Accreditation Council for Pharmacy Education Self-Assessment Instrument
for the Professional Degree Program of Colleges and Schools of Pharmacy
Form for Standards 2016

Purdue University
College of Pharmacy

September 2019

College or School's Overview

The college or school is invited to provide an overview of changes and developments related to the program and the college or school since the last comprehensive on-site evaluation. The summary should be organized by the three sections of the Standards.

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Over the past eight years, the Purdue College of Pharmacy has continued to advance its mission of preparing the next generation of leaders in pharmacy. This mission is accomplished through strategic investments in our Doctor of Pharmacy program with the goal to exceed the ACPE Standards 2016.

Educational Outcomes

- In 2012, we implemented a fully revised Pharm.D. curriculum. The new curriculum was developed as a clinically-intensive doctoral program grounded in basic science and fundamental problem-solving that supports student development of advanced clinical knowledge and professional skills. The curriculum has been mapped to the CAPE outcomes and aligns with the Pharmacist Patient Care Process. (Standard 1)

- A key element of the revised curriculum is a six-semester Professional Program Laboratory (PPL). Active and hands-on learning approaches are used to reinforce basic knowledge presented in our didactic courses. The PPL is also used to reinforce IPPE and IPE experiences. (Standard 2)

- To assess individual student professional development across the curriculum, an Annual Performance Evaluation (APE) process was implemented. The APE uses quantitative and qualitative information prepared by students to assess development in areas such as leadership, communication, and professionalism. Using a rubric, faculty provide feedback to students annually with the intent to promote further professional development. (Standard 4)

Structure and Process to Promote Achievement of Educational Outcomes

- In 2018, faculty approved a new strategic plan developed through broad stakeholder engagement. Key alumni with significant executive experience and thus, familiar with strategic planning, chaired task forces that were charged with developing aspirational goals and an initial set of strategic initiatives. (Standard 7)

- In 2017, Dr. Eric Barker was appointed to the position of Dean, replacing Dean Craig Svensson who returned to the faculty after 11 years of service. Dr. Barker has been on the Purdue faculty since 1998 and most recently served as Associate Dean for Research. Several other administrative changes have occurred over the past eight years, including Sr. Assoc. Dean Holly Mason returning to the faculty in 2018. The responsibilities of this position are now shared between the Associate Dean for Academic Affairs and Assistant Dean for Learning & Assessment. In July 2019, we hired an Assistant Dean for Student Services, replacing the retiring Director of the Office of Student Services. Although there has been major turnover in senior administration, the College leadership has a strong commitment to the highest level of excellence and enjoys significant collegiality. (Standard 8)

- In the 2017-18 academic year, we began implementation of the Interprofessional Education (IPE) TEACH curriculum in collaboration with health profession colleges at the Indiana University Health Sciences campus in Indianapolis. This comprehensive IPE curriculum, under the leadership of IPE Director Dr. Zachary Weber, provides our students with a structured set of learning activities performed in conjunction with various prescribers, other healthcare professionals, and their students. (Standard 11)

- We have created a Career Development office that provides important resources for students as they engage in career planning and preparation. A major concern in campuses across the U.S. is

issues related to student stress and mental health. While many of our students take advantage of campus resources for mental health wellness, we have initiated programmatic efforts to proactively address overall student wellness. (Standard 14)

- The present 1960's era Pharmacy Building suffers from inadequate instructional spaces for advanced clinical training as well as insufficient infrastructure to support modern research. In Spring 2019, we updated our Master Facility Plan resulting in a plan for a collaborative pharmacy-nursing educational facility. A series of interdisciplinary life sciences research buildings has also been conceived to support the basic science faculty in the College. In the near term, we have taken advantage of new classrooms in the Wilmeth Active Learning Center as well as renovated classrooms and a new student commons and collaboration space in the Pharmacy Building. (Standards 21 and 22)

Assessment of Standards and Key Elements

- Programmatic assessment is a priority. A standing Assessment Committee under the leadership of our Senior Associate Dean Holly Mason has been responsible for a systematic collection of curricular and student outcome data. In collaboration with the Pharm.D. Curriculum Committee, Admissions Committee, Experiential Learning Advisory Committee, Office of Student Services, and the College Executive Committee, accumulated data has been reviewed and used to guide programmatic improvements. As of Fall 2018, this effort is led by the newly created position of Assistant Dean for Learning and Assessment. (Standards 24 and 25)

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

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In July 2017, Dean Eric Barker appointed Drs. Patricia Darbishire (Currently Associate Dean for Academic Affairs and Clinical Professor of Pharmacy Practice) and Kevin Sowinski (Professor of Pharmacy Practice) to co-chair the Purdue University College of Pharmacy Self-Study Steering Committee. At the initial meeting, Dean Barker, Drs. Darbishire, Sowinski and Holly Mason (Former Senior Associate Dean and Chair of the previous College of Pharmacy Self-Study Steering Committee) identified potential steering committee members and chairs of the eight related sections of the Standards 2016 document. Senior faculty with a broad knowledge of the College were identified to lead each of these sections. The chairs and sub-committee members were appointed by Dean Barker in early 2018.

The eight sub-committees each consisted of a core group of faculty and staff as committee members who served as writers of the initial drafts of the self-study sections. Additional committee members served as readers who had the responsibility of critically evaluating the initial drafts of the self-study sections. In addition, students were named as members of select self-study committees, and additional students and alumni reviewed sections of the document and provided feedback, as appropriate (Appendix 0.1).

The self-study officially launched in May 2018 as part of a college-wide faculty retreat. J. Gregory Boyer from ACPE made a presentation on the accreditation process and standards. Following the presentation, the self-study committees had an initial meeting to review the standards and discuss plans for addressing their section. Following the retreat, the committees began to gather data and documents that were needed to begin drafting the self-study sections. The Steering

Committee co-chairs attended ACPE's August 2018 Self-Study Chairs Workshop in Chicago. The steering committee met in August 2018 and established the general process and timeline for completing the self-study.

The self-study committees met regularly in person during the fall 2018 semester and information was exchanged via e-mail on numerous occasions. An initial draft was developed for each section and provided to the committee readers in November 2018. Comments were provided by December 15, 2018, and revisions made and a second initial draft of each section was submitted to the self-study co-chairs by January 30, 2019. The self-study co-chairs provided comments and final draft of each section was submitted by April 1, 2019. The eight sections were compiled into a single document which served as an initial draft of the complete document.

A complete draft of the self-study was made available to faculty in early May 2019 for comments and suggestions. A faculty retreat was held in May 2019, during which each section sub-committee chair led a discussion of their section, followed by breakout discussions of each section. Following the retreat, final copy editing continued along with updating of appendices where needed. The self-study report was compiled on August 9, 2019, and made available to faculty. A faculty meeting was held on August 23, 2019, to allow for additional comment. An anonymous vote of the faculty to endorse the report was conducted electronically late August 2019 and faculty unanimously endorsed the document and its findings. The self-study report was made available to the Executive Committee for final review and discussion at a retreat in August 2019 and was posted on the College web site. Purdue participated in a reciprocal mock site visit with the University of Wisconsin-Madison School of Pharmacy – also preparing for accreditation, and in September, 2019, Dean Barker submitted the report to ACPE.

At the first faculty meeting in September 2019, a verbal report outlining the final submission as well as upcoming accreditation events was planned for faculty and staff. The self-study process was inclusive and transparent. It involved all faculty and staff members in the College. Students and alumni were consulted by the self-study section committees in drafting the self-study sections as needed. The final self-study document was made available to students in the professional program and to College alumni. Members of the Deans Advisory Council and Minority Advisory Council were alerted to the availability of the posting of the self-study document on the College website.

Documentation

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

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

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

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

Standards	Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
SECTION I: EDUCATIONAL OUTCOMES				
1. Foundational Knowledge	☑	☐	☐	☐
2. Essentials for Practice and Care	☑	☐	☐	☐
3. Approach to Practice and Care	☑	☐	☐	☐
4. Personal and Professional Development	☐	☑	☐	☐
SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES				
5. Eligibility and Reporting Requirements	☑	☐	☐	☐
6. College or School Vision, Mission, and Goals	☑	☐	☐	☐
7. Strategic Plan	☑	☐	☐	☐
8. Organization and Governance	☑	☐	☐	☐
9. Organizational Culture	☑	☐	☐	☐
10. Curriculum Design, Delivery, and Oversight	☑	☐	☐	☐
11. Interprofessional Education (IPE)	☐	☑	☐	☐
12. Pre-Advanced Pharmacy Practice Experiences (Pre-APPE) Curriculum	☑	☐	☐	☐
13. Advanced Pharmacy Practice Experiences (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	☑	☐	☐	☐
SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS				
24. Assessment Elements for Section I: Educational Outcomes	☑	☐	☐	☐
25. Assessment Elements for Section II: Structure and Process	☑	☐	☐	☐

Section I
Educational Outcomes

Standard No. 1: Foundational Knowledge: The professional program leading to the Doctor of Pharmacy degree (hereinafter "the program") develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ ~~Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data~~ **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)* – **N/A**

☐ ~~Performance of graduates (passing rates of~~ **first-time candidates** ~~on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years~~ **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)* ~~Template available to download~~ – **N/A**

☑ Performance of graduates (passing rate,_, Competency Area 1[1] scores, Competency Area 2 scores, and Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years Template available to download. **See Appendix 1.3**

☑ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years Template available to download. **See Appendix 1.4**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ Analysis of student academic performance throughout the program (e.g. progression rates, academic probation rates, attrition rates) . **See Appendices 17.2 and 17.4**

☑ AACP Standardized Survey: Students – Questions 12-14, 77. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptors – Questions 19-21. **See Appendix 1.6**

☑ AACP Standardized Survey: Alumni – Questions 26-28. . **See Appendix 1.7**

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

Optional Documentation and Data:

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

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

	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.	x	○	○

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

☑   A description of the breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum, and the strategies utilized to integrate these components

☑   How the college or school integrates the foundational sciences to improve student ability to develop, integrate and apply knowledge to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care

☑   How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑   Any other notable achievements, innovations or quality improvements

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

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The basic science foundation for pharmacy is initiated and emphasized in courses required as part of the pre-pharmacy curriculum shown in Appendix 1.1. Entering freshmen on the West Lafayette campus enroll in a Pre-Doctor of Pharmacy curriculum offered within the pharmaceutical sciences major. This non-degree seeking curriculum is specifically designed for students preparing to apply to the professional program, although participation in the pre-pharmacy curriculum does not guarantee admission. In the pre-pharmacy curriculum, the organic chemistry sequence, the biochemistry course, and the immunology course are all taught by faculty from the College of Pharmacy. Faculty from the

College also serve as liaisons for other courses in the pre-pharmacy curriculum provided by other colleges on campus, ensuring coordination of material. Students completing their pre-pharmacy curriculum on the West Lafayette campus can also take an orientation to pharmacy practice course (PHPR 10000) and have the option of taking a second orientation course (PHRM 20000) to better prepare them for admission into the professional program.

Knowledge gained through the pre-pharmacy curriculum provides a basic foundation that continues to be increased and enhanced through the didactic courses in the professional program. The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are interwoven and integrated throughout the didactic curriculum (P-1through P-3 years; see Appendices 1.1 and 1.2). The P-1 year advances student learning in the biomedical and pharmaceutical sciences through courses in biochemistry, pathophysiology, pharmaceutical dosage forms and pharmacokinetics. The social, behavioral and administrative sciences are introduced through a course in health care systems, and courses in patient counseling and patient-centered care develop clinical knowledge and skills. The P-2 year further develops learning in the biomedical, pharmaceutical and clinical sciences through courses in therapeutics and pharmacogenomics. Knowledge of the social, behavioral and administrative sciences is advanced in the P-2 year through courses in population health management, drug information, and public health pharmacy. The P-3 year provides advanced materials in the biomedical, pharmaceutical and clinical sciences through courses in biotechnology, parenteral dosage forms and therapeutics. Advanced training in the social, behavioral and administrative sciences is also provided in the P-3 year through courses in informatics, health policy, management and marketing, and jurisprudence. Throughout the didactic curriculum, a series of six laboratory courses reinforces the principles learned in the classroom, and six interprofessional education experiences (IPE) integrate students into healthcare teams. The

Introductory Pharmacy Practice Experiences (IPPE) in the P-1 through P-3 years connect the didactic material to the practice environment.

A number of strategies are employed to integrate the various components of the curriculum. First, the scientific foundation is developed in the pre-pharmacy curriculum and carried through the professional curriculum. Second, the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are integrated temporally in the professional curriculum, with each type of component appearing in each of the P-1, P-2 and P-3 years. Third, the exercises in the laboratory course sequence are designed to reinforce and integrate information presented in the classroom. Finally, the IPPE and IPE experiences occur in each semester of the P-1, P-2 and P-3 years, helping students relate and apply didactic content to the practice setting.

The integrative strategies described above are used to improve students' abilities in each of these critical areas, which are further emphasized in didactic courses focusing on each area, and in co-curricular activities. For example, students' abilities to evaluate the scientific literature are specifically developed in the P-2 year in the Principles of Drug Information and Literature Evaluation course (PHRM 84800). In each subsequent semester of the curriculum after PHRM 84800, targeted activities are designed within the professional practice laboratories to reinforce and advance student understanding of the principles of literature evaluation and evidence-based practice. These activities range from exercises involving the appropriate use of contemporary drug information resources to develop timely responses to drug-related questions, to activities that include interpreting and applying information from published literature to specific case-based and population-based scenarios. Literature evaluation discussion topics are intentionally planned to coincide with the current topic being covered in the concurrent integrated pharmacotherapy course. The students' abilities to explain drug action are first developed in the Principles of Pathophysiology and Drug Action course (PHRM

83400) in the P-1 year, then advanced in the Integrated Pharmacotherapy sequence (PHRM 82500, 84400, 84500, 86400, and 86500). The five semester integrated pharmacotherapy sequence starts in the spring of the P-1 year and is organized by body systems and disease states based on the American College of Clinical Pharmacy (ACCP) Didactic Toolkit Tier 1 and Tier 2 topics (https://www.accp.com/docs/positions/misc/Toolkit_final.pdf). Basic and clinical sciences are integrated for each topic; starting with disease pathophysiology, pharmacology and drug action and moving to clinical application and practice. Students' abilities to solve therapeutic problems, particularly those involving mathematical and quantitative reasoning, are developed in the Pharmaceutical Calculations (PHRM 83400) and Principles of Pharmacokinetics (PHRM 83500) courses, then carried through the integrated pharmacotherapy sequence, the laboratories, and the IPPE and IPE. As students progress through the integrated pharmacotherapy sequence, they are able to apply foundational knowledge and skills to case-based scenarios that require dose calculations and clinical problem solving within each semester of the professional program laboratories.

Students' abilities to advance population health are developed in courses in Health Care Systems (PHRM 83100) and Population Health Management (PHRM 84900), then put into practice through co-curricular activities (see Standard 3 for detailed listing of co-curricular opportunities) such as campus immunization clinics and in the College's Boiler WoRx program (https://boilerworx.pharmacy.purdue.edu/), which is designed to utilize pharmacy students and area healthcare professionals to make a public health impact in the areas of Indiana hardest hit by the opioid crisis.

The curriculum as a whole is directed toward advancing patient-centered care, and students' abilities to interact effectively and compassionately with patients are developed in Pharmacy Skills

and Patient Counseling (PHRM 82200), in the Introduction to Patient-Centered Care (PHRM 82600), in counseling-focused laboratory exercises and counseling competitions, and in IPPE and IPE experiences. All courses in the professional curriculum are mapped to the Pharmacists' Patient Care Process (PPCP), as described below.

A revised professional curriculum was implemented by the College in the fall semester of 2012. Unlike previous changes to the curriculum, this effort involved dissolving existing courses and building a new curriculum based on the College's professional outcome ability goals; the ACPE Accreditation Standards, Guidelines, and Appendices adopted in January 2006; the CAPE education outcomes; reports from the Institute of Medicine; and the input of students, faculty, alumni, and advisory groups regarding anticipated trends and developments in pharmacy and healthcare. Courses in the professional curriculum are mapped to the College's Professional Outcome Ability Goals, which were developed from and are consonant with the CAPE Educational Outcomes (M.S. Medina et al., *Am. J. Pharm. Ed.*, 77/8: 162, 2013). Courses in the professional curriculum are also mapped to the Pharmacists' Patient Care Process (PPCP) (Joint Commission of Pharmacy Practitioners, May 29, 2014, https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf), and each course syllabus identifies specific components of the College's Professional Outcome Ability Goals and the PPCP that are developed and emphasized in that course. Mapping each course to AACP's Core Entrustable Professional Activities (EPA) for New Pharmacy Graduates (https://www.aacp.org/resource/entrustable-professional-activities-epas) is currently underway.

The College strives for continuous improvement in the rigor, relevance and overall quality of the professional curriculum, in order to continue to provide outstanding professional preparation for our students, enabling them to best meet the needs of their patients. This commitment to ongoing

innovation and improvement can be demonstrated in several critical areas. The College seeks to ensure that the scientific foundation of the professional program incorporates advances that will affect professional practice now and in the future. Examples of improvements in this area include the addition of a course in pharmacogenomics (PHRM 84700) and the recent hiring of a new assistant professor, Dr. Sandro Matosevic, with expertise in cell-based therapies. The College also strives to better integrate the foundational sciences with clinical practice in the professional program. In addition to the complete redesign of the curriculum to address this objective, as described above, both basic science and clinical faculty have been included in the revised pharmacokinetics course, a more granular example of integration. In addition, the curriculum committee and the faculty have recently evaluated the order of presentation of topics in the therapeutics sequence, with the goal of better aligning therapeutics topics with the IPPE experience. The College is also seeking to broaden the elective offerings available for Pharm.D. students, many of which are directed toward preparing students for advanced clinical practice. New or redesigned electives in the professional curriculum include courses in nuclear pharmacy, ambulatory care, oncology, the treatment of addiction, Medicare, diabetes, psychiatric pharmacy, formulary management, and emergency medicine. Similarly, the College is beginning to address a desire for greater pharmaceutical industry opportunities among our professional students, an issue largely being addressed by Dr. Brian Shepler, Assistant Dean for Engagement and Partnerships and Director of Advanced Pharmacy Practice Experiences, as he seeks to identify APPE sites in the industry. At an administrative level, the newly created position of Assistant Dean for Learning and Assessment, and the appointment of Dr. Kim Plake to the role following a national search, are evidence of the College's ongoing commitment to monitor and improve the professional curriculum. Before this position was created, these activities were carried out by the Associate Dean for Academic Affairs. In addition, the

Curriculum Committee has initiated a rolling formal review of the Pharm.D. curriculum, in which a particular semester of the curriculum is reviewed by the Committee once every four years. Recommendations from the Committee's review are communicated to the course coordinators, who have a year to implement or respond to the changes.

