan Expectations 2019.pdf

Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning

- Professional development and Life-long Learning.pdf

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

- 3-Year CE Data for Appendices AY 16-17 through AY 18-19.pdf

Outcome assessment data of student achievement of learning objectives for introductory pharmacy practice experiences

- 3-Year IPPE Course Evaluation Outcomes.pdf
- IPPE Outcomes.pdf

Outcome assessment data of student achievement of learning objectives for advanced pharmacy practice experiences

- Student APPE Performance 2017-2019.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- PHAR 001_ Co-Curricular Engagement–Service Learning.pdf
- PHAR 002_ Co-Curricular Engagement–Leadership Experience.pdf
- Inventory of Co-Curricular Events 2017-2019.pdf

Eligibility and Reporting Requirements

Comments and Documents

Standard

5

5

Standard 5

Eligibility and Reporting Requirements

Topics Addressed

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

5

Key Elements

Eligibility and Reporting Requirements

Summary of College's Self-Assessment of the Key Elements	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.	●		

5

Comments

Eligibility and Reporting Requirements

Autonomy and Legal Empowerment

The College of Pharmacy is an autonomous unit within the Oregon State University structure and is led by Dean Grace Kuo, PharmD, MPH, PhD. The reporting relationship between the College and the University is reflected in the OSU Provost Office Organization chart (see required Appendices). The primary officers of the University are the President (Edward Ray, PhD) and the Provost and Executive Vice President (Edward Feser, PhD). The Provost's Council of Deans includes the Dean of the College of Pharmacy together with ten other academic deans and the Vice President for OSU-Cascades (Becky Johnson, PhD). The Provost's Senior Leadership Team consists of 15 individuals, including the Vice Provost of Undergraduate Education and the Vice Provost of University Outreach and Engagement. The Provost's Council of Deans meets regularly, on average of monthly during the academic year, and reports directly to the Provost. The Deans also work closely with the Director of Budget and Fiscal Planning (Sherm Bloomer, PhD), the interim Vice President for Research (Irem Tumer, PhD) to obtain research equipment and start-up funds for new faculty, and the Senior Vice Provost for Faculty Affairs (Susan Capalbo, PhD) for academic issues. Also important to the governance of the University are the Faculty Senate, the Graduate Council, the Undergraduate Education Council, and the University Assessment Council. The College has defined representation on each of these administrative bodies. College faculty members also serve on a variety of other University committees that provide direction for the University on a variety of concerns as reflected in Standard 7 appendices.

In November of 2009, Oregon State University established a new divisional structure as part of OSUs Strategic Alignment and Budget Reduction Implementation Plan. The Health Sciences Division is comprised of the College of Pharmacy, the College of Public Health and Human Sciences, the Carlson College of Veterinary Medicine, and the Linus Pauling Institute. To date, this has resulted in the consolidation of accounting and human resources functions within the divisional Health Sciences Business Center, collaboration on defining new faculty lines, and cross-college initiatives, such as pilot project funding and a grant writing workshop. Deans in the Division of Health Sciences rotate, serving as the Executive Dean for the division. Currently, the Dean of the Carlson College of Veterinary Medicine is in the role of Executive Dean; however, the Dean of the College of Pharmacy continues to report directly to the Provost, and the College retains autonomy on all decisions related to the professional pharmacy program.

The College of Pharmacy, within the policies and procedures of the University and state, acts autonomously and maintains College-specific By Laws, most recently revised and approved in October 2019. The Provost's Council works collaboratively to provide guidelines regarding the allocation of resources across the University; however, the Dean of the College works directly with the President, Provost, and Vice President for Finance and Administration to set budgetary guidelines and negotiate appropriate resources for the College. The Dean is also ultimately responsible for ensuring accreditation requirements are met. The College has responsibility and authority over professional program admissions, curricular design and implementation, and assessment. Personnel searches, specific staffing decisions, and compensation are determined at the departmental and College level. The University provides assistance in assuring that personnel decisions follow required guidelines, and typically contributes to expenses related to any start-up or retention packages.

The Doctor of Pharmacy degree is jointly conferred by Oregon State University and Oregon Health & Science

University (OHSU). OHSU is Oregon's only academic health sciences center combining teaching, patient care, research, and community service throughout the state. Many College faculty members in the Department of Pharmacy Practice, and five faculty from Pharmaceutical Sciences are based on the Portland campus, many of which hold adjunct appointments or affiliations with OHSU departments. OSU and OHSU have a formal memorandum of understanding regarding the joint offering of the PharmD program.

The president of OHSU, Danny Jacobs, M.D., MPH, oversees both the academic and medical center enterprises, as noted in the OHSU organizational chart. The Provost, Elena Andresen, PhD, is also the Executive Vice President. Deans of OHSU professional schools report to the Provost. The Dean of the College of Pharmacy at OSU attends monthly OHSU Deans' Council meetings, meets regularly with the Provost, and also meets regularly with the Director of Pharmacy at OHSU, who also holds the title of Associate Dean for Clinical Education in the College. College faculty are represented on the OHSU Faculty Senate, and, as for OSU, faculty members also serve on additional OHSU committees that provide direction for OHSU.

Accreditation Status, Accreditation Actions, & Substantive Changes

Oregon State University has been continuously accredited since 1924 and is currently accredited by the Northwest Commission on Colleges and Universities (NWCCU). OSU is authorized to offer baccalaureate, master's, doctorate, and first professional degrees, as well as undergraduate, post-baccalaureate, and graduate-level certificates. The university is governed and guided by the Oregon State University Board of Trustees. The Oregon Higher Education Coordinating Commission (HECC) provides coordination support on funding requests to the governor on behalf of all public universities in Oregon, as well as approval of significant changes in academic programs or tuition increases over 5 percent.

In July 2019, Oregon State University had institutional accreditation reaffirmed and has received full accreditation through 2026. There are no institutional accreditation recommendations that negatively impact the PharmD program; however, if there were, the College is aware of the requirement to notify ACPE of those issues within 30 days of formal notification. Similarly, the College is aware of the requirement to notify ACPE of substantive changes in organizational structure or processes to allow ACPE an opportunity to evaluate the possible impact on programmatic quality.

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Documents

Eligibility and Reporting Requirements

Required Documentation and Data

University organizational chart depicting the reporting relationship(s) for the Dean of the college or school.

- OSU Administrative Structure 2019.pdf
- OSU Provost Office Structure 2019.pdf
- OHSU Provost Office Structure.pdf

Document(s) verifying institutional accreditation.

- NWCCU Notification Letter_July 2019.pdf

Documents verifying legal authority to offer/award the Doctor of Pharmacy degree.

- Legal Authority to Award PharmD.pdf

Accreditation reports identifying deficiencies (if applicable).

- Not applicable.

Description of level of autonomy of the college or school.

- Autonomy of the College.pdf

Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program.

- Not applicable.

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- Master Agreement Between OSU and OHSU for PharmD.pdf

College Vision, Mission, and Goals

Comments and Documents

Standard 6

Standard 6

College Vision, Mission, and Goals

Topics Addressed

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

Key Elements

College Vision, Mission, and Goals

Summary of College's Self-Assessment of the Key Elements	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.	●		

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Comments

College Vision, Mission, and Goals

Oregon State University's Vision and Mission Statement guides the University as it strives to "best serve the people of Oregon, Oregon State University will be among the Top 10 land grant institutions in America." The University mission statement for 2019-2023 indicates that "As a land grant institution committed to teaching, research and outreach and engagement, Oregon State University promotes economic, social, cultural and environmental progress for the people of Oregon, the nation and the world. This mission is achieved by producing graduates competitive in the global economy, supporting a continuous search for new knowledge and solutions and maintaining a rigorous focus on academic excellence, particularly in the three Signature Areas: Advancing the Science of Sustainable Earth Ecosystems, Improving Human Health and Wellness, and Promoting Economic Growth and Social Progress."

The University Vision and Mission are underpinned by three primary goals with the core values of accountability, diversity, integrity, respect, and social responsibility:

1. Provide outstanding academic programs that further strengthen performance and pre-eminence in the three Signature Areas of Distinction: Advancing the Science of Sustainable Earth Ecosystems, Improving Human Health and Wellness, and Promoting Economic Growth and Social Progress.
2. Provide an excellent teaching and learning environment and achieve student access, persistence and success through graduation and beyond that matches the best land grant universities in the country.
3. Substantially increase revenues from private fundraising, partnerships, research grants, and technology transfers while strengthening our ability to more effectively invest and allocate resources to achieve success.

Improving human health and wellness is called out as one of three Signatures Areas for Oregon State University in which the College of Pharmacy plays a key role. Further, the University mission statement clearly demonstrates a commitment to teaching, research, outreach and societal engagement that are highly compatible with college-level vision and mission statements approved in October 2018.

The College Vision Statement is that "The faculty and students of the College of Pharmacy will be innovators and leaders in transforming health care to create positive patient outcomes through the discovery and translation of research and scholarship." The College Mission statement is to "advance societal health through leadership in pharmacy education, research, community engagement, and improved patient care." Those statements are underpinned by eight Critical Factors for Success which include:

1. Recruit and nurture diverse and high-achieving students, faculty, and staff to address the healthcare needs of a diverse population.
2. Create professional leaders who advance societal health by building a culture of critical thinking, evidence-based decision making, and interprofessional team-based patient care.
3. Create scientific leaders whose innovative ideas and strategies advance new options to improve health.
4. Engage in and disseminate impactful scholarship, ranging from foundational research to applications inpatient care to scholarship of teaching and learning.
5. Equip students and faculty with academic, professional, and leadership skills required to compete successfully and sustain satisfaction, both personally and professionally.

6. Enhance alumni relationships through a partnership that assures continuing competence, awareness of contemporary practice issues, and engages alumni with faculty and current students for reciprocal benefits.
7. Establish key partnerships, collaborations and strategic alliances that will advance the mission of the College.
8. Be Oregon's pharmacy resource advancing healthcare regionally, nationally, and globally.

The College publishes and promotes its mission through the website, written communications, and prominently at the top of the required standardized template for all course syllabi. The College mission aligns with that of the University in its commitment to the highest quality of teaching, scholarship and service to the public. Additionally, the academic departments within the College align with the College and University mission statements and are detailed below.

The College Vision Statement is that "The faculty and students of the College of Pharmacy will be innovators and leaders in transforming health care to create positive patient outcomes through the discovery and translation of research and scholarship."

The College Mission statement is to, "advance societal health through leadership in pharmacy education, research, community engagement, and improved patient care."

Commitment to Educational Outcomes and Scholarship, Service, and Practice

The College Mission Statement and corresponding Critical Factors for Success specifically align with ACPE Standards 1-4 and reflect pharmacy education and improved patient care in a broad statement that includes the key terms pharmacy education and improved patient care. These elements are directly related to ACPE Educational Outcomes of Foundational Knowledge (Standard 1); Essentials for Practice and Care (Standard 2); Approach to Practice and Care (Standard 3); and Personal and Professional Development.

Advocating for patient care and advancing the practice of pharmacy are essential components of the College's mission and an integral part of the student experience. This includes maintaining the pharmacist's role as valued members of the healthcare team, and stewards of public health. As such, the curriculum includes two yearlong required IPE courses (see Standard 11 for details), and opportunities exist for additional IPE electives or co-curricular experiences.

The College offers post-graduate training opportunities in the form of PGY-1 Residencies in Community practice at 5 sites in the Willamette Valley and a PGY-2 Residency in Ambulatory Care in Portland (see the PharmD Residency programs website). We also offer post-graduate fellowship opportunities in pharmaceutical care outcomes research with our Portland-based faculty experts.

ACPE-accredited continuing education programming for alumni and other members of the pharmacy community is offered both online and live through the College's Office of Continuing Education. As stated on the College Continuing Education website, the major focus of the College's continuing education offerings is on the knowledge, application, skills, and attitudes necessary to ensure optimal medication therapy outcomes, promote patient safety, manage practice settings, satisfy educational requirements for pharmacist re-licensure, meet recertification requirements for pharmacy technicians, and meet statewide protocols, including the expansion of pharmacist prescribing and certification.

Monitoring progress towards outcomes related to the college-level Strategic Plan is conducted by the Director of Assessment and Faculty Development. The status of the plan is reported to all faculty on an annual basis. Research and Practice outcomes are routinely assessed through annual faculty reviews and the College's annual report to the Provost. Extramural funding, research proposal submission, and publications are assessed regularly by the Associate Dean for Research.

Consistency of Initiatives

The College has historically been highly successful in ensuring that initiatives and programs are well aligned with the College's mission. Evidence of alignment of outcomes with the mission is demonstrated by the internal assessment of our strategic plan that spanned 2012-2018 in which we successfully accomplished 82% (49/60) of the objectives outlined in the strategic plan, and nine of eleven of the remaining objectives were considered partially met.

Two specific examples of how the 2012-2018 Strategic Plan guided the work in the College include Critical Issue 1 and Critical Issue 3. Critical Issue 1 guided the work on the curriculum redesign, refocused and heightened the College's role in P1 IPE programming, and guided our commitment to the development of a student-led interprofessional clinic (Bridges Collaborative Care Clinic), among other initiatives. Regarding Critical Issue 3 related to expansion of the research mission, the strategic expansion of faculty, increased administrative infrastructure for pre- and post-award support, and seed funding initiatives have all contributed to increasing the amount of extramural funding from $3,899,708 in FY2013-14 to $5,368,177 in FY2018-19, a 37.6% increase was directly related to Critical Issue 3 of the 2012-2018 Strategic Plan.

The alignment of initiatives with vision and mission was continued in AY 2018-19 as a new strategic plan development process was launched to encompass the 2019-2022 period. Development of Strategic Plan 2022 began by first revising the Vision, Mission, and Critical Factors for Success to guide the plan with input and feedback solicited from faculty and students. Renewed approval of the Vision and Mission occurred in October 2018 by faculty vote. The most recently approved Strategic Plan (Strategic Plan 2022) and related Critical Issues were subsequently approved in September 2019. This plan has been structured to identify critical issues and short-term goals that align with education, research/scholarship, service and practice, anchored by the eight critical factors for success described above. This is evidenced by the sections in Strategic Plan 2022 which include: Cultivating a Climate in Support of Personal and Professional Success, Delivery of Exemplary Pharmacy, Post-graduate, Research, and Continuing Educational Programs, Crafting and Sustaining Distinction. This strategic plan, together with the unit level strategic plans noted below, will drive initiatives for the next three years.

Subunit Goals and Objectives Alignment

The College is organized into two academic units. Both academic units have articulated goals and objectives that align with the College, and thus the University. This is evidenced in the required appendices as well as outlined below.

Department of Pharmacy Practice

Vision: Shape the future of the profession of pharmacy by leading effective and innovative practice, impactful scholarship, and progressive education.

Mission: Our mission is to develop future pharmacy practitioners and scientists, be leaders in the profession, and generate and disseminate new knowledge that improves health.

Department of Pharmaceutical Science

Vision: Same as College: "The faculty and students of the College of Pharmacy will be innovators and leaders in transforming health care to create positive patient outcomes through the discovery and translation of research and scholarship."

Mission: Our mission is to educate and train the next generation of leaders and innovators in pharmaceutical sciences research; to provide a strong education in foundational sciences for future pharmacists; to discover and develop tools and strategies for prevention,

detection, and cure of human disease; and to promote health through better public understanding of pharmaceutical agents.

Summary

Across time, the College has excelled in the application of all guidelines related to this standard. The College has developed a mission and vision that is in direct alignment with the University's mission and vision. The College's two departments have developed departmental mission and vision statements that are purposefully aligned with the College. Our College and departmental mission and vision statements all call for excellence and leadership in education, practice, and research. To that end, the College routinely and systematically assesses outcomes related to SP2022 and other plans.

Documents

College Vision, Mission, and Goals

Required Documentation and Data

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

- Vision, Mission, & Goals: University to Dept Level.pdf

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

- OSU COP Strategic Plan 2012-2018 Dec Update.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

Strategic Plan

Comments and Documents

Standard

7

Standard 7

Strategic Plan

Topics Addressed

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

7

Key Elements

Strategic Plan

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Strategic Plan

Strategic planning has been a useful mechanism by which faculty can make appropriate choices to facilitate fulfillment of the mission and vision of the College, within the context of faculty, staff, student, and alumni perspectives. Among the many directions the College could pursue, short and long term priorities are established and tracked to guide decision making. Concordance with departmental and university plans and interests assure both the energy and resources required for completion are likely to be available.

This narrative references the implementation of a Strategic Plan initiated in 2012 and its replacement by the recently initiated strategic plan in the fall of 2019, referred to as Strategic Plan 2022. The previous closed out plan outcomes tracking document as well as the Strategic Plan 2022 are included in the appendices. The 2012 Strategic Plan was extended approximately 18 months, in part, to allow completion of a few items in progress and, in part, due to initial indecision as to whether engaging in a strategic planning process while still seeking permanent leadership was appropriate. With a slight delay, the faculty decided that strategic planning needed to go forward to maintain the momentum gained under the last strategic plan and to serve as an indicator to Dean candidates as to the priorities of the faculty. Consistent with most contemporary strategic plans, the timeframe for the plan developed in 2019 was shortened to three years to reflect a very dynamic environment, including the pending change in leadership that was imminent during the development of the plan. The current plan is referred to as Strategic Plan 2022.

The vision and mission of the College are focused on leadership in education, research, community engagement, and patient care. Both the recently closed out and Strategic Plan 2022 objectives align well with the vision and mission. The 2012 Strategic Plan identified five critical issues, which were progressively broken down to Strategic Directions and, finally, to specific Objectives to be accomplished. Of the 61 objectives listed, 43 have been met and are ongoing, 6 have been completed, 10 have been partially met, and 2 were not met. Highlighted below, the 2012 strategic plan has allowed for critical advances toward the vision and mission. Comparable expectations exist for the Strategic Plan 2022.

The 2012 College Strategic Plan, completed in May of 2012, fulfilled a year-long strategic planning effort, facilitated by the Bernard Consulting Group. The planning process engaged faculty, professional and graduate students, and alumni and key stakeholders. The University was, at that time, completing its own strategic planning process which confirmed that strategic directives proposed for the College were represented in the university strategic plan.

Similarly, as Strategic Plan 2022 was being created for the College, the University had again recently completed a strategic planning process. Goals identified by the University (in abbreviated form) are:

- Preeminence in Research and Scholarship
- Transformative Accessible Education
- Significant and Impactful Contributions to Oregon communities
- Creating a Culture of Belonging

The critical issues identified by the College are strongly aligned and include:

- Cultivate a Climate of Support that advocates inclusiveness and wellbeing (University Goals 2 and 4)
- Deliver Exemplary Life-long Education for professionals leading health care (University Goal 3)
- Sustain Distinction through visibility of outstanding scholarship and research (University Goal 1)

Departmental strategic plans, in turn, provide key support to the College plan. They focus largely on assuring that

opportunities are optimized to support the full engagement of faculty in advancing education and research initiatives. Both departments have active strategic plans that have and will guide decision-making. The Strategic Plan 2022 was developed over the course of nearly one year using a modified Delphi method. The process was initiated by inviting standing committees, and individual faculty, staff, and students to propose concerns that should be considered for inclusion. One additional ad hoc committee was also convened to provide input specifically on postgraduate pharmacy education, an area not well covered by existing standing faculty governance committees. Engagement of alumni was not as comprehensive as for the 2012 strategic plan, but concurrent self-study processes with strong alumni representation provided confidence that any alumni concerns had the opportunity to be brought forward by faculty with whom they were working.

Nearly 70 individual items were submitted for consideration. An internal Expert Panel was identified consisting of the department chairs, two faculty representatives from each department, the Director of Student Services and Head advisor, and a student. The Executive Associate Dean, and Director of Assessment and Faculty development provided administrative support and guidance.

All of the initial items were categorized by the Expert Panel and distributed in a survey for review and feedback. Faculty, staff, student representatives, and alumni engaged in the self-study process were asked to indicate the overall importance of each item using a Likert scale, and to also rank priority within a specific topic area (e.g. faculty development). The Expert Panel reviewed the results of the first survey, eliminating items that were a clearly low priority, restructuring some items for greater clarity, and setting aside two categories that seemed to be complete. A revised second survey was redistributed, but only requested that faculty rate each item once using a revised Likert scale. Again, the results of the second round of survey responses were reviewed by the Expert Panel, with very few revisions being made. Responses coalesced around a few broad areas of interest, allowing for grouping or categorization of all items within three critical issues.

Confident that the primary concerns had been identified, faculty were assigned to one of the three Critical Issues and worked in groups at a faculty meeting to refine statements that could be used for a draft strategic plan. The refined statements were then posted at the meeting for all faculty to provide additional comments. The results from the faculty meeting were clarified and assembled into a penultimate draft. Faculty reviewed the document by email, and after some minor corrections, Strategic Plan 2022 was approved at the fall 2019 faculty meeting. Subsequently, to aid in implementation and tracking 'Accountable Parties' were identified for each objective. The identified Accountable Parties developed 'Indicators of Success' with a timeline for each objective.

Strategic Plan 2022 is considered to be a living document allowing for objectives to be clarified or, in some cases, eliminated if no longer relevant. The Executive Associate Dean, working with the Director of Assessment and Faculty Development, is charged to monitor, evaluate, and document progress of the plan. Refer to the required appendix document titled "OSU COP Strategic Plan 2012-2019 Dec Update" for evidence of the tracking mechanism that includes strategic directions, objectives, accountable parties, indicators, outcomes, and status for the 2012 strategic plan. A review of this document demonstrates how it is used to review and evaluate progress for each objective identified in the strategic plan. The Executive Associate Dean works closely with individuals and committees to make sure the tracking information is accurate and up to date, reports periodically to the College Council, and at least annually presents at a faculty meeting for broader discussion. A similar tracking document has been created to facilitate tracking of progress of Strategic Plan 2022, see required appendices section. Annual Reports to the University Provost provide documentation of the College's progress with the strategic plan, as well as the alignment with the University's mission and goals. The College's Strategic Plan 2002 and related metrics are publicly available on the University's Strategic Planning website.

Faculty perceptions of the strategic planning process are strong overall. A slight drop in confidence appeared in 2018 prior to initiating the 2019 planning process. The comprehensive inclusion of faculty in the 2019 process,

however, is accurately reflected in the 2019 Faculty Survey where greater than 97% of faculty agreed that they were able to provide input.

The 2012 Strategic plan has been an effective guide in advancing the vision and mission of the College. It clearly focused on concerns of the greatest importance for the College and challenged the College to achieve substantive advances. The commitment of the University to help support and resource strategic plan objectives is clear throughout, whether it be providing assistance with new hires in both departments or clarifying and expanding its investments in the new Robertson Life Sciences Building on the Portland campus.

A full summary of achievements guided by the 2012 strategic plan can be found in the tracking sheet used to monitor progress, but selected highlights include:

- A complete review of the professional program, including structural changes that created the PAR block to assure student readiness for APPE, and expansion of APPE to allow students a greater variety of elective rotations.
- Support for a significant increase in students engaged in research, pursuing an MBA or additional certifications, and successfully securing residency positions or other employment.
- Critical evaluation of graduate studies and successful completion of a university/external review of the graduate program.
- Expansion of student and faculty integration into activities on the Portland campus, ranging from relocation of the pharmaceutics faculty to Portland to increased interprofessional student outreach activities, to utilization of OHSU and Portland VA sites for nearly all institutional IPPE rotations, and integration of P4 students in the IPE Rural Initiative.
- The addition of several faculty positions, distributed between the departments and consistent with departmental strategic initiatives.
- Increased external research funding and publications far in excess of the projected 10%.
- Successful accreditation and significant expansion of Continuing Education offerings in support of recent changes expanding the role of pharmacists.

The Strategic Plan 2022 calls for an equally substantive examination of the College to more effectively achieve the vision and mission. Some objectives are extensions of efforts begun in the previous version, but many are new undertakings. For example, included are:

- Renewed and expanded the focus on student, staff and faculty wellness and inclusiveness to allow all to reach their greatest potential.
- A stronger focus on the structure and support required to further expand student success and College involvement in residency and fellowship programs.
- Define the next steps to explore non-traditional scheduling and new elective offerings, including in the P4 year, so that students can more effectively define their expertise at graduation.
- A full review of the administrative and organizational structure to assure efficient and productive operations.
- Expand the support and focus required to bring the college into the top 25% of research-active institutions.

Alignment with departmental plans and university goals is important for successful implementation and is in place. Departmental plans are dynamic and reach across the entire vision and mission of the College. University support has already been demonstrated by providing financial support for the expansion of computing storage capacity, one of the objectives identified in the Strategic Plan 2022.

Documents

Strategic Plan

Required Documentation and Data

College or school's strategic planning documents

- College of Pharmacy Strategic Plan 2022

Description of the development process of the strategic plan.

- Strategic Plan 2022 Timeline and Process.pdf

Outcome assessment data summarizing the implementation of the strategic plan

- OSU COP Strategic Plan 2012-2018 Dec Update.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- Oregon State University Strategic Planning Website
- Pharmaceutical Sciences Strategic Plan.pdf
- Pharmacy Practice Strategic Plan.pdf

Organization and Governance

Comments and Documents

Standard

8

Standard 8

Organization and Governance

Topics Addressed

- ☑ 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 AACP standardized survey questions, especially notable differences from national or peer group norms.

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Key Elements

Organization and Governance

Summary of College's Self-Assessment of the Key Elements	S.	N.I.	U.
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 equitability* – 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.	●		

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Comments

Organization and Governance

Leadership Collaboration

The College Executive team is comprised of the Dean, Executive Associate Dean, Associate Dean for Research, Associate Dean of Academic Integration and Clinical Advancement, Assistant Dean for Experiential Programs, and two Department Chairs. These individuals, utilizing a strong organizational structure, provide leadership in support of the mission, vision, and goals of the College. All are strong regular contributors through scholarship and service in practice, education, and scientific fields. Individuals holding Administrative Director titles also share in the responsibility of executing the mission and goals of the College. These positions include Directors of Student Services, Assessment & Faculty Development, Alumni Relations & Professional Development, Graduate Studies, Graduate Admissions, and Development.

The Dean of Pharmacy sits on the OSU Dean's Council and formally reports directly to the Provost and Executive Vice President of OSU and has free access to the members of the university leadership. The Dean also represents Pharmacy on the OHSU Dean's Council and the President's Cabinet, where she interacts with the other Deans in the health professions, university administrators, and has ready access to the Provost and Executive Vice President of OHSU.

Qualified Dean

July 2019, Grace Kuo, PharmD, PhD was appointed Dean of the College of Pharmacy. She was preceded by Dr. Mark Leid, PhD, RPh, who had served as interim Dean since July 1, 2018, following the retirement and eight-year tenure of Dr. Mark Zabriskie as Dean. Dr. Kuo reports to the Provost and Executive Vice President and serves as the chief administrative and academic officer of the College. Dr. Kuo holds a B.S. in Pharmacy, a PharmD, and conducted postdoctoral training at the W. G. Magnuson Clinical Center at the National Institutes of Health. Subsequently, she earned both a Masters and PhD in Public Health. Before joining OSU, she was Professor of Clinical Pharmacy at the University of California San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences and was Associate Dean for Strategic Planning and Program Development. Dr. Kuo's clinical expertise is primary care pharmacy practice and medication safety, and she served as Director of San Diego Pharmacists Resource and Research Network. She was also Director of the Pharmacogenomics Education Program at UCSD. Dr. Kuo is a well-published in her field and an active member and fellow in multiple national pharmacy organizations. Within this role, the dean is not assigned other substantial administrative responsibilities.

Qualified Administrative Team

Gary DeLander, PhD, RPh is Executive Associate Dean with the primary responsibility for the oversight of academic programs and student services. Serving as the chief operating officer, he oversees the day-to-day College operations and serves as the chief academic program officer for the College. He is a licensed pharmacist and a PhD-trained pharmacologist who is very active in pharmacy and academic professional activities. During his tenure as an administrator, Dr. DeLander has moved progressively from being Assistant Dean for Academic Affairs to Associate Dean for Academic Affairs and was appointed the Executive Associate Dean in the College in 2010. Dr. DeLander also led implementation of interprofessional (IPE) programming on the Corvallis campus.

Mark Leid holds the position of Associate Dean for Research. He was appointed Assistant Dean for Research in 2003, and held his current position since 2010. He oversees the development of College research initiatives, mentors faculty members in scholarship, and represents the College to the University Research Office. He is responsible for oversight of all research and scholarship

activities in the College. Dr. Leid holds a BS in Pharmacy and PhD in Pharmacology, has a strong record of peer-reviewed research and has served on numerous campus-wide committees that include chairing the University Research Council.

David Bearden, PharmD, Clinical Professor, is located at the Portland campus and is the key contact between OSU and Oregon Health & Science University (OHSU). He was recently installed in the new position of Associate Dean of Academic Integration and Clinical Advancement. His responsibilities include serving as a liaison to Pharmacy Services within the OHSU hospital, oversight of interprofessional education, academic policy, and procedures. He served as Chair of Pharmacy Practice for nine years, effectively leading the department through a series of targeted hires to expand teaching and research capabilities. Dr. Bearden holds a PharmD degree from the University of Illinois, Chicago, and is an active investigator in translational aspects of infectious disease research.

Juancho Ramirez, PharmD is the Assistant Dean for Experiential Programs and is responsible for the development, implementation, and oversight of experiential education across the professional program. This includes preceptor recruitment and training, experiential site development, and the oversight and placement of professional students in pharmacy practice experiential programs. Dr. Ramirez received his PharmD from the University of Southern California and has provided leadership and been an active contributor to the Northwest Pharmacy Experiential Consortium (NWPEC).