The AACP standardized survey questions related to Standard 1 ask graduating students (G) (referenced in Appendix 1.5), preceptors (P) (referenced in Appendix 1.6), and alumni (A) (referenced in Appendix 1.7) to rate the degree to which they agree or disagree that graduates of the professional program can: (i) apply knowledge from the foundational pharmaceutical and biomedical sciences to the provision of patient care (questions G12, P-19, A26), (ii) apply knowledge from the clinical sciences to the provision of patient care (questions G13, P-20, A27) and (iii) evaluate scientific literature (questions G14, P-21, A28). In the 2017 survey, the percentages of Purdue students, preceptors and alumni who selected "strongly agree" or "agree" as their responses to these questions were above the national average for all three questions and all three response groups. The greatest positive deviations from the national average were for the evaluation of scientific literature (iii); graduating students, preceptors and alumni showed levels of agreement of 93.4 to 98.5%, which are consistent with and slightly higher the national average. In addition, Purdue alumni (A) were above the national average in agreeing that they can apply knowledge from the clinical sciences to the provision of patient care (ii). Purdue graduating students were near the national average in the agreement with the statement "I am prepared to enter pharmacy practice" (question G77), with 95.5% of Purdue students selecting "strongly agree" or "agree" which is in line with the national average. Overall, data from the AACP surveys support the assertion that graduates of the professional program can apply knowledge from the pharmaceutical, biomedical sciences and clinical sciences to the provision of patient care, and can evaluate scientific literature.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance.
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 2: Essentials for Practice and Care: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework. **See Appendix 2.1a-h**

☑ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE). **See Appendix 2.2**

☑ Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE). **See Appendix 2.3**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Students – Questions 15-19. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptors – Questions 22-26. **See Appendix 1.6**

☑ AACP Standardized Survey: Alumni – Questions 29-33. **See Appendix 1.7**

Optional Documentation and Data: (Uploads)

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

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

	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).	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○

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

☑ How the college or school supports the development of pharmacy graduates who are able to provide patient-centered care

☑ How the college or school supports the development of pharmacy graduates who are able to manage medication use systems

☑ How the college or school supports the development of pharmacy graduates who are able to promote health and wellness

☑ How the college or school supports the development of pharmacy graduates who are able to describe the influence of population-based care on patient-centered care

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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

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Several required courses focus on engaging students in the role of the pharmacist for providing patient-centered care. Of note is the emphasis on practice-based competencies and the various components of the Pharmacists' Patient Care Process (PPCP). Starting in the P-1 year, students are introduced to topics surrounding the support of patient-centered care in Introduction to Patient-Centered Care (PHRM 826). Content includes conducting effective patient interviews, identifying drug-related problems, documenting care plans, practicing in a culturally competent manner, communication and behavior change, medication therapy management, physical assessment skills, motivational interviewing skills, and introduction to disease states. This content is further reinforced throughout the Professional Program Labs (PPL) sequence in each subsequent semester. During the IPPE experience, students are exposed to practice settings early in the curriculum as described in Standard 12.

The two-credit PPL course offered each semester provides activities designed to promote integration and reinforcement of content from didactic courses. PPL also supports the development and demonstration of competency in core practice skills required for patient-centered care as students advance through the curriculum. Topics covered in PPL are intentionally sequenced with disease states covered in the Integrated Pharmacotherapy courses. The PPCP has been incorporated into a variety of labs in all three years of the curriculum. Most notably, the "Applying PPCP to Documentation" lab help students connect the components of the PPCP to different forms of documentation specifically related to SOAP notes, care plans and progress notes.

A variety of teaching and learning strategies have been employed across the PPL sequence. Topics related to the essentials for practice and care include: patient counseling and provider communication simulations; motivational interviewing; immunization certification; basic life support certification; documentation; drug therapy problem identification, prioritization and resolution; point-of-care testing; collection of patient information through the use of a teaching electronic medical record (tEMR); sterile and nonsterile compounding; use of drug information resources; journal clubs; multi-disease state cases; patient safety and informatics; and sex, gender, and reproductive health. Students have at least one simulated counseling patient encounter in each lab, with many semesters having multiple mock patient encounter opportunities. These mock patients immediately provide students with feedback regarding their intervention strategies and communication skills. Many of these exercises are video recorded for the student to review and self-critique.

Performance-Based Assessments (PBAs) are conducted at least twice a year. PBAs reinforce the content and skills learned in PPL and provide the students with an opportunity to demonstrate skill competency. All students are required to pass each PBA station to successfully pass the course.

Remediation assessments are in place for students who do not achieve the minimum passing score for each lab. (See Standard 10 for PBA skills assessed in PPL.)

The Integrated Pharmacotherapy sequence, a series of six-credit courses beginning in the spring semester of the P-1 year, is core to the professional curriculum and serves as the foundation for required knowledge to practice patient-centered care. The integrated pharmacotherapy courses are highly integrated with Pharmacology and the PPL sequence. Various components of the PPCP process are delineated within the course objectives and the corresponding professional program outcomes. Students are expected to understand the underlying pathophysiology of diseases, and the current and developing therapeutic strategies that are used to manage them. Aspects of patient-centered care emphasized in the course are:

- evaluating therapeutic alternatives for various disease states;

- designing patient-specific therapeutic regimens;

- assessing the effectiveness of therapy based on clinical and laboratory parameters;

- interpreting patient case summaries and patient information from tEMR databases; and

- demonstrating critical thinking and decision-making skills to develop a process for recognizing, analyzing, and resolving a drug therapy related problem.

Instructors utilize patient cases discussions throughout the sequence to further develop a focus on patient-centered care. Students are required to receive a passing grade (i.e., final grade $\geq$ C-) in each integrated pharmacotherapy course to progress to the next course in the sequence.

Other courses that integrate the concept of patient-centered care include Drug Information and Literature Evaluation (PHRM 848), Patient Safety and Informatics (PHRM 868), and Introduction to Advanced Pharmacy Practice Experience (PHRM 867). In the P-2 year, students learn the fundamental skills needed for the provision of drug information in any setting of pharmacy practice in

Drug Information and Literature Evaluation (PHRM 848). Emphasis is placed on the retrieval, evaluation, interpretation, and practical implications of drug information and primary medical literature on the delivery of patient-centered care. Students are instructed to use a systematic approach for answering drug information questions with primary emphasis on the fact that most drug-related questions originate from a specific patient situation. Students are required to demonstrate effective verbal communication skills in obtaining pertinent background and patient-specific information when receiving a formal drug information request. Students also review recently-published journal articles that correspond to disease state content that is being covered in the concurrent Integrated Pharmacotherapy course. This allows discussion of the clinical application of study results through the use of patient scenarios. As a new initiative in 2018, students have access the tEMR to find relevant patient-specific information for a case related to the drug information question. The goal of this activity is to highlight the importance of providing drug information that is specific to the patient, reinforcing the importance of patient-centered care.

During the P-3 year, the course Patient Safety and Informatics (PHRM 868) covers topics in patient safety and informatics that are essential for effective and safe pharmacy practice and patient-centered care. A variety of teaching methods have been employed in this course, including:

- activities to apply the topics of human factors, data analytics, and usability;
- a group project where students analyze a patient safety case and present the case along with safety causes and proposed safety solutions; and
- use of MedWatch software to report an adverse drug event.

Students also gain experience with interpreting newsletters published by the Institute for Safe Medication Practices. These initiatives equip pharmacy graduates with skills to provide effective, safe, and patient-centered care.

Before APPE, the course Introduction to Advanced Pharmacy Practice Experience (PHRM 867) is taken by all P-3 students. Utilizing a variety of activities such as case studies, group work, evaluations and assessment, review of therapeutic topics, and student/preceptor panel interaction, students are prepared with tools needed to be successful APPE students.

Graduating students consistently excel in all aspects of professional competencies relate to Essentials for Practice in Domain 2, as evident from AACP Standardized Survey of Students three-year comparison data with public schools and all schools. In the last three years, 99.2% to 100% of the graduating Purdue students indicated they either agree or strongly agree on their ability to provide patient-centered care based on evidence-based best practices (Question 15) and 98.5% to 100% of the Purdue graduates indicated they agreed or strongly agreed that they are equipped to provide medication expertise as part of patient-centered care (Question 19).

Management of medication use systems is emphasized in Patient Safety and Informatics (PHRM 868). This presents medication errors and health informatics within the framework of the medication use process including the prescribing, transcribing, dispensing, administering, and monitoring steps of the medication use system. The goal is for students to be able to describe: 1) common systems and human-associated causes of medication errors at each step of the medication use process; and 2) what types of health informatics can be used for medication management at each step of the medication use process along with how these technologies can be used to provide safe, patient-centered care. Through this course, graduates also gain basic knowledge about how to effectively design information technologies for safe medication use, security considerations for health informatics, and all aspects of electronic health record systems.

In the last three years, 97% to 100% of the graduating students indicated they either agreed or strongly agreed that they could optimize the safety and efficacy of medication use systems to manage patient healthcare needs (Question 16).

Promotion of health and wellness is an underlying theme throughout the curriculum for both the College's students and the patients they will serve. A notable example of an innovative student wellness series, entitled "Prescription for Wellness" is integrated into the PPL sequence to support development of wellness and understanding. The wellness series emphasizes wellness of self in the P-1 year, wellness of others and community in the P-2 year, and strategies for a successful wellness transition to APPE rotations as well as lifelong wellness maintenance in the P-3 year. Phase I of the wellness series was implemented in Fall 2018, in which students develop individualized wellness and mental health action plans. Using the Bright IDEAs problem-solving process, students identify personal stressors, critically examine solutions, develop SMART goals to prevent and/or mediate their stressors, and implement specific strategies to achieve their goals as part of their individualized wellness plan. Students also develop a guided mental health action plan, stating courses of action to implement and who they will contact when experiencing signs or symptoms of depression, anxiety, or self-harm. Phases II and III of the wellness series, wellness of others and community and wellness maintenance, will be implemented in 2019-20 and 2020-21, respectively, to further promote patient-centered care and advocate for wellness of the community.

During the P-2 year, students are provided with a comprehensive overview of key public health and wellness principles and topics in Public Health Pharmacy (PHRM 827). The topics covered include health disparities, public health and policy, global health, tobacco cessation, substance abuse, health screenings, complimentary alternative medicine, chronic diseases, infectious diseases, and domestic violence. Topics and problem-based exercises are designed to foster competence in

students as they assume active roles and function effectively on their own behalf in health promotion and disease prevention, detection, and treatment. Additionally, within the PPL, students are required to complete APhA's Pharmacy-Based Immunization Delivery certificate training program and be certified to provide immunization services to all patients. The Immunization Delivery Certification Training Program further fosters the implementation of interventions that will promote disease prevention and public health and further support health and wellness of self, patients, and society.

In the last three years, 99.3% to 100% of the graduating students indicated they either agreed or strongly agreed that they could design strategies to manage chronic disease and improve health and wellness (Question 17).

During the P-2 year, students are introduced to population-based care within Population Health Management (PHRM 849). The course focuses on how population health data impact treatment protocols and reimbursement models along with the delivery of healthcare by large integrated health systems providing care in both the inpatient and ambulatory care settings. Core content covered include managed care principles, healthcare reimbursement and payment models, healthcare system models, principles of pharmaceutical outcome research, pharmacist roles in health systems and managed care, and the emerging role of specialty pharmacies in drug distribution. The concept of population-based management is also discussed in Principles of Pharmacogenomics (PHRM 847) as the students learn how population gene expression data can influence drug selection and provide patient-centric care. Activities in Drug Information and Literature Evaluation (PHRM 848) further support development of population health management understanding. Students can use acquired drug information and literature evaluation skills during a group project in which they develop a formulary drug monograph that includes a final recommendation for a mock health plan pharmacy

and therapeutics (P&T) committee incorporating appropriate clinical and economic comparisons between the newly approved medication and the currently available formulary agent.

During the P-3 year, in Patient Safety and Informatics (PHRM 868), skills with respect to population-based care are further strengthened through these topics: leveraging informatics for big data and data analytics; medication safety-related organizations; medication error reporting and regulatory agencies; informatics technologies for patient monitoring; and industry pharmacovigilance to monitor the safety of medications for patient populations.

In Practice, Management and Marketing (PHRM 869), students learn the essential concepts of practice management, innovation (including design and justification of progressive pharmacy services), and professional communication, collaboration, and teamwork with peers. Students are challenged to identify a health problem and create an innovative, pharmacy-based product or service to address the health problem.

In Health Care Systems (PHRM 831), students are provided with an overview of the social, economic, structural, demographic, and political forces that shape the delivery of health care in the U.S. and elsewhere. Ongoing changes in health care systems also are examined. Emphasis is placed on the evolving role of pharmacists and the challenges the profession faces. Ultimately, the course sets the stage for the student who is willing to personally accept the challenge of helping to define the future of the practice of pharmacy.

In the last three years, 96.8% to 97.7% of the graduating students indicated they either agreed or strongly agreed that they could assess the health needs of a given patient population (Question 19).

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 3: Approach to Practice and Care: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Examples of student participation in IPE activities (e.g. didactic, simulation, experiential). **See Appendix 3.1**

☑ Outcome assessment data summarizing overall student achievement of learning objectives for didactic course work. **See Appendix 2.1**

☑ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences. **See Appendix 2.2**

☑ Outcome assessment data summarizing overall student achievement of learning objectives for advanced pharmacy practice experiences. **See Appendix 2.3**

☑ Outcome assessment data summarizing overall student participation in IPE activities. **See Standard 11**

☑ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3. **See Appendices 3.2a-c**

☑ Outcome assessment data of student achievement of problem-solving and critical thinking. **See Appendices 2.1, 2.2, and 2.3**

☑ Outcome assessment data of student ability to communicate professionally. **See Appendices 2.1, 2.2, and 2.3**

☑ Outcome assessment data of student ability to advocate for patients. **See Appendix 2.2 and 2.3**

☑ Outcome assessment data of student ability to educate others. **See Appendices 2.1, 2.2, and 2.3**

☑ Outcome assessment data of student demonstration of cultural awareness and sensitivity. **See Appendix 2.1a**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Students – Questions 20-26. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptors – Questions 27-33. **See Appendix 1.6**

☑ AACP Standardized Survey: Alumni – Questions 34-40. **See Appendix 1.7**

Optional Documentation and Data: (Uploads)

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

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

	S	N.I.	U
3.1. Problem solving – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	x	○	○
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.	x	○	○
3.3. Patient advocacy – The graduate is able to represent the patient's best interests.	x	○	○
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.	x	○	○
3.5. Cultural sensitivity – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.	x	○	○
3.6. Communication – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.	x	○	○

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

☑ How the college or school supports the development of pharmacy graduates who are to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally

☑ How the college or school incorporates interprofessional education activities into the curriculum

☑ How assessments have resulted in improvements in patient education and advocacy.

☑ How assessments have resulted in improvements in professional communication.

☑ How assessments have resulted in improvements in student problem-solving and critical thinking achievement

☑ Innovations and best practices implemented by the college or school

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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Throughout the core curriculum, students are expected to demonstrate achievement of both programmatic outcomes and individual skills, abilities, values, and attitudes related to the professional outcomes. Problem-solving skills are emphasized in several didactic courses as described in Standard 2, through the use of example scenarios including pharmaceutical calculation problems, drug information questions, therapeutic patient cases, and medication error situations. Students are introduced to a systematic approach to problem-solving (i.e., the Bright IDEAS process) in PPL which can be applied across other courses to help students further develop their skills. Patient education and advocacy skills are developed in the PPL sequence through several mock patient encounter opportunities each semester. These skills are assessed using PBAs conducted once each semester. Patient education and advocacy skills are also incorporated throughout IPE experiences, and IPPE and APPE training. Collaboration is emphasized throughout the didactic curriculum, as students participate in several group projects within various didactic courses (i.e., Drug Information, Health Policy, Management and Professional Marketing, PPL, etc.). The College has adopted nine cultural competency goals for the curriculum (see Appendix 3.3). These goals have been mapped to the courses addressing each goal. The College has also recently developed a longitudinal intercultural learning map (see Appendix 3.4). The intercultural learning curriculum, as well as IPE experiences, IPPE, and APPE foster the importance of social determinants of health.

As noted on the AACP 2018 Graduating Student Survey Summary Report, students strongly agreed or agreed on these key principles: sound knowledge and problem solving skills (questions 12-20, 96-100%); ability to educate patients (question 21, 97%); capability to advocate for patients (question 22, 97%); ability to collaborate with other healthcare professionals (questions 23 & 46, 96-98%); proficiency in acknowledging the social determinants of health (questions 24-25 & 45, 88-99%); and utilize effective communication skills (question 26, 98%). The entire curriculum is based on a

strong basic science foundation that is integrated with pharmacy practice principles in order to create critical thinkers, problem solvers, effective communicators, team players, strong leaders, and compassionate practitioners. Outcome data for student achievement during the didactic curriculum, IPPE and APPE are provided in Appendices 2.1, 2.2, and 2.3, respectively.

The Team Education Advancing Collaboration in Healthcare (TEACH) 2.0 Interprofessional Education (IPE) Curriculum was implemented in the fall of 2017. Currently, IPE orientation occurs in the P-1 year, followed by Interprofessional Learning Anchors (IPLAs) occurring in each academic year (P-1 to P-4). To date, current P-1 students have completed two anchors (Fall 2018 and Spring 2019), while current P-2 students have completed four anchors (Fall 2017, Spring 2018, Fall 2018, and Spring 2019). Please refer to Standard 11 for more information about the incorporation of TEACH 2.0 IPE, the course syllabi, listing of activities for each of the IPLAs, and available outcome data.

Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE) allow the student to apply the knowledge, skills, and abilities learned in the classroom and PPL in a variety of settings. These experiences also engage the students in interprofessional education as they collaborate with physicians, nursing staff, and other healthcare professionals throughout their different rotations. Please refer to Standard 12 and Standard 13 for more information regarding IPPE and APPE educational activities and outcomes. Outcome assessment data for student achievement during IPPE and APPE are provided in Appendix 2.2 and 2.3, respectively.

Assessments have resulted in several improvements in advocacy and patient education. A recent example regarding advocacy occurred in the P-3 year Health Policy Applications (PHRM 87000) course. Students are introduced to current health policy topics and are assigned to work in small groups to participate in a live mock legislative hearing (i.e., debate). In the past, student groups

were assigned a specific health policy issue and assigned a position to advocate for; either in support or in opposition to the policy position. Feedback from students indicated a preference to work on specific issues they were passionate about, rather than assigned policy issues. This assessment resulted in a change to the course in 2018, where on the first day of class the instructor asked students to write down any health policy topic that they would like to see changed. The course coordinator chose the top five policy topics noted and created new lecture material for these topics. The student-identified topics were also used for the live mock legislative hearings (i.e., debates). Student perceptions of attainment of learning outcomes as well as overall course evaluations were improved when comparing 2017 and 2018.

An example of patient education improvements occurred within the PPL. In 2016, P-2 year students were assessed on their patient education skills utilizing PBAs at the end of the fall semester. Several students did not pass the PBA and were required to remediate. Data from student course evaluations indicated that students were not comfortable with their patient counseling skills. To fill this gap, additional patient education practice sessions were added into several of the case-based labs covering diabetes, hypertension, and anticoagulation for the 2017-2018 academic year. These included mock patient interactions, many of which are video recorded for student self-assessment. Additional details regarding the specifics of PBAs can be found in Standard 10. Student performance of patient education on end of semester PBAs has improved over the past two years as indicated by a reduced number of students failing and requiring remediation. In addition, students' course evaluations reflected positive feedback for the activities as well as the immediate feedback provided by faculty.

In 2016, the College of Pharmacy received feedback from preceptors that IPPE and APPE students were not confident enough in their interactions with other healthcare professionals. To

improve this, the PPL committee incorporated several activities to help foster additional experience and training prior to IPPE and APPE. P-2 students now have to respond to a drug information request in which the physician is not accepting of their initial recommendation. During the P-3 year, students practice responding to a pharmacokinetic consult. Simulating these real-world scenarios has allowed students to think ahead and be prepared for any typical responses from a provider. In addition to the PPL, IPE experiences have allowed students to interact with healthcare professionals from multiple disciplines, which has allowed more confidence amongst the students when communicating with providers.

Over the past 10 years, the College has utilized Multiple Disease State Assessment (MDSA) activities in the PPL to develop problem-solving and critical thinking skills. In recent years, these have been expanded to include our teaching Electronic Medical Record (tEMR). More recently, a Capstone Case subcommittee has been created as a standing subcommittee of the curriculum committee to lead the creation, delivery, and evaluation of patient cases within the Integrated Pharmacotherapy sequence. The subcommittee will lead capstone case discussions at the end of each Integrated Pharmacotherapy course to ensure application and reinforcement of content throughout the curriculum. Capstone Cases will provide targeted content review that integrates pharmacology and pharmacotherapy principles as well as cultural differences through the use of multidisciplinary and multi-disease state cases. There will be a concerted effort to link the Capstone Case to PPL and IPPE activities, with a focus on developing a student that displays APPE-readiness. A scaffolded learning approach, over the five semesters, will be used to cultivate critical thinking skills, cultural sensitivity, ethics, professionalism, re-enforcement of the PPCP, and development of an organized process for patient review/work-up.

A recent innovation has been the development of the Interprofessional Education (IPE) Program. Dr. Weber has been instrumental in organizing a collaboration between the College of Pharmacy and the Indiana University (IU) Interprofessional Practice and Education Center (www.ipe.iu.edu), which partners with universities and health care organizations throughout the state of Indiana including the IU College of Medicine, IU Master of Physician Assistant Studies, IU School of Nursing, and IU School of Physical Therapy. This innovative collaboration allows pharmacy students to interact with other healthcare professions students across the state. It has been an excellent experience for the students to enhance their problem-solving and communication and collaboration skills. Please refer to Standard 11 for additional information regarding the incorporation of TEACH 2.0 IPE.

As described earlier a best practice, the College of Pharmacy implemented PBAs in the PPL. These are conducted at least twice each academic year and serve to reinforce the content and skills learned in the integrated pharmacotherapy sequence and PPL. The PBAs provide the students with an opportunity to demonstrate skill competency as well as a mechanism to assess cumulative knowledge. All students are required to pass each PBA station to successfully pass the course. Remediation assessments are in place for students who do not achieve the minimum passing score for each lab. (See Standard 10 for PBA skills assessed in PPL.) Finally, assessments administered within each course of the integrated pharmacotherapy sequence include clinical material presented in previous modules to assess cumulative knowledge.

Another example of best practices involves the utilization of a teaching Electronic Medical Record (tEMR) within the Professional Programs Lab (PPL). The use of the tEMR has allowed students to practice maneuvering through an electronic medical record prior to starting IPPE and APPE experiences. It has allowed students the opportunity to understand the key components and

information available within electronic medical record systems, as well as understanding their limitations. It is being utilized to help facilitate problem-solving skills amongst our students.

Implementation of the intercultural learning/cultural awareness curriculum is another notable area of best practice related to helping students work across differences and create inclusive environments that take into account social determinants of health and diminishes disparities and inequities within health care (see Appendices 3.3 and 3.4). This program was designed to create global citizens that can work across cultural differences to provide the highest level of care to all patients. We believe this is an area of content and skill set that is forever evolving and requires threaded touchpoints with the students. As such, this curriculum has a longitudinal design so activities and assignments are being actively incorporated into all four years of the curriculum and within a variety of different courses each academic year. Participants spend time learning about and applying Hofstede's cultural dimensions to a variety of situations and also participating in activities within and outside of the classroom targeted at the four pillars of intercultural learning: awareness of self, awareness of others in context to self, emotional regulation, and perspective-shifting. At the beginning of the first year, participants complete an assessment, which provides individualized results and a development plan. The student creates an individualized intercultural development plan that is structured in a way that meets the student where they are and allows them to guide their own learning within this content area. Students will also be assessed at the end of the curriculum to showcase their growth within this skill set. Outcome assessment data for cultural awareness and sensitivity are provided in Appendices 2.1, 2.2, and 2.3.

The AACP 2018 Graduating Student Survey Summary Report (as noted above) and all of the above examples given in the report above highlight how the College is applying the guidelines for this standard in order to comply with the intent and expectation of the standard.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 4: Personal and Professional Development: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Outcome assessment data summarizing students' overall achievement of professionalism. **See Appendix 2.1b**

☑ Outcome assessment data summarizing students' overall achievement of leadership. **See Appendix 2.1b**

☑ Outcome assessment data summarizing students' overall achievement of self-awareness. **See Appendix 2.1b**

☑ Outcome assessment data summarizing students' overall achievement of creative thinking. **See Appendix 2.1a**

☑ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4. **See Appendix 3.2a-c**

☑ Description of tools utilized to capture students' reflections on personal/professional growth and development. **See Appendices 4.1 and 4.2**

☑ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning. **See Appendices 4.5, and 4.6**

☑ Outcome assessment data summarizing student achievement of learning objectives for didactic course work. **See Appendix 2.1**

☑ Outcome assessment data summarizing student achievement of learning objectives for introductory pharmacy practice experiences. **See Appendix 2.2**

☑ Outcome assessment data summarizing student achievement of learning objectives for advanced pharmacy practice experiences. **See Appendix 2.3**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Students – Questions 27-31, 33. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptors – Questions 34-37. **See Appendix 1.6**

☑ AACP Standardized Survey: Alumni – Questions 20, 41-44. **See Appendix 1.7**

Optional Documentation and Data:

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

- **See Appendices 4.7, 4.8, and 4.9**

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

	S	N.I.	U
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.	x	○	○
4.2. Leadership – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.	x	○	○
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.	x	○	○
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.	x	○	○

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

☑   Description of 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

[TEXT BOX] [15,000 character limit, including spaces] (approximately six pages)

Personal and professional growth development is first emphasized within the admissions process during which students are requested to provide examples of leadership, professionalism, career planning, and creative thinking within the application submission as well as through structured

questions during their on-site interviews. To capture current Pharm.D. students' reflections on personal and professional growth and development, the College adopted the Annual Performance Evaluation (APE) process in December of 2016. The APE process was developed by a faculty task force charged with creating a meaningful, straightforward approach to capture comprehensive, individual self-assessment of students as they progress through the Pharm.D. Program. Goals of the APE process include to 1) provide an opportunity for students to reflect on growth in key affective domain traits that are foundational to becoming a pharmacist 2) provide students with evaluative feedback on their growth using a rubric focused on the affective domain traits upon which they reflected, 3) utilize a group meeting to encourage students to share experiences and strategies related to their growth as a future professional, and 4) allow students to set action plan goals to further develop key affective domain traits.

The current APE process (Appendix 4.3) involves each student completing a guided self-reflection on self-awareness, leadership, professionalism, and career planning. After completing the self-reflection, students create a personalized action plan to address any identified areas of developing competence. The specific questions for the P-1 and P-2 year students can be found in Appendix 4.1 and 4.2).

A specific evaluation rubric was developed concurrently to assess student competence for their self-reported personal and professional development. This is provided to students to help guide their self-reflection. Self-reflection reports are submitted online through the PharmAcademic site, where they can be accessed by faculty and staff charged with evaluating student self-assessments. Self-reflection reports are evaluated according to the standardized rubric, and the individual evaluations are shared with students upon completion of the assessment. The next step in the process involves a meeting of the student with their evaluator and a group of 5 peers to review their performance and discuss potential

areas of improvement and growth in the coming year. The students use this feedback to help refine their action plan, which they then submit online through the PharmAcademic site. Students are expected to complete this self-evaluation annually, which provides structure and support to their ongoing personal and professional self-development and encourage lifelong learning. Students are also asked to reflect upon their personal and professional growth and development with each Interprofessional Education Learning Anchor (IPLA) experience and within both introductory pharmacy practice experience (IPPE) and advanced pharmacy practice experience (APPE) rotation reflections.

A variety of curricular and co-curricular experiences related to Standard 4 are available to students within each year of the curriculum (see Appendix 3.2). Consistent with the College's mission to develop future leaders in pharmacy, additional focus is provided on leadership. The College defines student leadership development as "an intentional, individualized effort to grow the ability of all student pharmacists to lead positive change with or without a title, delivered in a manner that encourages students' active engagement in leadership". Leadership development across the curriculum is based on the Social Change Model as a guiding framework (Appendix 4.5). The Social Change Model progresses and builds upon leadership value domains while incorporating feedback loops to earlier concepts. The first set of values emphasized include Individual Values or the development of personal qualities, self-awareness, and personal values. The model progresses to Group Values with a focus on collaboration and interaction between groups and the individual. Finally, Societal Values are incorporated to bring about change for the common good. Staff from the Purdue University Leadership and Professional Development Initiative were also consulted for integration of leadership opportunities with the broader campus-wide initiative to promote and document co-curricular leadership development.

Curricular experiences specifically related to developing competence in leadership are mapped to the Social Change Model as shown in Appendix 4.6. Activities within the P-1 year primarily focus on developing individual values, and with each subsequent year, additional focus is placed on group and societal values, until the P-4 year that is a balanced mix of all three Social Change Model value domains. In addition, all didactic courses that include leadership activities will indicate the objective for leadership development in the course syllabus. The faculty also approved appointing a leadership subcommittee with the charge of continued assessment of the leadership development plan. Additional elective curricular opportunities are also available for those interested in further enhancing their leadership skills (e.g., Pharmacy Innovation and Leadership forum, leadership elective course). A listing of all elective leadership activities is in development to serve as a reference guide for those interested in further leadership development (Appendix 4.7).

Students are exposed to the importance of professionalism starting with the new student orientation program conducted just prior to the start of classes. During orientation, students hear presentations on professionalism, professional etiquette and attend a luncheon with alumni. Students also learn the importance of state pharmacy organizations, how to build a resume, and watch a fashion show where current students provide examples of appropriate and professional attire. Later in the first semester, students participate in the White Coat Ceremony, a formal welcome for first-year professional pharmacy students into the profession of pharmacy and the Purdue Pharmacy family.

The Professional Program Laboratory (PPL) Program also stresses professionalism. The following statement is taken from the PPL syllabi: "Professional conduct, dress, classroom behavior, and respect are expected in all courses in the curriculum. A clean, white professional lab coat, a Purdue name badge, and appropriate attire are required while in the Professional Program Laboratory. Incidents of inappropriate or unprofessional behavior and/or dress may result in a point reduction for

the lab grade." Furthermore, the PPL sequence has mapped all lab activities to the Entrustable Professional Activities (EPAs) and highlights where instruction concerning EPAs occurs across the PPL curriculum (Appendix 4.8). Professional development continues to be emphasized and evaluated during IPPE, IPE, and APPE experiences.

A unique example highlighting professionalism in the workplace occurs in the P-3 year within Practice Management and Marketing of Professional Services (PHRM 86900). Students receive didactic information on issues related to human resources, including the management of conflict and other sensitive situations in the workplace. To reinforce the importance of objectivity and prepare the students to manage true to life issues, each student is assigned a human resources scenario. Based on information from class and their own perspective, students prepare an individual written response to the scenario. The scenarios include topics such as excessive absences allegedly due to progression of a chronic illness, disruption in the workplace possibly due to an emerging relationship between the community pharmacy store manager and a newly-hired pharmacist, apparent power struggle between a pharmacy manager and his/her district manager, a pharmacy student tweeting pictures of high-profile patients with comments on their drug therapy, and issues of respect associated with employee ethnicity. Students come to class prepared to be randomly selected to present their response to the scenario in front of the class for review and feedback from a panel of human resources experts comprised of representatives from Purdue including the Director of Human Resources, a conflict management specialist, a human resources generalist, and an attorney. Students are assessed on their performance via a written rubric (Appendix 4.9) and provided verbal feedback during the course.

The Professional Activity Observation Report is used by faculty, staff, administrators, preceptors, and others to document both outstanding and deficient professional skills, abilities, and behaviors of students. After completing and reviewing the contents with the student when appropriate, the individual

completing the report forwards it to the Associate Dean for Academic Affairs. If the student is on an APPE, a copy of the completed form is forwarded to the Office of Experiential Learning. The Associate Dean for Academic Affairs and/or the Assistant Dean for Experiential Learning may meet with the student for further follow-up. These forms track students' actions and behaviors while in the professional program and are destroyed following successful completion of the program.

Creativity, innovation, and entrepreneurship are also fostered in Practice Management and Marketing of Professional Services (PHRM 86900) when students work in groups to develop a business plan for a new program or service. The business plan is required to include a statement of problem or identified service gap, an environmental analysis using a SWOT analysis, scope of the new program or service, marketing plan, and a summary of the financial impact. Students present these business plans in teams to a group of evaluators and students to receive feedback on their creativity and feasibility of their proposal. Students are provided the opportunity to provide feedback to their peer teammates and self-assess on the learning experience.

With the implementation of the APE process, faculty can provide individual assessment to each student during each year of the didactic curriculum (i.e., P-1 to P-3) to foster improvements in professionalism, leadership, and self-awareness. Students are now actively involved in the process by developing their own personal action plan and tracking improvements longitudinally. Other improvements in personal and professional development have been made based on faculty assessment of student performance. For example, improvements in creative thinking have been noted in students enrolled in Practice Management and Marketing of Professional Services (PHRM 86900) while working on the business plan project noted above. In previous years, background scenarios and projects were provided to each student group. Course instructors noted that student creativity was minimal and most groups chose the same solution. In response to this assessment, groups are no

longer provided with assigned scenarios or background information. Class is begun with a general discussion of healthcare challenges and opportunities. Students individually identify five future challenges they think could be addressed. Groups then come together to debate and narrow the list down to one healthcare challenge to address. Study creativity has been enhanced significantly because the boundaries of practice site and scenario data were removed. For example, last year, one group decided there was a significant issue with knowledge about the use of certain medications in pediatrics that could be solved by improved academic training for pharmacists. They developed a virtual training course for pediatric medications.

Standardized AACP survey results indicate that a high number of graduating students from 2018, 2017, and 2016 agreed that they are able to examine and reflect on how their behavior and choices affect their personal and professional growth (91.7%, 97.7%, and 96.9%), accept responsibility for creating and achieving shared goals (96.2%, 97.7%, and 96.0%), develop new ideas and approaches to practice (87.1%, 90.9%, and 93.7%) and act in a manner that is consistent with the trust given to pharmacists by patients, other healthcare providers, and society (99.3%, 99.2%, and 99.2%). These results are consistent with the national average for all public universities ranging from 3.9% below the average for developing new ideas and approaches to practice to 4.7% higher than the average for accepting responsibility for creating and achieving shared goals, supporting the College's emphasis on leadership. Preceptor responses for Domain 4 questions were similar to those of students. Greater than 97.0% of 2017 alumni agreed with Domain 4 questions. This is approximately 5.0% higher than the national average for public universities and suggests that perception of competence changes once out in practice. Additionally, faculty and staff rated 83% of P-1 students participating in the 2017-2018 Annual Performance Evaluation (APE) as accomplished or developing in regards to self-awareness. Other categories evaluated included professionalism (66.0%), leadership (65.0%), and

career planning (56.0%). Results from the pilot year of the APE will be compared to data from subsequent years to determine and track trends within these identified categories.

The Annual Performance Evaluation represents an innovative approach the College has undertaken to further develop self-awareness, leadership, and professionalism within students as they progress through the Pharm.D. Program. The program was piloted with first-year professional students in the 2017-2018 academic year, first-year and second-year students in the 2018-2019 academic year, and will be progressively incorporated in subsequent years of the Pharm.D. Program (Appendix 4.10). Feedback from students and faculty regarding the APE process was collected each year and has resulted in improved clarity of the questions. Self-awareness, leadership, innovation and entrepreneurship, and professionalism are also emphasized outside of the APE process in the activities mentioned previously within this narrative. Additionally, the College has implemented a standalone interprofessional education course that includes these competencies and is described in detail within Standard 11.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☑ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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Expansion of the APE in 2018-2019 will encompass both P-1 and P-2 year. In 2019-2020, P-3 Pharm.D. students will be included in addition to reflections on interprofessional education, cultural competency, and wellness. Plans for more expansions of the APE program are included in Appendix 4.10.