The Department of Pharmacy Practice is currently chaired by Jon 'JJ' Furuno, PhD on an interim basis. He was appointed to serve in this capacity in November 2018. Dr. Furuno joined the outcomes and economics core in the Department as an Associate Professor in Pharmacy Practice in September 2011, after several years of service at the University of Maryland. Dr. Furuno received his PhD in Epidemiology from the University of Maryland and conducts research in antimicrobial resistance and epidemiology in hospice and palliative care settings. His duties as chair include overseeing departmental operations in both Corvallis and Portland. A search for a permanent chair has been announced and is expected to conclude successfully prior to the beginning of the 2020 – 21 academic year.

The Department of Pharmaceutical Sciences is chaired by Theresa Filtz, PhD. Dr. Filtz assumed the role of chair in 2015 and provides leadership and guidance for faculty and staff in Corvallis and Portland, facilitating communication between members of this department and the College's executive leadership. Dr. Filtz received her PhD in Pharmacology from the University of Pennsylvania. She joined the College in a tenure track position as Assistant Professor of Pharmacology in 1998 and was promoted to Associate Professor in 2007. Her research interests center on cell signaling and response networks. She has also been highly engaged with the OSU Graduate Council and has chaired that committee.

Authority, Collegiality, and Resources

The Executive Committee of the College, in concert with the broader College Council, are the two umbrella committees charged with operational oversight of the College. These two committees encourage collaborative governance, collegiality, and effectiveness. The Executive Committee consists of the Dean, Associate Deans, Assistant Dean, and department chairs. Under the College bylaws, the Executive Committee "shall coordinate and cause to be implemented all faculty, student, and staff activities required to fulfill the role and mission of the college." Meetings occur on a bi-monthly basis with discussions focusing on confidential personnel issues and envisioning the best means of fulfilling the College's mission and goals. The Committee is charged with final oversight of resource allocation across the College. The College Council is comprised of the Executive Committee and the Directors of Alumni Relations and Professional Development, Student Services, Assessment, one elected faculty member from each academic department, and the current and immediate past Student Executive Council Presidents. The Council meets bi-monthly and advises the Dean on decisions that impact the achievement of strategic directions. Status of programs, committee reports, and any concerns brought forward by faculty representatives

are discussed.

Overall, AACP Faculty surveys indicate faculty members are confident in the abilities of the administrative team and their capacity to work together toward achievement of College goals. The appointment of our new Dean and an extended time for evaluation is expected to improve upon the ability of faculty to evaluate aspects of leadership queried in the survey where "unable to comment" choices were frequent.

College and Faculty Participation in University and College Governance

In addition to the Dean's inclusion in both OSU and OHSU's Dean's Councils, the College is well represented on key university-wide governance committees on both campuses. Highlighted posts for College representation on University committees, including Faculty Senate (OSU, OHSU), Curriculum Council (OSU, OHSU), Institutional Review Board (OSU), Research Council (OSU, OHSU), and Assessment Council (OSU, OHSU).

Faculty are well involved in College governance through engagement in all committees. College governance is supported by standing committees and specific-purpose ad hoc committees that are advisory to the faculty and Dean. Committees are assembled from different departments and campuses and, as appropriate, including staff, students, preceptors, alumni, and practitioners, to ensure broad representation. Key committee discussions are posted as minutes to the Faculty Resources web page and summarized at faculty meetings. These quarterly college-wide faculty meetings also allow time for faculty development and social interaction.

Each department holds standing monthly faculty meetings. Issues addressed in the College Council meeting are disseminated to faculty through departmental meetings. Conversely, issues from department meetings are brought to the attention of the College Council or Executive Committee. Departmental strategic discussions focus on optimizing the achievement of College goals through departmental initiatives and hires. The alignment of departmental priorities with the College mission and goals is assessed on an ongoing basis by the College Executive Committee and the College Council.

Committees and departments are empowered to implement decisions that facilitate operations on behalf of the faculty, within the scope of their charge. Meeting minutes and updates at faculty meetings provide the opportunity for any faculty member to request broader discussion. The Executive Committee considers decisions with budgetary impact, and substantive changes in operations are discussed at College Council and, if appropriate, voted upon by all faculty.

Effective internal and external communications continue to be a priority in the College. Internally, the Dean and department chairs encourage transparency on all issues. Purposeful efforts are made to retain consistent communication between campuses with a vested interest by all faculty to strengthen and maintain high caliber and collegial working relationships. The use of the college website and shared electronic folders allow for collaborative communication and information sharing. In 2018, the College made investments for both campuses, improving video conference technology, which supports communications and collaborative work among faculty.

The By Laws of the College were reviewed in AY 2018-19 and approved in October 2019. Final consideration and approval of final documents related to College governance requires a vote of the entire faculty. Given recent lead administrative changes, a critical evaluation of the administrative and support structure is also included in the Strategic Plan 2022 to assure continued efficient implementation of College programs and initiatives. Strong faculty engagement and governance of the College is an ongoing commitment and evidenced by recently revised By Laws, active departmental and College strategic planning, a strong committee structure, and a commitment to shared governance. Adjustments of position descriptions and targeted hires provide a strong organizational structure to facilitate operations and implement College programs and initiatives.

Systems Failures

Safeguards that guarantee operational consistency are

addressed through the administrative and committee structure of the College. All members of the Executive committee are empowered to act on behalf of the Dean in their areas of responsibility, and the Executive Associate Dean can act in the Dean's stead on any issues requiring immediate attention.

The Curriculum Committee is charged with oversight of the curriculum and, with the Assessment Committee, ensures curricular function. Contingencies in the event of unexpected faculty teaching losses are covered with shifting duties among current faculty and the possible use of affiliate or part-time faculty options. The College regularly utilizes lecture capture and has the capability for live-streaming and on-line collaboration through educational management systems that could all be potentially utilized in emergency situations. Student specific curricular concerns are handled on a case-by-case basis through a structured appeals process to the Academic and Professional Standards Committee and outlined in the Student Handbook. The committee regularly works with students on contingency plans for program and course completion in the event of personal or academic difficulties.

The College relies on the University for systems maintenance and backup of critical data through the Office of Information Security (uit.oregonstate.edu/ois). Student records and other sensitive documents have central electronic secure file storage and are backed up nightly with six-month retention, in addition to two daily snapshots of network files for easy restoration and recovery. College of Pharmacy systems are behind a network firewall, are kept current through patch management systems, and have centrally-managed anti-virus programs to protect them from malicious software.

Facilities management on both campuses is the primary resource for infrastructure and space contingencies (https://ufio.oregonstate.edu/, https://o2.ohsu.edu/facilities/about-facilities/index.cfm). Campus-wide issues of immediate concern are communicated via an emergency notification network for which all faculty, staff, and students can register. An important improvement within the past five years has been the addition of an independent generator for the Pharmacy building, which is automatically initiated during electrical fluctuations elsewhere on campus, allowing research and teaching in the building to continue uninterrupted. For systems failures, Patty Beaumont, Gary DeLander and Angie Mettie are identified as Building managers and receive notification 24/7 if there are scheduled or unscheduled facilities issues on either campus.

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Documents

Organization and Governance

Required Documentation and Data

College or school organizational chart.

- College Organization Chart (2 pages)

Job descriptions and responsibilities for college or school Dean and other administrative leadership team members.

- Responsibilities of the Dean & EC.pdf

List of committees with their members and designated charges.

- Committee Memberships and Charges Jan 2020.pdf
- Faculty Participation in University Governance.pdf

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

- Systems Failures.pdf

Curriculum Vitae of the Dean and other administrative leadership team members.

- Executive Committee CVs.pdf

Evidence of faculty participation in university governance.

- Faculty Participation in University Governance.pdf

Required Documentation for On-Site Review

Written bylaws and policies and procedures of college or school.

- ByLaws Oct 2019.pdf

Optional Documentation and Data

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

- College Faculty Handbook

Organizational Culture

Comments and Documents

Standard

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Standard 9

Organizational Culture

Topics Addressed

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

Key Elements

Organizational Culture

Summary of College's Self-Assessment of the Key Elements	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.	●		

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Comments

Organizational Culture

Leadership and Professionalism

The Student Executive Council is the student government of the College and includes representatives from each class, student professional organization, and fraternal group. The Council meets bi-weekly and provides leadership for the student body. The Council promotes professional development, serves as a conduit for student advocacy and formal communications with the administration, and oversees financial support for student professional activities. Pharmacy students are also represented in student governance at OHSU through the All Hill Council. Students also participate in the Student Health Advisory Committee and Interprofessional Health Initiative on the OHSU campus.

Oregon State Student Pharmacists (OSSP) is an umbrella organization at OSU with membership, including APhA and ASHP and their state affiliates. OSSP members may also choose one organization from among ACCP, SNPhA, ASCP, CPNP, NCPA, AMCP, and IPhO specific to their interests. Membership in OSSP is voluntary, but typically approaches 70% of the student body. Students may also join or be invited to fraternal groups such as Phi Delta Chi Professional Pharmacy Fraternity, which advances pharmacy through professional and social activities; Phi Lambda Sigma, which honors leadership through peer recognition; and Rho Chi, the honor society recognizing high academic achievement.

The OSSP committee structure provides opportunities for student involvement in leadership and advocacy, provision of patient care, and community outreach. Over 50 students have leadership positions in OSSP, typically spanning their P2 and P3 years, and an additional 30 students are class officers or officers for fraternal organizations or for Student Executive Council. Behaviors that display characteristics of leadership are also specifically identified in co-curricular requirements for second and third year professional students.

Faculty recognize the important role that professional involvement plays in student development. Efforts are made to avoid testing or provide accommodation during major professional meetings to allow for student participation. Further, a large number of faculty serve as organizational advisors or provide advice and support for patient outreach committees.

Faculty participate as leaders in major professional and scientific societies (more details provided in Standard 19) and use or develop leadership skills as chairs of committees and task forces at the university, college, and departmental levels. OSU has several programs to advance faculty leadership skills, including the year-long "Journey to Leadership" program. Regular training sessions on communication, management, and organizational skills are offered through the Human Resources offices, ranging from one hour to several days. An informational academic leadership series is also made available to faculty holding administrative roles. To promote faculty leadership development within the College, workshops were held at faculty meetings in AY19 and Dr. Zumach organized the "Faculty Development Leadership Book Series" for faculty and staff that met quarterly. Three faculty have been given the funds and opportunity to participate in training by the National Center for Faculty Development.

Behaviors

The Essential Characteristics of a Student Pharmacist is a locally-developed framework distributed in the Student Handbook that serves as a guide to successful behaviors for students. Intellectual ability, empathetic and collegial communications, psychomotor skills, respect for diversity, high ethical standards, and behavioral expectations are addressed. Approved by faculty, the document is updated regularly. The Characteristics are reviewed with students during orientation each year, used for advising, inform the evaluation of applications

for admission, and guide the Academic and Professional Standards committee decisions.

The professional career of PharmD students opens with new student orientation and the White Coat Ceremony which initiates students into the profession with the support of faculty, families, friends, and alumni and ends with students reciting the Pledge of Professionalism. Professionalism training within the curriculum starts immediately fall term of the P1 year. Pharmacy Practice Symposium explicitly defines professional attitudes and behaviors and their application is modeled throughout Pharmacy Practice labs I to VIII. Professional behaviors are reinforced in formal interprofessional education programs required of P1 and P2 students. Orientation sessions for P3 and P4 students also emphasize appropriate interprofessional interactions as they join the OHSU community and engage in advanced experiences. Application of professional behavior culminates with preceptors monitoring, guiding and grading professional behaviors in APPE rotations. Deficits in professional behaviors and opportunities for correction occur at every stage. Students can and have failed rotations if they do not meet expectations for professionalism. Finally, students are reminded of their responsibilities with a reading of the Oath of a Pharmacist upon graduation.

Professionalism training for faculty and staff is provided formally by OSU through required online modules on FERPA, Sexual Harassment, Diversity and Inclusion, Equal Opportunity & Access, Information Technology, and Mandatory Reporter Training. New faculty advisors for graduate students are required to complete 8 hours of online training in graduate student mentoring. Workshops are held regularly at all-college faculty meetings on topics such as bias or workplace harassment. For example, in Spring 2019, Scott Vignos, OSU Assistant Vice President for Strategic Diversity Initiatives provided a session to faculty and staff entitled, “Navigating Bias in Working and Learning Environments.” OSU’s Code of Ethics guides faculty and staff and is used to identify and discuss inappropriate behaviors. Department chairs and supervisors intervene 1:1, and when necessary, consult the OSU Ombudsman office or Human Resources to develop improvement plans for faculty or staff that have behavioral difficulties or conduct issues.

Culture of Collaboration

College-sponsored and student-led events for students, faculty, staff, and families to interact in relaxed settings include fall luncheons and cookouts associated with orientation sessions, the Hawaiian Luau, and the Apothecary Ball in spring. OSU’s Homecoming Weekend has multiple activities for faculty and students to interact with alumni and the Dean. The annual health fair during orientation and other healthcare outreach activities foster engagement among students, faculty, and preceptors with the entire community. Among these activities, Healthcare Equity Week in Portland is an interprofessional outreach serving the homeless and uninsured. Additional large student-led outreach events include the Chinese New Year and Vietnamese Tet festivals, the Lebanon Latino Health Fair, and Campeones de Salud soccer tournament and health/resource fair. Receptions at state and national meetings also give students, faculty, and alumni an opportunity to connect.

The College sponsors an Interview Day for graduating students and Career Day for P1 and P2 students. At Professional Day on the Corvallis campus, a panel presents different pharmacy career paths to students followed by one-on-one ‘Quick Conversations’ between students and pharmacists to explore career options. A similar event is held every year in Portland in partnership with Pacific University School of Pharmacy and OSHP. The Office of Alumni Relations and Professional Development coordinates the college’s Professional Engagement and Professionalism Programming (“PEPP”), which includes bringing in speakers from various practice settings expose students to unique and specific areas of pharmacy practice to offer valuable insights into career paths. The Annual Rising Lecture and Retreat before spring break showcases PhD and some Resident and PharmD research projects. The end of the academic year is celebrated with a Student Recognition Banquet and graduation ceremonies at both OSU and OHSU. The success of these events is due to significant participation by students, faculty, staff, alumni, and preceptors.

The formal partnership between OSU and OHSU to jointly confer the PharmD degree has been in place since 1995. This relationship has strengthened, evolved, and expanded to include OHSU hospitals, clinics, and pharmacy services. The College has three clinical practice agreements with OHSU. One agreement with Family Medicine for two faculty in inpatient practice, one in the School of Medicine, and one at the Richmond Clinic in ambulatory care. Dr. David Bearden, Associate Dean of Academic Integration and Clinical Advancement, oversees our relationships with OHSU and serves as Clinical Assistant Director of OHSU Pharmacy Services, to strengthen our relationships with OHSU preceptors and affiliate faculty. Reciprocally, Dr. Yen Pham, Director of OHSU Pharmacy Services, serves the College as Associate Dean for Clinical Education. The VA Portland Health Care System is adjacent to the OHSU hospitals and provides experiential sites.

Clinical service agreements in Corvallis include three faculty with clinical practices at the Community Health Centers of Benton and Linn Counties (CHCBLC) where one is also Director of Pharmacy. Two faculty practice in the inpatient hospital service at Samaritan Health Services in Corvallis. The OSU Student Health Services Pharmacy is staffed by our professional faculty, and the Director serves as the Residency Program Director. Our affiliations with OHSU, CHCBLC, Samaritan Health, and other health systems are significant resources for IPPE and APPE rotations and scholarship.

Cross-disciplinary and inter-institutional partnerships drive much of the high-impact research by our faculty. Several collaborations are with investigators at OHSU. Examples include: Drs. Taratula and Marks (OHSU Pediatrics) have developed a therapy to combat muscle wasting in cancer patients (cachexia); Drs. Hartung and Bourdette (OHSU Neurology) led a study suggesting financial conflicts of interest may drive the use of some drugs in the Medicare program; Drs. Sahay and MacDonald (OHSU Pulmonology) developed an inhalation-based product to deliver mRNA-loaded nanoparticles to cystic fibrosis patients; and Drs. Sahay and Esener (OHSU Knight Cancer Institute) developed a new nanomaterial for intracellular delivery of a variety of payloads. The Horizon Initiative, a collaboration between OSU and the OHSU Knight Cancer Institute and co-directed by Dr. Arup Indra in the College, brought investigators and more than $600,000 together in FY17 and 18 to develop translational research across the spectrum of cancer prevention and control.

In FY17 and FY18, Pharmaceutical Sciences faculty co-founded several start-up companies. Gadusol Laboratories, was co-founded by Drs. Mahmud and Bakalinsky (OSU Department of Food Science to produce natural sunscreen compounds. Celnex, LLC was co-founded by Drs. Leid and Davare (OHSU Pediatrics) to develop anti-cancer therapies to treat Ewing's sarcoma. Lipidomics Inc. was co-founded by Drs. Gitali Indra and Arup Indra to develop skincare products to prevent eczema.

Faculty enjoy a variety of international partnerships. Dr. Mahmud was recognized as a "World Class Professor" by the Indonesian Ministry of Research, Technology, and Higher Education and has participated in several scholar exchanges since 2016. Dr. Stevens provides annual workshops and seminars to students in Belgium and the Netherlands. In FY18, Dr. McPhail received a prestigious grant from the Gordon and Betty Moore Foundation for international collaboration among researchers from OSU, UC San Diego, University of Wisconsin and Rhodes University, South Africa. Other research collaborations are ongoing with scientists in Brazil, Panama, England, the Netherlands, Finland, Japan, Indonesia, India, Italy, Russia, and Saudi Arabia.

In 2017 and 2018 faculty in Pharmaceutical Sciences hosted international meetings in Portland. The American Society for Pharmacognosy, the premier international meeting for natural product researchers, was attended by over 425 scientists and students from across the globe in 2017. The Nanotechnology and Drug Delivery Symposium (NanoDDS brought nearly 200 top-tier researchers working on novel drug delivery technologies to our Collaborative Life Sciences Building and showcased our exceptional facilities and productive partnerships with the OHSU Knight Cancer Institute in 2018.

Educational partnerships, some led by students, are also an important representation of a culture of interdisciplinary, inter-institutional and interprofessional collaboration. Particularly on the Portland campus, but also in Corvallis, there is an active exchange of faculty providing guest lectures within their areas of expertise from other academic departments for required and elective courses.

As detailed in Standard 11, OSU has a formal agreement for interprofessional education with Western University of Health Sciences, an osteopathic medical college in Lebanon, Oregon. Nursing and medical assistant students from Linn Benton Community College are also part of this collaboration. In addition, all P2 students participate in the interprofessional "Foundations of Patient Safety and Interprofessional Practice" course with the 14 other health professional program students and faculty at OHSU. Students from OSU, OHSU and Portland State University (PSU) in the Pharmacy, Medicine, Dentistry, Nursing and Public Health programs partnered to develop the Bridges Collaborative Care Clinic in October 2017. This new interprofessional, student-run free clinic assists vulnerable populations by providing low-barrier, participant-centered care, and services to the Portland Metro area.

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Documents

Organizational Culture

Required Documentation and Data

College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors.

- University and College Conduct Policies for Employees and Students.pdf

Examples of intra/interprofessional and intra/interdisciplinary collaboration.

- Examples of Collaboration.pdf

Examples of affiliation agreements for practice or service relationships (other than experiential education agreements).

- OSU Benton County Contract.pdf
- OSU Benton County Contract Amendment.pdf
- OSU OHSU Family Medicine and Richmond Clinic.pdf
- OSU OHSU Family Medicine and Richmond Clinic Extension.pdf
- OSU Samaritan Health Services Clinical Services Agreement.pdf
- University of Colorado Educational Service Agreement.pdf

Examples of affiliation agreements for the purposes of research collaboration (if applicable).

- OSU Basilicata University MOU.pdf
- OSU Tanjungpura University MOU.pdf
- OSU-OHSU MOU for IBC IACUC.pdf
- Research collaboration MOU among Oregon universities.pdf
- OSU OHSU Knight Cancer Research MOU.pdf

Examples of affiliation agreements for academic or teaching collaboration (if applicable).

- OSU Basilicata University MOU.pdf
- OSU OHSU Pharmacy Services MOU.pdf
- OSU Providence HSPA MBA Resident MOU.pdf
- OSU Tanjungpura University MOU.pdf
- OSU VA Residency MOU.pdf
- OSU Western University Interprofessional Education MOU.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

Curriculum Design, Delivery, and Oversight

Comments and Documents

Standard

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Standard 10

Curriculum Design, Delivery, and Oversight

Topics Addressed

- ☑ 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

Standard 10

Curriculum Design, Delivery, and Oversight

those methods are expected to advance meaningful learning in the courses in which they are employed.

- ☑ Efforts of the college or school to address the diverse learning needs of students.
- ☑ The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable).
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- ☑ Any other notable achievements, innovations or quality improvements.
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Curriculum Design, Delivery, and Oversight

Summary of College's Self-Assessment of the Key Elements	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 Pharmacists' Patient Care Process 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.	●		

Summary of College's Self-Assessment of the Key Elements	S.	N.I.	U.
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.	●		

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

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Comments

Curriculum Design, Delivery, and Oversight

Curricular Goals and Structure and Content

OSU College of Pharmacy's curricular philosophy is documented in the Statement of Vision for Curricular Development (optional appendix). It emphasizes the role of pharmacists in assuming responsibility for patient outcomes as an essential part of an interprofessional health care team. Curricular goals and core competencies define the knowledge, skills, attitudes, and values required for pharmacists to design, monitor, and optimize medication therapy and wellness across the broad range of pharmacy practice settings. Program-Level Student Learning Outcomes (P-SLOs) mirror those of the 2013 CAPE report. The professional curriculum is completed in four academic years plus the summer term before the P4 year. The degree is jointly awarded by Oregon State University and Oregon Health & Science University. A minimum of 217 quarter credits are required for graduation with 131 required didactic credits, 16 IPPE credits, and 64 credits of APPE divided equally between required and elective rotations. Students must take a minimum of two elective credits in each year of the first three years, six credits total (see optional appendix for a current list of electives). The Assistant Dean for Experiential Education also works closely with students to identify experiential electives that meet their individual educational goals. Alumni and Graduating Students, via AACP surveys, confirm that electives allow for exploration of professional interests.

The PharmD curriculum is comprehensive, providing horizontal and vertical integration of knowledge, skills, attitudes, and values. A detailed discussion of horizontal and vertical integration in provided in Standard 1. Pre-pharmacy requirements are also comprehensive (see optional appendices) and take a minimum of three years to complete. The didactic portion of the PharmD curriculum extends over the first eight quarters, presented in detail in Standard 1, and parallel pharmacy practice sequences and IPPE to allow for skills development using the PPCP model as fully described in Standard 2. The didactic curriculum concludes with a 5-week Pre-APPE readiness block (PAR Block) that allows students to self assess personal strengths, fine-tune specific skill sets, and prepare strategies to maximize achievement in APPE rotations. All courses are taught by faculty with expertise and training in their discipline and in the specific content being addressed.

The experiential program extends throughout the curriculum and significantly exceeds minimum requirements. Students do not receive payment for participating in course-based, co-curricular based, or experiential learning activities, nor are they placed in sites where they are employed. IPPE and APPE are described in detail in Standards 12 and 20 and preceptor requirements in Standard 13.

Given the diversity of experiences with which students enter the professional program, it is difficult to meet individual student goals for early IPPE experiences, but graduating student survey responses demonstrate students find value in IPPE on par with national averages. IPPE consists of a minimum of 314 hours, excluding any simulation activities, in a variety of settings, and is enhanced by a robust program of co-curricular professional development, leadership, and patient outreach opportunities, as described in Standard 4.

APPE begins in the Spring quarter of the P3 year and continues through the P4 year with eight rotations, six weeks in duration required for graduation. Required rotations include community pharmacy, hospital/health systems patient care, ambulatory primary care, and general internal medicine. Two of the four elective rotations must be in patient care, and one of the eight rotations must be at a rural site or a site focused on meeting the needs of underserved populations.

Didactic and experiential coursework are mapped to Appendix 1 and PSLOs and competencies. All course changes are reviewed by the Curriculum Committee (CC) to ensure adequate coverage of topics or eliminate inappropriate redundancy. To assist with the programmatic mapping process, the College uses a standardized syllabus template (see appendix), and each course learning outcome is mapped to the P-SLOs.

In one example of how mapping is utilized, all didactic course syllabi were reviewed by groups of faculty to validate that course learning outcomes were correctly linked to the P-SLOs, in April of 2018. Results were reviewed in detail at the May and June 2018 CC meetings to consider if coverage was adequate for all P-SLOs. This allowed recognition that Population-based Care in Domain 2.4 would benefit from increased content regarding interventions to improve population health, and a population health assignment was added to PHAR 774: Drug Policy.

Finally, students are expected to be self-aware and cultivate professional values and ethics that will allow them to be agents of change. From the start of the program with the White Coat Ceremony to graduation, where the Pharmacist Oath is administered, professional values and ethics are emphasized. The Student Handbook clearly outlines the Essential Characteristics of Student Pharmacists. Issues of ethics, professionalism, and cultural competency are incorporated into student orientation and throughout the curriculum through case studies, pharmacy practice labs, interprofessional education courses, class discussions, elective courses, and close-out practical exams. Professionalism and ethical judgment are formally evaluated by preceptors in each IPPE and APPE. Graduating students consistently agree that they were aware of expected behaviors, both professional and academic.

Overall the curriculum is designed to progressively intertwine foundational concepts with clinical applications at earlier time points; expanding opportunities to integrate knowledge, skills, and attitudes in increasingly complex patient care scenarios and co-curricular offerings.

Teaching Methods

Faculty at the College demonstrate a strong commitment to using teaching and learning methods proven to achieve outcomes, foster critical thinking, and problem-solving skills, meet a diversity of learning approaches and assist in the transition from student to a self-directed life-long learner. As documented in the appendices, a wide variety of methods are used throughout the curriculum, including case-based discussions; small group exercises, flipped classrooms; muddiest point; games (e.g., Jeopardy, Escape room); patient simulations; written papers; videotaping; student presentations; posters; capstone projects such as new drug monographs; teach-pair-share; complex case work-ups; debates; student writing of exam questions, and others. Graduating Student and Alumni surveys show strong agreement relating to the use of active learning methods, developing skills for continuous professional development, and students assuming responsibility for learning.

The University has used course management programs, currently, Canvas, since 1999. Canvas is a valuable platform for faculty interested in expanding their pedagogical tools. Faculty use ranges from simple announcements to the creation of discussion boards, to faculty providing individualized responses for self-reflective blogs during the learning process. Canvas also links with Turnitin to help detect potential plagiarism. Several courses also utilize audience feedback technology. TopHat, for audience feedback, is available for use in all courses. Both OSU and OHSU maintain centers to facilitate faculty development in teaching, learning, and pedagogical methods.

Assessments, Curricular Oversight and Quality Improvement

The CC is responsible for oversight of the curriculum and is charged with the responsibility to develop, implement and revise the professional curriculum to assure that it prepares students to meet competencies required for graduation and contemporary practice. The CC reviews and approves syllabi for proposed new courses and significant changes to existing courses, including any changes to course SLOs. Membership of the curriculum committee includes a balanced representation of faculty

from disciplines and departments. Student representatives from each professional class are voting members of the committee. While the committee is charged to oversee the professional curriculum, major changes to the curriculum are approved by the faculty as a whole. The CC has an annual charge, produces an annual summary of work, and approves minutes for all meetings.

The CC and Assessment Committee (AC) work together to ensure that curricular content, instructional processes, course delivery, and experiential education are documented, assessed, and achieve curricular outcomes. A variety of assessment data is collected and utilized for curricular quality improvement. Proposed improvements to the professional curriculum, however, can originate from a variety of sources. The CC monitors changing accreditation standards, and members (or individual faculty, students, and alumni) bring forward new perspectives specific to their discipline or gained through discussions at regional or national forums.

Faculty frequently collaborate informally, or at the request of the CC, across disciplines and within sequences to review content and progression of concepts across the curriculum. Nearly all required courses were reviewed as part of the last major curriculum revision. The CC and AC collaborated in 2019 to develop a process that will more systematically review the content, design, and delivery of each course going forward. The AC will lead implementation beginning in 2020 so that a formal review occurs at least once every three years for required didactic courses and every five years for elective didactic courses. The review process will provide feedback for quality improvement at the course level, as well as informing overall curriculum enhancement by ensuring that course content is appropriate, properly sequenced, and integrated across the curriculum. Faculty confidence in curricular oversight and assessment processes is similar to national averages, but the implementation of a more formal course review and reporting system is expected to improve communication and confidence further.

Exams and other assessments are designed, proctored, and monitored to ensure the highest degree of academic integrity possible. Both the College and University have policies and standards regarding academic integrity. Assessment methods used in core courses include written and oral examinations, case analyses, standardized patients, capstone cases, written assignments, oral presentations, debates projects, posters, and written SOAP notes. Many courses utilize more than one method of assessment.

Clear standards exist to ensure that each student advances through the curriculum in a manner that allows them to progressively and rationally expand their abilities and expertise. The Pre-APPE Readiness (PAR) Block assesses overall progress in the didactic curriculum by examining performance in a variety of areas including ambulatory and in-patient case work-ups, oral and written drug information, pharmacy calculations and foundational knowledge. Student perceptions of their progression toward program-level learning outcomes are also tracked annually. Finally, performance on standardized exams such as PCOA and NAPLEX is used programmatically to inform adjustments to the curriculum.

Students assess the teaching effectiveness in didactic courses, using the standardized university evaluation of teaching (eSet). Separate course evaluations are also completed by students to determine their perception of the rate of attainment of SLOs each time a course is taught. In aggregate, these course evaluation tools provide useful feedback to CC and instructors for improvement. Importantly, each course syllabus contains a section that lists changes to the course that were made based on student feedback, illustrating to students that their feedback matters and results in improvements to the course. Experiential courses utilize separate evaluation forms as noted below.