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

Subsection IIA:
Planning and Organization

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

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ University organizational chart depicting the reporting relationship(s) for the Dean of the college or school**. See Appendix 5.1**

☑ Document(s) verifying institutional accreditation. **See Appendix 5.2**

☑ Documents verifying legal authority to offer/award the Doctor of Pharmacy degree. **See Appendix 5.3**

☐ ~~Accreditation reports identifying deficiencies (if applicable)~~

☑ Description of level of autonomy of the college or school. **See Appendix 5.4 (College of Pharmacy Constitution)**

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

    ☑ Or check here if no applicable deficiencies.

Required Documentation for On-Site Review:

☑ Complete institutional accreditation report (only if applicable, as above). **See folder on-site.**

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard. **See Appendix 5.5 (interim report)**

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

	S	N.I.	U
5.1. Autonomy – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college 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 is legally empowered to offer and award the Doctor of Pharmacy degree.	⊙	○	○
5.3. Dean's leadership – The college is led by a dean, who serves as the chief administrative and academic officer of the college and is responsible for ensuring that all accreditation requirements of ACPE are met.	⊙	○	○
5.4. Regional/institutional accreditation – The institution housing the college, or the independent college, 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 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.	⊙	○	○

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

☑ How the college or school participates in the governance of the university (if applicable)

☑ How the autonomy of the college or school is assured and maintained

☑ How the college or school collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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The College of Pharmacy is an autonomous unit within Purdue University. The Dean and

members of the College of Pharmacy faculty and staff actively participate in the governance of the

University. This includes, but is not limited to, the dean's membership on the provost's council of

deans, participation by associate deans in regular University-wide meetings with their respective colleagues (academic affairs, research, and graduate education), faculty participation in the University Senate, staff participation in Administrative and Professional Staff Advisory Committee (APSAC) and the Clerical and Service Staff Advisory Committee (CSSAC), and faculty and staff participation on University-level committees such as those for the graduate school and research, as well as other standing and ad hoc committees.

The College of Pharmacy is autonomous to the extent that all colleges within the University perform program evaluations and define and deliver their own curricula. The College also is free to develop bylaws, operational policies, and procedures, define professional student admission and progression standards, and manage human resources — including recruitment, development, and evaluation of staff and faculty. Details of these issues will be found under their respective sections. The College of Pharmacy Dean reports to the Provost, who reports to the President.

The Purdue University organizational structure is depicted in Appendix 5.1. Under this structure, the College reports an exemplary organizational working relationship with the Provost's office.

More broadly under this structure, the Dean is able to work closely with central administration to present the resource needs required to meet ACPE accreditation standards. However, as with most public universities, ongoing funding challenges exist due to relatively flat state funding. Despite these challenges, the Dean has worked effectively with the Provost, President, and Board of Trustees to secure resources needed to advance the mission of the College. Key examples of success are provided below, under "Any other notable achievements, innovations, or quality improvements."

In accordance with the guidelines for Standard 5, the Dean of the College of Pharmacy reports to the Provost, who determines the General Fund allocation to the College. This allocation is

determined by historical enrollment trends, curriculum needs, and requests for new initiatives that enable the College to be nimble in evolving with the professional landscape and corresponding ACPE accreditation standards and metrics.

One notable area that contributes to our programmatic improvements is efforts to update and expand the spaces in which we work. In fall of 2013, our Indianapolis-based faculty moved from the old Wishard Memorial Hospital to brand new space at Sidney & Lois Eskenazi Hospital, which is a LEED Gold-designated building (Leadership in Energy and Environmental Design) located on the Indiana University Medical Center at IUPUI (Indiana University Purdue University Indianapolis). Our Pharmacy Practice faculty actively participated in all aspects of designing the space, which features four interactive conference rooms, houses 26 faculty and four staff members, and serves as the home base for up to 10 graduate students and fellows and fourth-year Pharm.D. students (from both Purdue and Butler University) who are completing APPE rotations in Indianapolis (including but not limited to Eskenazi Health). Additionally, our laboratory-based Pharmacy Practice faculty relocated to the Personalized Medicine Institute at the Indiana University School of Medicine. This is a research-rich environment at the heart of the Indiana Clinical and Translational Research Institute, which has further enhanced our cross-University collaborations. This space includes four fully functional laboratories accommodating six trainees/laboratory personnel. There is one faculty office dedicated to Purdue, a conference room, and a trainee room that is shared with the Division of Clinical Pharmacology at the School of Medicine. The Department of Pharmacy Practice (PHPR) has a long history of collaboration with the division.

Although a much bigger challenge, ongoing efforts strive to replace the Robert E. Heine Pharmacy Building on the West Lafayette campus. In the meantime, new laboratory space has been acquired and renovated. A majority of the ground floor, occupied by IPPH faculty, has been renovated

to provide a suite of state-of-the-art manufacturing bays for teaching and research purposes, as well as improved lab and graduate student office space. In addition, Department of Industrial and Physical Pharmacy (IPPH) faculty and graduate students have benefited from renovated lab and graduate student office space on the first (Rm 107, 123) and fourth (Rm 418) floors of the RHPH building. As part of our involvement in the Purdue University Center for Cancer Research, renovated and new lab and office space has been acquired for six Department of Medical Chemistry and Molecular Pharmacology (MCMP) faculty members at the Hansen Life Sciences Research Building. New space has been attained for three MCMP faculty members in the Drug Discovery Institute, where the department takes a leading role, and four faculty members now occupy new laboratory space in the Hall for Discovery and Learning Research as part of the Purdue Life Sciences Institutes (Purdue Institute for Integrative Neurosciences and Purdue Institute for Inflammation, Immunology and Infectious Disease).

Perhaps in part because of our new and upgraded spaces, in recent years the College has successfully worked in tandem with the Provost's Office to recruit and retain outstanding faculty. With strong University support, we are able to offer attractive start-up and retention packages with robust benefits/retirement plans. Notably, in the past five years, the College has completed successful national searches for a new Dean and Department Heads in all three of our Departments, replacing one Head (Medicinal Chemistry and Molecular Pharmacology) who retired after 18 years with the University, one Head (Pharmacy Practice) who was promoted to Associate Provost for Engagement at Purdue after 17 years, and one Head (Industrial and Physical Pharmacy) who chose to step down after nearly 10 years but remains a member of our faculty within the College.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
• No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

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

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Vision, mission and goal statements (college/school, parent institution, and department/division, if applicable). **See Appendices 6.1, 6.2, 6.3, and 6.4.**

☑ Outcome assessment data summarizing the extent to which the college or school is achieving its vision, mission, and goals. **See Appendix 6.5.**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

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

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

	S	N.I.	U
6.1. College vision and mission – These statements are compatible with the vision and mission of the university in which the college 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'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's vision, mission, and goals.	⊙	○	○
6.5. Subunit goals and objectives alignment – If the college organizes its faculty into subunits, the subunit goals are aligned with those of the college.	⊙	○	○

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

☑ How the college or school's mission is aligned with the mission of the institution

☑ How the mission and associated goals[2] address education, research/scholarship, service, and practice and provide the basis for strategic planning

☑ How the mission and associated goals[2] 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

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As a Land Grant Institution, the University and the College of Pharmacy strive for excellence in three basic mission areas: teaching (learning), research (discovery), and extension (engagement). Each of these areas is woven into the fabric of Purdue and its mission, vision, and College- and Department-level strategic plans.

By learning from our past and focusing on the present and the future, Purdue University has committed to invest and expand in the research areas and academic disciplines that have the greatest potential to "change the world for the better." Five key areas are emphasized in Purdue

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

Moves, which guides the University's advancement (see https://www.purdue.edu/purduemoves/ and Appendix 6.1):

- Providing affordable and accessible higher education at the highest proven value,

- Leading by educating all types of students online, from traditional undergraduate and graduate students to mid-career professionals to nontraditional adults hoping to earn a college degree for the first time (e.g., see Purdue Global, at https://www.purdueglobal.edu/),

- Preparing a greater number of highly capable STEM graduates,

- Conducting world-changing research that is collaborative in nature, aims to solve the world's most pressing challenges, and yields improved quality of life for people around the globe, and

- Advancing transformative education, by setting new standards through teaching methods and campus experiences proven to prepare students for successful careers.

The Mission Statement of the College of Pharmacy is closely aligned with the Purdue Moves plan and contributes toward these goals through faculty, staff, and student engagement in a vast array of activities – including but not limited to preparing the next generations of outstanding pharmacists and researchers, provision of clinical services, advancing science through discovery, and dissemination of knowledge and concepts on local, national, and international stages. The College is expected to contribute toward the institution's mission and advancements.

The Mission of the Purdue University College of Pharmacy, which is posted on a public webpage at https://www.pharmacy.purdue.edu/about, is to:

1. Educate and train students to become leading pharmacists and scientists,

2. Advance scientific discovery and development, and

3. Maximize global health outcomes through patient care and public service.

The College aims to accomplish its mission by:

- Attracting and retaining talented and diverse faculty, staff, and students,

- Delivering a contemporary and innovative professional curriculum that empowers students to advance pharmacy's contribution to healthcare and to provide excellent patient care,

- Generating, integrating, and applying knowledge across disciplines to advance discovery, learning, and engagement in pharmacy and pharmaceutical sciences,

- Producing world-class scientists for academia and industry, and

- Establishing new synergies: partnerships, collaborations, and strategic alliances at the local, regional, national, and global levels.

By providing leadership and direction, Dean Eric Barker guides the College toward the achievement of its collective goals and mission. This leadership occurs both internally and externally, e.g., within the Purdue University community, across the State of Indiana, and beyond.

As described throughout this document, a combination of measures and indicators serve as a compass to guide our efforts. The mission and associated five-year goals (see Standard 7) were developed as integral components of the Strategic Plan.

To develop the current Strategic Plan, which is a direct reflection of our mission, core values, and goals, the Dean appointed six task forces composed of faculty, staff, students, and alumni to develop aspirational goals and initiatives in six strategic areas:

- Academic Programs

- Faculty & Staff Investments

- Research & Innovation

- Student Experience & Success

- Innovations in Pharmacy & Healthcare

- Alumni Engagement

The overall process was led by the Strategic Plan Guidance Committee formed by the Dean and six key leading alumni or stakeholders with a proven track record of strong leadership abilities. Each task force was chaired by one of the six alumni/stakeholders (see Standard 7). The College Executive Committee, along with the Faculty and Staff Councils, served as initial reviewers of the work of the task forces and developed the draft document. The draft document was reviewed by the faculty, staff, and Dean's Advisory Council, and an online anonymous survey was administered to solicit candid feedback on the draft. Furthermore, in Fall 2018, four Town Hall Meetings were held to encourage open discussion. Committees reconvened to incorporate feedback. Revised versions were submitted, and the final Strategic Plan was approved by the College faculty in December 2018.

The mission statement for the College is posted on a public webpage, at https://www.pharmacy.purdue.edu/about. Internally, these documents are emailed to faculty, staff, and leaders of student groups and are provided to key officials within the University's administration. As part of the Strategic Plan development process, a series of Aspirational Goals and associated Strategic Initiatives were delineated, and these initiatives provide a guiding framework toward achievement of our collective goals and mission. Activities related to the Strategic Initiatives are promoted through a variety of mechanisms, including departmental and College-wide seminars, departmental and College-wide faculty meetings and annual retreats, as well as more informal gatherings. Tracking of progress toward each of these goals, along with associated timelines and responsible individuals, is delineated in Appendix 6.5 (Strategic Plan DASHBOARD). Our goals, which are aligned with our Strategic Plan, are publicly available on our website https://www.pharmacy.purdue.edu/strategic-initiatives. The addition of a Communications Manager, Ms. Maria Munoz, has increased our presence on social media, bringing our successes to the

attention of others both within and outside of Purdue. Video and other communications from the Dean's office keep our key stakeholders engaged and informed of progress.

Residencies and fellowships. The College of Pharmacy supports postgraduate professional education and training of pharmacists through collaborative residency and fellowship programs. The expansion of postgraduate education was a specific strategic initiative in our prior Strategic Plan, and this was accomplished with the launch of several new residencies/fellowships in 2011. Through philanthropic support, we have collaborated with the Purdue College of Veterinary Medicine to launch the first Veterinary Clinical Pharmacy Residency to be offered as a joint effort between the colleges of pharmacy and veterinary medicine. Industrial and philanthropic support also enabled us to launch the first Global Health Residency wherein residents were located full-time in a foreign country (Kenya). These innovative residencies demonstrate commitment to providing advanced training for pharmacists.

Currently, numerous faculty members in the Department of Pharmacy Practice serve as residency and fellowship program directors, overseeing the professional development of PGY1 residents at six sites, PGY2 residents at two sites, and fellows at nine sites. A listing of residency/fellowship offerings through or in collaboration with Purdue is available at https://www.phpr.purdue.edu/residencies/current.

Continuing education. The College of Pharmacy is home to an outstanding Office of Continuing Education and Professional Development (https://ce.pharmacy.purdue.edu/), which is heavily involved in the training of postgraduate health professionals including, but not limited to, pharmacists. The mission of this Office is to be a progressive and dynamic provider of comprehensive, innovative continuing education with an emphasis on engagement of the healthcare team. Through a lifelong learning approach, the Office strives to develop and provide educational

activities that enhance practitioner performance, with the goal of improved healthcare systems and patient outcomes. Content areas addressed are based upon practice gaps and the educational needs that underlie these gaps.

The Office of Continuing Education routinely provides continuing education for pharmacy, along with medicine/nursing, family physicians, respiratory care, and the American Psychological Association (APA). Content areas of primary focus for Purdue-hosted programming include medication safety, mental health and addiction (including opioid use), tobacco cessation, and motivational interviewing. Specific to preceptors, Purdue accredits the annual IPTeC (Indiana Pharmacy Teaching Certificate) Program, a collaboration between Purdue and Butler University. The primary goal of the IPTeC Program is to provide pharmacy residents, fellows, and graduate students with an opportunity to enhance teaching skills through didactic presentations, teaching experiences, establishment of a relationship with a teaching mentor, and development of a teaching portfolio (https://iptecprogram.wixsite.com/iptec).

In addition, Eskenazi Health's annual preceptor workshop is also accredited by Purdue's Office of Continuing Education. Additionally, Purdue College of Pharmacy serves as the sole provider of continuing education for Board of Pharmaceutical Specialties (BPS) certifications for nuclear pharmacy and nutrition support. Through a collaboration with the U.S. Surgeon General's Office, we also provide tobacco cessation continuing education for U.S. Public Health Service commissioned officers. As delineated on individual CVs, many of our faculty members are extensively involved in developing and providing educational programming outside of the classroom for pharmacists (including pharmacy preceptors) and other licensed clinicians. In 2018, the Office of Continuing Education received more than six million dollars in support of educational efforts.

Graduate programs. With one of the oldest pharmacy graduate programs in the U.S., the Purdue College of Pharmacy prepares students for challenging and innovative careers in the field of pharmacy and in the basic sciences. PhD degrees are available from each of our three departments. In the past five years, an average of 28.8 students has graduated annually with a Masters (n=10) or PhD (n=18.8) degree.

AVERAGE NUMBER OF GRADUATES PER YEAR, STRATIFIED BY DEGREE AND DEPARTMENT

DEPARTMENT	MASTER'S DEGREE	PHD DEGREE
Industrial & Physical Pharmacy	6.0	6.0
Medicinal Chemistry & Molecular Pharmacology	2.8	10.8
Pharmacy Practice	1.2	2.0
TOTALS	10.0	18.8

Interprofessional programs. To provide interprofessional education opportunities and ensure that our pharmacy students have opportunities to train with other health professionals, in Fall 2016 the College of Pharmacy adopted the Team Education Advancing Collaboration in Healthcare (TEACH) 2.0 Curriculum. This framework was developed by the Indiana University (IU) Center for Interprofessional Health Education and Practice, IU School of Medicine, IU Allied Health Science programs, and Purdue College of Pharmacy. It includes six Interprofessional Learning Anchors (IPLAs) that take students through a progression of skills from Exposure (first professional year), Immersion (second professional year), and Entry-to-Practice (third and fourth professional years). For greater detail, see Standard 11.

Broadscale participation of faculty, staff, and students informed the development of our mission/vision statements and associated goals. Furthermore, programmatic planning is heavily influenced by our overarching Land Grant mission. Our Office of Continuing Education and Professional Development effectively serves as an interface with our extensive alumni network, and

we are strongly committed to continued professional development through a variety of mechanisms (e.g., residencies, fellowships, graduate programs, interprofessional education). Additionally, many professional development opportunities are available through the University – for example, the graduate school offers numerous workshops and events throughout the year that serve to network faculty and students in various organization units across the University.

One of the previous key strategic initiatives for the College was to enhance employment opportunities for students. To this end, the Office of Student Services was reorganized to include a Career Development Manager (Ms. Jennifer Dexter). We also created a new standing committee, the Career Development Committee. Together, these structural changes enhance career advising, preparation, and awareness of varied career opportunities. This is described further in Standard 14.

Another strategic initiative was to enhance interprofessional education experiences. To provide leadership in this area, a Director of Interprofessional Education was appointed and a timeline for enhancing interprofessional experiences throughout the curriculum was created. These initiatives are described further in Standard 11.

As delineated below, all key measures from AACP surveys compare favorably to other public institutions and to all schools/colleges of pharmacy. Collectively, these data serve as positive comparative indicators of success toward achievement of our vision, mission, and goals.

Graduating Student Survey – 2018 (percent agreement; omits "unable to comment")

Q78: If I were starting my college career over again I would choose to study pharmacy.

Purdue   84.1%

Public schools only 76.4%

All schools   77.6%

Q79: If I were starting my pharmacy program over again I would choose the same college/school of pharmacy.

Purdue 95.5%

Public schools only 85.3%

All schools 82.2%

Alumni Survey – 2017 (percent agreement; omits "unable to comment")

Q45: If I were starting my education career over today, I would choose pharmacy as a career.

Purdue 84.2%

Public schools only 79.3%

All schools 78.5%

Q46: If I were starting my education over today, I would choose the same college/school of pharmacy.

Purdue 95.5%

Public schools only 92.6%

All schools 83.5%

Q47: I received a high quality pharmacy education.

Purdue 98.8%

Public schools only 97.1%

All schools 93.9%

Faculty Survey – 2018 (percent agreement; omits "unable to comment")

Q24: Programs are available to develop competence in research and/or scholarship.

Purdue   96.1%

Public schools only 74.7%

All schools   72.8%

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
• No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise • current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

   N/A

Standard No. 7: Strategic Plan: The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑   College or school's strategic planning documents. **See Appendices 6.3 and 6.5 (Strategic Plan)**

☑   Description of the development process of the strategic plan. **See below under #3.**

☑   Outcome assessment data summarizing the implementation of the strategic plan. **See Appendix 6.5**

Required Documentation for On-Site Review:

☑   The strategic plan of the parent institution (if applicable). **See Appendix 6.1**

Data Views and Standardized Tables:

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

☑   Questions –11-12 from Faculty Survey. **See Appendix 1.8**

Optional Documentation and Data:

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

        See Appendix 7.1

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

	S	N.I.	U
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.	⊙	○	○

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

- ☑ How the college or school's strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as, faculty, students, preceptors, alumni, etc.

- ☑ How the strategic plan facilitates the achievement of mission-based (long-term) goals

- ☑ How the college or school's strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, mechanisms for ongoing monitoring and reporting of progress

- ☑ How the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan

- ☑ How the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan

- ☑ How the strategic plan is driving decision making in the college or school, including for substantive changes to the program

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

- ☐ Any other notable achievements, innovations or quality improvements

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

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Our current Strategic Plan (Appendix 6.5), approved by the faculty in December 2018, was developed through an iterative and inclusive process. The plan consists of six goals designed to achieve the College's mission in the areas of learning, discovery, and engagement. These areas were determined through application of a "SWOT" analysis by identifying strengths, weaknesses, opportunity, and threats. It is expected that when the Dean makes a presentation before the Board of Trustees, evidence will be provided to delineate how the College's plan and activities support the broader University plan.

By providing intentional strategic direction for our future, the five-year plan guides decisions related to investments of human (time and effort) and financial resources. All activities revolve around our vision (to be bold leaders, moving together to the highest level of excellence in our teaching, discovery, and patient care) and mission (to prepare the next generation of leaders in pharmacy and

the pharmaceutical sciences). Through ongoing discussion with key stakeholders, the initiatives are re-evaluated and re-prioritized on an annual basis to ensure that the College is responsive to changes in higher education, healthcare, pharmacy practice, and the pharmaceutical sciences.

To develop aspirational goals and initiatives in six strategic areas for our current plan, the Dean appointed six task forces composed of faculty, staff, professional and graduate students, administrators, alumni, and other stakeholders (Appendix 7.1). A larger survey to all faculty, staff, students, and alumni, as well as the Dean's Advisory Council, was used as an environmental scan for initial collection of ideas related to strategic directions.

The overall process was led by the Strategic Plan Guidance Committee formed by the Dean and six key leading alumni or stakeholders with a proven track record of strong leadership abilities. Each Task Force was chaired/co-chaired by an alum of our program with significant and relevant leadership experience:

- **Academic Programs** – Marilyn Speedie, Former Dean, University of Minnesota College of Pharmacy

- **Research & Innovation** – Steve Nail, Principal Scientist, Baxter

- **Innovations in Pharmacy & Healthcare** – Christopher Scott, Vice-President of Clinical Services, Eskenazi Health; Greg Wasson, Former President and CEO, Walgreens

- **Faculty & Staff Investments** – Jim Kehrer, Former Dean, College of Pharmacy University of Alberta and Washington State University

- **Student Experience & Success** – Johnnie Early, Former Dean, University of Toledo College of Pharmacy and Pharmaceutical Sciences (currently Dean, Florida A&M University College of Pharmacy and Pharmaceutical Sciences)

- **Alumni Engagement** – Nancy Lilly, Former Vice President, Marketing, Emerging Market Business Unit for Eli Lilly and Company.

The Chair/Co-Chair and designated on-campus co-Chairs were responsible for collecting ideas, drafting statements, and submitting the draft recommendations. The College Executive Committee, along with the Faculty and Staff Councils, served as initial reviewers of the work of the Task Forces and developed the draft Strategic Plan document. The draft document was then reviewed by the faculty, staff, and Dean's Advisory Council, and an online anonymous survey was administered to solicit candid feedback. Furthermore, to encourage open discussion, four Town Hall Meetings were held in the fall semester of 2018. Committees reconvened to incorporate feedback from the survey and the Town Hall Meetings. Revised versions were submitted, and the final Strategic Plan was reviewed and approved by the College faculty at a faculty meeting on December 17, 2018.

The Strategic Plan facilitates the achievement of mission-based (long-term) goals. Each goal will be achieved by Strategic Directions, which in turn will be achieved by the accomplishment of objectives, which are designed to be specific measurable, attainable, realistic, and time-based. Through continuous monitoring, our leadership and faculty look for opportunities that will move us closer toward our goals.

The Strategic Plan's goals incorporate timelines for action (Appendix 6.5), specific measures for ongoing monitoring and reporting of progress, responsible parties, and identification of resources needed. Resource allocation decisions are influenced directly by the Strategic Plan.

At its annual retreat, the College Executive Committee evaluates progress on the Strategic Plan and identifies Strategic Initiatives for focus for the upcoming academic year. Progress toward achievement of each of the Strategic Initiatives is posted online for ready access to all constituents of

the College community

(https://www.pharmacy.purdue.edu/sites/www.pharmacy.purdue.edu/files/about/strategicplan.pdf).

In addition, key comparison metrics with identified peer institutions are presented by the Dean annually to the faculty and reported to the Provost. Departmental units conduct internal reviews of their strategic plans each year, documenting progress toward their goals. These departmental progress reports are reviewed by the administration at the end of each academic year. Accomplishments, as well as areas, where improvements are needed are discussed.

The plan was reviewed by members of the administration of Purdue University and discussed during face-to-face meetings with the University's Provost and Chief Diversity Officer Jay Akridge to assure congruency with the University's plan. In particular, several of the College strategic goals align with the key parts of the current Purdue Moves plan (https://www.purdue.edu/purduemoves/).

The Dean has established a Dean's Excellence Fund that will be used to resource initiatives from the Strategic Plan. In addition, the Dean will be requesting additional budget adjustments during the annual budgeting process for elements of the Plan. The Dean meets with the University administration on a monthly basis with the Provost, monthly President's Dinner with the Deans, and the bi-weekly Academic Deans Council (all academic Deans) discussing issues and initiatives advancing the mission of the University.

Although the College and Department strategic plans allow for flexibility as the environment in which the College operates changes, initiatives generally must be included in the plan to receive administrative support in terms of resource allocation. Because the Strategic Plan illustrates the current goals in support of the College's major program components, the documents are used regularly in discussions with constituent groups, such as the advisory councils noted above, as well as with various visitors to the College. The visitors include but are not limited to candidates for

faculty/staff positions, guest speakers, and potential donors. The use of the strategic plans as discussion documents reflects their active use in the planning and implementation of all key College and Departmental initiatives.

Members of the College apply the guidelines toward achievement of the collective goals. To ensure that progress is being made, workgroups and leadership teams (at the Department and College level) convene periodically throughout the year. Smaller teams are formed to work together to address specific initiatives that are outlined in the Strategic Plan. Often, these initiatives interface with groups outside of the College of Pharmacy, both within the University and the broader community.

Purdue compared favorably with (Q11) or slightly lower than (Q12) peer colleges/schools and public colleges/schools on relevant survey questions.

Faculty Survey – 2018 (percent agreement; omits "unable to comment")

Q11: The college/school effectively employs strategic planning.

Purdue	93.0%
Public schools only	86.8%
All schools	85.0%

Q12: The college/school requested my input during the development of the current strategic plan.

Purdue	87.3%
Public schools only	90.6%
All schools	91.1%

NOTE: The Q12 results are somewhat surprising because in each of the previous strategic plans all faculty had the opportunity for public discussion and anonymous input during faculty retreats and through online surveys. The lower than 100% agreement with request for input in the development of the College strategic plan may well represent the fact that numerous faculty members have been hired since the development of our previous plan and, therefore, they were not asked during development of the strategic plan. Nevertheless, proactively responding to this most recent survey information, in the development of our new strategic plan (approved December 17, 2018) we involved recently-hired faculty in each task force, increased the number of town hall meetings to encourage participation, and implemented an extended iterative process to allow expanded opportunity for input and feedback at multiple points via web-based survey administration.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
• No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

Standard No. 8: Organization and Governance: The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ College or school organizational chart. **See Appendix 8.1**

☑ Job descriptions and responsibilities for college or school Dean and other administrative leadership team members. **See Appendix 8.2**

☑ List of committees with their members and designated charges. **See Appendix 8.3**

☑ College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning. **See https://www.purdue.edu/securepurdue/bestPractices/policiesHierarchy.html**

☑ Curriculum Vitae of the Dean and other administrative leadership team members. **See Appendix 8.4**

☑ Evidence of faculty participation in university governance. **See Appendix 5.4 (Constitution, bullet 3)**

Required Documentation for On-Site Review:

☑ Written bylaws and policies and procedures of college or school. **See https://www.pharmacy.purdue.edu/policies**

☑ Faculty Handbook: **See https://www.purdue.edu/faculty_staff_handbook/**

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Faculty – Questions 1, 2, 5, 10. **See Appendix 1.8**

☑ AACP Standardized Survey: Alumni – Question 14. **See Appendix 1.7**

☑ Table: Distribution of Full-Time faculty by Department and Rank. **See Appendix 8.5**

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard. **See Appendix 8.5**

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

	S	N.I.	N.I.
8.1. Leadership collaboration – University leadership and the college 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 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 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 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 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 has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.	⊙	○	○
8.9. Alternate pathway equitability* – The college 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.	⊙	○	○

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

☑ A description of the college or school's organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit

☑ A self-assessment of how well the organizational structure and systems of communication and collaboration are serving the program and supporting the achievement of the mission and goals

☑ How college or school bylaws, policies and procedures are developed and modified

☑ How the college or school 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

- ☑ How the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals

- ☑ The authority and responsibility of the dean to ensure all expectations of the standard and guidelines are achieved

- ☑ How the dean interacts with and is supported by the other administrative leaders in the college or school

- ☑ How the dean is providing leadership to the academy at large, and advancing the pharmacy education enterprise on local, regional, and national levels.

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

- ☑ Any other notable achievements, innovations or quality improvements

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

[TEXT BOX] [15,000 character limit, including spaces] (approximately six pages)

The College has undergone significant recent changes in administrative personnel and structure. After more than a decade of service, Craig Svensson, Pharm.D., PhD stepped down from his position as Dean in July 2017 (he remains a member of our faculty, in the Department of Medicinal Chemistry & Molecular Pharmacology). At the conclusion of a nationwide search, Eric Barker, BS Pharm, PhD was appointed as Dean following seven years of service as Associate Dean for Research in the College. Under the University reporting structure, the Dean is directly accountable to the Provost and Executive Vice President for Academic Affairs and Diversity (Appendix 5.1).

Within the College of Pharmacy, three Associate Deans and one Assistant Dean report to the Dean (Appendix 8.1):

- The *Associate Dean for Academic Programs* is responsible for student services, professional program admissions and recruitment, learning and assessment, interprofessional education, and career development management for student pharmacists. Within the scope of responsibilities is student recruitment, advising services, evaluating student academic progress, implementing probationary requirements for students, advising student organizations, review of student travel requests, assuring appropriate new student

orientation, and selection of student awards. The Associate Dean for Academic Programs also has responsibility for the development and implementation of the Assessment Plan, which is led by the Assistant Dean for Learning & Assessment.

- The *Associate Dean for Research* oversees assessment and approval of grant submissions, faculty development programs in the area of research, administration of research incentive and instructional equipment funds, assurance of investigator knowledge of and adherence to regulatory compliance requirements, undergraduate research experiences, and related activities.

- The *Associate Dean for Graduate Programs* provides leadership for the graduate programs of the College. This includes communication of and assurance of compliance with Graduate School policies in the various graduate programs of the College, oversight of the graduate admissions process, coordination of graduate teaching assistant assignments for the College, coordination of course approval for new graduate courses in the College, maintenance of all necessary graduate student records, development of relevant reports related to graduate education in the College, oversight of competitive graduate award programs, and leadership in strategic planning as it relates to graduate education.

- The *Assistant Dean for Engagement & Partnerships* provides leadership for the clinical educational programs within the College, has oversight responsibility for the Experiential Learning Program for the Doctor of Pharmacy Program, the Purdue University Pharmacy, and the Office of Continuing Education & Professional Development.

The College is organized into three academic departments — the Department of Pharmacy Practice (PHPR), the Department of Industrial and Physical Pharmacy (IPPH), and the Department of Medicinal Chemistry and Molecular Pharmacology (MCMP). Each academic department is

administered by a Department Head, who reports directly to the Dean and assumes responsibility for departmental metrics and planning consistent with the College's strategic plan, oversees the academic/teaching, research, and financial activities of the department, and serves as spokesperson for and mentor to departmental faculty.

Since our last accreditation site visit, (a) Dr. Alan Zillich replaced Dr. Steven Abel, who transitioned after 17 years as Head of Pharmacy Practice to Associate Provost for Engagement, (b) Dr. Eric Munson was recruited as Head of Industrial and Physical Pharmacy to replace Dr. Elizabeth Topp, who chose to step down after nearly 10 years but remains a member of our faculty, and (c) Dr. Zhong-Yin Zhang replaced the recently-retired Dr. Richard Borch as the Head of Medicinal Chemistry and Molecular Pharmacology.

Standard 18 provides a listing of faculty by department and rank. In addition to the three academic departments, the College has four service offices: Financial Affairs (business) office, Office of Experiential Education, Office of Student Services, and the Office of Diversity Initiatives. Reporting structures are designated on the College of Pharmacy Administrative Organizational Chart (Appendix 8.1).

Each operational unit undergoes systematic and periodic evaluation. Annual reports are generated to capture key performance metrics for each unit (scholarly productivity, fiscal management, teaching loads, clinical service, etc.). The Dean reviews these with the Department Heads and they work collaboratively to identify goals for the upcoming year. The University requests regular (every 5-7 years) external reviews of units. This is often done in concert with the external reviews of our graduate programs, which reside within each academic unit. The most recent of these reviews occurred in 2016.

As described in greater detail below, assessment data from the 2018 AACP faculty survey strongly support the College's leadership, administrative structure, and governance are operating effectively, with:

- 93.1% indicating that the college administrators have clearly defined roles (Q1),

- 94.4% indicating that the college administrators function as a unified team (Q2),

- 96.2% indicating that the Dean is an effective leader of the college (Q5), and

- 94.5% indicating that the college provides opportunities for faculty governance participation (Q10).

The College website (http://www.pharmacy.purdue.edu), in-person meetings, and e-mail are used to maintain communication of important activities to the faculty and staff. The publication and distribution of the minutes and presentations from faculty meetings also facilitate communications within the College. The minutes are made available to all members of the College through a SharePoint website. In addition, departments hold regular meetings and occasional retreats, at which faculty provide feedback on matters of importance, especially having to do with issues of long-range planning and the setting of priorities and goals. The College also holds focused faculty retreats to explore issues such as assessment and other instructional issues, and preparation for accreditation. Individual faculty members may initiate discussion of matters of concern at any of these meetings or through their Department Head. Meanwhile, major decisions and policies are discussed and approved at regular college-wide faculty meetings, with opportunities for comments and amendments. The use of high-definition video conferencing and teleconferencing enables faculty members from across the state to participate in the meetings.

The College of Pharmacy functions within parameters established by Purdue University policies (http://www.purdue.edu/policies/). Revised on a continual basis, these define the University

administrative, financial, and community policies, as well as certain University-level procedures for policy implementation. Additionally, the College of Pharmacy is guided by its constitution, which outlines governance of the College.

Under the leadership of Dr. Zachary Weber, Director of Interprofessional Education, the College has delineated the mission, vision, and goal statements for interprofessional education (IPE), and associated activities are being implemented. As described in greater detail under Standard 11, students enrolled in the Pharm.D. curriculum are provided with opportunities to learn with, from, and about other healthcare providers through a series of IPE activities. Outcome data derived from assessments that include comparative knowledge assessments, peer- and self-evaluations, and reflections. IPE is also integrated into the P-1 and P-2 Annual Performance Evaluations (see Standard 11 for more detail).

Administrators in the College have many resources to assist in leadership development, administrative skills, and mentoring of faculty and staff members. Among these are on-campus leadership resources and programs for administrators sponsored by the Provost's Office (https://www.purdue.edu/provost/faculty/resources/facultyOpportunites.html). These activities include the University-sponsored Academic Leadership Program, Provost Fellows, Department Head Leadership Program, and the Teaching Academy. Per University policy, Deans, Associate Deans, and Department Heads undergo a formal review at least every five years.

Additionally, programs are available for faculty seeking to enhance their leadership skills. These programs are heavily promoted within the College, with the following past participants:

- **Big Ten Academic Alliance** fellowship: Steven Abel (2007-2008), Eric Barker (2011-2012), Elizabeth Topp (2014-2015), Alan Zillich (2018-2019)

- **INSIGHTS** leadership development program: Gregory Hockerman (2017-2018), Patricia Darbishire (2018-2019)

Dean Eric Barker, having been a member of our faculty prior to being promoted to Associate Dean for Research and later assuming the role as Dean, has a long history with the Purdue College of Pharmacy. This history provides a solid working knowledge not only of the College, but also of the broader University, and he has maintained strong connections with our alumni base. He was heavily involved in the development and implementation of our prior strategic plan, and he has led the development of the new plan (under his Deanship). Furthermore, because he possesses both a pharmacy degree and a PhD degree, he understands key factors associated with the College's mission and goals.

According to the Constitution of the College of Pharmacy (Appendix 8.5), the Dean has general administrative responsibility for the college. To assist with carrying out these responsibilities, the Dean may appoint Assistant and Associate Deans and delegate to them certain authorities and responsibilities. Furthermore, the Dean selects heads of academic departments within the College consistent with University policy. These heads have delegated administrative authority and responsibility within their respective departments.

The College places a high priority in maintaining an environment of collegiality. There are several groups of administrators, faculty, and staff members who meet regularly to enhance communication and provide advice to the Dean. The Dean, Associate Deans, and Assistant Deans meet monthly. The Executive Committee meets every month and is composed of the Dean, Associate Deans, Assistant Deans, Department Heads, Chief Development Officer, and Assistant Director of Financial Affairs. Full College faculty meetings are held at least twice during both the fall and spring academic semesters, and an annual faculty retreat occurs in May. A Faculty Advisory Council serves

as a sounding board for potential initiatives and provides initial review of new policies or changes to existing policy. They also serve as a means by which faculty can communicate concerns to the administration. The Council is composed of two faculty members from each Department.