The Office of Experiential Education (OEE) manages and implements a quality assurance process for both the students and preceptors, which are outlined in the preceptor and student manuals for IPPE and APPE. IPPE and APPE students are assessed by their respective preceptors based on their individual performance while

on rotation against the stated learning objectives as listed in the IPPE and APPE course syllabi. Evaluations forms for experiential education were developed in collaboration with the Northwest Pharmacy Experiential Consortium (NWPEC), and are accessible via e-Value during the midpoint and final time frames of each rotation. More than 90% of preceptors agree the assessment tools are appropriate and have confidence using them to measure student performance.

The Director of IPPE and Assistant Dean of Experiential Education in the Office of Experiential Education (OEE) review the individual forms. Students who do not meet minimum standards, as described by the syllabi and corresponding experiential manuals, are subject to the College's student academic progression policy. The Assessment Office also tracks the performance of the APPE students and provides the Assistant Dean of Experiential Education data to compare each graduating class, in aggregate, to determine if any program corrections are indicated.

Similarly, preceptors are evaluated by the students, and the forms are collected and reviewed by the OEE. In order to promote consistency, the OEE delivers preceptor training sessions around the topics of student evaluation, performance management, and feedback which are offered at the site or online. Timely access to student evaluations has been challenging in past years. Recent increases in staffing and, in particular, addition of an assessment analyst has optimized efficiency and cleared the backlog of evaluations going forward.

Each preceptor, prior to being approved as a College preceptor, is processed as Affiliate Faculty (a.k.a volunteer faculty) according to the University rules and procedures. This involves an application and a review process that checks the credentials of each applicant, including a license to practice pharmacy and a license to serve as a preceptor in accordance with the Oregon Board of Pharmacy.

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Documents

Curriculum Design, Delivery, and Oversight

Required Documentation and Data

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

- PharmD Student Handbook AY 19-20

A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program.

- Curriculum Leveling Map .pdf

A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards.

- Curriculum Map to Appendix 1.pdf

Curriculum vitae of faculty teaching within the curriculum.

- No files uploaded.

Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments.

- Who Teaches What.pdf

List of the professional competencies and outcome expectations for the professional program in pharmacy.

- Program Student Learning Outcomes (P-SLOs) Webpage
- Program Student Learning Outcomes (P-SLOs) PDF Version

A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school.

- Curriculum Committee Members AY 19-20.pdf

A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years.

- Curriculum Commmitte Charges AY 17-18 through AY 19-20.pdf
- Currculum Committee Major Accomplishments AY 17-18 through AY 18-19.pdf

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.

- Self Assessment and Reflection - PHAR 001 Health Education Reflection.pdf
- Self Assessment and Reflection - PHAR 001 End of the Year Reflection.pdf
- Self Assessment and Reflection - PHAR 002 Leadership and Innovation Reflection.pdf
- Self Assessment and Reflection - PHAR 002 Patient Care and Advocacy Reflection.pdf
- Self Assessment and Reflection - PHAR 002 Professional Engagement Reflection Form.pdf
- Self Assessment and Reflection - PHAR 002 End of the Year Reflection.pdf
- Self Assessment and Reflection - PHAR 767 Personal and Professional Development Plan (PPDP).pdf

Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback.

- Preceptor Assessment of Student - Midpoint.pdf
- Preceptor Assessment of Student - Final.pdf
- End of Term Course and Teaching Evaluation Core Questions with Scales.pdf
- SOAP Note Rubric and Components.pdf
- P1 Phar 720 Closeout Grading Rubric 2019.pdf
- P1 Pharmacy Visit and Counsel Rubric 2019.pdf
- P1 Self Care Counseling Assessment 2016 PPCP.pdf
- P2 Fall 19 Skills Exam Rubric.pdf

- P2 Rubric Lung.pdf
- P2 S2019 EQSE Grading Rubric.pdf
- P3 Clinical Debate Grading Rubric.pdf
- P3 Winter EBM III Journal Club Rubric.pdf
- P3 Winter Grading sheet - Oral exam.pdf
- P3 Winter Oral Presentation Grading sheet.pdf

Policies related to academic integrity.
- PharmD Student Handbook AY 19-20

Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development).
- PharmD Student Handbook AY 19-20
- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- PHAR 744 and PHAR 745 Experiential Learning Case Presentation Evaluation Form.pdf
- APPE Student Manual.pdf

Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners.
- Active Engagement - PHAR 722 Jeopardy.pdf
- Active Engagement - PHAR 735 Know One Drug.pdf
- Active Engagement - PHAR 738 Medicare.pdf
- Active Engagement - PHAR 768 Learning Engagement.pdf
- Active Engagement - PHAR 746 Management.pdf

Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum.
- Integrate & Reinforce - PHAR 742 Complex Case.pdf
- 52115_Integrate and Reinforce - PHAR 729 Drug Information Primary Literature.pdf
- Integrate & Reinforce - PHAR 741 Escape Room.pdf
- Integrate & Reinforce - PHAR 773 Evidence Synthesis.pdf
- Integrate & Reinforce PHAR 765 Cases.pdf

Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills.
- Skill Mastery - PHAR 720 Patient Counseling Close out.pdf
- Skill Mastery - PHAR 722 Patient Counseling Close out.pdf
- Skill Mastery - PHAR 742 Closeouts.pdf
- Skill Mastery - PHAR 764 Oral Exam.pdf
- Skill Mastery - PHAR 774 New Drug Evaluation.pdf

Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program.
- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- PHAR 744 and PHAR 745 Experiential Learning Case Presentation Evaluation Form.pdf
- APPE Student Manual.pdf

Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills.
- Higher Order Reasoning - Clinical debate topics.pdf
- Higher Order Reasoning - Phar 764 Clinical Debate & Rubric.pdf
- Higher Order Reasoning - PHAR 765 HIV Cases.pdf
- Higher Order Reasoning - PHAR 765 Oral Presentation.pdf
- Higher Order Reasoning - PHAR 768 Ethics Case.pdf

Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes.
- Lifelong Learning - PHAR 729 Responding to DI request.pdf
- Lifelong Learning - PHAR 739 Socio-ecolological framework.pdf
- Lifelong Learning - PHAR 767 Personal and Professional Development Plan (PPDP).pdf
- Lifelong Learning - PHAR 201 Leadership Innovation (Co-Curr).pdf

Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles.

- Diverse Learning Styles - PHAR 714 Complementary Medicine Poster.pdf
- Diverse Learning Styles - PHAR 740 Global Potluck.pdf
- Diverse Learning Styles - PHAR 765 Case (Group Take Home).pdf
- Diverse Learning Styles - PHAR 774 Population Health.pdf

Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities.

- Campus for Rural Health (with degree partner, OHSU)
- Interprofessional Learning - PHAR 711 Module 2 Session 2 Guide.pdf
- Interprofessional Learning - PHAR 711 Module 4 Session 2 Guide.pdf
- Interprofessional Learning - PHAR 712 Session 1.pdf
- Interprofessional Learning - PHAR 712 Session 2.pdf
- Interprofessional Learning - PHAR 712 Intersession II Team Assignment Rating.pdf
- Interprofessional Learning - PHAR 712 Session 3.pdf
- College Organization Chart (2 pages)

Required Documentation for On-Site Review

- All course syllabi (didactic and experiential).

Optional Documentation and Data

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

- PharmD Prerequsites
- APPE Elective Site Descriptions.pdf
- PharmD Instructional Methods - Documenting the Extent and Contribution.pdf
- Syllabus Template AY 19-20.pdf
- Curricular Vision.pdf
- Data Brief: Incoming student progression toward program-level learning outcomes.pdf
- PharmD Electives (Didactic)

Interprofessional Education

Comments and Documents

Standard 11

Standard 11

Interprofessional Education

Topics Addressed

- [x] 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.
- [x] 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.
- [x] How the results of interprofessional education outcome assessment data are used to improve the curriculum.
- [x] How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- [x] Any other notable achievements, innovations or quality improvements.
- [x] Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Interprofessional Education

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Interprofessional Education

At the College, students effectively engage in interprofessional collaborative practice with members of the healthcare team, in all patient care settings. Utilizing the Interprofessional Education Collaborative' s (IPEC) Core Competencies for Interprofessional Collaborative Practice, the IPE program focuses on the core competencies of Values and Ethics, Roles and Responsibilities, Interprofessional Communication, and Teamwork. The IPE program is integrated across the curriculum, with didactic coursework beginning the P1 and P2 years, and practice-oriented experiences extending through IPPE and APPE rotations. Throughout the academic program, student pharmacists interact with other health professional students, including non-pharmacist prescribers, to gain perspectives required to deliver health care in an interprofessional collaborative team setting. Interprofessional Collaboration is one of the core Program-Student Learning Outcomes (P-SLOs) and expects graduates will "actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs." Our goal is to develop pharmacists that are team and practice-ready to provide high-quality, safe, and patient-centered care to improve individual and population health outcomes. The Curriculum committee recently codified this goal by approving the IPE mission and vision statements for addition to the student handbook. An overview of the College's IPE program is available on our website.

As student pharmacists progress through the P1 year, they are exposed to the unique role a pharmacist serves on the healthcare team, how to effectively communicate with other members of the healthcare team, and how to best to deliver high-quality, patient-centered care. In didactic courses, students are introduced to and practice the stages of the PPCP, how to counsel patients, and effective communication tools for other healthcare members. During their IPPE experiences, students work with community preceptors interacting with prescribers and patients alike. In addition, all P1 students participate in the year-long Fundamentals of Interprofessional Collaboration course (PHAR 711), which is a collaboration with the Western University of Health Sciences' Lebanon campus in Oregon for the Doctor of Osteopathic Medicine (DO) students along with Linn-Benton Community College Nursing and Medical Assistant programs.

The College has been part of the formal IPE program with the Western University of Health Sciences and Linn-Benton Community College since its inception and the course (PHAR 711) begins in the fall term of the P1 year. PHAR 711 typically has approximately 280 students and is organized into five modules with three sessions each, delivered over 1.5 hours. Four of the five modules cover a specific disease state or condition (e.g., diabetes) along with a particular skill (e.g., conflict resolution) centered around a full group discussion and the associated student team activities. The final module, the Non-Profit Challenge, was designed to specifically address issues faced by local non-profit organizations in accomplishing their mission of service in our local community. IPE student teams work independently, utilizing the collaborative team skills discussed earlier in the year, to explore and refine a strategy to address their assigned non-profit's challenge. Their proposals are presented at a poster session as the culminating activity of PHAR 711. The non-profit organizations attend the poster session to provide direct feedback to the student teams and to vote on the best team poster.

PHAR 711 is unique in utilizing interprofessional student teams, averaging 10-12 students, independently led by student co-facilitators, to discuss patient cases and apply team development skills for 10 of the 15 sessions. Team dynamics are a major component of the course through session discussions, activities, and as a skill practiced by students throughout the course. Student leadership roles are defined and assigned on a rotational basis for each

session over the academic year. The decision to empower students to lead the IPE small group activities independently is an important opportunity for young practitioners to build and practice leadership skills in an authentic environment. All students have a leadership opportunity as their team's moderator, and the approach has proven successful. The independence of the entire IPE student team encourages members to develop effective communication strategies and apply conflict management skills to accomplish the tasks assigned actively. Setting the expectation of high-functioning student teams and allowing the students to navigate their independence provides the unique opportunity to build autonomy, team accountability, and student leadership within the IPE course.

The shift to student-led small group sessions began in AY 18-19. Outcome data specific to PHAR 711 indicated a 12% improvement in the statement, "The facilitators were effective in managing group interactions" and a +6% improvement in the statement, "The module structure supported learning about, from and with students from other programs" versus the previous academic year. All other outcome measures remained steady, and none decreased from the students' perspective. Based on that feedback, PHAR 711 will continue to have students self-manage and lead their IPE teams for authentic collaboration.

Students, in their P2 year, continue to expand their knowledge of the role of a pharmacist on interprofessional teams while gaining more experience in drug therapy and managing chronic diseases. Didactic courses focus on physical exams and effective patient communication skills during simulated patient interviews, along with empathy and cultural competence. Concurrent IPPE experiences are expanded to ambulatory care settings with clinical faculty involved in interprofessional teams to provide team-based care. In addition, all P2 students participate in PHAR 712: Foundations of Patient Safety and Interprofessional Practice course, which is a collaboration with Oregon Health & Science University, our degree partner, and involves approximately 700 students across 14 different health professional programs at OHSU.

The second-year course began in 2013 when the College joined the OHSU Interprofessional Initiative (IPI) at the Portland campus to promote interprofessional experiences and team collaboration among clinical learners. The P2 students travel to the Portland campus to engage with a wide range of professional healthcare disciplines, including prescribers-in-training in medicine, dentistry, physician assistant, and nurse practitioner programs. Student teams, in 12-15 person groups, meet on three occasions, for four hours each, during the academic year, and additionally complete two independent team projects. Team dynamics are a major theme within the course, with an exploration of hierarchy in health care and its impact on team communication and function. The IPE series focuses on patient safety, delivered through a combination of active learning, case discussions, and team-based project assessments. The patient safety online component, utilizing IHI Open School resources, are integrated through the year and provide a didactic backbone for team discussions, ranging from teamwork and communication to error prevention. Dr. David Bearden, from the College of Pharmacy faculty, is the chair of the OHSU IPI Steering Committee and has been involved with the development of this program since its inception.

As student progress to the P3 year, all required IPPE experiences are provided by organizations that embrace and exercise team-based practice, which is defined as the provision of comprehensive health services to individuals by at least two health professionals who work collaboratively on shared goals to achieve care that is safe, effective, efficient, and patient-centered. For example, Federally Qualified Health Clinics, Tribal and Indian Health Clinics, select OHSU Family Medicine Clinics, and the Veterans Affairs (VA) Clinics provide students with Community and Ambulatory Care experiences that model integration of clinical pharmacists on healthcare teams to provide direct patient care pharmacy services via collaborative practice agreements. The College also utilizes health-systems that host a variety of learners, such as medicine, nursing, and physicians assistants, to provide student pharmacists opportunities to interact with other health professions daily during rounds, presentations, and other patient care activities. As students complete their P3 year and engage

in the Pre-APPE Readiness Block (PAR Block), they participate in the course PHAR 768: Ethical and Legal Decision Making. This course incorporates the OHSU Radiation Therapy program students into the program, which allows for additional exposure to other health professionals in discussing ethical and legal dilemmas.

An advantage of the co-location of P3 students on the OHSU campus also provides a wealth of informal opportunities for interprofessional interactions. A striking example of outcomes that arise from co-location is the student-led Bridges Collaborative Care Clinic. The Portland-based clinic grew from a collaboration of OHSU, Portland State University, and Oregon State University. Students in medical, nursing, pharmacy, dental, public health, and other healthcare students offer transitional medical care and social services to homeless individuals. P3 and P4 students can volunteer to participate in interprofessional student teams, supervised by faculty, to provide health screenings, basic primary care, and triage for emergent care, health education courses, primary dental care, medical education, and assistance with local resources. A member of our student body, Priscilla Park, is a current P4 pharmacy student and one of four student Co-Chairs responsible for clinic operations. Lisa Mah-Park, a current P3 student, will take on the role of Co-Chair next year. Dr. Juancho Ramirez, Assistant Dean of Experiential Education, provides oversight for the pharmacy students.

As students begin their P4 APPE rotations, interprofessional collaborative care is a key aspect of all their experiences through all rotations, and those who select rotations that are linked to the OHSU Rural Campus initiative have additional opportunities for interprofessional team education and practice. Shared interprofessional housing and a required interprofessional community project are incorporated into this unique experience. Dr. Juancho Ramirez has recently been asked to represent the College in strategic discussions to expand this program. Additionally, the college has three ambulatory care sites in Portland coordinated with OHSU nursing clinical rotations. Activities are supervised by OHSU nursing faculty and focus on improving the health and wellness of underserved populations. Finally, students assigned to OHSU hospitals are exposed to a diverse array of health professions students, co-located, and trained.

Students are assessed on interactions with other members of the healthcare team throughout their experiential rotations. During APPE rotations, students are assessed at mid-point and end-of-rotation by their preceptors using the Preceptor Assessment of Student (PAS) form. Among other domains, the PAS includes an assessment of the students' competence in communication skills when interacting with other members of a healthcare team or organization, including working collaboratively with an interprofessional team. Beginning AY19-20, the Office of Experiential Education refined its Student Evaluation of Site and Preceptor form to collect more detailed data from students regarding the extent of interactions with other health professionals during their rotations. It is expected that this change will allow the College to have more specific, reportable data on the "extent" of interaction with other health professionals.

Interprofessional team dynamics and collaboration, is a consistent area of emphasis, as students move through interprofessional didactic team educational opportunities to team practice and application in IPPE and APPE rotations. The AACP Graduating Student Survey trend data, from 2016 through 2019, consistently indicated, "My pharmacy practice experiences allowed me to collaborate with other healthcare professionals," with greater than 95% of graduates indicating Strongly Agree or Agree. When asked if "The learning experience with other professions students helped me gain a better understanding of how to be part of a multi-disciplinary team to improve patient outcomes," responses were closer to 90%. Results in 2019 dipped to 83%, slightly lower than established Assessment Committee performance targets. Although still a strong response, this deviation was noted and will be monitored going forward.

Documents

Interprofessional Education

Required Documentation and Data

Vision, mission, and goal statements related to interprofessional education.

- College IPE Vision Statements and 711 and 712 Course Descriptions.pdf

Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs.

- IPE Statements within Handbooks.pdf

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.

- Phar 711 (P1 Year Long Course).pdf
- Phar 712 (P2 Year Long Course).pdf
- Syllabi with mapping to 3.4 Interprofessional Collaboration.pdf

Student IPPE and APPE evaluation data documenting the extent of exposure to interprofessional, team-based patient care.

- Other Health Professional Interactions Report.pdf

Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum.

- Assessment of IPE in Pre-APPE and APPE.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- MOU P1 IPE Program 2011.docx

Pre-APPE Curriculum

Comments and Documents

Standard 12

Standard 12

Pre-APPE Curriculum

Topics Addressed

- [x] 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.
- [x] How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings.
- [x] 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.
- [x] How the college or school uses simulation in the IPPE curriculum.
- [x] How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- [x] How the college or schools assures, measures, and maintains the quality of sites used for practice experiences.
- [x] How quality improvements are made based on assessment data from practice sites.
- [x] Any other notable achievements, innovations or quality improvements.
- [x] Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Pre-APPE Curriculum

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Pre-APPE Curriculum

The Didactic Curriculum; Development and Maturation

The professional curriculum is designed to prepare a highly qualified generalist practitioner who can excel in patient care and advocate for the profession within an interprofessional healthcare team. Introductory Pharmacy Practice Experiences (IPPE) are purposefully designed to complement a strong foundation in the pharmaceutical sciences as the student progressively integrates concepts into the clinical sciences and utilizes opportunities to apply knowledge, skills, and attitudes in increasingly complex practice settings. During IPPE (minimum of 314 clock hours), students gain experience in a wide variety of healthcare settings. While community, institutional health systems, and ambulatory care pharmacy are the primary focus of IPPEs, students also participate in interprofessional activities aimed at enhancing appreciation for a collaborative care model.

The Pre-APPE curriculum extends over the first three years of the professional program. Foundational courses are concentrated in the first two years to provide a solid base for clinical decision making. Orientation to the Pharmacist Patient Care Process (PPCP) takes place in year one and is applied throughout the curriculum. Courses in pharmaceutical and clinical sciences are balanced with pharmacy practice labs in the first and second professional years, which focus on patient counseling, nonprescription products, natural product/alternative medicines, introduction to prescription medications, patient assessment skills, and introduction to case-based clinical problem-solving.

Students complete elective courses to further enhance knowledge and skills outside of the standard curriculum. An understanding of health care delivery, expectations of health professionals, and the role of pharmacists are developed throughout the curriculum in coursework related to law and ethics and healthcare systems, in addition to introductory experiential opportunities. Students complete the didactic portion of the curriculum midway through the spring of the P3 year. Readiness for advanced pharmacy practice experiences (APPE) is confirmed in the PAR Block when students participate in a 5-week program with evaluative components related to foundational knowledge, drug information, and the application of clinical skills before the start of the APPE. Students complete eight assessments designed to measure students' knowledge and ability in each area, including formative case-based discussions and interactions with standardized patients. These measures help students to identify areas of personal strength and areas in which they should refine abilities during the APPE rotations.

Affective Domain Elements

The significance of enhancing affective capabilities, in parallel with knowledge and skills, is highlighted in the Essential Characteristics of Student Pharmacists in the student handbook and throughout the curriculum. Curricular and co-curricular experiences foster learning across the affective domains of self-awareness, professionalism, leadership, and communication.

Examples include, but are not limited to:

- Discussion of self-awareness as it relates to emotional intelligence in PHAR 707, Career Explorations and Professional Development. Students write a reflective paper detailing an experience where feedback was received and how self-awareness impacted their ability to receive and apply this feedback constructively.
- P1 students complete initial and final self-reflections relating to the IPPE 1 Community Pharmacy rotation.
- P1 students complete the StrengthsFinder activity, have subsequent discussions based on results, and are grouped accordingly based on these strengths for future group work.

- Leadership and professionalism are emphasized in PHAR 707 and reinforced throughout the curriculum. Notably, co-curricular requirements include activities and reflections related to Professional Engagement (P1 and P2 years) and Leadership (P3 year).
- Written and verbal communication are emphasized across the curriculum and specifically evaluated in Patient Counseling Close-Out Exams in the P1 Pharmacy Practice labs, simulation activities in the P2 Pharmacy Practice Lab series, Patient Counseling Evaluation in the IPPE 2 Community Pharmacy rotation, and in clinical presentations to health professionals in the P3 Pharmacy Practice lab. PAR Block assessments specifically evaluate affective capabilities during clinical skill assessments with standardized patients.

Care Across the Lifespan

Students receive instruction on caring for patients across the lifespan. Additionally, specific attention is included in interacting with special populations.

Examples include, but are not limited to:

- Appropriate self-care product selection for pediatric and geriatric patients in the P1 Pharmacy Practice Lab.
- Specific instruction related to immunization selection and administration across the lifespan is in the P1 Pharmacy Practice Lab spring term.
- Extensive discussion related to Medicare and associated plans in Healthcare Systems in the P1 year, including a highly involved assignment and group project relating to Medicare plan selection.
- Interprofessional case discussions with pediatric and geriatric considerations in the P1 and P2 years.
- Introduction of special concerns specific to the care of transgender patients in P2 Pharmacy Practice.
- Women's and Men's specific health topics are addressed in spring term IDT (PHAR 754) in the P2 year.

Age-specific data related to patient interactions in APPE rotations has been tracked for several years. Routine tracking this data has been incorporated for IPPE rotation assessments beginning in the 2019-2020 academic year.

IPPE Expectations, Duration, and Use of Simulation

Preparation for IPPE begins in the fall of the P1 year. Students are oriented to the culture of pharmacy, complete certifications required by practice sites (e.g. HIPPA and Blood-borne pathogens training), and engage in activities related to career exploration and professionalism. IPPE experiences begin winter of the P1 year and are organized into four categories: community, hospital, ambulatory care, and patient outreach/professional development. Students complete **160 hours of community (P1 = 80; P2 = 80)** and **128 hours of hospital (P2 = 8; P3 = 120)** practice. **Ambulatory care experiences are the third area of focus (P2 =6 hours).** Patient intake and interviewing, preparing medications, performing consultations, physical assessment, and adjusting therapy under collaborative protocols, primarily with underserved populations, are components of these experiences. A fourth focus area establishes a foundation for professional development in terms of fostering patient care and advocacy, teamwork, and wellness. P1 and P2 students are required to complete **20 hours of patient care outreach**. These outreach activities include, but are not limited to, community health fairs, school-based educational presentations, and immunization clinics.

The College of Pharmacy does not count simulation hours toward the IPPE curricular requirements. However, simulation activities are utilized in the Pharmacy Practice series to evaluate students' clinical skill development related to direct patient care.

P1

IPPE 1 rotations are embedded within the Community Care I and II courses (PHAR 708 and 709) in the P1 year. As part of PHAR 708, (minimum 80 hours), students enhance their didactic education and skills in patient care and become oriented to delivery of pharmaceutical care as applied to this practice setting. Students gain familiarity with the operation, administration, and supervision of an outpatient drug distribution system and related services. Interactions of pharmacists with other members of the healthcare delivery team to provide collaborative care are also emphasized. Students expand

skills in prescription processing, oral and written communication, drug preparation and distribution, pharmacy calculations, and third-party reimbursement. In addition, students increase their knowledge of over-the-counter product selection, provision of drug information, and prescription counseling with preceptor oversight.

P2

IPPE 2 rotations are incorporated into the IPPE Community Care III (PHAR 743) and Ambulatory Care I and II (PHAR 744 and 745) courses in the P2 year. The IPPE Director works closely with faculty, particularly in the first two years, to coordinate activities with course content in Pharmacy Practice and IDT course topics. For example, students are required to identify a patient being treated for migraine headaches to assess if the patient is at risk for Serotonin Syndrome based upon their medication regimen and a patient interview. The timing of this assignment coincides with the week(s) when neurology is a primary area of focus in Pharmacy Practice and IDT.

Within the IPPE 2 Community rotation (minimum of 80 hours), students provide direct patient care and gain proficiency in patient counseling techniques. Students work with preceptors to identify patients for disease-specific assignments and scenarios for ethics cases. Small group discussions in the IPPE course series related to rotation activities are extensively utilized in the classroom setting to reinforce experiential learning. The IPPE Director oversees these small group discussions on numerous occasions throughout each term of instruction. Preceptors and residents are also invited to present relevant cases and assist in discussion facilitation during class time.

The IPPE 2 Ambulatory Care rotation (minimum of 6 hours) provides students with an opportunity to observe this emerging field of practice and participate in patient visits. Students complete at least one SOAP note on a patient seen during their rotation and develop it into a formal case presentation after their rotation experience. While the total hours in ambulatory care are limited at this time, these are robust, high-quality rotations primarily provided by faculty preceptors. In addition, skills developed in ambulatory care experiences are expanded upon in simulations that are part of the P2 pharmacy practice lab and evaluated as part of the PAR block assessments in the P3 year. IPPE 2 also includes a Medication Reconciliation rotation (minimum 8 hours) emphasizing patient interviewing techniques at admission and discharge counseling for patients in a regional medical center.

P3

IPPE 3 rotations are focused on Institutional Health Systems (PHAR 760). This is a transition period where ability-based outcomes focus on medication management and other higher-level skills found in hospital settings. Students prepare for the IPPE 3 Institutional Pharmacy rotation in the spring of the P2 year. Students are introduced to expectations, culture, and environment of institutional pharmacy and how this differs from other areas of pharmacy practice.

The IPPE 3 Institutional Pharmacy rotation (minimum of 80 hours) begins in the summer between the P2 and P3 years. Students expand their understanding of services and methods of pharmaceutical care specific to this practice setting. Students become familiar with order processing and IV admixture techniques, in addition to the operation, administration, and supervision of an inpatient drug distribution system.

In the IPPE 3 Introduction to Acute Care rotation (minimum 40 hours), students are paired with an inpatient pharmacist and gain perspectives on clinical services and interactions of the pharmacist with patients and other members of the healthcare team. Students expand skills in the application of PPCP in institutional settings, including oral and written communication, providing drug information, clinical problem solving, patient education, and professional responsibilities. In addition, students work with their preceptor on a clinical project with a continuous quality improvement (CQI) focus. This rotation is intentionally designed to provide students the opportunity to understand how to complete a longitudinal CQI project that investigates ways to improve a patient care delivery process.

The Experiential Office carefully tracks individual student progress in each IPPE competency. Manuals for IPPE rotations provide explicit requirements for completion. Students and preceptors are instructed to contact experiential faculty if there are concerns during a rotation. If a student is not on track for passing a specific competency, this issue is brought to the attention of experiential faculty before the completion of the rotation, so that a specific plan for remediation can be created. Preceptor and Site Evaluation forms are completed by the student following each rotation. The data is reviewed by the Experiential Directors and is used to help improve the quality of the student experience. The result in aggregate form is provided to each preceptor through e-Value. IPPE evaluation tools can be found in the appendices.

Experiences in the P1 to P3 years foster student progression through a series of competencies and ability-based outcomes that are matched to the appropriate level of the learner. P1 experiences emphasize technical skills and preceptor-assisted patient interactions in the areas of self-care product selection and prescription counseling. P2 and P3 experiences broaden the scope of practice for students as they perform independent prescription consultations with oversight of a preceptor in community and hospital settings, identify patient intervention opportunities, administer vaccines, and perform clinical patient care skills in a hospital setting. The PPCP is referenced and reinforced across IPPE. Students and preceptors follow syllabuses and manuals for each corresponding stage of IPPE. Students participate in both direct and indirect patient care, involving interactions with diverse populations and other health professionals. Graduating student survey responses confirm that students gain exposure to and interact with diverse patient populations and a wide variety of healthcare providers and that IPPE experiences provide a strong foundation in patient care and interprofessional practice. Alumni surveys express confidence that the curriculum, including IPPE, prepares them well for their first pharmacy job.

Documents

Pre-APPE Curriculum

Required Documentation and Data

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

- PharmD Curriculum General Description (Student Info Website)
- PharmD Curriculum Program of Study Overview
- PharmD Electives (Didactic)
- IPPE Overview
- APPE Overview

A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments.

- Who Teaches What.pdf

Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum.

- Curriculum Map to Appendix 1.pdf

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.