The Dean regularly attends major professional association meetings as well as meetings of AACP, participating in the Council of Deans. Interaction with deans from other top pharmacy programs occurs at the annual January meeting of the Pharmacy Deans Research Group as well as monthly teleconferences with the Big Ten pharmacy deans. The discussions with these important and influential groups of deans provide the opportunity to deliver leadership that advances pharmacy and pharmacy education.

Purdue participates in the National Institute for Pharmaceutical Technology & Education (NIPTE). This multi-institutional collaboration brings together industry, academia, and government entities to tackle challenges for pharmaceuticals. The Dean serves on the Board of Directors and is co-chairing the NIPTE Strategic Planning Task Force.

At the state and local level, Dean Barker maintains membership in the Indiana Pharmacists Alliance and has interacted with key state legislators on issues related to advancing pharmacy practice. The Dean is assisting with the planning of the regional NABP District IV 2019 meeting. In addition, he is promoting inter-institutional education initiatives among Purdue, Butler University, and Manchester University to promote and develop a single high-quality "Pharmacy Law" course that would be shared across the three Indiana colleges of pharmacy. The Dean also participates in the Health Sciences Dean group at IUPUI.

Operating to advance the mission of the College of Pharmacy, the Dean and administrative team work collaboratively in applying the guidelines for Standard 8. Mechanisms to enhance collegiality, open dialogue/discussion, and extensive faculty participation in governance are supported

by the College. These efforts are reflected in our assessment data (AACP faculty survey). Additionally, the current and prior administration of the College (i.e., under Dean Svensson) have strongly encouraged participation in faculty developmental programs.

Basic restructuring of roles of the Associate and Assistant Deans has compartmentalized and streamlined core functions of our administrative team. Specifically, separation of Academic Programs and Learning & Assessment into two positions (with the Assistant Dean for Learning & Assessment reporting to the Associate Dean for Academic Programs) has provided a division of duties that more effectively meets the needs of the College.

As summarized above, all key measures from AACP surveys demonstrate positive perceptions of our Dean, the College administration, and faculty participation in governance. Our ratings compare favorably to other public institutions and to all schools/colleges of pharmacy.

Faculty Survey – 2018 (percent agreement; omits "unable to comment")

Q1:   The college administrators have clearly defined responsibilities.

Purdue   93.1%

Public schools only 89.4%

All schools   89.0%

Q2:   The college administrators function as a unified team.

Purdue   94.4%

Public schools only 82.0%

All schools   80.2%

Q5:   The Dean is an effective leader of the college.

Purdue   96.2%

Public schools only 86.4%

All schools   85.4%

Q10:   The college provides opportunities for faculty participation in governance.

Purdue   94.5%

Public schools only 91.6%

All schools   90.6%

Alumni Survey – 2017 (percent agreement; omits "unable to comment")

Q 14:   The current Dean is providing leadership in pharmacy.

Purdue   100%

Public schools only 93.9%

All schools   91.8%

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
• No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 9: Organizational Culture: The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.

1) **Documentation and Data:**

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

Required Documentation and Data:

Uploads:

☑ College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors. **See Appendix 9.1**

☑ Examples of intra/interprofessional and intra/interdisciplinary collaboration. **See Standard 11 for student examples**

☑ Examples of affiliation agreements for practice or service relationships (other than experiential education agreements). **See Appendix 9.2**

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

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

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Faculty – Questions 3, 4, 6, 35, 37. **See Appendix 1.8**

☑ AACP Standardized Survey: Student - Questions –54, 59-61, 63. **See Appendix 1.5**

☑ AACP Standardized Survey: Alumni – Questions 13, 15-17. **See Appendix 1.7**

☑ AACP Standardized Survey: Preceptor – Question 38. **See Appendix 1.6**

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard. **See Appendices 9.3, 9.4, and 9.5**

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

	S	N.I.	N.I.
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.	⦿	○	○

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

☑ Strategies that the college or school has used to promote professional behavior and outcomes

☑ Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes

☑ Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes

☑ The number and nature of affiliations external to the college or school

☑ Details of academic research activity, partnerships and collaborations outside the college or school

☑ Details of alliances that promote and facilitate interprofessional or collaborative education

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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

[TEXT BOX] [15,000 character limit, including spaces] (approximately six pages)

The College is committed to providing an organizational environment in which professionalism

is exhibited at all times by the faculty, staff, and administration. The development of professional

conduct and behaviors is emphasized for all students and is a priority goal of the College. As such,

"professionalism" is woven throughout the four-year Pharm.D. curriculum and is prominently

highlighted in the Student Handbook. As part of the admissions interview process, candidates are

rated during an on-site interview (by two interviewers) on their professionalism and their understanding of the importance of professionalism as a pharmacist. After admittance, professionalism and expectations are focuses of our orientation program (see Standard 15).

Student demonstration of both outstanding and deficient professional skills, abilities, and behaviors is monitored through a Professional Activity Observation Report Form that is completed at any time the behavior is observed by faculty and staff. During the first three professional years of the program, the form is submitted to the Associate Dean for Academic Programs. For P-4 students, the form is submitted to the Assistant Dean for Engagement & Partnerships. The Professional Activity Observation Report Form and the College policies on professionalism are found in the Student Handbook and are revisited prior to each IPPE and APPE rotation.

With respect to professional outcomes, orientation programs emphasize career planning for incoming pre-pharmacy and professional students, and these programs have been expanded by faculty in the College in conjunction with the Office of Student Services. A Career Development Manager position was created within the Office of Student Services (OSS) to facilitate students' transition into the workforce (see Standard 14), and a leadership seminar has been offered as an elective for 20-30 P-3 students for the past 15 years. Advising efforts provided by OSS consist of proactive, interactive, and holistic approaches to addressing academic and personal concerns of students. The emphasis in working with students is on providing supportive guidance to assist their decision-making processes. Students are encouraged to meet regularly with their advisors and faculty to ensure that they are fulfilling their requirements and developing strategies and practices for academic success. Additionally, these provide career development guidance, including the integration of personal assessment, career exploration, job search and professional practice transition activities/programs in classes, student groups, alumni/industry presentations, site visits, and

information resource access. More recently, the College has implemented Annual Performance Reviews for each student to encourage self-evaluation, career planning, and reflection and guide their personal and professional outcomes. Faculty and staff are heavily involved throughout the entire process.

The AACP graduating student survey indicates that 100% of Purdue students (2018) were "aware of expected behaviors with respect to professional and academic conduct," suggesting that our current methods are effective in solidifying these important expectations among our student body.

Promoting harmonious relationships among faculty, staff, and students, frequent social events are sponsored by the College, our Departments, the OSS, and our student organizations. These gatherings occur frequently in the College, with high participation in events such as those listed in Appendix 9.3. Furthermore, the Dean's councils, Dean's Leadership class, and one-on-one student meetings with the Associate Dean occur on a regular basis. Student wellness programs have faculty involvement, and mentoring is provided to students by faculty during their annual performance review. Nearly all College committees have student representation, and the Associate Dean participates in all Student Council Meetings, during which students are encouraged to voice concerns and issues from the student body. Finally, data from the AACP faculty, staff, and student surveys are carefully scrutinized for areas of improvement on an ongoing basis. The outcomes of these efforts reflect positively in the AACP surveys (see below).

Strategies that the College has used to promote student mentoring and leadership development and the outcomes include in those are outlined in Appendix 9.4. The College encourages students to attend professional conferences to enhance networking and leadership skills, providing $200 on a one-time basis as well as an additional $200 for students who are serving as

delegates. Full cost is covered for students participating in national competitions, such as APhA Patient Counseling or ASHP Clinical Skills competitions.

Through each of these efforts, there is an increased awareness by students of potential leadership opportunities. This presents an opportunity for faculty/staff to encourage students to participate in these leadership opportunities. The outcomes are high levels of involvement by students in leadership roles.

As a college within a major university, the College of Pharmacy has an extensive and complex set of relationships within and external to the University. These strategic relationships advance educational, research, and community endeavors. Furthermore, the College maintains formal agreements with its 955 professional practice sites that host our students for IPPE and/or APPE rotations (see Standard 22).

Purdue is a major research institution, and discovery/scholarship expectations are included in the job descriptions for clinical- and tenure-track faculty. Since the last accreditation, the College has received $137,122,402 in research funding (total of FY2010 through FY2018, inclusive) from federal, state, and private sources.

Most of our research and clinical/training achievements are a result of collaborations both within and outside of the University. Because Purdue has no medical school, the College has a partnership with the Indiana University (IU) School of Medicine and its affiliated health-systems, IU Health, and the VA. Eskenazi Health (formerly Wishard Health Systems) serves also is a primary clinical training site. Located on the Indiana University Purdue University Campus (IUPUI) in Indianapolis, Eskenazi Health encompasses inpatient care and a number of community clinics. This location serves as the home for faculty members from the Department of Pharmacy Practice in

Indianapolis. The College collaborates with practice partners in the provision of various residency and fellowship programs (see https://www.phpr.purdue.edu/residencies/current).

Research within the College links faculty to a wide range of organizations and institutions (Appendix 9.5). Faculty members serve on advisory boards for various on-campus core facilities that provide support to the campus-wide research infrastructure. Cross-campus research also involves extensive collaborations with the School of Nursing and the Colleges of Engineering, Science, and Veterinary Medicine.

Productive collaborations with professional organizations are also an integral part of the College. Faculty and staff are actively involved in the Indiana Pharmacists Alliance, serving as officers and as members. In recent years, our faculty have led the development and passage of legislation to expand pharmacists' scope of practice in Indiana. Our faculty serve on editorial advisory boards for research and practice journals, and nationally, faculty sit on expert panels and study sections at the NIH and AHRQ and are involved in leadership roles in professional and scientific organizations. Current or recent past-presidents of associations include Drs. Steven Scott (AACP), James Tisdale (ACCP), Carol Post (Protein Society), and Jasmine Gonzalvo (Indiana AADE).

Relevant to this Standard is Purdue University Executive Memorandum C-12 (see https://www.purdue.edu/policies/human-resources/c-12.html or Appendix 9.1), which outlines definitions for classes of Purdue appointments for personnel not on the University payroll. There are four such classes, two of which are most relevant to this standard: adjunct faculty and affiliate staff appointees. The College also engages adjunct faculty members — however, these individuals fulfill a critical role in terms of our mission related to learning, discovery/scholarship, and/or engagement. The vast majority of our IPPE/APPE preceptors are appointed to affiliate status.

Partnering with the IU Interprofessional Practice and Education Center (https://ipe.iu.edu/), the College works closely with a wide range of disciplines and organizations/institutions across the State of Indiana (https://ipe.iu.edu/about/partners/). Beginning in January 2019, Dr. Zachary Weber assumed a co-funded position with the IU IPE Center (see Standard 11 for greater detail). Furthermore, the College participates in the IU TEACH! Partners program and is a member of the Big 10 Schools of Interprofessional Education Work Group. On less formal platforms, individual faculty members work directly with other health professional schools to provide lectures for students (e.g., in the IU School of Medicine, IU School of Nursing, Purdue School of Nursing, Purdue Athletic Training Program, and the IU Physician Assistant program).

In addition to advancing discovery and engagement, pharmacy students and other learners benefit from these affiliations through participation in activities and practice settings that enable them to interface with students and practicing clinicians in a wide range of non-pharmacy disciplines. Two examples of recent collaborative work in the IPE space include partnering with:

- Tippecanoe County Health Department on an interprofessional disaster preparedness drill.
- Tippecanoe County Health Department and the Lafayette Transitional Housing Center on the BoilerWoRx project, which serves as a multidisciplinary response to public health needs in Indiana (e.g., opioid crisis, drug disposal, Hepatitis A immunizations).

Because a positive work environment is fundamental to our success, and organizational culture is a priority, it is important to have clear processes for handling complaints/grievances. For student complaints, the process is described in the College Student Handbook on page 46 (Appendix 14.5). For preceptor complaints, the process is outlined in the College Preceptor Training Manual (Appendix 12.7). For faculty complaints, the Faculty Council provides guidance and advice regarding complaints to the Dean. The Staff Advisory Council is the formal communications link between

College staff and administration. Council representatives meet at least once per semester to bring forward suggestions, concerns, and questions to administration, and the Council provides a written report to the Dean each semester.

With respect to external collaborations, our faculty members are actively involved in international programs and initiatives, such as the delivery of care in Kenya (AMPATH program), where we have two full-time faculty members based. This program has received numerous awards and accolades, including the Engagement Scholarship/W.K. Kellogg Foundation Engagement Award (2014) in recognition of its efforts toward redesigning learning, discovery, and engagement to develop stronger links within communities. In 2017, Dr. Pastakia (Pharmacy Practice), was selected as a Jefferson Science Fellow. He has led implementation of a wide variety of programs, including a rural diabetes program that serves more than 8,000 patients and a distribution system that provides antiretroviral medications to more than 150,000 HIV-infected patients. Also notable is that in 2018, Dr. Byrn (Industrial and Physical Pharmacy) received the Morrill Award, the highest faculty recognition at Purdue, for his work in promoting availability of sustainable medicines in Tanzania, Africa.

Below, we provide comparative data for key questions on AACP standardized surveys. With the exception of Q3 and Q4 on the faculty survey – which were slightly lower than the comparator groups but substantially higher than our 2016 assessment – Purdue ratings were either similar or higher. Data indicate percent agreement, omitting "unable to comment" responses.

Faculty Survey – 2018

Q3:   The college administrators are aware of my needs/problems.

Purdue   78.0% – increased from 70.6% in 2016

Public schools only 82.8%

All schools   83.3%

Q4: **The college administrators are responsive to my needs/problems.**

    Purdue   76.8% – increased from 64.7% in 2016

    Public schools only 78.5%

    All schools   77.4%

Q6: **I am given the opportunity to provide evaluative feedback of the administrators.**

    Purdue   77.8%

    Public schools only 72.7%

    All schools   70.5%

Q35: **Curricular collaboration among disciplines is encouraged at my college.**

    Purdue   96.4%

    Public schools only 91.0%

    All schools   90.7%

Q37: **The college provides an environment and culture that promote professional behavior among students, faculty, administrators, preceptors, and staff.**

    Purdue   91.2%

    Public schools only 91.4%

    All schools   90.2%

Graduating Student Survey – 2017

Q54: **The college's administration responded to problems and issues of concern to the study body.**

    Purdue   93.8%

    Public schools only 86.5%

    All schools   84.2%

Q59: **The college of pharmacy had processes to communicate student perspectives to the faculty or administration.**

      Purdue   96.8%

      Public schools only 92.5%

      All schools   91.7%

Q60: **Faculty, administrators, and staff served as positive role models for students.**

      Purdue   98.4%

      Public schools only 94.0%

      All schools   93.5%

Q61: **Preceptors modeled professional attributes and behaviors.**

      Purdue   98.5%

      Public schools only 96.8%

      All schools   96.5%

Q63: **I was aware of expected behaviors with respect to professional and academic conduct.**

      Purdue   100.0%

      Public schools only 98.9%

      All schools   98.6%

Alumni Survey – 2017

Q13: **The college communicates effectively with alumni about college activities.**

      Purdue   93.0%

      Public schools only 89.4%

      All schools   86.5%

Q15: **The current Dean encourages alumni to stay involved.**

Purdue 91.7%

Public schools only 84.0%

All schools 81.3%

Q16: **The faculty displayed respect for their colleagues and students.**

Purdue 98.9%

Public schools only 97.2%

All schools 94.9%

Q17: **Faculty, administrators, and staff served as positive role models for students.**

Purdue 98.9%

Public schools only 97.8%

All schools 95.8%

Preceptor Survey – 2017

Q38: **I have ongoing contact with the Office of Experiential Education.**

Purdue 89.4%

Public schools only 89.0%

All schools 89.5%

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
• No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Subsection IIB:
Educational Program for the Doctor of Pharmacy Degree

Standard No. 10: Curriculum Design, Delivery, and Oversight: The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

1) **Documentation and Data:**

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

Required Documentation and Data:

Uploads:

☑ Description of curricular and degree requirements, including elective didactic and experiential expectations. **See Appendix 1.1**

☑ A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program. **See Appendix 10.1**

☑ A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards. **See Appendix 10.1**

☑ Curriculum vitae of faculty teaching within the curriculum. **See Appendix 10.15**

☑ Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments. **See Appendix 10.2**

☑ List of the professional competencies and outcome expectations for the professional program in pharmacy. **See Appendix 10.3**

☑ A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school. **See Appendix 10.4**

☑ A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years. **See Appendix 10.5a-c**

☑ 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. **See Standard 4**

☑ Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback. **See Appendix 10.6**

☑ Policies related to academic integrity. **See Appendix 14.5, pages 7-9**

☑   Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development). **See Appendix 10.7**

☑   Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners. **See Appendix 10.8**

☑   Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum. **See Appendix 10.9**

☑   Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills. **See Appendix 10.10**

☑   Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program. **See Appendix 10.11**

☑   Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills. **See Appendix 10.12**

☑   Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes. **See Appendix 10.13**

☑   Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles. **See Appendix 10.14**

☑   Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities. **See Appendix 3.1**

Required Documentation for On-Site Review:

☑   All course syllabi (didactic and experiential). **See folder provided on-site.**

Data Views and Standardized Tables:

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

☑   AACP Standardized Survey: Faculty – Questions –9, 32-36. **See Appendix 1.8**

☑   AACP Standardized Survey: Student – Questions 31-36, 63, 68. **See Appendix 1.5**

☑   AACP Standardized Survey: Alumni – Questions –19, 20, 24. **See Appendix 1.7**

☑   AACP Standardized Survey: Preceptor – Questions 10, 17. **See Appendix 1.6**

Optional Documentation and Data:

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

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

	S	N.I.	U
10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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).	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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).	x	○	○
10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.	x	○	○
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.	x	○	○
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.	x	○	○

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]	**x**	○	○
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.	**x**	○	○

[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.

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

- ☑ A description of the professional competencies of the curriculum

- ☑ A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes

- ☑ The curricular structure and content of all curricular pathways

- ☑ How the curricular content for all curricular pathways is linked to Appendix 1 of Standards 2016 through mapping and other techniques and how gaps in curricular content or inappropriate redundancies identified inform curricular revision

- ☑ Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values

- ☑ Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum

- ☑ A description of the curricular structure, including a description of the elective courses and experiences available to students

- ☑ How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length

- ☐ ~~Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)~~

- ☑ How the results of curricular assessments are used to improve the curriculum

- ☑ How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision

- ☑ How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.

- ☑ A description of the college or school's curricular philosophy

☑ A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery

☑ A description of teaching and learning methods and strategies employed in the delivery of the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable), and how those methods are expected to advance meaningful learning in the courses in which they are employed.

☑ Efforts of the college or school to address the diverse learning needs of students

☑ The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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

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The College is dedicated to preparing the next generation of leaders in pharmacy. The Professional Program Outcome Ability Goals are shown in Appendix 10.3. These program-specific outcome abilities are established to ensure the student's transitional growth across the didactic curriculum and throughout IPPE and APPE to result in professional competency and the ability to provide patient-centered care by meeting the criteria of good science, professional skills, attitudes, behaviors, values, and evidence-based practice.

The College has a detailed assessment plan in place to evaluate the achievement of these professional competencies. Assessment responsibilities within the College lie with several groups: 1) the Assessment Committee, a standing committee in the College charged by the Dean to plan and review assessment activities, 2) the Curriculum Committee, a standing committee in the College charged by the Dean to review the curricular structure and functioning and to make recommendations for improvement to the faculty, 3) the Faculty of the College for providing assessment data and responding to recommendations from the previously named committees, 4) the Office of Experiential Programs for providing assessment data and responding to recommendations related to IPPE and APPE experiences, 5) the students in the College for completion of assessments and information requests related to activities both within and outside the classroom, 6) the Office of the Dean, where

the Assistant Dean for Assessment and Learning has responsibility for coordinating assessment activities in the College, and the 7) College Executive Committee, which sets policy for the College. Specific measures and methods that are used to evaluate the achievement of professional competencies and outcomes are described in detail within Standard 24.

A graphic of the curriculum structure is shown in Appendix 1.2. The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are interwoven and integrated throughout the didactic curriculum. Throughout the didactic curriculum, a series of six laboratory courses reinforces the principles learned in the classroom, and six IPE courses integrate students into healthcare teams. The IPPE in the P-1 through P-3 years helps to connect the didactic material to the practice environment. The APPE during the P-4 year incorporate content from previous years and allow the students to refine and master required knowledge and skills to enter practice.

Mapping of curricular content to Appendix 1 of Standards 2016 (Appendix 10.1) is maintained on the College's SharePoint website. The Assessment Committee has the responsibility to work with faculty to collect curricular mapping information, monitor student achievement related to program outcomes, collect and evaluate assessment data from students in the program and from recent graduates, and evaluate data related to experiential rotations. The Assessment Committee makes recommendations to the Curriculum Committee or individual course faculty as appropriate to resolve gaps or inappropriate redundancies. In addition, the curriculum and assessment committees jointly review all core courses every four years.

Examples of methods used for assessment and documentation of student attainment of desired core knowledge include written assignments, quizzes (online and written), and exams. Performance-based assessments (PBAs) are used to provide both formative and summative assessments for core knowledge and skills during the PPL sequence. These assessments integrate multiple components

across the didactic curriculum. Assessments of knowledge and skills are also documented in final evaluations at the conclusion of each IPPE and APPE rotation. Students also complete assessments to document personal values through the use of the Kiersma-Chen Empathy scale and intercultural competence through the Intercultural Development Inventory (IDI).

The primary method used to integrate knowledge, skills, and professional attitudes is the PPL series as described in previous standards. This two-credit, interdisciplinary course spans the P-1, P-2, and P-3 years of the curriculum. The individual sessions reinforce subject matter covered in the didactic curriculum. In addition, topics are reinforced as students progress throughout the curriculum and the content becomes more complex to help the student move from novice to expert.

In addition to the core courses, students enrolled in the professional degree program are required to take 11 credit hours of electives. A maximum of six credit hours of the 11 hours of electives may be taken on a pass/no pass basis and electives may include both pharmacy and non-pharmacy topics. A listing of available pharmacy elective courses can be found in Appendix 10.16. An example of a unique experience available to students is the Nuclear Pharmacy series. This series of elective courses provides students with the 200 hours of didactic education required by the Nuclear Regulatory Commission (NRC) for Authorized Nuclear Pharmacist (ANP) status.

The length of the professional curriculum is four years, consisting of three academic years dedicated to didactic coursework, IPE, and IPPE, and one year dedicated to APPE. IPPE duration is >300 hours, is equally balanced between community and institutional health-system settings, and is purposely integrated into the didactic curriculum. The duration of APPE is 40 weeks and includes required experiences in community pharmacy, ambulatory patient care, health-system pharmacy, and general medicine inpatient care. Students do not receive remuneration for participating in curricular pharmacy practice experiences.

A notable example of how assessments have been used to improve the curriculum includes recent efforts by the curriculum committee to redistribute pharmacotherapy content to better align with IPPE. Data collected from preceptors and student focus groups indicated that the sequence of topics presented in the integrated pharmacotherapy sequence could be improved to allow students to build on their knowledge during IPPE. This feedback led the curriculum committee to conduct an overarching review of each topic covered in the integrated pharmacotherapy courses. Topics, including the number of hours of coverage, were mapped to the American College of Clinical Pharmacy (ACCP) 2016 Didactic Curriculum Toolkit with the corresponding competency-based tier. This resulted in updates to content coverage to ensure that all Tier 1 and Tier 2 topics are adequately addressed. The committee also recommended changes to the order of topics to allow students to reinforce and apply their therapeutics knowledge during the Community Pharmacy IPPE course. For example, topics generally encountered in the community practice setting will be moved to the P-1 spring semester, and more advanced topics will be moved to the P-3 year. Another improvement based on these assessments is the creation of a capstone case subcommittee to facilitate the delivery of cases at the end of each semester with the goal of strategically reviewing and integrating material. Additional examples of curricular improvements based on assessments can be found in Appendix 10.5

Mapping of curricular content to the professional program outcome abilities and the Pharmacists Patient Care Process (Appendix 10.1), is maintained on the College's website. Faculty provide the Assessment Committee with information regarding modification to courses and/or course outcomes that would require updating of the curricular mapping document.

The curricular design allows for increasing challenges and rigor as the student progresses by connecting and building upon content during each subsequent semester. Foundational knowledge is emphasized in the first year of the curriculum. This knowledge is then incorporated during the second

and third year of the program using cases and examples during the behavioral and social science courses, didactic pharmacotherapy courses, and experiential learning courses. Additionally, collaboration between faculty members within the pharmacy practice department and the medicinal chemistry department for the delivery of the integrated pharmacotherapy course helps students integrate scientific knowledge and clinical patient care.

The College's curricular philosophy is to provide a contemporary and innovative professional curriculum that empowers students to advance pharmacy's contribution to health care and to provide excellent patient care. Students are provided with the tools to be successful, both in the classroom and beyond. This includes the knowledge, skills, and means to be successful personally, academically, and professionally. Students are trained to become the pharmacy leaders of tomorrow, equipped to meet global health challenges through innovative thinking and practice.

Intentional leadership development activities are integrated throughout the curriculum based on the Social Change Model of leadership development described in Standard 4. During the P-1 year, a wide array of activities focus on self-awareness and the development of personal qualities and values. During the P-2 year, development of personal qualities continues. However, the focus shifts to group values with an emphasis on collaboration and interaction between groups and the individual. During the P-3 and P-4 years, individual and group values are integrated to include societal value. For pharmacy students, this includes working in multidisciplinary teams to provide patient-centered care and improve outcomes. More detailed information regarding specific leadership development activities is provided within Standard 4.

A variety of teaching and learning methods are employed throughout the curriculum to provide a balance of meaningful learning experiences. These methods range from the traditional lecture for delivery of complex content to student-centered, active learning for application of concepts to specific

situations. Examples include in-class discussion, think-pair-share, case presentations, standardized patients (PPL), and group projects (e.g., debates, business plan, drug monograph, etc.). Multiple University resources are available for pharmacy faculty to implement effective approaches to delivering course content in ways that engage, respect, and positively address the diverse needs of learners. For example, the University initiative, Instruction Matters: Purdue Academic Course Transformation (IMPACT) is a course redesign program that focuses on making courses at Purdue more student-centered. Several faculty have taken advantage of this service to address the diverse needs of learners. Faculty also have access to the Information Technology at Purdue (ITaP) department to assist with effective use of technology within the classroom. Examples of technology readily used in multiple courses include audience response systems, lecture capture, electronic peer review, digital badges, and online modules incorporating videos. The College aims to enhance teaching effectiveness by providing feedback to faculty through a multi-modal assessment approach that includes peer-review of teaching and students' evaluation of faculty teaching. The College Evaluation of Teaching Policy is shown in Appendix 10.17.

One notable challenge that has fostered innovation in curricular design is our geographic location without close proximity to, or formal affiliation with, a major academic medical center. This challenges our ability to provide an adequate number of high-quality IPPE sites for institutional practice within the local area and prevents students from being able to complete institutional IPPEs as part of the regular semester. To overcome this challenge, the curriculum is structured as 15-week semesters in the P-1 year and 12-week semesters in the P-2 and P-3 years with three-week intensive electives. This allows students to complete institutional IPPEs outside of the West Lafayette area during the fall or spring semester. For example, in the fall semester, approximately half of P-2 students and P-3 students begin their respective IPPEs at the beginning of July or August, while all P-2s and P-

3s begin their 12-week didactic courses one week later than the general Purdue population. The remaining half are enrolled in their P-2 or P-3 IPPE during the month of January, with all P-2 and P-3 students beginning their 12-week didactic courses near the end of January, which is three weeks after the general Purdue population. Students not in IPPE may enroll in intensive elective courses, which begin in accord with the general University calendar.

Results from AACP standardized survey questions indicate that graduates (Appendix 1.5) and alumni (Appendix 1.7) of the program have a highly favorable assessment of their educational experience. For example, 98.5%, 99.3%, and 96.5%, of graduates from 2018, 2017, and 2016, respectively, and 95.5% of 2017 alumni agreed that they had developed skills needed to prepare themselves for continuous professional development. Similarly, 97% (2018), 100% (2017), and 98.4% (2016) of graduates and 95.5% of alumni agreed that opportunities were available to engage in active learning. Additionally, >95% of graduating students and alumni agreed that elective didactic courses permitted exploration of and/or advanced study in areas of professional interest. These data are comparable or higher than the average responses reported by all public universities.

Faculty surveys from 2016 and 2018 indicate similar results to all public universities with respect to agreement in statements regarding understanding where instructional content fits into the curriculum (91.7% Purdue; 90.3% all publics for 2018), the depth of teaching that supports understanding of central concepts and principles (80% Purdue; 86.8% all publics for 2018), and curricular collaboration among disciplines (88.3% Purdue; 87.8% all publics for 2018). Two areas indicate results below the national average for public schools. These are: 1) agreement that the curriculum oversight processes are effective (70% [2018] and 71.4% [2016] for Purdue; 79% [2018] and 81.7% [2016] all publics), and 2) agreement that the college uses programmatic assessment data to improve the curriculum (61.7% [2018] and 64.3% [2016] for Purdue; 81.3% [2018] and 82.1% [2016]

for all publics). In an effort to improve these areas at least two initiatives are underway. The curriculum and assessment committees have updated their joint policy for review of core courses (Appendix 10.18). To aid the collection of valuable assessment data, the College is in the process of implementing ExamSoft to improve the quality and quantity of assessment data that can be used to improve the curriculum.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Vision, mission, and goal statements related to interprofessional education. **See Appendix 11.14**

☑ Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs. **See Appendix 11.15**

☑ 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

  ☑ TEACH 2.0 syllabi for PHRM 83800, 83900, 85400, and 85500 are found in **Appendices 11.4, 11.5, 11.6, and 11.7**.
  ☑ TEACH 2.0 syllabi for PHRM 87400 and 87500 will be finalized as the TEACH 2.0 Curriculum is rolled out beyond the 2019-2020 academic year.
  ☑ Introductory Pharmacy Practice Experience (IPPE) syllabi are found in **Appendices 12.2, 12.3, and 12.4.**

☑ Student IPPE and APPE evaluation data documenting the extent of exposure ton interprofessional, team-based patient care. **See Appendix 11.16**

☑ Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum. **See Appendix 11.17**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Student – Questions –11, 46. **See Appendix 1.5**

Optional Documentation and Data:

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

  • Additional information relevant to the IPE curriculum included with this submission:
    o TEACH 2.0 Curricular Framework (**Appendix 11.1**)
    o TEACH 2.0 Curricular Mapping (**Appendix 11.2**)
    o TEACH 2.0 Design Process (arrow guide) (**Appendix 11.3**)

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

☑ How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team

- See information related to Implementation of the TEACH 2.0 Curriculum, geriatric medication game, intercultural case studies, and annual performance evaluation

☑ 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

- See information in the The TEACH 2.0 Framework Roll Out Plan Table about IPE courses

☑ How the results of interprofessional education outcome assessment data are used to improve the curriculum

- See above for assessment data related to IPE for all P-1-P-4 students

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

- See information related to the implementation of the TEACH 2.0 Curriculum, the appointment of a Director of Interprofesional Education, and documentation of learners that pharmacy students are now interacting with (including physicians)

☑ Any other notable achievements, innovations or quality improvements

- The College's Director of IPE has also been appointed as an Assistant Dean for Programming in the IU IPPEC (see below under ACPE Guidance for Interprofessional Education 11.a)

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

- See Table: AACP Survey Responses – Graduating Classes of 2017 and 2018

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To provide IPE opportunities and ensure that Purdue Pharm.D. students have opportunities to train with other health professionals, the College adopted the TEACH 2.0 Curriculum in the fall of 2016. This framework was developed by the Indiana University (IU) Interprofessional Practice and Education Center (IPPEC), IU School of Medicine, IU Allied Health Science programs, and Purdue College of Pharmacy. The adoption of the TEACH 2.0 Curriculum ensures all Purdue Pharm.D. students will be exposed to the same minimum level of IPE during their professional degree program *(see information about IPLA events described in the Student Handbook above).*

The TEACH 2.0 Framework Roll Out Plan

	IPE Orientation	IPLA #1	IPLA #2	IPLA #3	IPLA #4	IPLA #5	IPLA #6
2017 – 2018 Academic Year	P-1	P-1	P-1				
2018 – 2019 Academic Year	P-1	P-1	P-1	P-2	P-2		
	Fall Semester Course: Interprofessional Education Experience I (PHRM 838)		Spring Semester Course: Interprofessional Education Experience II (PHRM 839)				
2019 – 2020 Academic Year	P-1	P-1	P-1	P-2	P-2	P-3	
	Fall Semester Course: Interprofessional Education		Spring Semester Course: Interprofessional Education	Fall Semester Course: Interprofessional Education	Spring Semester Course: Interprofessional Education		

	Experience I (PHRM 838)		Experience II (PHRM 839)	Experience III (PHRM 854)	Experience IV (PHRM 855)		
2020 – 2021 Academic Year	P-1	P-1	P-1	P-2	P-2	P-3	P-4
	Fall Semester Course: Interprofessional Education Experience I (PHRM 838)		Spring Semester Course: Interprofessional Education Experience II (PHRM 839)	Fall Semester Course: Interprofessional Education Experience III (PHRM 854)	Spring Semester Course: Interprofessional Education Experience IV (PHRM 855)	Fall and Spring Semesters* Course: Interprofessional Education Experience V (PHRM 874)	Will occur longitudinally during APPE year

*Each student will participate in the same semester as their IPPE experience

The distribution of learners who participated in IPLAs 1 – 4 include:

Location: Indianapolis, IN

Profession	Level	IPLA #1 Fall 2017	IPLA #1 Fall 2018	IPLA #2 Spring 2018	IPLA #3 Fall 2018	IPLA #4 Spring 2019
Nursing	Learner	108	140	126	120	120
	Faculty	6	6	4	11	7
Dentistry	Learner	106	106		140	50
	Faculty	5	5		5	2
Dental Hygiene	Learner	35	20	21	21	
	Faculty	2	2	2	2	
Medicine	Learner	92	144	158	140	217
	Faculty	2	5	4	5	6
Pharmacy	Learner	106	106	103	110	132
	Faculty	4	6	5	13	5
Physician Assistant	Learner	41	44			
	Faculty	2	2			
Physical Therapy	Learner	40	44	39	39	39
	Faculty	1	4	2	2	1
Public Health	Learner	17	63	13		47
	Faculty	1	2	2		1
Occupational Therapy	Learner		34			
	Faculty		2			
Total Learners		439	701	460	540	605
Total Faculty		23	38	23	44	22

Location: West Lafayette, IN

		IPLA #1		IPLA #2	IPLA #3	IPLA #4
		Fall 2017	Fall 2018	Spring 2018	Fall 2018	Spring 2019
Nursing	Learner	70		25		25
	Faculty	2		4		4
Medicine	Learner	20	26	28	23	14
	Faculty	3	4	4	3	2
Pharmacy	Learner	41	47	41	46	18
	Faculty	4	2	5	4	2
Audiology	Learner			43		
	Faculty			0		
Speech, Language, and Hearing Sciences	Learner				13	5
	Faculty				1	1
Total Learners		131	73	137	82	62
Total Faculty		9	6	13	8	9

How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard:

ACPE Guidance for Interprofessional Education

11.a Partnerships - In Fall 2016, the College formally partnered with IU IPPEC for the TEACH 2.0 curricula. This allowed students in the didactic portion of the curriculum opportunities to interact and work with learners from other healthcare disciplines and prepare for effective interactions with healthcare partners during experiential rotations and clinical practice. In January 2017, The College of Pharmacy appointed a Director of Interprofessional Education (IPE). In Spring 2019, the College of Pharmacy Director of IPE received a joint appointment with IU IPPEC as the Assistant Dean for Programming. As part of these roles, he serves on the Academic Steering Committee, Executive Committee, and Leadership Council for the IU IPPEC, where additional evaluation of assessment strategies and curricular oversight of the TEACH 2.0 Curriculum is done.

Outside of the TEACH 2.0 curricula, the College also maintains a partnership, and has faculty, with Eskenazi Health (Indianapolis, IN), Northwestern University (Chicago, IL), Community Health Network (Indianapolis, IN), St. Vincent Health Network (Indianapolis, IN), as well as Moi Teaching University and Hospital in Eldoret, Kenya. Faculty at these practice sites precept IPPE and/or APPE students, and use their interprofessional clinical practice experience as an example for Pharm.D. students.

11.b Interprofessional Simulation Experiences - In Spring 2017, the College's students first participated in medical simulation activities with students from Purdue School of Nursing and IU School of Medicine (outside of the TEACH 2.0 curricula). These activities continued in Spring 2018, and simulations will ultimately become IPLA #4 (as part of the TEACH 2.0 Curriculum in 2018-2019 Academic Year).