- PHAR 001_ Co-Curricular Engagement–Service Learning.pdf
- PHAR 002_ Co-Curricular Engagement–Leadership Experience.pdf
- Inventory of Co-Curricular Events 2017-2019.pdf
- PHAR 707 Emotional Intelligence.pdf
- PHAR 001/002 Overall Co-curricular Requirements.pdf

Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies).

- Data Brief: Three-year PAR Block performance trends.pdf
- Sample Individual Student Feedback Report for PAR Block (Pre-APPE Readiness).pdf
- 3-Year CE Data for Appendices AY 16-17 through AY 18-19.pdf
- Assessment of Educational Outcomes Report.pdf

Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements.

- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- PHAR 760 Syllabus.pdf
- Ambulatory Care Rotation Manual .pdf
- IPPE 3 Manual Phar 760.pdf

List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement.

- IPPE Simulation Hours.pdf

Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure.

- PHAR 708 Syllabus.pdf
- PHAR 709 Syllabus.pdf
- PHAR 743 Syllabus.pdf
- PHAR 744 Syllabus.pdf
- PHAR 745 Syllabus.pdf
- PHAR 760 Syllabus.pdf

Introductory pharmacy practice experiences student and preceptor manuals.

- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- Preceptor Manual Dec 2019
- Ambulatory Care Rotation Manual .pdf
- IPPE 3 Manual Phar 760.pdf

Introductory pharmacy practice experiences student and preceptor assessment tools.

- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- IPPE 3 Manual Phar 760.pdf

Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs.

- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- Preceptor Manual Dec 2019
- IPPE 3 Manual Phar 760.pdf

Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes.

- Data Brief: Three-year PAR Block performance trends.pdf
- Sample Individual Student Feedback Report for PAR Block (Pre-APPE Readiness).pdf
- AACP 2018 PAR Block Poster.pdf

Required Documentation for On-Site Review

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

Optional Documentation and Data

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

- Preceptors Credentials and Practice Site Locations AY 19-20.pdf

APPE Curriculum

Comments and Documents

Standard 13

Standard 13

APPE Curriculum

Topics Addressed

- ☑ 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 advances 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.
- ☑ 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.

Key Elements

APPE Curriculum

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

APPE Curriculum

The evolution of Advanced Pharmacy Practice Experiences (APPE) was an important part of the focus in recent curricular changes. The faculty believes that opportunities to apply knowledge, skills, and attitudes in quality practice settings under the guidance of strong preceptors are critical. Providing students access to a greater diversity of practice settings, while at the same time also allowing students to more fully develop strength in personal areas of interest, was one of the primary goals of the curricular revision. Structurally this was accomplished by increasing the number of required six-week rotations. Students are required to complete eight of the nine available six-week APPEs, beginning in the middle of the spring quarter. The required, and increased number of elective practice experiences, allows each student to refine their abilities as defined by Center of Advancement of Pharmacy Education (CAPE) and the College's Program Level Student Learning Outcomes (P-SLOs). Concurrently, it provides greater assurance they will be practice-ready graduates.

Expansion of the experiential year carried with it a need to assure that students were prepared to take full advantage of advanced experiential rotations. This was accomplished with the creation of a 'capstone,' referred to as the Pre- APPE Readiness block, or PAR block. Described in more detail in Standard 24, the PAR Block is a 5-week series of formative and summative assessments, and capstone experiences designed to assure student APPE readiness. A key component includes a guided self-assessment that provides students the capacity to identify specific areas they might want to strengthen during rotations and confirms confidence in areas where they already display competence. Self-awareness in these respects creates a guide for learning in APPE that both the student and preceptor can use to optimize their learning experience.

In aggregate, APPE experiences exceed foundational requirements for a student pharmacist as defined by ACPE and the Oregon Board of Pharmacy Intern Rules. Graduating students and alumni concur, with a degree of confidence that nearly uniformly exceeds 90% in surveys, that students are prepared for APPE, rotations of are high quality, required and patient care elective rotations involve direct patient in all settings, continuity of care is emphasized, and the diversity of elective rotations meets their expectations. An expanded APPE year, coupled with appropriate oversight by the Office of Experiential Education (OEE), creates a unique format that exposes students to varied approaches to patient care, diverse patient populations, interprofessional interactions, and innovative contemporary and blended pharmacy practice settings.

Patient Care Emphasis

The integration of students into the daily workflow of providing patient care is the cornerstone of APPE and each patient care pharmacy practice experience. Each APPE course outcomes builds on the IPPE curriculum and focuses on five key competency categories; Learning, Patient Care, Problem Solving, Communication, and Professionalism. Students and preceptors are provided with syllabi and the APPE Manual that together detail the required types of patient care activities, patient populations likely to be encountered, and non-patient care activities, if appropriate to the rotation (see required appendices). Students are also queried on the types of medical conditions they encounter via the Student Assessment of the Site/Preceptor evaluation form to provide a clear record of the breadth and depth of their participation.

In 2018, the OEE created a patient care activity log based on the Joint Commission of Pharmacy Practitioners (JCPP) patient-centered care model. This form is an online form housed in e-Value, and students must log 15 patient care interactions utilizing the terms defined in the five

of the patient care process; collect, assess, plan, implement, and follow up/monitor (see optional appendices for Patient Care Activity Log). Preceptors are trained and encouraged to model the patient care process and to develop lesson plans that map patient care activities to the competency categories of Patient Care, Problem Solving, Communication, and Professionalism in order to clearly link methods for instruction and assessment to P-SLOs.

Diverse Populations and Interprofessional Experiences

The OEE procures, on a yearly basis, a wide variety of APPE practice sites throughout Oregon so that it can ensure each student experiences a diverse mix of pharmacy practice environments in terms of the patient population, patient age, gender, acuity, socioeconomic status, and geography (refer to APPE Availability data in Standard 22). The state of Oregon easily provides a blend of urban, suburban, rural, frontier areas that offer unique practice settings. Curricular requirements emphasize specifically that each student must experience providing care in a rural or underserved urban setting. Collectively, APPE sites were able to offer 1,218 six week APPE experiences for the 2018-19 academic year and 1,054 six week APPE experiences for the 2019-20 academic year. The variance between each year's availability is largely based on need due to differences in the size of each class.

The APPE scheduling process is a student-centered approach that takes months of planning and precise site/preceptor recruitment. The result, however, is the collaborative development of schedules that meet student and curricular expectations. The process begins with an in-depth interview of each incoming P4 student conducted by the Assistant Dean of Experiential Education at the beginning of the 3rd professional year. The goal of each one on one student interview is to understand the student's needs and preferences in terms of their ideal experiential year. This is largely based on their respective career goals and their desire to explore various areas of pharmacy practice. In addition, the interview process provides the necessary data for the OEE to determine an overall needs assessment of the types of practice, patient population, and geographical preferences of the students. For example, the Class of 2020 had more students interested in electives such as Infectious Disease, Oncology, and Administration compared to the Class of 2019. The individual pharmacy practice preferences and relative career goals of the P4 class, in aggregate, are shared with each site during the recruiting visits for the purpose of procuring the required and electives experiences needed to meet the unique preferences of each incoming P4 Class.

The OEE recently enhanced capacity to track the diversity of experiences and interprofessional interactions during each rotation through the student assessment of the site/preceptor (SASP) form, which is collected via e-Value at the conclusion of each rotation. This will provide a stronger and more detailed understanding of the confidence the graduating students and alumni have expressed regarding the diversity of patients and experiences encountered. With respect to interprofessional interactions, early results using the SASP forms indicated students had interactions on rotations with the following list of health professions student: Dentistry, Nursing, Occupational Therapy, Osteopathic Medicine, Allopathic Medicine, Physical Therapy, Physician Assistant, Psychology Public Health, Social Work, and Veterinary Medicine.

Required advanced pharmacy practice experiences, in particular, are provided by organizations and institutions that embrace and practice team-based care; which we define as the provision of comprehensive health services to individuals by at least two health professionals who work collaboratively on shared goals to achieve care that is safe, effective, efficient and patient-centered. Interprofessional Education (IPE) is introduced during the P1 year and expanded as students progress through the curriculum. Examples in APPE include Federally Qualified Health Clinics, Tribal and Indian Health Clinics, select Family Medicine Clinics, and the Veterans Affairs (VA) Clinics which provide students with Community and Ambulatory Care experiences that utilize a practice model of integrating clinical pharmacists within health teams to provide direct patient care pharmacy services via a collaborative practice agreement. In addition to these clinics, health-systems such as the OHSU Hospitals

and Veterans Affairs Hospital routinely host a variety of learners, in addition to student pharmacists, which naturally lead to routine interprofessional interactions during rounds, presentations, and other patient care activities.

Students who participate in the Oregon Health & Science University Campus for Rural Health, developed in 2012, have a truly unique opportunity to extend these capabilities in this area. Students based in one or more of these hubs are provided free housing with other health professionals on rotations, allowing interactions with other health professional students (e.g., Medicine, PA, Nursing) at clinical sites and outside clinical responsibilities. Each team must complete an interprofessional community outreach project.

Timing, APPE Duration, and Required APPEs

Each student must complete and pass all of the requirements of the Pre-APPE curriculum, which includes, but is not limited to, the IPPE sequence and the Pre-APPE Readiness (PAR) courses prior to advancing to the APPE year. The APPE curriculum requires each student to complete a minimum of 1920 hours, subdivided into eight blocks that are each six weeks long. In order to ensure that students experience the essential components of an entry-level practice, students must complete and pass the core categories of pharmacy practice experiences: Phar 780 Community Pharmacy, Phar 785 Ambulatory Care Pharmacy, Phar 790 Inpatient Hospital Adult General Medicine Pharmacy, and Phar 792 Hospital Pharmacy.

Students must complete four electives rotations, in addition to the core experiences. Electives may be a mixture of patient care and non-patient care pharmacy practice experiences, but at least two electives must be patient care electives to ensure that the vast majority of advanced experiences are focused on direct patient care. As noted above, students are also required to complete at least one underserved or rural pharmacy practice experience, which may be either a required or elective patient care pharmacy practice experience.

As noted above, a key component of the PAR block (completed after didactic courses and immediately prior to APPE) is a guided self-reflection. Based on performance in the PAR block and student interests, College advisors assist students in composing a Professional and Personal Development Plan (PPDP) This activity allows the students to reflect on the lessons learned from the previous experiences and encourages a proactive approach in the development of their own lesson plans as they move through the APPE year. It is expected that students update and continually edit their PPDP for review of each new preceptor. In addition to the PPDP requirement, four P4 Seminars are also presented throughout the calendar year and are designed to assist students with professional development content that facilitates their transition as graduation approaches. Topics that are covered include advice from current P4s and Residents, advice from the Board of Pharmacy, CV workshop, Interview skills, Networking, PGY1 residency application process, the non-PGY1 job application process, MPJE review, Pharmacist-In-Charge Training, and student debt management.

Elective APPEs

The complement of electives that are available takes advantage of affiliations the OEE maintains to provide students opportunities to experience specialty and innovative practice settings. Electives available include administration, academic, anticoagulation, cardiology, compounding, critical care, drug information, emergency room, HIV, home infusion, infectious disease, informatics, intensive care, internal medicine, long term care, managed care, mail order, medication safety, medication therapy management, mental health, neonatal, oncology, operating room, pediatrics, poison control, primary care, research, regulatory, specialty pharmacy, surgery, transplant, trauma, transitions of care, and travel clinic. Students are allowed to complete elective rotations in other states such as AK, AZ, CA, HI, NV, and WA, but each must be approved by the Assistant Dean of Experiential Education based on an interview process and vetting of the site and preceptors. International elective rotations are also allowed using a similar process, but cannot exceed two rotations.

Geographic Restrictions

All four core pharmacy practice experiences, Phar 780 Community Pharmacy, Phar 785 Ambulatory Care Pharmacy, Phar 790 Inpatient Hospital Adult General Medicine Pharmacy, and Phar 792 Hospital Pharmacy, are completed in the U.S. or its territories. The vast majority (95%) of our students complete these experiences in Oregon sites that the Office of Experiential Education (OEE) directly developed. This provides the greatest opportunity for oversight and timely interactions of the Assistant Dean for Experiential Education with students and preceptors during these core experiences.

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Documents

APPE Curriculum

Required Documentation and Data

The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable.

- IPPE 1 Manual - PHAR 708 and 709.pdf
- IPPE 2 Manual - PHAR 744 and 745.pdf
- Ambulatory Care Rotation Manual .pdf
- IPPE 3 Manual Phar 760.pdf

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.).

- Appendix 2 Crosswalk.pdf

Overview of APPE curriculum (duration, types of required and elective rotations, etc.).

- College APPE Rotations Overview

Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives.

- Phar 780 (2019-20).pdf
- Phar 785 (2019-20).pdf
- Phar 790 (2019-20).pdf
- Phar 792 (2019-20).pdf
- Phar 795 (2019-20).pdf
- Phar 797 (2019-20).pdf
- Phar 798 (2019-20).pdf

Advanced pharmacy practice experience student and preceptor manuals.

- APPE Student Manual.pdf
- Preceptor Manual Dec 2019

Advanced pharmacy practice experience student and preceptor assessment tools.

- Student Assessment of Site and Preceptor (SASP).pdf
- Preceptor Assessment of Student - Midpoint.pdf
- Preceptor Assessment of Student - Final.pdf

Preceptor recruitment and training manuals and/or programs.

- Preceptor Manual Dec 2019

Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care.

- Populations in APPE.pdf
- Other Health Professional Interactions Report.pdf

Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes.

- Student APPE Performance 2017-2019.pdf

Required Documentation for On-Site Review

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

Optional Documentation and Data

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

- APPE Lesson Plans.pdf
- Patient Care Activity Log.pdf

Student Services

Comments and Documents

Standard

14

Standard 14

Student Services

Topics Addressed

- [x] 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).

- [x] A description of the sections of the student handbook that deal with specific requirements of the standard and guidelines.

- [x] 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.

- [x] How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.

- [x] Any other notable achievements, innovations or quality improvements.

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

Key Elements

Student Services

Summary of College's Self-Assessment of the Key Elements	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.).	●		

Comments

Student Services

The Office of Student Services is responsible for assuring that students have adequate access to personal, academic, and career advising. Student Services oversees the recruiting, admissions, and progression of students in the program. The Office of Student Services also handles non-academic concerns. The Office of Student Services is directed by Ms. Angela Austin, Director of Student Services and Head Advisor. Ms. Lauren Corwin serves as the Assistant Head Advisor. Both Ms. Austin and Ms. Corwin are located on the Corvallis campus and work primarily with the P1 and P2 students. Ms. Eliza Allison serves as Academic Advisor on the Portland campus and works primarily with P3 and P4 students. All advisors hold Master's degrees in Student Services. Additional support is provided by an Administrative Program Specialist (.65 FTE), Ms. Amy Gagnon, and other classified staff as needed. The current design of Student Services reflects several adjustments since the last full accreditation visit, including the addition of a new full-time Recruitment Coordinator, Ms. Anne Taylor. This team works as a cohesive unit, and all advisors move between campuses providing additional support for special events or gaps in staffing.

The Director leads the day to day management, is chair of Admissions Committee, Co-Chair of Academic and Professional Standards Committee (APSC), assists with Early Assurance Program advising, and is a lead advisor for students on the Corvallis campus. The Assistant Head Advisor leads the Early Assurance Program (EAP), advises students in the PharmD/MBA program, assists in PharmD candidate advising, assists with the admissions process, and serves on the Awards and Scholarship Committee. The Portland advisor has primary responsibility in advising P3 and P4 professional students, as well as Portland-based EAP students. Ms. Allison leads our Career Development Curriculum (CDC) for all PharmD students, as well as the Student Ambassadors program. She also assists with the admission process and serves on the Diversity Committee. All advisors provide students with academic and career advising. The Recruitment Coordinator has primary responsibility for all recruitment activities from elementary-aged to undergraduate students. She also assists with the supervision and development of Student Ambassadors, develops recruiting materials, and maintains relationships with advisors, faculty, and others at partner institutions.

Student Records and FERPA

In Summer 2018, paper student records and files were converted to electronic files and stored on the University-supported Box.com system. Student records are securely maintained and are only accessible by faculty and staff who need to have access to these files. Files for Early Assurance Program (EAP) and professional students contain documentation of coursework, progress reports, degree information, transcripts, copies of correspondence between the student and college faculty/staff, and advising notes.

The University assigns each student a unique identification number. Student academic files are updated annually. All discarded paperwork related to the hard copies of student files is shredded, and files are archived in accordance with University policy. Records pertaining to non-academic issues are stored separately in the Director of Student Service's office. In addition, the Assistant Dean for Experiential Programs (Dr. Juancho Ramirez) maintains records securely specific to experiential education.

Access to student records is limited to members of the faculty and staff. Individuals with access to student information are required to comply with the Family Educational Rights and Privacy Act (FERPA), protecting students' confidential information. Anyone with access to the online advising system must complete University provided FERPA training before being given access. The

Registrar stores records of FERPA training. Students have the right to access their files and can do so under the supervision of a member of the Office of Student Services.

Financial Aid

The College recognizes the financial challenges faced by students. The Office of Student Services interacts with University Financial Aid officers regularly to assure advisors are up-to-date on financial aid processes. The College assures that "cost of attendance" calculations are accurate, facilitating increased loan eligibility resulting from requirements of the professional program. The College also sponsors formal presentations by the OHSU Personal Finance and Debt Counseling. These presentations focus on managing student loan debt, as well as personal finance more generally. All students can access the services of the OHSU Personal Finance and Debt Counseling office at any time in their program. The OSU Office of Financial Aid distributes award letters to students and maintains detailed records of awards, repayment, and default rates. All students have access to financial aid advisors at the University, and basic information is also available in the PharmD Student Handbook, including a link to the Office of Financial Aid.

In addition to federal sources of financial aid, the College administers a scholarship award program. The Student Awards and Scholarships Committee selects recipients based on donor intent, academic performance, professional involvement, and financial need. The College awarded over $200,000 in scholarships in 2018 - 19. Increasing the availability of privately-funded scholarships is a College continues to be a priority.

Health and Counseling Services

The College ensures that students have access to health services throughout their professional curriculum. P1 and P2 students have access through Student Health Services on the Corvallis campus. P3 and P4 students have access through OHSU Student Health and Wellness on the Portland campus. If a P4 student has rotations primarily in the Corvallis region, it is possible to arrange for their health care to be provided in Corvallis. Major medical insurance is required of all students. This information is provided to students directly by email, as well as in the Student Handbook.

Both OSU and OHSU require all PharmD students to maintain current immunizations and to complete tuberculosis screening each year. Immunization requirements are monitored and enforced by the Director of Student Services, in conjunction with the student health centers. Additionally, P4 students must satisfy the immunization requirements of each experiential site.

All professional students have access to personal counseling services through both OSU and OHSU. P1 and P2 students utilize Counseling and Psychological Services (CAPS) located on the Corvallis campus. CAPS provides individual, couples, and group counseling services. P3 and P4 students utilize Student Health and Wellness (SHW) located on the Portland campus. SHW offers individual counseling and psychiatric services. Advisors refer students to these services when students encounter personal or professional situations that impact their emotional wellbeing. Information about counseling services is provided each year during orientations and is available in the Student Handbook.

Wellness for all students, staff, and faculty is a priority. The College sponsored a team comprised of students and faculty to a recent AACP Institute on Wellness, and Wellness is prominent in the current strategic plan. A Wellness task force was recently launched to bring more focused attention to these interests than might be accomplished through our current standing committee structure.

Advising

From Fall 2016 to Spring 2018, professional students were advised by advisors in the Office of Student Services, including the Executive Associate Dean (Dr. DeLander), and advisor/student pairing was not consistent each year. Beginning Fall 2018, professional students are assigned an academic advisor and retain that advisor throughout the program. Over 90% of graduating students, when surveyed in recent years, reported having adequate access to academic advising while in the professional program.

Professional students are required to meet with their advisor at least once per year for the first three years. P1 students meet with their advisor in fall and winter terms, P2 students meet in the fall term, and P3 students meet in the spring term. As part of advising activities, students review the Characteristics of Highly Successful Graduates, a locally developed professional development guide (see optional appendices) that outlines non-academic strategies students can pursue immediately to be more competitive and successful as a pharmacist upon graduating. This guide is introduced in P1, and discussed in depth in P2, and expanded upon in P3. Advising in the P3 year is more in-depth and comprised of a 1:1 hour-long session after the Pre-Advanced Readiness Block (PAR block) to review in detail academic, professional, and personal preparation for advanced experiential education. P4s are not required to meet with an advisor but are still invited to meet with advisors if desired, either in person or via an online platform.

Student Services actively requests that faculty make advisors aware of students who have significant difficulty on individual assessments. Advisors reach out to their respective advisees during the term if the student significantly underperforms or if academic performance seems inconsistent with past behavior to determine if there are concerns hindering performance. Students who placed on Warning or Probation status by the Academic and Professional Standards Committee (APSC) may be required to meet with advisors each term.

Opportunities for professional students to explore career pathways are numerous, occurring inside and outside of the classroom. The Office of Student Services both leads and collaborates with faculty to provide career and professional development programming for students in all four years. P1 and P2 students receive workshops that include building a CV/resume, Mock Interview Night, and Using LinkedIn and etiquette for other electronic communication platforms. P3 and P4 students participate in workshops focused more specifically on preparation for jobs and residencies.

Orientation to research opportunities begins in the first year with a seminar class that students can take to receive preparation to participate in research. Structured information on residency and other post-graduate education and training begins in the second year with a residency panel. More formalized programming takes place in the third and fourth years with panels of current residents, a Residency Showcase integrated into the PAR Block with representatives from nearby residency programs, and presentations on residency preparation through the Career Development Curriculum (CDC). Graduating Student and Alumni surveys indicate that awareness of post-graduate educational opportunities was evident and well received.

The Office of Alumni Relations and Professional Development also contributes to career and professional development. They organize the PharmD Enrichment and Professionalism Program (PEPP) presentations, collaborating with a current student leader. PEPP brings in professionals from different areas of pharmacy, many of whom are in less traditional practice settings, to educate students about different fields within pharmacy as well as the pathway to these positions. Presentations are offered on both Corvallis and Portland campuses.

In addition to a strong commitment to continuous professional development relating to pharmacy professional skills, the college provides a dual-degree opportunity for PharmD students to earn their MBA. We also promote an admission pathway for the MBA to our pharmacy graduates. This commitment to additional education and training seeks to propel students and graduates to greater success in management, entrepreneurship, and leadership with an expectation this will place students on a trajectory to be leaders in the profession.

A prominent example of efforts to advance the professional capabilities of students and alumni is in the College of Pharmacy's Entrepreneurial Academy. The Entrepreneurial Academy (EA) strives to provide business-minded students with opportunities to develop skills in areas of project management, business plan development, financial management, collaborative teamwork, and leadership. The Academy brings in business-related presenters, designs and executes a complex external event, plans and manages the annual Professional Day, and serves as the home for an annual

business case competition. Graduates who participated in EA credit the academy with enhanced communication skills, management skills, and their ability to understand how pharmacy and business interact.

The Office of Student Services is also responsible for Orientation programs for P1, P2, and P3 students. Incoming P1 students build community with their peers while receiving information about campus resources, and College of Pharmacy resources, rules, and policies. P2 orientation emphasizes student personal and professional development activities, debrief student summer experiences, as well as providing policy updates and reminders. P3 students receive information about Oregon Health & Science University policies and resources, information on preparing for the PAR Block, and the third year generally, in addition to participating in personal and professional development activities.

Non-discrimination

All faculty and staff in the College of Pharmacy adhere to University policies and procedures on nondiscrimination, equal opportunity, and access. College policies are reviewed by legal counsel as needed. The College admits a diverse student population, with plans to increase the diversity of our applicant pool through the Recruiter's focus on outreach to underserved communities. Graduating students, since 2016, report that the College is welcoming to students with diverse backgrounds.

Disability Accommodation

All faculty and staff on both Corvallis and Portland campuses adhere to the University's policies and procedures related to disability accommodation. All faculty are required to include a statement regarding disabilities and resources on their syllabi in compliance with the University's policy. All professional students have access to Disability Access Services (DAS) at OSU and can apply for accommodations through this resource. Approved DAS accommodations are forwarded to appropriate course coordinators, and faculty are required to comply with accommodations granted to students. DAS resources are introduced during Orientation and individual advising appointments. Students also have this information in the Student Handbook and are sent reminder emails about upcoming DAS deadlines.

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Documents

Student Services

Required Documentation and Data

Synopsis of the Curriculum Vitae of the student affairs administrative officer.

- Synopsis of Curriculum Vitae of Student Services.pdf

An organizational chart depicting student services and the corresponding responsible person(s).

- Student Services Organizational Chart

Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.).

- PharmD Student Handbook AY 19-20

Copies of policies that ensure nondiscrimination and access to allowed disability accommodations.

- University Disability Access Services
- University Disability Access Services Handbook

Student feedback on the college/school's self-study.

- Student Self Study Assessment.pdf

Required Documentation for On-Site Review

- The Student Handbook.

Optional Documentation and Data

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

- Characteristics of Highly Successful Graduates - Group Advising Worksheet.pdf

Academic Environment

Comments and Documents

Standard 15

Standard 15

Academic Environment

Topics Addressed

- ☑ 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 AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Academic Environment

Summary of College's Self-Assessment of the Key Elements	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, academic calendars, 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.	●		

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Comments

Academic Environment

Student Information

The College provides essential information to current students in a variety of ways. The website is a primary means of communication with prospective students, current students, faculty, alumni, and other interested parties. The Student Handbook, which includes all academic and professional standards or policies, the Essential Characteristics of Student Pharmacists, and progression requirements, are posted to our public-facing website under Current Student Resources. The Student Handbook is a comprehensive resource that offers information about a variety of resources on both the OSU and OHSU campuses and is referenced each year in orientation activities.

Canvas, the University Learning Management System, and university-assigned email are used primarily for instructional and professional communications. In 2017, the College enhanced the utility of Canvas by cohort-specific sites that serve as repositories for a variety of important student documents and communications. The sites also streamline the administrative processes for the College and students in tracking programmatic requirements. Students now easily upload documents directly to Canvas related to various training requirements, such as Bloodborne Pathogens training, and CPR certification. This process allows students and the Office of Student Services advisors or other administrators to easily and efficiently track student compliance with programmatic requirements or retrieve documentation.

The College provides information to prospective students through the website, with printed recruiting materials, during advising appointments, and through a variety of outreach events. The College attends events throughout the year and provides information on the Early Assurance Program (EAP), PharmD program, and the PhD program to interested parties.

Complaints Policy & Student Misconduct

The Academic & Professional Standards (APS) address both academic and non-academic misconduct, clearly outline the rights and responsibilities of all parties, and indicate for students how and to whom any concerns should be directed. As part of APS, the Essential Characteristics of Student Pharmacists document is intended to ensure that student pharmacists meet or exceed expectations for professional competence and behavior among pharmacy professionals. Incoming students are provided the PharmD Student Handbook, which includes APS, before P1 Orientation. All incoming students are required to read the Student Handbook and sign a form indicating agreement and acceptance of the APS before matriculation. The Student Handbook articulates the policies and procedures related to key processes within the College and University. Also clearly outlined are mechanisms by which students may petition for a deviation from the established professional program, grieve an academic decision, appeal a decision of the Academic & Professional Standards Committee (APSC), or submit a complaint to ACPE.

The Student Handbook is reviewed and revised as necessary to reflect any changes in faculty-approved policies or changes in resources available. Updated versions of the Student Handbook are posted to each cohort's Canvas site and the College website, at least annually. An email is also sent to each cohort toward the beginning of the academic year, with an explanation of the complaints policy and references back to the PharmD Student Handbook.

The ACPE complaints file is maintained in the Director of Student Services office. The College maintains a chronological record of student complaints, including how each complaint was resolved. There have been no formal student complaints regarding College adherence

to ACPE standards filed since the last accreditation visit. Violations of the APS are handled confidentially between students and APSC with notification of faculty not serving on ASPC, as appropriate. The ASPC reviews each violation determines an appropriate sanction and notifies the student of the decision. The petition, appeals, and grievances processes are aligned with the University's process. Cases are referred to the University, as appropriate, and students are made aware of their right to appeal.

The Executive Associate Dean may determine that a behavioral violation conducted by a student potentially places patients (or in the case of outreach activities, a member of the public) or the student at risk. In these instances, the student may be removed immediately from any IPPE or APPE practice site and prohibited from participating in co-curricular activities, before convening a meeting of ASPC. The ASPC is notified as soon as possible to discuss the circumstances of the conduct and decide an appropriate course forward.

The petitions, appeals, and grievances processes are outlined carefully in a separate section of the Student Handbook (beginning on page 47.) If a student chooses to appeal a decision from the APSC, they must submit the appeal in writing to the Dean of the College within seven calendar days following the issuance of the decision. The Dean may refer the issue back to the APSC for additional review and will notify the student of their decision by mail or email. A student can appeal the Dean's decision directly to the University Provost Office in writing within seven calendar days following the issuance of the decision by the Dean. The Provost's Office decision on the appeal is the University's final decision.

Academic misconduct appeals are handled in accordance with the University policy on academic misconduct. If a faculty member feels that academic misconduct has occurred, they are encouraged to complete the Academic Misconduct Report (AMR) available on the University Student Conduct and Community Standards: Faculty Information webpage. The report is forwarded to the College Hearing Officer (CHO). The CHO for the College of Pharmacy is the Executive Associate Dean. The CHO asks the student to meet with the faculty member and the Director of Student Services (as an observer). The faculty member meets with the student to review the AMR and Student Rights information, including the proposed sanction. The student is allowed ten days from the date of the meeting to complete their portion of the AMR, including any statement they wish to be included and return it to the CHO. The student may waive this right or submit their response before ten days. The CHO reviews the evidence, makes a recommendation to APSC, and a final decision is made on the case. The sanction recommended by the CHO may include a sanction greater than indicated by the faculty member. The student is notified of the decision in writing and has five days from the date of notification to submit an appeal to the Vice Provost for Academic Affairs.

As noted above, the work and actions of ASPC are, by their nature, largely confidential. To keep staff and faculty aware of how APSC manages student academic progression and student conduct, and given results of the 2016 AACP Faculty Survey related to this topic, a presentation was given at the faculty meeting in Fall 2018. Based on data in AAMS, the presentation was effective. Overall, the faculty strongly agreed or agreed that academic and professional conduct was managed well at a higher rate in 2018 than in 2016 but dropped again in 2019, suggesting that more frequent presentations would be helpful for faculty in the future.

Student Representation

The College encourages and values student representation and perspectives. At least one student from each professional year is selected to represent their cohort on Curriculum, Assessment, and Diversity standing committees. P1 students are invited to apply for membership to these faculty governance committees during the winter term. Students expressing interest are evaluated by faculty, led by the Executive Associate Dean, as well as the chairs of the committees in which students will have a role. Students selected are asked to confirm their interest and are reminded that the appointment will continue throughout their tenure in the College. Students are full committee members with equal voting rights and opportunities for input. All students in each professional

cohort are made aware of who their representatives are on standing committees.

Although the faculty has chosen not to include students on the Admissions committee as full members due to the confidential nature of discussions, student ambassadors participate in admissions interviews and evaluate candidates on their ability to work as part of a team. Students also participate in ad hoc committees, such as Dean Search, Strategic Planning, and all ACPE Self-Study committees. The current and immediate past Student Executive Council presidents are invited to participate in the faculty College Council. Finally, a graduate student sits on the College Graduate Studies standing committee.

Perspectives from students on standing committees are often the key to understanding how proposed changes will enhance student learning or impact student experience while in the professional program. Student participation on these standing committees has led to curricular changes, such as adjusting the sequence of classes during the P1 year to better balance workload throughout the year. Student participation on these committees has helped drive changes to optimize the course evaluation process and revision of various assessment instruments, such as Incoming Student Surveys.

Professional students in the College have a robust structure for student governance (see appendices for Bylaws and Student Organization Org Chart), also discussed in Standard 9. The Student Executive Council is an officially recognized organization within the University and represents students across all professional years. Current Council members elect leadership for the Student Executive Council. In addition to the elected Executive Council officers, membership includes representatives from each professional class and each professional organization. The Executive Associate Dean, or designate, serves as an advisor and meets with the Council to facilitate communications with the College administration and provide historical perspectives.

The primary purpose of the Student Executive Council is to serve as a communication conduit between students and College administration, providing a formal means by which students can raise concerns with College administration. Additional responsibilities of the Council include coordination of student activities, sponsorship of College-wide events, and oversight of expenditures made in support of student activities. The budget of the Executive Council is seeded each year by the College administration and supplemented by Executive Council-sponsored fundraising. Student leadership in professional organizations within the College is structured under the umbrella organization, Oregon State Student Pharmacists (OSSP). OSSP encompasses the majority of student leadership opportunities within various national and state recognized pharmacy associations (APhA-ASP, ASHP, CPNP, IPhO, ACCP, IPSF, NCPA, AMCP, ASCP, OSPA, and OSHP).

Students that hold Presidential positions within these chapters are responsible for involving and engaging students in each respective organization to heighten student learning and broaden students' perspective of the pharmacy profession. Each organizational President or President-elect is a member of the Student Executive Council and serves as a representative of the students within their organization. Student leaders within these organizations lead the College in setting up outreach events and health fairs to serve the local communities, as well as encouraging student involvement at regional and national conferences.

Professional students also participate in student governance on the Portland campus. Students in the P3 year represent the professional program on the OHSU All Hill Council (the student governing body at OHSU), the OHSU Student Health Service Advisory Committee, and the OHSU Curriculum Committee. Decisions made in these bodies have an impact on pharmacy professional students on both campuses. Increasingly, pharmacy students have also sought or been invited to participate in OHSU campus activities, such as interprofessional outreach activities and the annual OHSU Student Research Forum.

A notable achievement in the past year was to include, for the first time, two student representatives on a team

of faculty members attending the annual AACP 2019 Spring Institute on Wellness. The intention was to recognize the importance of faculty and student collaboration when moving toward implementing Wellness across the College. Student and faculty attendees helped write components of the new strategic plan related to diversity, inclusive excellence, multiculturalism, and wellbeing. An additional outcome of the institute and strategic plan is the creation of a Wellness Taskforce. The Wellness Taskforce is beginning the process of developing a shared vision of our desired culture and performing a need assessment related to diversity, multiculturalism, and the personal wellbeing of students, staff, and faculty.

Distance Learning

The PharmD program is designed for all students to move to Portland to complete their P3 year. A small subset of students (6 – 10 students) each year, however, request that they are allowed to stay on the Corvallis campus for didactic lecture portions of the P3 curriculum. The most common reasons for this request typically identify undue hardship that would be created due to children enrolled in local schools or the added expense of housing for students that own a home in the Corvallis area.

Students interested in remaining in Corvallis for their P3 year must apply for review by ASPC. The APSC co-chairs consider various factors, and the student provided justification. Applications that raise concerns for the committee co-chairs are brought to the full committee for review. Students who remain in Corvallis for their P3 year are charged an additional $100 fee each term to offset facilities charges. Room 329 in the Corvallis campus Pharmacy Building is reserved to facilitate interactions among the distance cohort, but any P3 student can live stream the lectures from their laptop or tablet in any location with internet access. Distance students still must go to Portland at least once a week for their Pharmacy Practice laboratory or other presentations or activities that require active learning strategies. Almost all assessments or exams are offered in Corvallis, including three of the PAR Block assessments. Distance students are required to be in Portland for all PAR Block activities and assessments, except for the three written exams.

Each distance student meets with the Director of Student Services to review the program and verify their understanding of the program requirements, before official approval.

Documents

Academic Environment

Required Documentation and Data

URL or link to program information on the college or school's website.

- OSU PharmD Program

Copy of student complaint policy related to college or school adherence to ACPE standards.

- ACPE Complaint Process - Student Handbook.pdf

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).

- Number and Nature of ACPE Complaints.pdf

List of committees involving students with names and professional years of current student members

- Student Committee Memberships.pdf

College or school's code of conduct (or equivalent) addressing professional behavior.

- PharmD Student Handbook AY 19-20

Required Documentation for On-Site Review

- College or school's Catalog.
- Recruitment brochures.
- Student Handbook.
- The Student Complaints File.

Optional Documentation and Data

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

- Oregon State Student Pharmacists (OSSP) Org Chart.pdf
- Student Executive Council Constitution 2017.pdf
- Student Executive Council Bylaws 2017.pdf

Admissions

Comments and Documents

Standard 16

16

Standard 16

Admission

Topics Addressed

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

Key Elements

Admissions

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Admissions

Enrollment Management

Admission to the PharmD program is managed through the Admissions Committee within the College. This committee is chaired by the Director of Student Services, Ms. Angela Austin. The remainder of the committee is comprised of five instructional faculty representing the two departments, three student services personnel, one pharmacist practitioner from the community, and one non-voting support staff. Additional faculty, practitioners, and student ambassadors participate in the interview process.

The Dean, Dr. Grace Kuo, and Executive Committee establish annual admission goals. Approximately 90 students have been the target class size for several years. This class size is considered optimal based on practice laboratory and classroom facilities, faculty numbers, faculty perspectives on desired class size for effective teaching and learning, and projected experiential site capacity.

The Executive Associate Dean and Office of Student Services have identified recruiting as a critical area for continued improvement. Limited in the past by available personnel, the addition of a full-time College of Pharmacy Recruiter is expected to enhance recruitment efforts. The College's student population is quite diverse with respect to women, non-traditional, first-generation, rural, and ethnic background. Specific minority populations such as Latinx, Black, and Pacific Islander, however, are still underrepresented relative to Oregon statewide demographics. A strategic plan for communications and recruitment with a specific emphasis on economically disadvantaged students and underrepresented minority students is underway. Recruiting approaches focus on active outreach and engagement. The College has begun efforts to work more effectively with alumni, stakeholders, and high school and university advisors to identify and generate interest among potential applicants. The objective is to deliver a more personalized approach, developing a stronger rapport between candidates and the College.

The College has partnered with undergraduate institutions across the state to engage students in the field of pharmacy and this program. Hosting presentations and workshops for pre-health and pre-pharmacy clubs has allowed the recruiter to develop relationships with prospective students while educating them about the profession of pharmacy. As an example, the recruiter is currently partnering with the University of Portland to assist students in developing a pre-pharmacy club at the institution. This creates another recruitment avenue and assists in engaging students from the Portland Metro area.

The addition of the recruiter role has made it possible to actively participate in a broader range of high school presentations, career fairs, and STEM-related fairs for high school and undergraduate students in the Pacific Northwest Region. The College partners with pre-college programs to provide over twenty opportunities to interact with high school and early undergraduate students. These sessions are often geared toward rural or underrepresented populations. The College hosts two summer sessions for high school students and works with the OSU Welcome Center to participate in University-sponsored recruitment events. These collaborative partnerships have allowed the College to successfully reach a greater number of prospective students and create interest in the profession of pharmacy. Information is provided to students in person, but also through follow up communications via email and printed materials. Prospective students are encouraged to schedule an appointment with an advisor at the College for a more individualized review of their current status and to build a plan towards admission.

Admission Procedures

The admissions process is comprehensive and rigorous to assure the admission of the most qualified applicants. The Admissions Committee has worked to streamline the admissions process, but without compromising the quality of evaluative procedures or faculty expectations for the quality of accepted candidates. The Committee operates independently on behalf of the faculty, in making specific admission decisions to achieve the target goal for accepted candidates. Evidence that the admissions procedures are adhered to and not compromised regardless of the size or quality of the applicant pool can be found in the summary of mean student GPAs from 2016 – 2018.

PharmCAS is used to identify and screen candidates' academic ability, written communication, community engagement, leadership, and commitment to patient care. Applications are initially sorted by the PharmCAS cumulative undergraduate science GPA. Applicants meeting minimum standards are invited for an interview and advanced to a file review process conducted by the Admissions Committee. The file review is designed to identify candidates who are likely to be successful in the program and whose characteristics align with the mission of the College. The file review evaluation rubric rates candidates on academic strength, written communication skills, leadership, community service and engagement, reference letters, and motivation for a career in pharmacy. The interview evaluates oral and written communication skills, problem-solving skills, cultural sensitivity, self-awareness, professionalism, teamwork, and motivation for a career in pharmacy.

Interviews are conducted using a modified multiple mini-interview (MMI) format, which allows each candidate to participate in four one-on-one interviews with four different interviewers. Each mini-interview is case-based and designed to address the candidate's perspective on a specific affective characteristic. Interviewers are provided suggestions for lead and follow up questions based on the case scenario.

An Early Assurance Program (EAP) is available to highly qualified students. Applicants to the EAP range from high school seniors to undergraduate students at OSU or other institutions who will not complete PharmD prerequisites before the fall of the next year. Admission to the EAP is competitive, and there are specific performance standards to continue in the program. A process similar to that used for admission to the professional program is used, and the Admissions Committee makes all decisions regarding acceptance to the program. Enrollment in EAP can be helpful for students by providing a stronger association with the College and additional opportunities to mature an understanding of their chosen profession. All EAP students, however, must complete the same requirements for admission to the professional program, including an interview conducted within the same timeframe as candidates who are not EAP students.

Program Description and Quality Indicators

Prospective students, as well as the public, can find information about the PharmD program on the College website, including a description of the program, accreditation status, and program performance information. The description and accreditation status of the program can be found at https://pharmacy.oregonstate.edu/pharmd-program-info. Student performance data (including on-time graduation rates and NAPLEX first attempt pass rates) can be found at https://pharmacy.oregonstate.edu/student-performance-data.

Admission Criteria

The criteria for admission to the PharmD program is determined collaboratively by the Admissions Committee and Curriculum committee. The faculty, as a whole, approves any substantive changes. Applicants who are residents of Oregon are required to have a minimum of 2.75 prerequisite science GPA, and non-residents are required to have a 3.0 prerequisite science GPA based on a standard 4.0 grading scale. Applicants must complete the PharmCAS application and supplemental requirements. As noted above, applicants that meet minimum GPA requirements are reviewed more fully through file review and interviews to assure that they also possess personal and professional characteristics that are consistent with the College mission.

Applicants must have completed the prerequisite course requirements or have a plan to complete them before matriculation. The College does not require any standardized exams for admission to the PharmD program. While a bachelor's degree is not required for admission, the College strongly recommends completing one before matriculation. The faculty considers completion of a bachelor's degree representation of the level of maturity associated with achieving a specific life goal and allows students to focus solely on the professional program while in the PharmD program. Applicants who have completed or will complete a bachelor's degree receive preference in the admissions process. If a student is admitted without a degree, they are required to complete their bachelor's degree before starting the third year of the professional program.

Forms used in the admissions process can be found in the required documentation. Records of all applicants are maintained securely through the file-sharing service, Box.com. Access to admission records is restricted to those with a need-to-know.

Admission Materials

The College requires that applicants complete the PharmCAS application and supplemental requirements in order to apply to the PharmD program. Criteria and documents required for admissions are clearly identified. The PharmCAS application requires between two and four letters of recommendation, transcripts from all higher education institutions attended, a written personal statement, summaries of work, volunteer, pharmacy, and leadership experiences, and personal information. Prospective students can find this information through the PharmCAS and College websites, as well as answers to specific questions on the "Frequently Asked Questions" page. College advisors are also available and frequently assist prospective students in determining prerequisite course equivalencies and similar student specific questions.

Written and Oral Communication Assessment

Written and oral communication is assessed at numerous times in the admissions process. Candidates are asked to provide two written statements as part of their PharmCAS application and supplemental requirements. The first asks candidates to write a personal statement speaking to their interest in the pharmacy profession. The second asks candidates to describe reasons that they want to attend pharmacy school at Oregon State, specifically.

During the interview process, candidates are also asked to complete a handwritten statement. Candidates are provided 15 minutes to respond with paper and pencil to a prompt, which asks them to write about two leadership skills they have developed. As described above, the interview process includes an assessment of oral communication. The MMI interview process prompts interviewers to evaluate both affective characteristics and effectiveness of communication. A group exercise, facilitated by student ambassadors, reveals communication skills in a collaborative teamwork scenario. Rubrics are provided to interviewers and student ambassadors to assess each candidate's overall performance, including oral communication.

Candidate Interviews

Candidates that meet minimum admissions criteria are invited for an interview. Typically, the interviews are structured as a half-day visit for up to 12 candidates at a time. The interview begins with a presentation about the PharmD program and the agenda for the day, followed by a timed writing sample. Candidates are then broken up into small groups of up to four each and assigned to a student ambassador. Throughout the interview, the small groups take part in three different activities- the MMI interviews, a tour and conversation with a student ambassador, and the team activity. Interviewers and student ambassadors are counseled regarding the confidentiality of their interactions with candidates, consistent with FERPA requirements.

The MMI interviews are four one-on-one seven-minute interviews with different interviewers. Questions are situational, and each one focuses on a different relevant skill: problem-solving, cultural sensitivity, self-awareness, and professionalism. Interviewers unfamiliar with interview procedures are oriented to the evaluative process and rubric before participating by the Director of

Student Services. The tour and conversation with a student ambassador allow the candidates to see our facilities and ask questions of a current student. Student ambassadors facilitate the team activity, and each candidate is evaluated on their teamwork abilities and communication skills. At the end of the interview day, candidates attend a faculty panel at which they can ask questions of a variety of faculty members.

Transfer and Waiver Policies

The College will consider applications from students currently enrolled in another PharmD program who wish to transfer. Transfer applications are only considered for fall term entry. Transfer applicants must submit the following to the Office of Student Services: complete transcripts of all college coursework (pre-professional, professional, and any other programs of study), a formal statement of interest in the OSU College of Pharmacy, and a letter from the Dean of their current School/College of Pharmacy indicating the applicant is in good standing and eligible to continue in their current program. The entire record is reviewed by the Office of Student Services team, and, if deemed appropriate, an interview will be conducted and follow a similar MMI format to the traditional interview process. The transfer applicant(s) are then discussed by the Admissions Committee, and an admission decision is made.

If the committee decides to authorize admission, course syllabi and, if needed, additional documentation is forwarded by the Office of Student Services to course coordinators for an assessment as to whether specific courses completed at the originating institution meets the course requirements of specific courses at the College. The Academic and Professional Standards Committee is also consulted before a final decision.

The Director of Student Services and Executive Associate Dean determine an appropriate program of study based on the advice of course coordinators, consideration of other elements of the professional program, and consideration of the student's background. The student is then notified which of the professional courses completed at the transferring institution will satisfy course requirements at OSU and which professional courses remain to be completed. The student then makes a final determination as to whether they wish to transfer, based on the program of study that will be required. The College has accepted three transfer students since 2009, and each has successfully completed or is on track to complete the professional program.

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Documents

Admissions

Required Documentation and Data

The list of preprofessional requirements for admission into the professional degree program.

- PharmD Prerequsites

Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable).

- EAP Agreement 2019 - Entering Class of 2020.pdf
- EAP Agreement 2019 - Entering Class of 2021.pdf
- EAP Agreement 2019 - Entering Class of 2022.pdf
- EAP Agreement 2019 - Entering Class of 2023.pdf

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).

- Enrollment and Projections.pdf

Organizational chart depicting Admissions unit and responsible administrator(s).

- Student Services Organizational Chart

Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes (required for nonparticipating PharmCAS institutions only).

- No files.

GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes (required for nonparticipating PharmCAS institutions only).

- No files.

GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes (required for nonparticipating PharmCAS institutions only).

- No files.

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).

- No files.

List of admission committee members with name and affiliation.

- Admissions and Recruitment Committee Members.pdf

Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies.

- Transfer Application
- Policies and Procedures Regarding Admissions Process.pdf

Professional and technical standards for school, college, and/or university (if applicable).

- Professional and Technical Standards .pdf

Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication.

- File Review Worksheet and Scoring Guidelines 2020.pdf
- MMI - 3.1 Problem Solving.pdf
- MMI - 3.5 Cultural Sensitivity.pdf
- MMI - 4.1 Self-Awareness.pdf
- MMI - 4.4 Professionalism.pdf
- Teamwork Evaluation Rubric.pdf

Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions.

- Admissions Process Website

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- No files.

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

- No files.

Mean Science GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)

- No files.

Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include recruitment aids, extracts from the college or school's catalog, brochures, screenshots from the college or school website; data on student employment after graduation; and curricular outcomes data correlated with admissions data.

- Student Progression Analysis.pdf
- EAP Trifold Brochure.pdf
- EAP High Achiever Mailer.pdf
- PharmD Trifold Brochure.pdf
- PharmD Admissions Checklist.pdf
- PharmD Postcard.pdf

Progression

Comments and Documents

Standard

17

Standard 17

Progression

Topics Addressed

- [x] How student matriculation, progression and graduation rates correlate to admission and transfer policies.
- [x] 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.
- [x] How early intervention and remediation rates correlate to progression.
- [x] How academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates correlate to progression.
- [x] How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- [x] Any other notable achievements, innovations or quality improvements.
- [x] Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Progression

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Progression

The College is dedicated to assuring that every effort is made to support students to progress through the curriculum to graduation successfully. These efforts begin with an active recruitment and admissions process, outlined in detail in Standard 16. The number of students matriculating has been allowed to vary slightly year to year based on the quality of the applicant pool. Enhanced attention to recruiting, however, has yielded entering classes of comparable size that are more diverse and continue to be strong. The Student Services office leads a proactive support system for all admitted students that engages and utilizes faculty, professional staff, preceptors, and alumni at appropriate times specific to each student. The broad goal is to ensure academic success, as evidenced by four and five-year graduation rates while concurrently addressing professional development and personal growth.

Utilizing a relatively traditional four-year curricular format, students have time to pursue a diversity of co-curricular activities. Students are strongly encouraged to seek employment as interns to complement classroom and structured experiential programs. Collectively students' are provided time to reflect on how experiences can be incorporated into a continuous and progressive learning process. Faculty can, in turn, pursue the integration of knowledge and skills at different levels utilizing more complex case presentations and periodic assessments in the simulation center in pharmacy practice courses, as well as examining growth in structured experiential settings. Assessment processes are summarized more completely in Standard 24 and 25; however, the Pre-APPE Readiness block (PAR Block), towards the end of P3 year is a novel and comprehensive program to assess student confidence and readiness before beginning APPEs.

The maturity of student perspectives is used by soliciting meaningful feedback from students for teaching, course, and programmatic evaluations. The insight gained from student feedback, coupled with similar assessments by faculty, inform curricular revision and, as importantly, inform faculty and staff how student progression can be more effectively supported. Forces outside the academic environment increasingly challenge students. The College relies on clarity of policies to establish expectations and then utilizes every resource available to monitor, intervene if needed, and develop candidates into confident and competent clinicians.

Progression Policies

All policies for student progression are outlined in the PharmD Student Handbook (Appendix X). Specifically, expectations for student performance and behavior are detailed in Section 3 (page 20), where there is a description of the Essential Characteristics of a Student Pharmacist. These expectations, including details of the specific requirements for advancing through the program, policies for repeating core courses and graduation requirements, are reviewed during orientation, and available via Canvas, and the College's website. College standards and policies governing student progression related to deviations from the Essential Characteristics of a Student Pharmacist are documented in the "Academic and Professional Policies" section of the Student Handbook (pages 20-31) and are discussed at orientation sessions. Student status, or standing, and the consequences of less than "good standing" are defined in the Student Handbook and are monitored at all times. The Executive Associate Dean and Director of Student Services monitor the progress of students during the term and maintain a comprehensive watch list of students who have been identified as having less than good standing or whose progression has been delayed previously. Similarly, faculty frequently consult with the Executive Associate Dean and Director of Student Services, on a case by case basis, to identify appropriate accommodation if a student is required to miss an assessment or class activity due to illness, family

emergency, or to attend a professional meeting.

Additionally, the Academic and Professional Standards (APS) Committee meets at the end of each term, a minimum of four times each year or more frequently if needed, to review individual student performance for the term and monitor students on the watch list. The APS committee is comprised of the Director of Student Services, the Executive Associate Dean, and 3-4 additional faculty, including at least one representative from each department. The APS committee is responsible for making decisions regarding changes in student standing. The committee determines student standing (Warning, Probation, Suspension, and Dismissal), approves the academic plan, and recommends appropriate remediation based on the policies approved by faculty and detailed in the handbook. Students placed on warning or probation are required to meet with their advisor at the beginning of the next term to discuss the situation and, depending on the situation, develop an academic or behavioral plan. This method of accounting for academic or behavioral difficulties has been especially helpful in identifying and intervening for students at risk for a variety of reasons. Early attempts have been made to determine whether it is possible to predict students on Probation based on admissions criteria. Interestingly, and in support of holistic admission processes, the best correlation to date is that students who interview poorly have a higher likelihood of eventually being on probation. Dismissal (academic or behavioral) is significant, and the committee reviews all relevant details of the situation before making a decision. The Executive Associate Dean or Director of Student Services may intervene without prior consultation of the APS committee if a student or patient well-being is considered to be at risk. The Chair of the APS committee also consults with the university's attorney before any meeting where the committee may be discussing the dismissal of a student. A student who has been dismissed from the PharmD program is eligible to reapply to the PharmD program through the standard admissions process.

The PharmD program takes four years to complete, but policy allows students up to five years to graduate. This extra year allowance allows students who need extra time, regardless of reason, to step out of the program for up to a year. Students may be required to take an extra year or "flex" if they don't meet minimum academic requirements, or students may choose to flex by requesting a Leave of Absence. Any student that flexes is required to meet with the Director of Student Services to discuss their academic plan. The Flex Student Checklist (see optional appendices) is reviewed during that meeting, and a copy is given to the student to initial and return to the Director of Student Services.

A historical version of the watchlist is reviewed by the Executive Associate Dean and the Director of Student Services to identify trends that may suggest needed programmatic or policy changes. This record has been maintained from 2007 onwards and assists the APS committee by providing an institutional memory concerning the creation of individual academic plans. After the APS committee meeting, decisions are conveyed to the student by an email letter from the Chair of the APS committee with follow up by the Director of Student Services.

An appeal process exists for any student who disagrees with decisions made by the APS Committee or any faculty member in the College. The procedure is outlined in the Academic Standards section of the Student Handbook. The appeal process is developed and consistent with the University process. Students may submit a petition, appeal, or grievance by following the steps outlined in the PharmD Student Handbook. If a student has questions about their petition, appeal, or grievance, they are encouraged to schedule an appointment with their advisor and/or the Director of Student Services to review the process.

Of the 810 students representing all classes admitted between 2007 and 2015, all of which have now graduated, the total number of students who left for any reason was 27, for an overall attrition rate of 3.36%. Of this relatively small percentage that did not complete the program, the majority (59%) left for personal reasons, while the remainder were removed for academic performance (26%) or behavioral (15%) concerns.

Our 4-year graduation rates have historically been high but dipped below 89% for cohorts admitted in 2013 and 2014. The class that matriculated in 2013, had a group of 8-10 students that had difficulties in one specific second-year (P2) course, PHAR 752 (Integrated Drug Structure, Action, and Therapeutics), and were not able to progress on time. This was an unusual occurrence that has not been observed again, and nearly every student was able to retake the class successfully and graduate within the 5-year window. The entering class of 2014 saw an increase in the number of students who requested a Leave of Absence for personal and/or health reasons and has caused the College to give more attention to the factors that influence the overall wellbeing of students. Again, the vast majority of flex students who used their fifth year were able to successfully complete the PharmD program. Our 5-year graduation rates remain very high, ranging from 95.12 % to 98.90 % for all classes admitted between 2008 and 2014. 2016 through 2018 graduate rate data is available in AAMS; data back to 2010 is available on the Student Performance Data webpage.

Early Intervention

Early intervention begins during zero week for all incoming students. Each entering P1 student meets with a professional advisor from the Office of Student Services for 15-20 minutes to discuss any questions or concerns. Advisors document the conversation on the Zero Week Advising Worksheet (See optional appendices) and follow-up with students regarding any expressed concerns or with additional resources. Advisors also note in the initial advising record concerns they may have identified, such as work or childcare care plan, that may impact student success. Currently, PharmD students are assigned to the same professional advisor for the entirety of their program. This practice allows students to develop a close relationship with their advisor and for advisors to be more informed of the nuance of each student as they progress through the program. Beyond orientation, advisors in the College have an open door policy and encourage students to drop in to discuss any concerns they may have or ask questions. Students may schedule appointments with any advisor in the College, not just the one they were assigned. These early connections facilitate early detection and intervention of potential academic and behavioral difficulties.

Early detection of academic difficulties is made possible by close coordination between the Director of Student Services/Head Advisor and Course Coordinators. Course coordinators are asked to share their full list of exam scores with the Office of Student Services so the scores can be put in one comprehensive spreadsheet. This process allows Student Services to see which students are doing well and which students are struggling in one class or across the curriculum. When exam scores are 73% or lower, the assigned advisor will reach out to the student and invite them to meet. Advisors require a meeting if there seems to be a pattern of difficulty or if academic performance is inconsistent with past behavior to determine if there are non-academic concerns limiting the student's performance. Discussions with students who are struggling can be wide-ranging and require a variety of resources. Advisors frequently refer students to the external resources (e.g., Counseling & Psychological Services, Student Health Servicers, Disability Access Services, Academic Success Center, and Human Services Resource Center) for extra support.

Additionally, many faculty meet individually with students who are underperforming in courses. Highlighted above, the PAR Block provides one final opportunity to assure student readiness prior to entering a yearlong series of advanced experiences. An extended one-on-one advising session is required in the PAR Block and, similar to conversations held during zero week with P1 students, identification of potential obstacles to being successful in a dynamic learning environment are discussed in addition to discussion of how to prepare for advanced experiential learning and adapt to different learning or precepting styles. See the PAR Block Personal and Professional Development Plan (PPDP) in optional appendices.

The Office of Student Services partners closely with the Academic Success Center (ASC) on the Corvallis campus. The ASC has created several presentations specifically for PharmD students and now has two full-time Academic Coaches specifically trained to support PharmD students. All first- and second-year students have access to ASC

presentations and resources. Similar resources are available on the OHSU campus via the Teaching and Learning Center (TLC). Student Academic Support Services is housed within the TLC and provides resources for students related to studying skills, goal setting, learning strategies, and time management.

Documents

Progression

Required Documentation and Data

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.

- PharmD Student Handbook AY 19-20

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

- Progression Policies.pdf

Correlation analysis of admission variables and academic performance.

- Student Progression Analysis.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- College Faculty Handbook
- P1 Zero Week Advising Worksheet 2019.pdf
- P1 Winter Term Advising Worksheet.pdf
- P3 Personal and Professional Development Plan 2019.pdf
- Flex Student Checklist 2019.pdf

Faculty and Staff – Quantitative Factors

Comments and Documents

Standard

18

Standard 18

Faculty and Staff – Quantitative Factors

Topics Addressed

- ☑ 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 rational for hiring any part-time faculty, and the anticipated duration of their contract.
- ☑ Evidence of faculty and staff capacity planning and succession planning.
- ☑ A discussion of the college or school's student-to-faculty ratio and how the ratio ties in with the college or school's mission and goals for the program.
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- ☑ Any other notable achievements, innovations or quality improvements.
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Faculty and Staff – Quantitative Factors

Summary of College's Self-Assessment of the Key Elements	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	●		

Summary of College's Self-Assessment of the Key Elements	S.	N.I.	U.
• Teaching assistance	●		
• General faculty and administration clerical support	●		
• Support of distance students and campus(es) (if applicable)*	●		

Comments

Faculty and Staff – Quantitative Factors

The College has sufficient faculty and staff to effectively deliver and engage in the continual improvement of the professional degree program. The University hires into two employment categories, classified and unclassified. The classified category includes clerical, information technology, and administrative support staff who do not have substantial programmatic decision-making or supervisory responsibilities. Unclassified staff is divided into three categories at the University: instructional faculty, professional faculty (non-instructional), and research track faculty. Instructional faculty are directly involved in the delivery of the curriculum. Unclassified professional faculty generally serve in supervisory roles providing administrative support and student service responsibilities. Research track faculty have position descriptions with greater than 90% committed to research and scholarship, are paid 90 to 100% from extramural grants, and typically do not play a substantive role in professional student instruction. Instructional and professional faculty directly supporting the PharmD program increased from 38 in June 2011 to 47.2 in December 2019.

The College employs 41 unclassified, instructional faculty members with at least .5 FTE. Instructional faculty in tenure-track, clinical-track, and instructor ranks all have responsibilities for teaching, scholarship, and service. Clinical track faculty have an additional clinical practice requirement in their position descriptions. All instructional faculty contribute to teaching in the PharmD program. Tenure- and clinical-track faculty advance through the Professorial ranks (Assistant, Associate, Full). Instructors may advance to Senior Instructor levels I and II.

The Pharmacy Practice Department has 23 instructional faculty, including the Dean and Assistant Dean for Experiential Education, six full-time instructors, nine clinical track faculty, and six tenured/tenure track (includes the interim Department Chair), with ten based in Corvallis and 13 in Portland. Faculty members hold degrees appropriate to their discipline and are responsible for instruction in the practice of pharmacy, therapeutics and advanced pharmacokinetics, and evidence-based medicine. Faculty in both departments offer electives in their areas of expertise. Advising and mentoring of students is included in the teaching percentage of the faculty member's position description.

The Department of Pharmaceutical Sciences has 18 instructional faculty, including the Executive Associate Dean and the Department Chair, with four on the Portland campus and 14 on the Corvallis campus, all of whom are tenured/tenure track. Faculty members hold PhD degrees in and are responsible for foundational sciences in the traditional areas of Pharmacology, Medicinal Chemistry, and Pharmaceutics. Faculty members also teach in the PhD and MS degree graduate programs in team-taught graduate courses and/or as graduate student thesis advisors.

The targeted and average PharmD class since 2011 has been 90 students per year, yielding a 7:1 student to instructional faculty ratio in the P1-P3 years. The ratio and relatively low didactic course assignments per faculty member are consistent with the mission of a Carnegie R1 (very high research activity) university. Reflecting our mission to "advance societal health through leadership in pharmacy education, research, community engagement, and improved patient care" within an R1 university, percent effort in tenure- and clinical-track faculty position descriptions includes significant engagement of faculty in research and scholarship or clinical practice. Scholarship ranges from 25-70% in the tenure track ranks and 5-15% in the clinical track ranks. Clinical track faculty participate substantially in clinical practice, which may also contribute to scholarship. Service is also required of all faculty and generally constitutes 5-20% for all positions.

Faculty members have previously expressed concern regarding the number of faculty in AACP surveys to a greater level than the national average. Faculty had similar concerns last year despite an increase from 31 to 42 instructional faculty since 2011. Analysis of instructional needs by the Executive committee led to the hire of three instructors over the past three years to address specific time-intensive needs. Two instructors support daily needs in pharmacy practice labs, and the third leads the expanded co-curricular program. One additional position in pharmaceutical sciences was hired last year, and up to three hires are planned for the coming year to address retirements and expand clinical faculty on the Portland campus.

Succession planning is the responsibility of the Department Chairs who collaborate with faculty and communicate regularly with the Executive Committee to plan for future hires or reassignments. As an example, the retirement of Dr. Mark Christensen was anticipated, resulting in the hiring of a new tenure-track faculty member with skills to cover most of his didactic teaching and a part-time instructor who is an expert in compounding pharmacy to revamp the lab sections for which he had been responsible. Succession planning for administrators involves providing leadership opportunities to faculty as committee chairs and/or promoting leadership training offered by the university, AACP, or other professional societies.

Individual faculty teaching loads vary based on the position description, with lecture hour assignments ranging from 4-50 per year, with an average of 25 lecture hours. Faculty also have teaching assignments that include serving as preceptors, research advisors, and laboratory coordinators. Instructors used for year-long laboratory sequences have higher teaching loads than clinical- or tenure-track faculty. Nearly all courses are team-taught, and course coordination is a distributed responsibility among the faculty. The College has a Responsibilities for Course Coordinators document to support this role. Core lecture courses will enroll all 90 students, while pharmacy practice labs generally have 20 to 25 students per section, and elective courses have 12-25 students.

Faculty teaching commitments outside of the professional degree program, but within OSU, are all within the PhD and MS graduate program. Professional and graduate program teaching, and post-graduate training of post-doctoral scholars, residents or fellows, is included in position descriptions, calculated in percent effort, and workload is reviewed annually. Faculty participation in pre-pharmacy instruction is limited to two undergraduate courses and includes assistance by GTAs.

Faculty teaching commitments outside of OSU must be reported annually and are not considered part of a faculty member's percent effort towards teaching. Several faculty participate in teaching in professional programs at OHSU. Although teaching activities at OHSU do not count towards the teaching efforts of OSU faculty, they may be considered service to the profession.

Clinician guest lecturers assist in a few courses as either volunteer or with modest compensation. Part-time instructors with appointments less than 0.5 FTE are contracted to provide expertise as career professionals in specialty pharmacy areas (e.g., drug literature evaluation, pharmacy law, compounding pharmacy) or to expand elective offerings (e.g., geriatric pharmacy). Guest or part-time instructors are distinguished professionals in specialty areas with contemporary clinical practices, who would be competitive for faculty positions or have served previously as faculty. Temporary, part-time instructors may be hired for not-more-than one year to address unanticipated teaching needs. Effective anticipation of retirements and sabbaticals has allowed us to make use of temporary instructors rarely.

Department chairs make teaching assignments in collaboration with faculty within the different disciplines. Faculty workloads are examined every year at formal annual reviews based on position descriptions, and adjusted as needs change. The Executive Associate Dean also monitors the faculty and staff to assess needs and assure adequacy to support the program and curriculum, providing feedback to department chairs and the Executive Committee as required. Course and teaching evaluations assist instructors in making adjustments in their contributions.

To foster success in all aspects of the position description, all new faculty are provided a team of three faculty mentors with whom they are required to meet twice per year before attaining tenure and/or promotion. Mentoring occurs informally after moving out of the assistant professor ranks, but participation in personal and professional development is tracked at annual reviews and is a responsibility of all faculty.

College support for the other aspects of College operations and for instructional faculty as they complete all of their responsibilities is critically important. There is adequate staff support for the delivery of a strong professional program. When surveyed, however, faculty generally disagreed at levels higher than observed nationally that there was adequate staff support for all components of their responsibilities. Several steps have been taken in recent years to address these concerns. In reviewing support staff, it is important to recognize support positions that may be considered 'classified positions' in other institutions, are often unclassified 'professional faculty' positions at this College.

The Office of Student Services includes the Director of Student Services/ Head Advisor, who leads the Office of Student Services with two additional full-time advisors, one each in Corvallis and Portland. One advisor has been promoted to Assistant Head Advisor to reflect increased responsibilities. It is also common for a GTA from the Master's program in College Student Services Administration to be assigned to the Student Services Office. A Recruitment Coordinator recently joined the Office of Student Services as well. The current four professional faculty reflect an increase of two FTE within this office.

Experiential education is led by the Assistant Dean for Experiential Education and a full-time Instructor who leads most of the IPPE program. Two full-time classified staff handle operations. Previously, the classified staff was split between campuses, but the relocation of both to a single location in Corvallis has significantly increased efficiency. Instructional faculty, clinical track faculty, and a large number of volunteer preceptors (affiliate faculty) support IPPE and APPE. The College has historically and successfully utilized the 'real world' expertise of affiliate faculty to a high degree with strong oversight. The student: preceptor ratio of 2:1 required by the Oregon State Board of Pharmacy is maintained, and, as detailed in Standard 20, we have adequate numbers of quality preceptors available to support the experiential curriculum.

A standing Assessment Committee was previously solely responsible for assessment needs in the College, with oversight by the Executive Associate Dean. Six years ago, a Director of Assessment and Faculty Development was hired and significantly enhanced the breadth and depth of assessment capabilities. Two years ago, a full-time Assessment Analyst was added for additional support for analysis of educational and experiential outcomes analysis.

Grants management has been very challenging for research-active faculty members, as their efforts have gained success over recent years. The relatively recent addition of 1.5 FTE professional faculty to assist in pre- and post grants management has been important. Existing expertise in the Portland office has also been made more accessible to faculty to more effectively conduct data analysis for research with large databases.

College-level information technology support is provided by one full-time classified staff member who travels between Corvallis and Portland. Availability can be challenging when immediate responses are desired, and two part-time student workers, hired for their technical skills, assist the technology staff member. Office computers are serviced centrally by the University, although College technology experts are often asked to intervene. Maintenance of research labs is mainly supplied by PhD students who are paid a stipend as GTAs. The upkeep of research laboratory computers is managed by the information technology support person and his staff. Teaching technology in large instructional lecture halls is maintained centrally, while instructional faculty manage teaching labs.

The College maintains a vibrant continuing education program led by the Director of Alumni Relations and

Continuing Education. This office is supported by a part-time Continuing Education Coordinator, a part-time Business Development Manager, 2.5 FTE of classified administrative assistants, and two student workers. The office is mostly self-sufficient, but the administrative assistants also frequently assist with programmatic needs related to student professional development events.

Instructional faculty, in addition to using the course and teaching evaluations to assist in improving pedagogical skills, have central pedagogical and educational technology support on both campuses. OSU has the Center for Teaching and Learning with regular seminars in current teaching topics and innovative methods. OHSU has the Teaching and Learning Center, which provides group and individual teaching support to faculty on either the Corvallis or Portland campus.

Three professional faculty fulfill the role of lead administrative assistants. Responsibilities of these individuals include providing clerical support for administrators and faculty, in addition to each supervising one classified staff member. One of the lead administrative assistants also serve as coordinator graduate student admissions. Accounting and human resources support are centralized in the University Health Sciences Business Center, and those staff members are not accounted for in this report. The three classified staff members noted above primarily provide clerical support for faculty and facilitate events, ranging from interview scheduling to College event planning and delivery. Student-workers provide additional assistance in the main office, carrying out some clerical duties and serving as office receptionists.

Overall, since the last accreditation, classified staff providing direct clerical support has increased by one FTE. Professional faculty providing programmatic support has increased by 3.5 FTE. Continuing faculty concern is noted in spite of these changes and is addressed in the Strategic Plan 2022. Specifically included is an objective to "Evaluate the roles of individuals providing administrative and faculty support."

Documents

Faculty and Staff – Quantitative Factors

Required Documentation and Data

Organizational chart depicting all full-time faculty by department/division

- Faculty by Academic Department.pdf
- Office and Services Org Chart.pdf

ACPE Faculty Resource Report related to number of full-time and part-time faculty.

- Resource Report Jan 2020.pdf

List of faculty turnover for the last 5 years, by department/division, with reasons for departure

- Faculty Turnover 2014 - 2019 rev 12_19.pdf

Description of coursework mapped to full-time and part-time faculty teaching in each course

- Who Teaches What.pdf

Required Documentation for On-Site Review

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

Optional Documentation and Data

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

- FacultyWorkloadFollowUpSurvey_2018.pdf
- Preceptors Credentials and Practice Site Locations AY 19-20.pdf

Faculty and Staff – Qualitative Factors

Comments and Documents

Standard

19

Standard 19

Faculty and Staff – Qualitative Factors

Topics Addressed

- ☑ 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 AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Faculty and Staff – Qualitative Factors

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Faculty and Staff – Qualitative Factors

Educational Effectiveness

The College faculty and staff are very well qualified and universally equipped with the academic and professional credentials and expertise to deliver the professional program and advance the College's strategic plans. Teaching faculty in the professorial and instructor ranks are recruited with a commitment to demonstrable teaching effectiveness or the capability of attaining such skill. All professorial faculty are required to hold terminal degrees in their fields. Additionally, clinical faculty are universally required to have post-doctoral training (PGY1 and PGY2 or fellowship) training or equivalent experience, with many holding advanced credentials and board certifications. All faculty are regularly evaluated on their teaching skills through student surveys, peer evaluation, and supervisory review. These formal oversight processes reaffirm strengths and help identify areas for continued improvement or new skill attainment. All faculty are encouraged to continue to grow as educators, with numerous opportunities for formal advanced training with workshops and lectures on both campuses through Oregon State University Center Teaching and Learning, OHSU Teaching and Learning Center, and invited speakers and workshops through the College.

The faculty use a variety of contemporary educational techniques to enhance and ensure learning. A full inventory of teaching methods and their primary purpose are included in Standard 10. During summer 2019, five faculty members from the Department of Pharmacy Practice participated in a two-day College developed workshop, Crafting Courses to Enhance Student Learning and Engagement. This workshop focused on understanding principles and processes related to incorporating a learner-centered approach into course design and delivery, and understanding and demonstrating principles of effective presentation design and delivery. This pilot program was designed to support faculty in the development of non-lecture based activities to meet course outcomes.

The educational effectiveness of faculty is assessed and ensured with several tools. Formal reviews of student feedback are reviewed with Department Chairs annually as are faculty peer evaluations. These two tools provide different lenses into the effectiveness and present a more rounded picture of teaching effectiveness. The College's Faculty Peer Observation Checklist was revised for AY 2015-2016 through an Assessment Committee Task Force to enhance its ability to provide meaningful and actionable feedback to faculty at all levels. Peer evaluation is encouraged annually for all faculty and mandated for all junior faculty with a major focus for those who are not yet promoted in their tracks. Formal mentoring committees are charged with providing additional feedback to faculty and supervisors on educational advancement and needs.

Scholarly Productivity

The College both requires and encourages scholarship in all endeavors. All professorial faculty are required to demonstrate scholarly productivity by University mandate. Faculty have been very successful in scholarship, as evidenced by more than 270 publications, 38 book chapters, and nearly 500 presentations in the past three years. Approximately 69**%** (29/42) of all faculty report being involved in one or more grants in the last year. Tenure and tenure-track faculty generally devote 30-60% of their efforts toward scholarship, with clinical-track faculty effort devoting 10-20% to these efforts. While not required by the University, the College has regularly included small (~5%) scholarship efforts within the Instructor track to encourage all faculty to embrace scholarship, including the scholarship of teaching. All scholarship efforts are regularly reviewed by Department Chairs in Annual Reviews and further tracked longitudinally by Mentoring Committees and interim

reviews by our Departmental Promotion and Tenure Committees. The University Promotion and Tenure committee have extensive guidance for both tenure track and clinical track faculty in the evaluation of scholarship that is well translated by our Departmental and College Promotion and Tenure Committee and Chairs.

Based on AACP Faculty Surveys, faculty continue to seek more programming around scholarship development, and the College continues to expand its scholarship assistance, most recently adding analytic and statistical support for clinical research through earmarked Research Associate funding for these services. Both departments regularly publish and disseminate faculty accomplishments that include scholarship. Additionally, all scholarship is compiled and shared annually and is part of a required report to the Provost. Both departments sponsor "Works in Progress" (WIP) Seminars that highlight faculty scholarship and encourage exchanges of ideas. Finally, the College has continued to hold its Annual Rising Research Retreat – a showcase of trainee scholarship that highlights scholarship overseen by faculty across both Departments.

Faculty have many opportunities to gain and maintain conceptual awareness of current scientific trends and breakthroughs in biomedical and health care and policy-related sciences. The department of Pharmaceutical Sciences has a biweekly seminar series, advertised to all in the College, with speakers from across the region and the nation. Other seminars series are sponsored by the Schools of Medicine, Nursing and Public Health and other departments at OHSU, and the Colleges of Public Health and Human Sciences, Veterinary Medicine, and Science at OSU.

Service Commitment

All faculty have service commitments to the College, University, and their respective professional organizations as a portion of their positions, with faculty regularly devoting 5-15% to these efforts. All faculty are involved in College-level service through standing committee work. University–level opportunities for service exist within OSU as well with our OHSU partnership. University-level service is increasingly encouraged as faculty advance in rank, with a focus on ensuring University-level efforts are developed for advancement to Professor or Clinical Professor ranks. External service is also expected of faculty. Faculty have been active in state and national organizations, with multiple leadership roles across relevant professional organizations, including both the committee participation and president-level roles.

Examples include:

- **Adam Alani**. Member of the State of Oregon Naturopathic Formulary Council
- **David Bearden**: Society of Infectious Diseases Pharmacists. President-Elect/President/Past-President 2013-2015 and Board of Directors 2011-2013.
- **Gary DeLander**. President of Oregon State Pharmacy Association (2015)
- **Adriane Irwin.** President of Oregon State Pharmacy Association (2019-2020)
- **Jane Ishmael**. Served on the State of Oregon Cannabis Commission
- **Roberto Linares.** Oregon Board of Pharmacy member 2012-2019. Board President 2015-2016.
- **Phil Proteau**. Editor-in-Chief of the Journal of Natural Products.
- **Aleksandra Sikora.** Chair of the American Society for Microbiology Committee on Career Development Grants for Postdoctoral Women.
- **Fred Stevens:** Senior Editor for Nature Scientific Reports and Molecular Nutrition and Food Research. President of the Phytochemical Society of North America (2013-2014).

Practice Understanding

All faculty in the College are expected to understand professional pharmacy practice, regardless of their disciplines. For new, non-clinical faculty, training in the current, contemporary roles of pharmacists and state-of-the-profession is assessed at orientation by the Chair of Pharmaceutical Sciences. Faculty without a background in Pharmacy are offered literature on the profession as well as shadowing experiences. The Director of Experiential Education most recently met with the newest faculty in Pharmaceutical Sciences to provide a detailed description

of the profession and travel to visit different practice sites to orient faculty to the range of professional activities beyond dispensing and community practice. For more senior non-pharmacist faculty, orientation and upkeep to the changing landscape of pharmacy are discussed within faculty meetings and called out in Strategic Plan 2022 discussions and review. A report from the Oregon Board of Pharmacy is a regular event at faculty meetings. Although improved in recent years, faculty appear to value and seek additional programming around this topic.

Faculty/Staff Development

The College is committed to the continual advancement of the faculty and staff. Professional development opportunities abound on both campuses and through distance options both internal to the University, for both staff and faculty, and externally through professional societies. These activities are in addition to the advancement focus of annual reviews and the promotion and tenure processes of the College for faculty. Staff members are also evaluated annually by their supervisors. Within those evaluations, specific goal setting takes place, and efforts are made to identify development opportunities for staff focused on personal and interpersonal skill-building and training or updates on new data management programs or similar tools that facilitate operations. The College supports faculty with both time and financial commitments to faculty development in seminars, workshops, and conference attendance. For example, in recent years, it is typical for many faculty to attend the AACP annual meeting, and teams from the College have attended AACP Institutes to expand capabilities in specific areas that will advance the College.

Based on AACP Faculty Surveys, faculty are very satisfied with the College's commitments to development funding. Calls for College-supported training are regularly made and disseminated and include a teaching workshop led by internal faculty. Annual faculty reviews also include a discussion of faculty development needs and related support for these efforts in teaching, scholarship, and clinical areas. Faculty are regular speakers at external meetings with more than 200 invited presentations in the last three years.

Policy Application

The University, as a state institution, has complete and encompassing policies and procedures for faculty and staff recruitment, position description maintenance, performance review, promotion, and tenure. University support and oversight of these processes are enhanced by the College-level application of these rules. A centralized Office of Human Resources for the three colleges engaged in health-related programs is an accurate and timely resource. Recruitment processes are completed with all appropriate legal and ethical considerations. Postings are reviewed, and position descriptions developed with search committees chaired internally and required and preferred qualifications vetted by those committees. Interviews are conducted with broad College input and opportunities for assessment. Formal faculty and staff reviews are done annually throughout the College. A standardized form, collecting information aligned with promotion and tenure dossier contents, is completed by all faculty and reviewed in discussion with Department Chairs.

Additionally, for all junior faculty, a separate mentoring committee structure has been created to assist in reviews. These committees meet with faculty and provide additional advice and can also assist junior faculty in the communication of needs to Department Chairs. At Annual Reviews, a formal evaluation of the prior year and goal setting for the upcoming year is completed. These documents include formal co-signatures from supervisors and faculty. The faculty surveys reaffirm that faculty understand their positions and their evaluations, and are generally satisfied with these processes. More formal interim reviews that include internal review of promotion dossiers by Departmental Promotion and Tenure committees are utilized for faculty between ranks to ensure appropriate advancement and future needs.

Despite these regular reviews and guidance, a significant number of faculty value greater attention to providing career guidance. To address this issue, Strategic Plan 2022 includes a specific objective that requires specific plans for the promotion of each faculty member below

the rank of professor.

The Promotion and Tenure process is tightly overseen by University policies, with College oversight consistent with those rules. Departmental and College level committees include broad oversight from College peers, and the College occasionally utilizes outside committee members when required for voting purposes. The College and Departmental Promotion and Tenure committees annually provide timelines for and guidance for interim and promotion or tenure submissions. Members and chairs of these committees have regularly provided informal and formal discussions of the Promotion and Tenure process to individuals and groups interested in making sure they understand the processes. Special efforts (e.g., workshops) have been made within the clinical track to ensure understanding of the needs for promotion in clinical arenas. Based on AACP Faculty Surveys, faculty are broadly supportive of the fairness and consistency of the Promotion and Tenure processes.

Summary

Faculty have the required training and skills to provide the educational programming and other missions of the College. The College consistently evaluates faculty in education, scholarship, and service and seeks to enhance faculty in all of these areas. The College supports education and elicits feedback from wide sources to enhance faculty effectiveness. The faculty exhibits strong scholarly output across both departments, as evidenced by traditional metrics like publications and grants. The service mission of the faculty includes the appropriate balancing of internal and external service and support for these efforts. A strong understanding of the clinical practice and how to train practitioners is evident in the faculty. Continued development of faculty is nurtured through formal mentoring and supervisory communication across the College. Strong policy and procedures from the University are applied and interpreted appropriately by the College to ensure faculty and staff success.

Documents

Faculty and Staff – Qualitative Factors

Required Documentation and Data

List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.

- Pharmacy Practice Publications and Presentations AY 17-19 .pdf
- Pharmaceutical Sciences Publications and Presentations AY 17-19.pdf
- Pharmaceutical Sciences Areas of Research and Scholarship.pdf
- Pharmacy Practice Areas of Research and Scholarship.pdf

Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty.

- Conceptual Understanding of Contemporary Practice.pdf

Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention.

- College of Pharmacy Faculty Handbook

Required Documentation for On-Site Review

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

Optional Documentation and Data

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

- College of Pharmacy Faculty Handbook

Preceptors

Comments and Documents

Standard

20

Standard 20

Preceptors

Topics Addressed

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

Key Elements

Preceptors

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Preceptors

Preceptor Criteria

The College views a preceptor as an experienced and competent pharmacist, scientist, or healthcare provider who is passionate about teaching. They serve as a role model, teacher, supervisor, and evaluator to IPPE and/or APPE students. Preceptors have the responsibility of delivering course content as outlined in the respective syllabi and ensuring that students have a valuable and hopefully transformative educational experience. They guide students towards independence and competence in providing compassionate, safe, timely, and effective pharmaceutical care. In addition to the ACPE guidance for preceptor: student ratio, the College adheres to the Oregon Board of Pharmacy Intern and Preceptor rules that allow licensed preceptors to supervise up to two students. Preceptors surveyed overwhelmingly agree that student: preceptor ratios facilitate learning and reflect a College preceptor recruiting strategy that aims to secure as many preceptors as possible so that the ratio leans towards 1:1.

As stated in Standard 13, the experiential scheduling process is a student-centered approach that thoughtfully engages students and sites/preceptors in order to address distinct learning needs, interests, and aspirations of individual students. The OEE works directly with the leadership of each site (e.g., Chief of Pharmacy, VP of Pharmacy, or Director/Manager of Pharmacy) to identify strong on-site student coordinators and preceptors. Again, following criteria set forth, there is an expectation that preceptors are able and willing to provide an experience that will enable students to learn the practical application of their knowledge and skills while demonstrating their ability to meet the competency expectations described in the respective syllabi. Individual interested prospective preceptors may also reach the OEE via the College's Experiential Education webpage.

On a yearly basis, the OEE maintains 400-500 active volunteer preceptors and 15 College faculty who directly supervise, teach, and assess our IPPE and APPE students as part of their full-time appointment at their respective practice sites. In both the hospital and clinic settings, a variety of healthcare providers such as physicians, nurses, and PAs participate in the teaching process but are not considered lead preceptors. The Preceptor Manual pages 12-14, summarize the list of qualifications, skills, and qualities used to direct the preceptor recruiting process, and the annual assessment and maintenance of the list of preceptors.

Volunteer preceptors who provide their services are recognized as Affiliate Faculty. OSU uses this designation to recognize individuals who volunteer and make substantive contributions to the mission of the University. An affiliate faculty member is not an employee and may not receive compensation for services performed from the University. They may not hold another position at OSU for which they are receiving compensation, nor can an individual be an affiliated faculty member in more than one department. The affiliate faculty appointment process is detailed in pages 10-11 of the Preceptor Manual and includes an application, appointment letter, and certificate, see optional appendices. After submitting the appropriate forms and being accepted, the Assistant Dean of Experiential Education and/or the Director of IPPE provide new preceptors an orientation to the College and Office of Experiential Education. Additionally, after obtaining the affiliate faculty certificate, preceptors are eligible for an OSU ID card and associated privileges, such as joining recreational facilities, purchasing parking permits and using library services. Also included is access to the Oregon Health & Science University Online Library, which is a preferred resource among practicing pharmacists.

The orientation of new preceptors includes but is not limited to the history and mission of the College, the structure and operation of OEE, a review of pre- APPE curriculum and experiential curriculum, e-value, preceptor roles, training and development resources, syllabi and lesson planning**,** and student evaluation forms. According to the 2018-19 AACP Preceptor Surveys, over 90% of preceptors strongly agreed and agreed with the following statements:

- I know the process of documenting and addressing student performance
- The specific learning expectations for the students have been clearly defined for my rotation
- I know how to use the assessment tools provided to measure student performance.

Preceptor Resources and Training

The OEE utilizes e-Value to provide a web-based system that provides efficient accessibly to all relevant experiential documents and announcements (e.g., syllabi, preceptor manual, Student Handbook, and incident form, guidance for students conducting research involving human subjects, student schedules (s), evaluation forms, and their own evaluations from their students.) Additionally, all members of the OEE are available to address preceptor questions as students' progress through the rotation.

The College uses CEImpact (CEI) to provide an online preceptor training program, which is accessed through e-Value. The ACPE accredited CE modules are free of charge for preceptors. Preceptors select from a variety of topics ranging from how to provide effective feedback and managing time as a preceptor, to professional topics such as Acute Pain in the Emergency Department. In 2018, 85 preceptors who completed a CEI module and, in 2019, that expanded to more than 106 preceptors. In 2012, the College also began to provide opportunities for advanced training by reimbursing up to 12 preceptors for the cost of their Board Certification. Their respective site administrators, based on a demonstrated passion for teaching, select these individuals.

Site visits are an additional training opportunity, and, in 2018, 222 preceptors were visited at their respective sites; a number surpassed in 2019. The OEE manages a travel budget used to support attendance at professional meetings and, more importantly, to conduct timely site visits. The Assistant Dean of Experiential Education and the Director for IPPE use site visits to inspect the site and assess the preceptor(s), as well as provide personalized preceptor training that aims to address the specific needs of the preceptor(s). Examples of live training topics include basic preceptor orientation, how to develop a lesson plan, how to provide effective feedback, developing critical thinking, and conflict management.

2018 and 2019 AACP Preceptor survey questions largely identify a high functioning experiential program with strong resources that generally mirror national comparisons. Some concern is expressed with respect to understanding policies relating to misconduct or harassment. Orientation to these policies is included in new preceptor training, but awareness may be limited simply because these policies are rarely utilized. Several preceptors have commented that they have never had reason to utilize the policies and, other preceptors report that they are unfamiliar with the policies because they report any concerns to their primary preceptor, rather than directly to OEE. Normal procedures within the OEE are that once made aware of a concern, the Assistant Dean for Experiential Education calls immediately, and, if appropriate, schedules a meeting with the Student Coordinator or preceptor and the student involved.

Assessment of Preceptors

Students are asked to complete the Student Assessment of Site and Preceptor (SASP) at the conclusion of each rotation, see appendices. The information is collected via e-Value and analyzed by the OEE with support from the Office of Assessment. Early benefits from using SASP have been clarifying which preceptor is engaged in oversight for the greatest amount of time, providing more concrete data on interprofessional interactions, and identifying specific populations and disease states encountered, see appendices for an aggregate SASP report.

Each preceptor's evaluation is filed in their respective affiliate faculty folder housed in the OEE. The performance data, in aggregate, is shared as soon as possible with the preceptors at the conclusion of the academic year via the e-Value system. OEE has noted AACP Preceptor Surveys have reflected a concern with how effectively preceptors receive student evaluations. Staffing shortages and turnover have contributed to this challenge. Fortunately, in 2017, the OEE gained an Assessment Analyst who reports to the Director of Assessment but is shared with the OEE in terms of responsibilities. This addition significantly increased the ability of the OEE to track and report the yearly performance of sites and preceptors. In 2018, the OEE also gained a 0.50 FTE increase in staff support by eliminating a shared staff model between the OEE and Office of Student Services. This additional support allowed the OEE to improve its capacity to provide timely communication to the students and preceptors, update support materials, maintain the experiential website. These recent hires have essentially cleared a backlog of evaluations and new policies have been finalized to clarify distribution processes. The Assessment Analyst, in particular, undertook a careful examination of the operation of e-Value over the past year and identified parameters that were not correctly set to optimize efficiency. As a result, 2018 -19 SASP results have been distributed to preceptors in a more timely manner.

Preceptor Engagement

Preceptors are valued members of the College and are encouraged to participate and contribute to the overall College mission. Preceptors advise the OEE, provide guest lectures, assist with assessment in the Pre-APPE Readiness (PAR) block, and small group discussion facilitators. We honor exceptional preceptors with Preceptor of the Year Awards. The OEE has also developed a strategy that creates an organizational structure for the preceptor groups at each site. This promotes more timely communication, standardized execution of lesson plans, and identifies a cohort or community of preceptors on site. A Student Coordinator (often an Operations Manager or Clinical Coordinator or occasionally the Pharmacy Manager) leads the preceptor group at each site. Student Coordinators are asked to identify lead preceptor(s) for each rotation category (e.g., general medicine, critical care, pediatrics) in addition to providing on-site support for preceptors. In many respects, the coordinator serves as the eyes and ears of the OEE and allows a more effective and timely response to any concerns. The Assistant Dean of Experiential Education and the Students Coordinators often meet to address upstream and downstream issues, plan preceptor development programs, and share formative feedback. In 2017, as a result of the recommendation of various Student Coordinators, the OEE launched a campaign to develop preceptors' skill in creating a lesson plan. The goal of this campaign is to provide students a more robust and standardized activity plan for all categories of rotations from Community to General Medicine. At the same time, these efforts are expected to enhance the engagement of individual preceptors in the educational process. Standardized activity plans identify the general goal of the rotation, provides a detailed outline of the methods for instruction, link all activities to specific learning objectives, and further define expected behavior; see sample Lessons Plans in optional appendices. In addition, the OEE encourages preceptors to develop and submit a personal teaching portfolio that includes a CV, teaching philosophy, lesson plan, and samples of teaching, see optional appendices. There have been two health-systems sited that have completed this program.

Administrative Structure

The OEE has offices on both campuses and is well structured to provide strong support for all aspects of the experiential program, including preceptor training and support. The Assistant Dean of Experiential Education, who reports directly to the Dean and serves on the Executive Committee, provides leadership and oversight of the Office of Experiential Education. The Assistant Dean works collaboratively with the Director of IPPE and IPPE/APPE Coordinator at OHSU. Each of these individuals has substantial work experience in pharmacy settings. The Assistant Dean and Director of IPPE each have more than a decade of experience in academic settings. These individuals are, in turn, supported by an Assessment Analyst and two Program Specialists working in tandem to achieve the mission of the office. OEE also interacts with and receives support from a wide range of

other units and administrators in the College, including the Office of Assessment, Office of Student Services, Office of Alumni and Professional Development, Academic and Professional Standards Committee. Finally, the University Contracts Office provides significant assistance, as needed.

Documents

Preceptors

Required Documentation and Data

List of active preceptors with credentials and practice site.

- Preceptors Credentials and Practice Site Locations AY 19-20.pdf

Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience.

- APPE Non-Pharmacists.pdf

Description of practice sites (location, type of practice, student/preceptor ratios).

- APPE Elective Site Descriptions.pdf
- Preceptors Credentials and Practice Site Locations AY 19-20.pdf
- Site Descriptions.pdf

Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention.

- Preceptor Manual Dec 2019

Examples of instruments used by preceptors to assess student performance.

- Preceptor Assessment of Student - Midpoint.pdf
- Preceptor Assessment of Student - Final.pdf

Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum.

- Dr. Juancho Ramirez CV.pdf

Description of the structure, organization and administrative support of the Experiential Education office (or equivalent).

- OEE Org with Admin Support and Description.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- Student Assessment of Site and Preceptor (SASP).pdf
- Student Assessment of Site and Preceptor (SASP) Aggregate Results 2017 - 2019.pdf
- Sample Teaching Portfolios Holland, Patel, Pederson.pdf
- APPE Lesson Plans.pdf
- Affiliate Faculty Application Form.pdf
- Affiliate Faculty Letter.pdf
- Affiliate Faculty Certificate.pdf
- Affiliate Faculty Library access Instructions.pdf

Physical Facilities and Educational Resources

Comments and Documents

Standard

21

Standard 21

Physical Facilities and Educational Resources

Topics Addressed

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

Key Elements

Physical Facilities and Educational Resources

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Physical Facilities and Educational Resources

Physical Facilities

Physical facilities in the College (or access to other facilities) meet legal and safety standards, utilize current educational technology, are clean and well maintained, and sufficient to meet the needs of a vibrant professional program. Facilities are located in four locations in two cities, Corvallis and Portland. Corvallis-based faculty are primarily in two buildings (Pharmacy and Weniger Halls). Portland-based faculty are housed in the Robertson Collaborative Life Sciences Building (RLSB) on the OHSU Campus. All instructional buildings provide wheelchair access. Plans and drawings for facilities will be available on site.

All faculty and staff have individual computers running relevant software with intranet and internet capabilities, printer access, and a secure personal directory on the network for storing electronic files. In addition, a secure group directory, Box, is provided for each department to store documents and collaborate across campuses. Only members of the College have access to these files. The University has a fiber optics backbone and maintains a web server.

Students have access to Windows-based computers in practice laboratories on the Corvallis campus and libraries on both campuses. Wireless secure and guest internet networks are available, allowing students' access. Canvas is the Oregon State learning management system, providing access to course documents and course management. This system is supported through University offices. CourseSites and Sakai are additional learning platforms used for P1 and P2 interprofessional courses, respectively, to facilitate cross-institutional student communication.

Physical Facilities Attributes

The Pharmacy Building has been the home of the College since 1924 and expanded in 1966 to its present size of 41,770 sq ft. Over the years, research laboratories have been renovated as new faculty members were hired. Despite recent additions and renovations, a portion of the Pharmacy Building has lacked air-conditioning. University central administration recently redesigned and installed updated air conditioning to address deficiencies in the 1966 addition. The University has approved air conditioning for the main lecture hall, Room 305, which must be custom made, and is scheduled to be completed and installed in October 2020. An important improvement within the past five years has been the addition of an independent generator for the Pharmacy building. The generator is automatically initiated during electrical fluctuations on campus, allowing research and teaching in the building to continue uninterrupted.

Portland facilities in the RLSB include approximately 20,500 sq ft of dedicated education, research and office space, and over 3,000 sq ft of shared space. The College has primary access to a large modern lecture hall and three smaller classrooms, among other shared spaces such as the simulation center, library, and student lounge.

In Corvallis, some Pharmacy Practice faculty that spend significant time at outside clinical service sites are housed two faculty members per office. Full-time instructional faculty on the Portland campus all have a personal office. Faculty generally indicate, based on the AACP Faculty Survey, indicate that they have adequate office space and that their work environment is safe.

The College's administrative office in Corvallis consists of a 107 sq ft vestibule, 600 sq ft office housing three support staff, and a conference room equipped for video conferencing. Offices for the Dean, Executive Associate Dean, and academic advisors are within the administrative complex. Faculty mailboxes, a fax machine, and a photocopier are also located in this area. Additional service areas are on the first floor of the building. In Portland, approximately 5,000 sq ft of the RLSB houses

the administrative, faculty, and staff offices. Portland-based faculty and staff also have access to a large conference room, a reception area, a shared staff lounge, and the student areas noted above.

Didactic instruction in Corvallis occurs primarily in one large lecture hall which, other than the installation of teaching technology, has not undergone a comprehensive remodel (Room 305, accommodates 140) and one smaller classroom (Rm 107, accommodates 30). Rooms 305 and 107 are controlled and scheduled by the university. The rooms noted below are scheduled within the College. Rooms 213 and 329 each have a capacity of 25 - 30 and are available for didactic instruction. These two meeting rooms are equipped with video conferencing ability and heavily scheduled for smaller classes, and faculty and student organization meetings. The practice lab, Room 219, is designed for small-group interaction but is also occasionally used for didactic instruction for elective courses.

On the Portland campus, instructional facilities include one large enhanced lecture hall that will accommodate 150 persons and three smaller 25 seat classrooms. The lecture hall is connected to the Corvallis campus via video streaming for P3 students that are approved as distance education students.

The Pharmaceutical Care Learning Center (PCLC; Corvallis campus) includes rooms 219, 235, and 237. The PCLC is equipped with resources to support advanced instruction in pharmacy practice. Room 219 includes two examination rooms with equipment and teaching aids for physical assessment. In 2018, computers were removed from Room 219, and two more exam tables were added to increase space for physical assessment activities. Room 235 is a resource room with six computers, a copier, a scanner, and a printer. Study tables are available for open access use. Room 237 was formerly a compounding lab but has been renovated to create a space to store equipment for the Pharmacy Practice series of classes and provide two cubicles for patient counseling activities. The compounding laboratory was moved to Room 227, increasing the space and capacity for compounding instruction.

OHSUs simulation center (20,000 sq ft) provides access to interprofessional opportunities. The simulation center includes 20 patient exam rooms with state of the art monitoring and recording capabilities, as students interact with paid standardized patients. The simulation center is used extensively for clinical skills exams in the P2 and P3 years. A high-speed aerial tram also provides frequent and rapid access from the South Waterfront Campus to the OHSU upper campus, hospital, and clinics for faculty with clinical practices and students with experiential rotations.

A small student lounge in Corvallis was remodeled in 2002 (Rm 101) and contains a refrigerator, microwave, individual lockers, and storage space for professional organization supplies. In addition to open-access space in Rm 235, noted above, students benefit from the proximity of the College to the central campus library (Valley Library), which has extensive open study spaces and small group study rooms. In Portland, there is significant space allocated on the 4th floor for student study rooms, open seating, and a lounge with refrigerators and microwaves. Classrooms and conference rooms are made available on both campuses for professional organizations in College buildings upon request. Overall, students expressed in surveys that access to areas for study, small group meetings, professional activities, and social interactions met their needs.

Instructional facilities are adequate for the professional program but have presented some challenges on the Corvallis campus. Educational technology updates in Corvallis have generally kept pace, and air conditioning is in place or planned. More substantive infrastructure improvements across campus over the past ten years, however, have been both a curse and a blessing to the College. Complete renovation of large buildings on campus has limited availability of large classroom spaces, causing the University to frequently use Rm 305 for non-pharmacy classes and forcing our slightly smaller cohort into more distant and sometimes less desirable spaces on campus. The blessing is that most of the large remodeling projects are now complete, and the University invested in its first building dedicated solely to classroom instruction

(LINC). This state of the art facility is across campus but is a valuable resource for faculty seeking to utilize more advanced educational spaces.

An interesting divergence is evident in surveys. Graduating students are generally positive on the adequacy of facilities and educational technology, while faculty are more critical. An appropriate interpretation is likely that the facilities and resources are fully adequate to provide a strong educational program, as experienced by the students across the four years. However, faculty, especially those in Corvallis, are increasingly frustrated with the pace at which additional improvements to teaching and research resources have progressed in recent years.

Research is a key component of the College mission, and requirements for laboratory space continue to increase. Research activities are supported by an array of equipment specific to each investigator's needs and shared campus facilities, such as a mass spectrometry center, high throughput screening lab, and laboratory animal facilities. Corvallis research laboratories have been remodeled to meet the demands of modern research. Due to space limitations in the Pharmacy Building, the medicinal chemistry, natural products, and pharmaceutical microbiology laboratories are housed in recently acquired and renovated space in Weniger Hall, a short distance from the Pharmacy Building. Two pharmaceutical sciences faculty with appointments in the Linus Pauling Institute have research space in the Linus Pauling Science Center on the main Corvallis campus. Research laboratories for pharmaceutics faculty are in Portland on the 3rd and 4th floors of the north tower of the RLSB in space contiguous with OHSU and PSU faculty, providing substantial opportunities for interdisciplinary interactions.

On both campuses, laboratory animals are housed in approved facilities under the jurisdiction of the respective Offices of Laboratory Animal Resources. All animal research is first approved by the Institutional Animal Care and Use Committee.

Educational Resource Access & Librarian Expertise Access

Given the nature of our dual campus, all faculty and students have both Oregon State and OHSU credentials, which provides access to academic and educational resources on both campuses. Additionally, preceptors actively providing IPPE/APPE experiential rotations and recognized as affiliate faculty are eligible to receive access to both OSU and OHSU libraries. Their access is equal to the level provided to each full-time faculty. This benefit is communicated to preceptors during formal preceptor training and normal communication that occurs during the academic year. The process for obtaining access is facilitated through the Assistant Dean for Experiential Education.

OSU Libraries are comprised of three libraries with a common online catalog. The main Valley Library houses the collection relevant to the PharmD program and is open 24 hours, five days a week during the academic year, with more limited hours on weekends and during the summer term. Most library resources and services are available 24 hours, seven days a week, through the library website http://osulibrary.oregonstate.edu.

OHSU Library, the largest health sciences library in Oregon, serves faculty, staff, and students as well as professionals and residents across the state. Library staff integrates knowledge at the point of use in support of teaching, research, and patient care. Services are offered through the web and at the OHSU Library in the Biomedical Information and Communication Center (BICC), the Samuel L. Diack Library on West Campus, and OHSU Historical Collections and Archives in the Old Library.

Oregon State and OHSU libraries use a subject librarian model giving the College a designated contact. The librarians for the College assist with research strategies and selects materials for collections. Students and faculty are encouraged to request books and journals they feel are important to enhance the collection.

Students are introduced to OSU and OHSU libraries through course-based library instructional sessions.

Individual sessions with subject librarians are also available. Emphasis is placed on helping students understand the breadth of informational resources available to them and guidance on the identification and effective use of these resources. Students are oriented on how to find, use, access, determine value, and apply information sources to answer drug information questions during the first term of the P1 year in PHAR 729: Evidence-Based Medicine I: Information Science. Orienting students to the OHSU library resources is also part of Phar 729. The OSU Pharmacy subject librarian works closely with faculty and facilitates an in-depth lecture focused on searching strategies through resources such as PubMed. PHAR 726 Drug Literature Evaluation, a P2 course, builds upon the information retrieval emphasized in the P1 year and is focused primarily on literature evaluation.

Staff members at OSU and OHSU libraries are available and responsive to faculty and student requests for resources, including journals, databases, books, and study space needs. Library services include reference services, database searching, interlibrary loans, a photocopy service, and training classes. The Health Sciences Library is housed in the BICC. The BICC supports the educational, research, patient care, and public service missions of OHSU and is one of five Integrated Academic Information Management System sites in the United States. In addition, there is a mini library at the RLSB to which resources from BICC can be delivered.

Resources at OSU and OHSU libraries are comprehensive. Staff members, in particular, assigned subject librarians, are fully committed to providing students, faculty, and preceptors with the research materials and services they need, at the time they need them. Students are well oriented to information retrieval, evaluation, and utilization through a combination of coursework, workshops, and projects distributed throughout the professional program.

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Documents

Physical Facilities and Educational Resources

Required Documentation and Data

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

- Pharmacy Building Floor and Space Plan.pdf
- Pharmacy in Weniger Bldg Floor and Space Plan.pdf
- Pharmacy in RLSB (Portland Location) Floor and Space Plan.pdf
- Space and Facilities Analysis.pdf

Description of shared space and how such space promotes interprofessional interaction.

- Space and Facilities Analysis.pdf

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

- Space and Facilities Analysis.pdf

Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable.

- AAALAC Oregon State Letter.pdf
- AAALAC OHSU Letter.pdf

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

- Educational Resources Available.pdf

CV of the librarian(s) who act as primary contacts for the pharmacy program.

- OSU Librarian - Kristick.pdf
- OHSU Librarian - Hamilton.pdf

Required Documentation for On-Site Review

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

Optional Documentation and Data

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

- Research Equipment Inventory.pdf

Practice Facilities

Comments and Documents

Standard

22

Standard 22

Practice Facilities

Topics Addressed

- [x] 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.
- [x] Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements.
- [x] How the college or school employs quality criteria for practice facility recruitment and selection.
- [x] 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.
- [x] How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- [x] Any other notable achievements, innovations or quality improvements.
- [x] Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Key Elements

Practice Facilities

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Practice Facilities

The Office for Experiential Education (OEE) provides leadership and administrative support across all aspects of the IPPE and APPE program. The faculty and staff of OEE direct related strategic planning, operations, budgeting, allocation of resources, and support of preceptors required to meet the vision, mission, and educational goals of the College. The policies, procedures, and general teaching philosophies that allow achievement of experiential education goals are outlined in the College's Preceptor Manual.

It is important that IPPE and APPE sites minimally reflect the diversity of pharmacy practice settings and demographics of Oregon. The College is committed to securing and developing an adequate number of high-quality sites to meet this expectation and to provide students flexibility in pursuing their specific areas of interest. As detailed in Standard 13, in aggregate, the College has been successful in exceeding these expectations, and in preparing graduates for current and future opportunities in the profession.

Key to successes and improvements in experiential education has been administrative restructuring. In 2012, the College created an Assistant Dean of Experiential Education position that reports directly to the Dean and is a member of the Executive Committee. This change improved the OEE by providing the Assistant Dean budgetary control for experiential education allowing for greater control, flexibility, and speed in setting and responding to strategic or operational needs.

Quality Criteria

The OEE has a breadth of vision that reflects the importance of maintaining and improving the quality of the student learning experiences at all levels of the experiential curriculum. As outlined in the Preceptor Manual, robust policies and procedures are in place to ensure that the performance of each preceptor and site are monitored for any concerns or for potential refinement. The Curriculum committee works with OEE to assure the experiential program easily meets the expectations set by Programmatic Student Learning Objectives (P-SLOs), which reflect the outcomes outlined in ACPE standards 1 – 4. AACP surveys confirm that students have confidence in the quality of advanced experiences. Introductory experiences are also increasingly considered to be of high quality overall but lag somewhat behind the responses for advanced experiences. The Curriculum committee noted this discrepancy and a closer examination of IPPE is included in the 2022 Strategic Plan.

The College uses e-Value as the data management system for many aspects of the experiential program. This system allows the OEE to organize, access data, track outcomes, and communicate with students and preceptors efficiently. It can also generate reports to analyze trends in student and preceptor performance. There are four evaluation tools coordinated and managed by the Office of Assessment using the e-Value system: Course Evaluations, Teaching Evaluations, Student Assessment of Site and Preceptor (SASP) evaluations, and Preceptor Assessment of Student (PAS) evaluations. During each APPE rotation, the PAS evaluations are completed by preceptors at two points within each rotation: once at the 3-week midpoint and again at the end of the six-week rotation.

The midpoint PAS is completed on the 3rd Friday of the APPE Block for midpoint evaluations and the 6th Friday for the final evaluation. See the optional appendix for PAS. All evaluations are reviewed at the midpoint and at the conclusion of each block by the Assistant Dean of Experiential Education. The submission of grades is dependent on the preceptor's completion of the final evaluation. Students receive their respective completed evaluations as soon as their preceptors submit them via

e-Value. Once a student receives a completed evaluation, they must indicate whether they agree or disagree with the assessment. Any disagreements or low/failing scores are reviewed by the Assistant Dean of Experiential Education and results in an inquiry by the Assistant Dean with the preceptor and student.

Students are asked to complete the Student Assessment of Site/Preceptor Form (SASP) at the conclusion of each rotation, which is reviewed and analyzed by the OEE with support from the Office of Assessment. Each preceptor's evaluation is filed in the affiliate faculty folder housed in the OEE. The performance data, in aggregate, is available to the preceptors at the conclusion of the academic year via the e-Value system. It has been difficult to fulfill this commitment reliably, as noted in Preceptor surveys, but improvements in the OEE should be able to address this concern. The hire of an assessment analyst has allowed for a significant cleanup and reevaluation of how e-Value is used, and an easier to understand 'Educator Scorecard', including an instructional video for preceptors detailing how to access evaluations, is in development. In addition, the Assistant Dean of Experiential Education regularly conducts site visits to inspect and evaluate the site and the preceptor(s) for continued use in the program.

P4 students gather as a cohort on campus four times during the APPE year for programmatic updates, professional development sessions, and opportunities to provide the College feedback. These meetings are called P4 Seminars. During the last session of that series, students are given the opportunity to provide detailed feedback on how to improve both the didactic and experiential components of the curriculum using a program evaluation technique called Graffiti Wall. The data is collected and analyzed by the Office of Assessment, which then reports to the Curriculum Committee for review and action, as needed. Examples of the changes that were made as a direct result of the P4 student feedback is the addition of an IPPE Ambulatory Care rotation and an increase in APPE ambulatory sites. The College also increased the diversity of IPPE activities to include the following: inpatient, clinical, medication reconciliation, and longitudinal projects.

The OEE is a member of the Northwest Pharmacy Experiential Consortium (NWPEC) whose mission is to promote outstanding pharmacy experiential education programs for students and preceptors by cultivating relationships among the colleges and schools of pharmacy within the northwest region. Since 2006, NWPEC member institutions have been sharing best practices and seeking innovative ways to solve common problems and standardize for preceptors much of the work that is associated with experiential education. Examples of the benefits of membership include the standardization of the use of e-Value, standardization of the APPE block dates, standardization of the APPE student evaluation form, sharing of preceptor training ideas and materials, and the development of a collegial process of sharing availability in certain geographic areas.

Affiliation Agreements

Students are not permitted to proceed with any IPPE or APPE rotations until there is an executed affiliation agreement between the College and the practice site. The process of ensuring that the College maintains practice site affiliation agreements is administered by the OEE and also involves the University Contracts Office, University General Counsel, and Risk Management. In any given year, the OEE manages 150-200 active agreements, but the College or the site has a right to terminate an agreement upon no less than sixty days' written notice to the other party. Since 2007, we have terminated approximately 300 agreements due to non-use or quality issues that do not meet the College's criteria. The agreement document describes the commitments and expectations of the student, program, and facility. Mutual legal responsibilities are detailed to ensure that all experiences are conducted in accordance with state and federal laws. After the affiliation agreement is fully executed, original copies are retained by the OEE, the University Contracts Office, and the affiliate site. The affiliation agreement begins on the effective date and is valid for three years with some exceptions (i.e., some agreements are continuous with automatic one-year renewals on each successive anniversary date, assuming experiential quality is maintained).

Evaluation

The OEE is committed to recruiting, developing, and maintaining fully qualified patient care and non-patient care sites that are capable of delivering the experiential curricula at the highest quality possible according to educational outcomes as described in IPPE and APPE syllabi and manuals. The IPPE and APPE scheduling process is a student-centered approach, as outlined in Standard 13, which thoughtfully engages students, preceptors, and site leadership to address the distinct learning needs, interests, and aspirations of individual students. The recruitment of IPPE and APPE sites is a multistep process described in the Preceptor Manual. Site/preceptor recruiting methodically and annually considers the student cohort's preferences in terms of geographic areas and electives as it pertains to their housing needs and individual career goals in the final site and preceptor recruitment. In aggregate, students are offered opportunities to experience a diverse array of types of pharmacy practice, patient populations, disease states, medical issues, social and economic challenges, and geographic areas.

These efforts assure the College has a sufficient number of high-quality IPPE and APPE sites that meet and allow students to complete the educational outcomes as outlined in experiential syllabi. In 2019-20 there are 108 IPPE sites that provided community, ambulatory care, and hospital pharmacy experiences to P1, P2, and P3 classes. In 2019-20 there are 188 APPE sites that provided 1,136 six week experiences for 82 students who, in the aggregate, required 656 individual experiences. In addition to providing ample patient care experiences, sites also are able to provide, on a consistent basis, a diverse array of unique non-patient care experiences, such as administrative, industry, managed care, poison control, research, and regulatory rotations. Currently, 100% of IPPE and approximately 95% of APPE rotations occur in Oregon. However, we regularly maintain sites in California, Nevada, and Washington for a handful of APPE students who chose to complete some electives out-of-state. Due to the surplus of APPE availability, we are also able to make individual rotation changes during the year, due to requests from the student or the site. For example, we were able to make 178 individual rotation substitutions throughout the course of the 2018-19 year (The changelog is available upon request.)

As noted above, the creation of the Assistant Dean for Experiential Education position and positioning it as part of the Executive Committee has been key to creating awareness, at the highest College level, of challenges confronted in experiential education and flexibility to address those challenges. Examples of changes initiated to assure continued excellence of preceptors and sites include:

- Increased preceptor support by creating a fund that pays for up to 12 Board Certification exams that are available to preceptors who are nominated by the site leadership.
- Increased preceptor and student support by establishing an annual budget for technology, preceptor training, and travel to visit sites.
- Establishment of a Rural Initiative Scholarship by the College to help students with expenses associated with moving and living in a rural community.
- Increased staffing by adding another full-time Program Specialist in OEE and creating an Assessment Analyst role who is shared between the Office of Assessment and the OEE.
- Establishment of three interprofessional rural campuses, located in Coos Bay, Klamath Falls, and La Grande, in collaboration with our academic partner, Oregon Health & Science University (OHSU). The campus coordinates free housing, rotations, preceptor training, and is a truly interprofessional community elective for the College and the OHSU Schools of Dentistry, Medicine, Nursing, and Physician's Assistant.

Documents

Practice Facilities

Required Documentation and Data

Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits).

- Private Entity - Sample.pdf
- Public Entity - Sample.pdf
- Site Affiliation Agreements - Active and Terminated.pdf

Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both.

- APPE Elective Site Descriptions.pdf
- Preceptors Credentials and Practice Site Locations AY 19-20.pdf

Policies and procedures related to site selection, recruitment, and assessment.

- Student Assessment of Site and Preceptor (SASP).pdf
- Student Assessment of Site and Preceptor (SASP) Aggregate Results 2017 - 2019.pdf
- Preceptor Manual Dec 2019

Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment.

- Quality Improvements.pdf

ACPE IPPE Capacity Chart.

- IPPE Capacity Chart.pdf

ACPE APPE Capacity Chart.

- APPE Capacity Chart.pdf

Required Documentation for On-Site Review

- A list of practices sites (classified by type of practices), specifying IPPE and/or APPE, with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites used in the past academic year should be identified.)

Optional Documentation and Data

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

- Preceptor Assessment of Student - Final.pdf

Financial Resources

Comments and Documents

Standard

23

Standard 23

Financial Resources

Topics Addressed

- [x] 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.
- [x] An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving.
- [x] A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees.
- [x] 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.
- [x] How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable.
- [x] An assessment of faculty generated external funding support in terms of its contribution to total program revenue.
- [x] How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.
- [x] Any other notable achievements, innovations or quality improvements.

Key Elements

Financial Resources

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Financial Resources

Enrollment Support

Approximately 90 students have been the target class size for several years. This class size is considered optimal based on practice laboratory and classroom facilities, faculty numbers, faculty perspectives on desired class size for effective teaching and learning, and projected experiential site capacity.

The Dean, Dr. Grace Kuo, and Executive Committee establish annual admission goals. Recruitment efforts are coordinated by the Recruitment Coordinator (full-time staff) at the College, with collaborative efforts from the Oregon State University's main campus admissions staff and the Oregon Health & Sciences University's administrative team members.

The College supports an Early Assurance Program (EAP), with efforts from three Student Advisors and a Recruitment Coordinator at the College. EAP is designed for high school seniors, current college students, and post-baccalaureate students to assure the availability of a position in our Pharm.D. program. EAP students engage in a number of activities that prepare them for the pharmacy program. EAP students get individualized help with their resumes, have access to the College of Pharmacy faculty, engage in a number of co-curricular and professional development experiences, and develop goals alongside an EAP advisor to help them become leaders of their pharmacy class. As a result, EAP students are well prepared to enter pharmacy school and find success in their pharmacy journey.

We are planning to use a CRM (customer relationship management) tool called Slate, produced by Portland-based Technolutions, to manage the pre-enrollment processes. After the University has had a chance to start using Slate, the College plans to purchase and implement Slate and use this resource for recruitment and enrollment support.

Budgetary Input

The University (Provost, Provost Cabinet, Associate Vice President for Budget and Resource Planning) collaborates with the College (Dean and Executive Committee) to determine the allocation of Education & General (E&G) funds for the College each year. Revenue and income are broken down into operating funds that come from the state and university to support the educational mission.

The E&G funds are comprised of 1) fees and contracted services; 2) state-targeted funds associated with offering professional programs; 3) recovered Facilities and Administration expenses associated with grants and contracts; and 4) the main university allocation generated from tuition and strategic investments from the university. Non-E&G funds the College receives include: 1) grants and contracts; 2) philanthropic support; and 3) earnings from the College's endowment.

At the College, the Dean collaboratively reviews budget needs for programmatic enhancements with the Executive Committee, with input from the College Council, in consultation with the Business Center finance manager. All aspects of the budget are discussed openly. Budget updates are provided to the entire faculty and staff at faculty meetings.

The shared responsibility budget model between the University and the College provides clear correlations between budget allocations and academic program outcomes. This approach provides the means for the College to better plan for changes in revenue that result from changes in academic programs and enrollment. Sometimes new programs, initiatives, and strategic directions receive additional allocations from central reserves to support Centers and Institutes.

Revenue Allocation

E&G: This is the primary source of funds supporting the

instructional mission of the College and typically represents 60 – 65% of the total operating budget. As noted in the appendices, for FY21, E&G funds totaled more than $14M in new revenue with the university allocation and state targeted funds making up the vast majority of the total. Additionally, the College has close to $4M carry-over in its budget reserve. Non-E&G Funding: These revenue sources primarily include grants and contracts, private gifts and endowments, and are restricted to targeted use and contribute minimally to the instructional mission of the College.

- Grants and Contracts: OSU is a Carnegie "Doctoral Granting Very High Research Activity University." As such, faculty are expected to actively participate in scholarly activities and seek extramural funding. Grants and contracts are administered by individual faculty receiving the award and go towards direct expenses of the research projects. The F&A rate for grants, effective July 2019, is 47.5% of direct expenses for on-campus projects and 26% for off-campus work. Of this amount, 26% is returned to the colleges. A portion of earnings from patent licensing and royalties is also returned to the colleges and, in Pharmacy, is targeted for research support. Grants and Contracts awarded to faculty in FY19 totaled over $6M.
- In the College of Pharmacy, the Dean's office retains 100% of re-captured F&A, while faculty members keep most of the salary offset they generate. In consultation with the Executive Committee, F&A funds are used to pay for research-related expenses, such as graduate assistantships, equipment purchases, and seed grants. Retained salary offsets are used by faculty to conduct unfunded research, hire research assistants, and support travel. Faculty members feel strongly that the policy of the faculty retaining salary offsets should continue. Faculty with fractional FTE or 9-month appointments may supplement their FTE or pay summer salaries from salary offsets. However, the College taxes salary offsets on a sliding scale when they exceed 25% of the faculty member's 12-month, 1.0 FTE salary.
- Total private gifts received in FY19 were approximately $638,000. In addition to those gifts directed to scholarships, others included certain research grants from private foundations and industry, non-scholarship corporate donations to the program, graduate student/research support, and individual gifts to the Dean's Fund for Excellence. Of note, among all the OSU academic units, the College of Pharmacy has the highest percentage of alumni (ca. 34%) that participate in annual giving.
- Endowment: The College's endowment fund is overseen by the OSU Foundation and has a market value of approximately $5 million as of August 2019. This yields approximately $180,000 per year in expendable funds, the majority of which are targeted to support PharmD student scholarships. In FY19, more than $220,000 in scholarships were distributed to PharmD students, which includes funds received from private gifts and endowment donors.

In 2015, OSU University completed its first capital campaign, raising $1.14 billion dollars. The College of Pharmacy was tasked with raising $10M and surpassed that by raising over $12M in endowed and annual philanthropy. The University is in the early planning stage for another capital campaign (until 2027) that will have the public launch in a few years. The College is assigned to raise $20M. As of Fall 2019, the College has raised $5.3M.

To support efforts targeted to philanthropic giving, the OSU Foundation employs a development officer that commits half their time to fundraise for the College of Pharmacy and the other half to supporting the Linus Pauling Institute. The current development officer started in January 2019.

The College remains in a solid financial position as it has been for a decade. Regular growth of the annual operating budget has been possible through small increases in the PharmD enrollment, modest annual increases in tuition to stay in line with inflation and counter declining state support, greater external support for clinical faculty lines, and revenues linked to the success of a growing faculty in winning new grant awards.

Equitable Allocation

The allocation of funds at the university level is determined and approved by the University Office of the Vice President for Budget and Resource Planning. Allocation of funds at the College level is determined by the size, equipment (if applicable), scope of work, and strategic plans by each department and administrative program, with a review from the Executive Committee, and final approval from the Dean. Planned allocation is reviewed and approved by the Provost and Provost Cabinet members, as well as the University Office for Budget and Resource Planning. The College, led by the Dean, with input from the Executive committee, ensures that funds are sufficient to maintain equitable facilities across all program pathways.

Documents

Financial Resources

Required Documentation and Data

Detailed budget plan or proforma (previous, current, and subsequent years).

- Budget Plan FY 19-FY 21.pdf

Description of college or school's budgetary processes.

- Description of Budget Processes.pdf

In-state and out-of-state tuition compared to peer schools.

- In State Tuition - Peer Comparison.pdf
- Out of State Tution - Peer Comparison.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

In-state tuition for past five years, with peer school comparisons.

- In State Tuition - Peer Comparison.pdf

Out-of-state tuition for past five years, with peer school comparisons.

- Out of State Tution - Peer Comparison.pdf

Total grant funding for past five years, with peer school comparisons.

- Extramural Funding - Peer Comparison.pdf

NIH funding for past five years, with peer school comparisons.

- NIH Funding - Peer Comparison.pdf

Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. (Note: This report is available from AACP on request.).

- No files.

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

- No files.

Assessment of Elements: Educational Outcomes

Comments and Documents

Standard

24

Standard 24

Assessment of Elements: Educational Outcomes

Topics Addressed

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

Key Elements

Assessment of Elements: Educational Outcomes

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Assessment of Elements: Educational Outcomes

The Assessment Plan, under the oversight of the Assessment Committee and the Director of Assessment & Faculty Development, includes multiple sources of direct and indirect data. Data is collected during and after completion of the professional program from faculty, students, preceptors, and alumni. Specifically included are end-of-term course evaluations, major course-level assessments, required AACP Annual Survey data, as well as outcomes of the NAPLEX, MJPE, and PCOA examinations. Program Student Learning Outcomes (P-SLOs) designed to align with the 2016 ACPE Standards specifically were developed and approved by the Curriculum Committee and faculty following a series of meetings from 2012 – 2014. The P-SLOs are the core of the Educational Outcomes portion of the Assessment Plan, which, in turn, is the basis for curriculum quality improvement and assessment of student learning outcomes.

The Assessment committee's role is to set policy and propose assessment processes or tools for the College. For example, the Assessment Committee developed a revised Faculty Peer Observation Checklist and completed a major overhaul of Incoming Student Surveys, conducted annually with P1, P2, and P3 entering classes. The Committee also established performance targets related to end-of-term course evaluations and the AACP Annual Surveys. The Committee reviews results of various assessments, however, faculty members or administrative units with direct authority over specific areas (e.g., Curriculum committee, Office of Student Services, College Council) has responsibility for evaluating results and taking action, as necessary or appropriate.

The Assessment Committee establishes performance targets for standardized and comparative assessments (e.g., AACP Annual Surveys, NAPLEX, MPJE, and PCOA), For each survey statement on AACP Annual Surveys, the target is for 85% of respondents to "Agree" or "Strongly Agree," with a goal of at least 50% indicating "Strongly Agree." The 85% target is generally met, but it appears that in the College or Northwest culture, respondents are reluctant to indicate 'Strongly Agree' than would be preferred when comparing to national data. [The AACP survey questions for this standard tend to be more global regarding the overall quality of the program. While graduating students continue to favor 'Agree' it is interesting to observe that alumni commonly approach the goal of 50% 'Strongly Agree.'] For AACP Annual Surveys, the College also uses several sets of peer comparators when reviewing data, including National, National-Public, PAC-12, Other Similar Regional, and Aspirational institutions (see Assessment Plan for Peer Sets).

The College has a 100% first-time pass target for NAPLEX and 95% for MPJE. As a more diverse cohort has been pursued in admissions, adapting to meet diversity in learning styles is sometimes challenging, and the College has not met these goals in the past several years. Graduates, however, have consistently performed above the national first-time pass rate of public institutions. With the exception of 2016, when all colleges/schools of pharmacy saw a drop in pass-rates, the College first-time pass rate has been between 94-98%.

The Oregon MPJE exam tends to be more variable and challenging. Graduates have first-time pass rates ranging from 77-96% since 2013. This pattern for the MPJE is difficult to address. The Oregon Board of Pharmacy cannot provide specific insight on the exam, but students are strongly cautioned that the exam is comprehensive. Questions address all practice settings, and some questions relate to laws that extend beyond the scope of what an individual pharmacist may confront.

Overall, the faculty strongly believe that the curriculum prepares students to be successful on standardized exams. Opportunities to review relevant material for

NAPLEX and MJPE are included in the Pre-APPE Readiness block (PAR-block) and at voluntary P4 symposia. The College is reviewing whether attendance at P4 symposia should be made mandatory to improve performance on the MPJE, in particular, but there are no plans to utilize or endorse commercial preparatory workshops. Historic NAPLEX and MPJE data are publicly available at the College website.

Although not designed to be diagnostic for individuals, the PCOA exam is used in a formative process with students. Students are encouraged to use PCOA as means to assess readiness, without engaging in substantive preparation for the exam. To encourage students to be thoughtful in the utility of PCOA, students scoring at or above the 90th percentile are recognized for their accomplishment. Students scoring two standard deviations below the College P3 cohort average are referred to the Office of Student Services and the Academic & Professional Standards (APS) Committee to assess if remediation is appropriate prior to APPE rotations, or if there are non-academic causes for their performance. Other major components of the Assessment Plan include end-of-term course evaluations, pharmacy practice skills-based demonstrations, and other competency-based assessments. The Assessment plan is reviewed annually and distributed to both OSU and our degree partner, OHSU. The College consistently receives excellent feedback from both institutions.

Implementation of the plan is overseen by the Assessment Committee, but processes and outcomes integrated into the plan are the results of collaborative discussions with standing committees and other College units. Specifically, Curriculum and Admissions & Recruitment committees, the Office of Student Services, the Office of Experiential Education, and the College Council are significant contributors. The Director of Assessment & Faculty Development serves as a liaison facilitating communications between units and the Assessment Committee. Being present allows the Director to make suggestions, or consider requests, for generating educational assessment data where appropriate. The Office of Assessment, in conjunction with the Assessment Committee, distributes Data Briefs and Assessment Briefs regularly throughout the year to sustain awareness and encourage engagement of faculty with assessment and evaluation data, instead of relying solely on large end-of-year assessment reports. See Assessment Committee internal webpage for all Data Reports, Data Briefs, Focus Group Reports, etc. (Note, this is a password protected page, but Site Visitors will be provided access for the review.)

An area identified for improvement involves the compilation of components of the Assessment Plan into a single document that can be reviewed in total more easily. Currently, outcomes of various assessments are reviewed independently by course coordinators, committees, specific units, or administrators. Similarly, at this time, course or course sequence reviews occur regularly, but reviews are not scheduled consistently. Beginning fall of 2020, the College will (1) have systematically and comprehensively compiled data from the variety of assessment tools for an annual internal review by the Assessment Committee and faculty; and (2) initiated a recurring multiyear schedule for regular review of all required didactic and experiential coursework. The faculty strongly believe in the quality of the curriculum and that comprehensive achievement of intended outcomes is being accomplished, but recognize the review process would benefit from additional structure and has the potential to bias decision making in the future. Creating a stronger structure to conduct reviews and holistically view the curriculum will be an important additional safeguard.

All course-level outcomes are mapped to the P-SLOs, creating a curriculum map of the newly-revised curriculum, fully implemented for the graduating class of 2017. A standard format for course syllabi (see Standard 10) was concurrently adopted that indicates P-SLO mapping for each course-specific outcome, as well as a table that links course-level assessment activities with course outcomes. Making this information evident on the course syllabus clearly communicates to students, faculty members, the Assessment Committee, and the Curriculum committee how classroom assessment activities link to P-SLOs. It also established a new level of accountability in which faculty recognize the contribution of their course to P-SLOs and encourages the use of assessment tools that accurately reflect student

accomplishment of course outcomes. Any changes to course outcomes or links to P-SLOs now require approval by the Curriculum Committee.

Faculty members utilize a diversity of approaches to achieve and assess student learning at appropriate levels across the professional curriculum, as noted in Standard 10. Faculty frequently integrate creative pedagogical approaches and formative assessments. Two specific examples: P1 students create and participate in poster session presentations to demonstrate their knowledge of one specific complementary medicine and begin to develop presentation skills. P2 students participate in a Global Potluck activity designed to increase cultural competency in which they are challenged to make and share with classmates a dish that represents a different culture, while also meeting nutritional standards for a patient with a chronic disease. Think-Pair-Share, Muddiest Point, Self- and Peer-Review of patient counseling, and small group complex case discussions are other examples of formative active learning strategies. Several courses in the early years of the professional program utilize minimum competency assessment activities to ensure a student's baseline knowledge before advancing.

An important tool that crosses both formative and summative assessments is the use of rubrics or other standard methods of scoring student work. Faculty are expected to have clearly defined expectations of coursework to reduce irregularities in grading and increase inter-rater reliability when multiple faculty members conduct assessments and related scoring. Examples that utilize rubrics across the curriculum include P1 and P2 pharmacy practice closeout assessments, the Global Potluck activity, PAR Block, SOAP Note documentation, and the capstone Drug Policy course (PHAR 774).

The creation and implementation of the College Pre-APPE Readiness (PAR) Block is the most significant change to assure student readiness for APPE. The PAR-block is a 5-week long session that includes a series of formative and summative assessments, complex case discussions, ethical and legal case discussions, and the development of Personal and Professional Development Plans. The latter serves as the basis for letters of introduction students provide preceptors prior to APPE rotations, describing student strengths and goals specific to that rotation.

Assessment of students' competence and increasing students' confidence as they enter advanced experiences have been the primary focus of the PAR Block, but increased faculty engagement and understanding of assessment was also a welcome outcome. Perhaps not fully anticipated or appreciated, the PAR Block required faculty to work collaboratively developing and implementing an array of formative and summative assessments and case discussions in ways that the faculty had not previously been accustomed to. The PAR Block was recognized for 'Excellence in Assessment' by AACP in July 2018 Honorable Mention.

Quality Improvement

The College evaluates and initiates appropriate actions based on assessment and evaluation results at the end of an academic term for course evaluation data or in the fall when AACP survey data is released. Course-level changes are immediately reflected, and, as noted elsewhere, each syllabus has a section that details changes to the course based on student feedback. Student orientations for each cohort at the beginning of the year also include discussions regarding curricular change so that there are clear feedback loops and encouragement for participation in the end-of-term course evaluation processes.
Specific examples of quality improvements stimulated by student feedback include:

- PHAR 714 Nutrition and Complementary Medicine: This course was moved from Spring to Fall term to balance workload following student feedback over a few years.
- PHAR 720 Pharmacy Practice I: Students requested more opportunities to practice counseling. As a result, an additional week was utilized to incorporate more counseling practice opportunities in the lab; and 2) Students wanted to learn more about prescription drugs in the P1 year. As a result, weekly prescription drug quizzes were instituted to encourage orientation to commonly prescribed medications.

- PHAR 738 Healthcare Systems I: 1) The cumulative weight of the midterm and final exams was decreased and replaced with points available through other activities; 2) A sample midterm exam was made available in Canvas, and 3) Expectations were clarified for course assignments, including examples from past assignments and a more detailed grading rubric.
- PHAR 741 & 742 Pharmacy Practice V & VI: Additional complex case discussions were added to the P2 student series based on student feedback. This allows students to begin the process of working up cases, with multiple clinical problems and determining the best course of action based on the available data, earlier in the curriculum.
- PHAR750 Pharmacokinetics/Biopharmaceutics / PHAR770 Advanced Pharmacokinetics: A previous three-course sequence was condensed to two courses, eliminating redundancies and giving greater attention to a smooth progression from foundational concepts to therapeutic applications. Kaltura software was utilized to create videos to supplement lecture and recitation, and Phoenix WinNonLin PK modeling program was introduced to illustrate PK model simulations.

Adjustments to the professional program based on formative or summative feedback occur are ongoing and part of an annual continuing improvement process. Examples found throughout the Self-Study document vary in magnitude, but are based on data, implemented more quickly, and communicated more broadly. Faculty collaborations are common and consistent with College efforts to create an expectation and culture that assessment activities, and a related review of outcomes, should be integrated throughout the faculty and administrative governance structure, not isolated within a committee.

Documents

Assessment of Elements: Educational Outcomes

Required Documentation and Data

College or school's curriculum assessment plan(s)

- Assessment Plan 2019-2020.pdf

Description of formative and summative assessments of student learning and professional development used by college or school

- Formative and Summative Assessment - Programmatic Level.pdf

Description of standardized and comparative assessments of student learning and professional development used by college or school

- Standardized and Comparative Assessments - Programmatic Level.pdf

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

- Quality Improvement in the PharmD Program.pdf

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- Assessment of Educational Outcomes Report.pdf
- AACP 2018 PAR Block Poster.pdf
- Oregon State AACP Assessment Award Submission - Honorable Mention 2018.pdf
- 2017-2018 and 2018-2019 Program Assessment Feedback Report.pdf
- 2017-2018 8 Assessment Plan Report for Pharmacy,.pdf

Assessment of Elements: Structure and Process

Comments and Documents

Standard

25

Standard 25

Assessment of Elements for Structure and Process

Topics Addressed

- ☑ 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.

Key Elements

Assessment of Elements: Structure and Process

Summary of College's Self-Assessment of the Key Elements	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.	●		

Comments

Assessment of Elements: Structure and Process

Assessment of Organizational Effectiveness

The College is actively engaged in a continuous improvement process that encompasses overall organizational effectiveness. The addition of a Director of Assessment and an Assessment Analyst, since the last accreditation renewal, has significantly enhanced capacity to provide ongoing support in this area. Periodic summaries from the Office of Assessment have significantly enhanced awareness of key issues that may impact the achievement of the College mission. Similarly, the Office of Assessment has been able to conduct focused assessments to improve operations, following requests from committees and individual faculty.

Quarterly faculty meetings, monthly departmental meetings, bi-weekly College Council meetings, and bi-weekly Student Executive Council meetings provide the immediate means by which faculty, staff, and students can bring up issues or address planned changes. Faculty meetings, in particular, provide a critical review of progress on the College strategic plan, discussion of outcome data from internal and AACP surveys, and presentation of standing committee activities or other faculty initiatives.

Examples of improvements initiated to enhance effectiveness utilizing input from a variety of formal and informal queries include:

- Updates from the Board of Pharmacy have been introduced to keep all faculty abreast of changes in the profession of pharmacy.
- Mentoring of junior faculty was strengthened by requiring junior faculty to work with department chairs to create individual formal mentoring committees.
- Shortcomings in support of faculty research needs were identified and addressed through the hiring of two grants administrators for pre-award and post-award responsibilities.
- Additionally, a methodological and statistical core was created primarily to support scholarly activity needs identified by clinical track faculty.
- The systematic and comprehensive collection and posting of Faculty Governance meeting minutes are being implemented.

As a transition to new senior leadership continues, an in-depth examination of the current administration, support personnel, and standing committee structure is included in the 2022 strategic plan.

Program Evaluation by Stakeholders

The Assessment Plan relies heavily on the AACP Survey data per ACPE recommendations and included the Graduating Student Survey, Alumni Survey, Faculty Survey, and Preceptor Surveys. The Graduating Student Survey (GSS) is conducted annually in the Spring, a few weeks before graduation. The Faculty, Preceptor, and Alumni surveys are generally on a three-year cycle but were administered more frequently to inform the Self-Study. Surveys utilize standard processes to engage the target population, which includes an initial invitation and repeated reminders to non-respondents throughout the data collection window. Incentives are used to encourage preceptor and alumni response rates, while student and faculty participation is encouraged by direct communication from Department Chairs and Student Services administrators. After the survey window is closed, the Assessment Office prepares complete summary reports for review by the Assessment Committee. Survey items that fall below a specific threshold, defined as less than 85% of respondents indicating either “Strongly Agree” or “Agree,” are highlighted and referred for discussion and potential action to the appropriate committee or unit. Additionally, the Assessment Office creates Data Briefs or Data

Reports to summarize high-level findings which are distributed throughout the College.

Curriculum Assessment and Improvement

The College uses systematically collected data on a regular basis to assess and inform data-driven decisions. The end of term course evaluation process where students provide feedback regarding each course-level outcome has been a significant source of data in which the College reviews and assesses the curriculum structure and content. Over the past several years, this process has served as the primary mechanism by which the course outcomes were assessed and refined, moved into other courses, or potentially removed from the course. The College end of term course evaluation process also includes a Course Coordinator Reflection should a course have an overall score below 5.0 on the 6.0 scale or have any course outcomes scoring below 85% of students indicating the outcome was met. Focus groups and informal feedback from students have also informed curriculum structure and organization.

One recent example of this is in the delivery of the P1 IPE program. For several years, there were recurring issues with faculty small group facilitators for the P1 IPE program, coupled with a consistent theme from students that facilitators make or break the small group sessions. As a result, facilitation roles were changed to be student-driven, rotating responsibility throughout each small group, and allowing every student both the opportunity and responsibility to lead their peers. This change was a substantial shift in program delivery, and student feedback has proven it to be successful.

Faculty Productivity Assessment

Assessment of faculty productivity is the responsibility of departmental chairs or unit supervisors. Faculty members at all ranks are reviewed annually. Examples of these materials are included in the appendices. The annual review process has four components:

- Self-evaluation that summarizes activities in areas pertaining to their individual faculty position description;
- A one-on-one meeting between the faculty member and Chair to discuss self-evaluation, productivity, and the proportion of faculty effort dedicated in each area (e.g., teaching, scholarship, etc.)
- The Department Chair writes a summary evaluation based on faculty self-evaluation and the one-on-one meeting. If appropriate, adjustments may be made to the position description to reflect responsibilities more accurately;
- Additional follow-up is specific to each faculty member and may entail interim meetings or coordination with mentoring committees to provide additional guidance.

Areas of assessment for the productivity of faculty include efforts related to scholarship, teaching, clinical service impact (if applicable), and professional or community service. In research and scholarship, faculty report metrics on grants applied for and awarded, peer-reviewed publications, and presentations/seminars communicated to the broader scientific community. Formal mechanisms to assess the impact of clinical service are improved but have been challenging. Preliminary efforts have been adequate to support promotion, but more formal mechanisms to quantify revenue generation, process metrics, and clinical outcomes are a work in progress. Professional and community service contributions are summarized in the annual report to chairs.

Data from annual reports provide opportunities for chairs and unit supervisors to confirm and, if necessary, redirect faculty productivity. Collectively, the data provide benchmarks for departmental productivity year to year. The Dean also provides a summary of College accomplishment to the Provost annually.

Pathway Compatibility

N/A

Interprofessional Preparedness

Interprofessional preparedness is summarized in additional detail in Standard 11. Readiness to work within interprofessional teams is progressively developed over the course of the professional program utilizing formal

and informal interactions. The P1 IPE program, PHAR 711, a multi-term course, emphasizing team-building. Two Group Dynamics assessments ask students to reflect on team functioning and then suggest opportunities to increase team efficiency. The end of series student evaluation, as well as other data collected throughout the year, is reviewed by the faculty design team to determine revisions for the program in subsequent years. For example, in 2018, the annual review led to the decision to change from faculty to students as facilitators, as detailed above. Program outcomes for the P1 IPE program have been shared at several national conferences such as Collaborating Across Borders VII and National Association of Boards of Pharmacy (NABP) Annual Meeting. Students have also presented P1 program IPE outcomes at the ASHP Mid-Year Clinical meetings in 2018 and 2019.

Second-year professional students participate in a program similar to the P1 students, but on the OHSU campus with a broader array of disciplines. Students complete an end of course evaluation, as well as a separate Interprofessional Collaborative Competencies Attainment Survey. Outcome data is collected via OHSU evaluation mechanisms and reviewed by the Steering Committee. Program-specific results are shared with the College for review and feedback.

In addition to didactic coursework, students interact with a diversity of healthcare professionals throughout the curriculum via co-curricular, IPPE, and APPE experiences. The extent of these interactions, formal and informal, expanding as students relocate to the Portland campus for the P3 year and then again in as they spread throughout the state for APPEs. Students are specifically asked to reflect on interprofessional interactions in co-curricular activities and are evaluated throughout IPPE and APPE on their ability to effectively collaborate as members of an interprofessional healthcare team using standardized forms completed by preceptors. During the self-study process, it was identified that it would be valuable to enhance the collection and analysis of these interactions. The result is a newly revised Student Assessment of the Site/Preceptor (SASP) form that student interactions more effectively. Recently, a novel opportunity also has been made available to selected students in which they live and work with students from other professions for APPE at rural sites. (see more detail in Standard 13).

Clinical Reasoning Skills

Students' ability to display clinical reasoning skills is a key item in APPE preceptor evaluations. Progression toward this begins early in the program with the introduction of the Pharmacist Patient Care Process (PPCP). Patient interview, physical assessment, and communication skills required to assess a clinical scenario and develop appropriate care plans are incrementally developed each year with increasingly complex patient cases. Pharmacy practice lab in the P3 year and a combination of formative and summative assessments in the PAR Block refine student skills.

SOAP notes are utilized to reveal student thought processes and growth in critical-thinking and problem-solving in practice labs and in simulations with standardized patients. Clinical reasoning skills are also assessed in capstone (close-out) assessments in P1 and P2 years and in PAR Block in the P3 year. Specific activities are outlined in Standard 3 and 10.

More direct methods of addressing these changes are in development and include plans to integrate additional challenging situations, such as palliative care, more consistently. Similarly, work is progressing to more effectively expand application clinical reasoning via the PPCP across the lifespan of patients; in addition to experiences with patients experiencing social determinates of health, or complex physical and mental health comorbidities. The steady improvement in PCOA scores in the clinical sciences over the past three years may be an indication of early success to improve clinical reasoning skills through recent curricular changes.

APPE Preparedness

The College has dedicated a six-week block to assess student readiness to enter APPE rotations. AACP has recognized the Pre-APPE Readiness (PAR) Block for with an award for Excellence in Assessment – Honorable Mention 2018.

The mission of the PAR Block is to assure students' confidence, competence, and readiness to integrate into collaborative healthcare settings. This assurance is based on demonstrated ability to apply the necessary knowledge, skills, attitudes, and values inherent to the profession and is assessed via educationally sound assessment strategies. The PAR Block has unique features that set itself apart from other programs as it utilizes both formative and summative assessments, cumulating in the development of an individualized Personal & Professional Development Plan. After the PAR Block, each student receives individual, and cohort comparison, performance data enabling them to identify areas of strength and weakness. The PAR Block includes four paper exams (Law, Calculations, Prescription Readiness Assessment Test – RxRAT, and the PCOA). Students also complete an ambulatory care (AmCare) case with a standardized patient, AmCare SOAP note, acute care case presentation, short verbal drug information response, and longer written drug information assessment. The PAR Block also includes several formative activities that round out student self-reflection and readiness for APPEs. These small group sessions include Ethical and Legal Decision Making and Complex Case Analysis discussions.

Outcomes of the PAR Block are tracked closely, and students who do not successfully pass assessments are reviewed to determine if individualized remediation plans based on their unique needs and situation are appropriate. PAR Block outcome trend data can be reviewed in the Data Briefs available onsite and noted in optional appendices.

Admission Criteria

The Admissions Committee is active in assuring integrity admissions requirements, and criteria defined by the faculty are followed. A formal review of the admissions policies and procedures is conducted annually, and the necessary adjustments addressed. Characteristics of each entering class are presented annually to the faculty.

The Admissions Committee has made several adjustments to assure that candidates have the academic and personal strengths to be successful in the professional program and as pharmacists upon graduation. Additionally, a Recruitment Coordinator was hired recently to assure that the numbers of strong candidates will continue and to expand the applicant pool.

The entering GPA of newly admitted candidates has been relatively stable, and the College has increasingly encouraged students to complete their undergraduate degree, allowing the Admissions Committee to evaluate overall academic strength. The introduction of the Multiple Mini Interview process has provided a more holistic evaluation and is beginning to expand the diversity of entering classes. There continues to be a low attrition rate (3.36% for classes admitted in 2007-14). Of students that left the program, almost 60% did so for personal reasons: 25% were academic, and 17% were behavioral. Finally, we continue to aspire to improve the number of students successfully obtaining residencies. The College had a 64% match rate for PGY1 residencies, on par with the national average. Overall, 28% of the 2019 graduating student cohort was successful, consistent with previous years, and higher than the national average.

Documents

Assessment of Elements: Structure and Process

Required Documentation and Data

The college or school's assessment plan (or equivalent).

- Assessment Plan 2019-2020.pdf

List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan.

- Assessment Committee Charter & Members - AY 19-20.pdf

Examples of instruments used in assessment and evaluation (for all mission-related areas).

- Faculty Self-Evaluation.pdf
- Faculty Annual Review.pdf
- Faculty Peer Observation Checklist.pdf
- 2017-18 College Annual Report to Provost.pdf
- 2018-2019 Pharm Science Schloraly Activity Report.pdf
- Oregon State Guidelines for Review of Graduate Programs
- PhD Program Assessment Report to University 2019.pdf

Complete Data Set from the AACP Standardized Surveys
Note: Data related to specific standards are also presented under the applicable standard. Composite data are provided under this standard for additional reference.

Graduating Student Survey Summary Report (all questions).

- 2019 Graduating Student Survey.pdf
- 2018 Graduating Student Survey.pdf
- 2017 Graduating Student Survey.pdf

Faculty Survey Summary Report (all questions).

- AACP Faculty Survey Data - National Comps Three Year Trend.pdf
- AACP Faculty Survey Data - Peer Comps Three Year Trend.pdf
- 2019 Faculty Survey.pdf

Preceptor Survey Summary Report (all questions).

- 2019 Preceptor Survey.pdf
- 2018 Preceptor Survey.pdf

Alumni Survey Summary Report (all questions).

- 2019 Alumni Survey.pdf
- 2018 Alumni Survey.pdf

Responses to Open-Ended Questions on AACP Standardized Surveys

Graduating Student Survey: Responses to Open-Ended Question 80

- No files.

Faculty Survey: Responses to Open-Ended Question 45

- No files.

Preceptor Survey: Responses to Open-Ended Question 44

- No files.

Alumni Survey: Responses to Open-Ended Question 48

- No files.

Required Documentation for On-Site Review

No applicable required documents for this Standard.

Optional Documentation and Data

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

- Assessment Reports That Will Be Available Onsite.pdf

Oregon State University
College of Pharmacy