Two additional activities outside of the TEACH 2.0 curricula include:

- First professional year students participate in the Geriatric Medication Game that simulates the navigation of the healthcare settings with conditions or maladies commonly encountered among older patients.

- Third professional year students participate in an interprofessional Intercultural Case Studies exercise using standardized patients.

11.c IPE Dynamics - The College has been using the RIPLS survey and will be implementing the ICCAS instrument in the TEACH 2.0 Curriculum. Literature also supports the development of a position within a university or college with time allocated towards oversight of IPE, so the College appointed a Director of IPE in 2017. As part of the partnership between the College and the IU IPPEC, and the joint appointment of the Director of IPE as an Assistant Dean with the IU IPPEC, the Knowledge Assessment used with IPLAs #1 and #2 was discovered. This Assessment was adapted from a validated tool out of UCLA, and their IPE center (https://apps.medsch.ucla.edu/ipe/tools-questionbank.html).

11.d Non-Pharmacist Preceptors - In addition to APPE experiences with non-pharmacist preceptors, students participate in IPLAs with non-pharmacist preceptors. As part of these activities, students may have a preceptor or facilitator from other disciplines, including medicine, dentistry, social work, physical therapy, occupational therapy, and others. Please see above for the distribution of facilitators for IPLAs

- Refer to the information in Standards 12 or 13 from Office of Experiential Education for further information on IPPE or APPE non-pharmacist preceptors.

11.e Interaction with Prescribers - Within and outside of the TEACH 2.0 Curriculum, students have opportunities to interact with other prescribers and their learners. Please see additional details

elsewhere in this report regarding these interactions. During APPEs, students report interactions with the following healthcare team members:

Physician
Nurse
Resident/Fellow
Nurse Practitioner
Dietician/Nutritionist
Medical Student
Case worker/Social Worker/Chaplain
Physician Assistant
Intern
Physical Therapist
Other student
Respiratory Therapist
Nursing student
Nurse Practitioner student

11.f Interprofessional Educational Activities - Please see additional details elsewhere in this report regarding these interactions. Methods of interaction include face-to-face, telephonic, and video conferencing.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☑ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

Submissions to ACPE for monitoring include:

- Finalized assessment plan and outcomes for IPLAs 5 and 6, which will be an extension of the implementation plan already completed for IPLAs 1-4. This includes mapping outcomes for both IPLAs to IPEC Competencies and the College of Pharmacy Professional Program Outcomes.

  o The proposed assessment plan for IPLA 5 will include peer-, self-, and preceptor-provided evaluation

  o The proposed assessment plan for IPLA 6 will include self- and preceptor-provided evaluation

  o Assessments for both IPLAs are planned to provide individual, student-level data

Standard No. 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum: The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Description of curricular and degree requirements, including elective didactic and experiential expectations. **See Appendices 1.1 and 1.2**

☑ A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments. **See Appendix 12.13**

☑ Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum. **See Appendices 10.1 and 24.3**

☑ 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. **See Appendix 24.5**

☑ Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies). **See Appendices 2.1, 2.2, 3.2, 4.1, 4.2, 4.5, 4.6, 24.8**

☑ Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements. **See Appendix 12.1**

☐ ~~List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement.~~ **N/A No simulation is counted towards the 300 hours of IPPE.**

☑ Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure. **See Appendices 12.2, 12.3, 12.4, 12.5, 12.6**

☑ Introductory pharmacy practice experiences student and preceptor manuals. **See Appendix 12.7**

☑ Introductory pharmacy practice experiences student and preceptor assessment tools**. See Appendices 12.8, 12.9, 12.10a-c**

☑ Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs. **See Appendix 12.11**

☑ Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes. **See Appendices 2.2 and 2.3**

Required Documentation for On-Site Review:

☑ List of current preceptors with details of credentials (including licensure) and practice site. **See Appendix 20.1**

Data Views and Standardized Tables:

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

☑   AACP Standardized Survey: Faculty – Question 34. **See Appendix 1.8**

☑   AACP Standardized Survey: Student – Questions –32, 34-36, 66, 67, 77-79. **See Appendix 1.5**

☑   AACP Standardized Survey: Alumni – Questions 19, 22. **See Appendix 1.7**

Optional Documentation and Data:

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

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

	S	N.I.	U
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.).	x	○	○
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.	x	○	○
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.	x	○	○
12.4. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○

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

☑ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes

☑ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings

☑ How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings

☑ How the college or school uses simulation in the IPPE curriculum

☑ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.

☑ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences

☑ How quality improvements are made based on assessment data from practice sites

☑ Any other notable achievements, innovations or quality improvements

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

[TEXT BOX] [15,000 character limit, including spaces] (approximately six pages)

The Doctor of Pharmacy curriculum provides three years of pre-APPE courses and one full year (summer, fall, and spring) of APPE rotations. The first year IPPE is a hybrid (experiential/didactic) semester-long experience in the Purdue University Pharmacy and small group settings. The second IPPE is a four-week community pharmacy experience completed in one of three month options during the P-2 year. The four-week-long Institutional IPPE is completed in one of four months during the P-3 year.

Didactic Coursework

The didactic coursework is rigorous and encompasses several critical subjects, with content guided by the College's Outcome Ability Goals (see Appendix 10.3). The College has adopted a modular sequence that integrates medicinal chemistry, pharmacology, pathophysiology, and clinical therapeutics for any given disease state. This course sequence is called Integrated Pharmacotherapy. It begins in the spring semester of the P-1 year and continues each semester until the end of the P-3

year. This sequence uses a variety of assessment modalities including exams, quizzes, and homework to evaluate student performance. Students are also enrolled in a Professional Program Laboratory every semester from Fall P-1 through Spring P-3 years. In this class, students are in lab groups of approximately 30 students and engage in a variety of activities that include patient case discussions and skill-based activities, such as blood pressure measurement and glucometer testing. This lab is coordinated with Introduction to Patient Centered Care (P-1 fall semester) and Integrated Pharmacotherapy so that disease states and concepts taught during these courses can be reinforced, practiced, and expanded upon during lab time. While these courses provide essential material needed for students to perform optimally during the APPE rotations, there are several additional required courses intended to round out the students' knowledge base and provide more insight and training in other areas of professional pharmacy practice.

In the P-1 year, students are required to take biotechnology and parenteral dosage forms as well as their first semester of Integrated Pharmacotherapy. During the P-2 and P-3 years, the students take Principles of Drug Information and Literature Evaluation, Public Health, and Population Health Management, as well as Pharmacokinetics, Pharmacogenomics, and Jurisprudence. In addition, a new Interprofessional Education Experience (IPE) is nested within each semester of the program. During the P-3 spring semester, students are required to take Introduction to APPE. This course covers the policies and procedures for the P-4 year and numerous topics related to APPE rotations including evaluation of APPEs, professional dress and behavior, documentation of clinical services, etc. There are several elective courses that students can take to focus their knowledge and skills a bit more in particular areas. There are disease-specific electives in psychology, diabetes, and mental health, for example, and an advanced literature evaluation course for those who may be tracking towards drug information or industrial pharmacy careers. Any students that are planning to take

international APPE rotations are required to enroll in the International APPE course during the P-3 year. This helps prepare those students for the specific challenges they may face in the international APPEs during the P-4 year, such as language barriers, access to care, and social customs.

Co-Curricular Activities

Co-curricular activities are essential to student pharmacists' professional development. Students' extracurricular activities, as well as required course and College activities, are part of the Purdue University College of Pharmacy's co-curriculum. The College's Co-Curricular Plan (Appendix 24.6) outlines the ways in which the College encourages students to participate in co-curricular activities, as well provides a mechanism to document their professional development.

Co-Curricular Components

Classroom Based Co-Curricular Activities:

Co-curricular activities that occur in the classroom are mapped to ACPE Standards 3 and 4 and the College of Pharmacy's Professional Outcome Ability Goals (Appendix 3.2a). Co-curricular activities occur in every year of the didactic curriculum. Student performance outcomes in specific co-curricular activities are tracked by the Assistant Dean for Learning and Assessment (Appendix 3.2b-c).

Co-Curricular and Professional Outcome Survey:

In the spring semester, students complete this survey and document their participation in extracurricular activities in the following areas: 1) College of Pharmacy student organization, 2) College of Pharmacy event, 3) University student organization, University event, 4) Community organization, 5) Religious organization, and 6) Work-related activities. For each of the areas in which the student indicates participation, they are asked to rate the level of contribution the activity had in their development in each of the College's Professional Outcome Abilities. This survey assists students in thinking about the areas of their professional growth prior to completing the Annual

Performance Evaluation (APE). The Assistant Dean for Learning and Assessment compiles the results of the survey (Appendix 3.2a) and shares with the Assessment Committee for their review.

Annual Performance Evaluation and Faculty Discussion:

In the spring semester, students complete a self-reflection using a set of guided questions (Appendices 4.1-4.4). Students also develop action plans focused on their continued development. Faculty review student reflections and provide feedback using a standardized rubric (4.1-4.2).

Students meet with a faculty member (groups of 5-10 students) for 60 minutes in the Professional Program Laboratory. Discussion focuses on what students have done during the year, as well as planning for the upcoming year. Students revise their reflections and actions plans based on faculty feedback and the small group discussion. Students upload their revised APE into PharmAcademic.

Student performance data (Appendix 2.1b) are compiled by the Assistant Dean for Learning and Assessment and shared with the Assessment Committee and APE Faculty Work Group. The APE Faculty Work Group develops the guided questions and overall APE process. The APE process is revised annually by the APE Faculty Work Group and reviewed by the Assessment Committee. Data are shared with faculty at the College's annual retreat.

Co-Curriculum Overview

Component	ACPE Standard Addressed Std. 3						ACPE Standard Addressed Std. 4				Frequency	Professional Year	Responsible Party(ies)
	1	2	3	4	5	6	1	2	3	4			
Classroom-Based Co-Curricular Activities	X	X	X		X	X	X	X	X	X	Annual	P-1-3	Faculty Assistant Dean for Learning and Assessment
Co-Curricular and Professional Outcome Survey	X	X	X	X	X	X	X	X	X	X	Annual	P-1-3	Assistant Dean for Learning and Assessment Assessment Committee
Annual Performance Evaluation (APE)					X	X	X	X	X	X	Annual	P-1-3	Faculty Assistant Dean for Learning and Assessment APE Faculty Work Group Assessment Committee

Practice Based and Experiential Coursework

There are three IPPE courses/rotations that occur throughout the P-1, P-2, and P-3 years that help to prepare students for practice in the APPE rotations. They are as follows:

- PHRM 82200 – Pharmacy Skills and Patient Counseling (P-1 year)

- PHRM 84200 – Community Pharmacy IPPE (P-2 year)

- PHRM 86200 – Institutional Pharmacy IPPE (P-3 year)

These courses and experiential rotations allow the students to work with real patients prior to their APPEs. The PHRM courses are taught within the Purdue University Pharmacy, and students have the opportunity to counsel patients and process prescriptions in a real working environment. There are no simulation activities that count towards the 300 required IPPE hours and, in fact, the total hours that students get from the two IPPEs (160 x2) plus the PHRM courses (30 hours) equates to 350 hours of non-simulated patient care experience.

The IPPE experiences have been structured to occur in July, August, December, or January to allow students time in the summers to complete internships and also to better align with the three other colleges of pharmacy in Indiana. Spacing out the IPPE rotations helps to reduce overload for preceptors that are shared between the three colleges.

The College receives regular feedback from IPPE preceptors through Regional Faculty Coordinators that serve on the Experiential Learning Advisory Council (ELAC). One suggestion that came through was the reorganization of topics presented in the Integrated Pharmacotherapy to better align with the IPPE rotations. The Curriculum Committee is redesigning the sequence of topics in Integrated Pharmacotherapy course to do just this. Topics such as Men's Health, Women's Health, and Arthritis will be covered first to better prepare students for patients they are more likely to encounter in their Community Pharmacy IPPE, while topics such as Heart Failure and

Fluids/Electrolytes will be covered later to prepare them for Institutional Pharmacy IPPEs. In addition, the Office of Experiential Learning (OEL) can now revise some IPPE activities to better match up to those disease states and help reinforce concepts in practice. For example, instead of having the students complete a general care plan or patient presentation to his/her preceptor during a Community Pharmacy IPPE, now the requirement can specifically state that an arthritis patient be selected and presented since this is now a topic the student has some familiarity with.

AACP Faculty Survey interpretation question 34:

The College scored 80% compared to the national average score of 86.8% in the Strongly agree (SA) and Agree (A) fields on item #34. The curriculum is currently being reviewed for clinical content and timing of certain topics to coincide better with the students' IPPEs as described above.

AACP Alumni Survey interpretation questions 19, 22:

The College was slightly below the national average on item 19 (95.5% vs. 98%) and above the national average on item 22 (97.8% vs. 92.4%).

AACP Student Survey interpretation questions 32, 34-36, 66, 67, 77-79:

The College's ratings on SA+A compared to the national average is listed below.

Item #	Purdue	Nat. Avg.
32: I was provided opportunities to engage in active learning (e.g., laboratories, recitations, student portfolios, problem-based learning, in-class activities).	96.9%	97.3%
34: My introductory pharmacy practice experiences were valuable in helping me to prepare for my advanced pharmacy practice experiences.	84	82.8
35: My introductory pharmacy practice experiences permitted my involvement in direct patient care responsibilities in both community and institutional settings.	83.4	84
36: My introductory pharmacy practice experiences were of high quality.	80.3	79.7
66: The college/school's faculty and administration encouraged me to participate in regional, state or national pharmacy meetings.	93.9	90.7

67: The college/school of pharmacy was supportive of student professional organizations.	98.5	95.3
77: I am prepared to enter pharmacy practice.	97.7	94.7
78: If I were starting my college career over again I would choose to study pharmacy.	84.1	76.4
79: If I were starting my pharmacy program over again I would choose the same college/school of pharmacy. (If you select disagree or strongly disagree please indicate the reason why in the comment box at the end of this section.)	95.5	85.3

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 13: Advanced Pharmacy Practice Experience (APPE) Curriculum: A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable. **See Appendices 13.1, 13.2, 13.3, 13.4**

☑ 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.).* **See Appendix 13.5**

☑ Overview of APPE curriculum (duration, types of required and elective rotations, etc.). **See Appendix 13.6**

☑ Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives. **See Appendices 13.7a-e**

☑ Advanced pharmacy practice experience student and preceptor manuals. **See Appendix 13.8**

☑ Advanced pharmacy practice experience student and preceptor assessment tools. **See Appendices 13.9a-b**

☑ Preceptor recruitment and training manuals and/or programs. **See Appendices 13.10, 13.11, 12.7**

☑ Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care. **See Appendix 13.12**

☑ Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes. **See Appendix 2.3**

Required Documentation for On-Site Review:

☑ List of current preceptors with details of credentials (including licensure) and practice site **See Appendix 20.1**

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Student – Questions 37–-46. **See Appendix 1.5**

☑ AACP Standardized Survey: Alumni – Questions 21, 25. **See Appendix 1.7**

Optional Documentation and Data:

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

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

	S	N.I.	U
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.	x	○	○
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)	x	○	○
13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○

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

☑ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes

☑ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings

☑ How the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings

- ☑ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team
- ☑ How the college or school provides students with elective 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
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The APPE program at Purdue is the crowning jewel of the Pharm.D. curriculum and provides a multitude of rotational experiences ranging from hospital and community-based pharmacy rotations to inpatient medicine, ambulatory clinics, specialty pharmacy, and several diverse elective experiences. The entire APPE year consists of 40 weeks (1,600 hours) of experience with each individual experience being no less than four weeks in length; with some rotations that are eight and even 12 weeks in length.

All P-4 students are required to complete:

- one Institutional (hospital-based) APPE that expands upon the Institutional (hospital) IPPE rotation and

- one Community Pharmacy APPE that further expands upon the Community Pharmacy IPPE rotation.

In addition, each student will complete:

- two four-week inpatient medicine rotations,

- two four-week ambulatory care rotations, and

- four four week elective rotations.

Since the last accreditation visit in 2011, the College has improved the quantity and quality of the APPE offerings in two ways. First, the College strengthened its collaboration with Northwestern Memorial Hospital in Chicago through the placement of a co-funded faculty member. This addition allowed the College to develop six new institutional track programs at the facility and expanded the number of individual four-week rotation blocks by 60. Second, the College developed institutional, industrial, and ambulatory care longitudinal track programs throughout the state (institutional and ambulatory) and the country (industrial). These programs vastly increased the available number of APPEs and the diversity of rotation types (see Standard 22 for an in-depth description of the track programs).

Overall, the APPE program encompasses practice sites throughout the state of Indiana and includes the following regional areas: Northwest Indiana, South Bend, Fort Wayne, Lafayette, Indianapolis, Evansville, and Southeast Indiana. In addition, Chicago and Louisville are in close proximity to the state and are used for APPE placement as well. There are currently three international rotation sites. The Moi Teaching and Referral Hospital in Eldoret, Kenya, St. Bartholomew Hospital in London, England, and The University of Antioquia Teaching Hospital in Medellin, Columbia. Although these are all classified as elective rotations, students can round in different patient care areas including adult medicine, ambulatory care, oncology, and cardiology. They also have the opportunity to speak with patients and health care professionals through another language (Kenya and Columbia) and gain an appreciation for how medicine and pharmacy are practiced in other parts of the world; sometimes, in the case of Kenya, in underdeveloped and resource-constrained parts of the world.

Similar to the pre-APPE program, the APPE rotations span all types of patients, from pediatrics to geriatrics, and include a variety of demographics from underserved patients in community health clinics to Spanish-only speaking patients in rural clinics in Indiana. APPE students complete rotations

as part of interdisciplinary teams in large academic medical centers such as Eskenazi Health and Northwestern Memorial hospitals in Indianapolis and Chicago, respectively, but also spend time working directly with pharmacists and technicians to care for patients in family-run independent pharmacies in small towns such as Lebanon and Topeka, Indiana. There are a wide variety of elective experiences with industrial companies in both Indiana and on the east coast, as well as opportunities in academia, managed care, drug information, specialty pharmacy, substance abuse, and administration in both the hospital and community pharmacy realms. Students can also gain experience at the federal level with rotations at the FDA and through the Indian Health Service at three different rotation sites in Alaska.

All students are prepared for the APPE program through a highly-streamlined process that begins in the fall semester of the P-3 year. Three APPE orientation meetings are scheduled for the class every September where the entire APPE process is discussed. Students learn about the different types of rotations available, how they should rank these rotations in PharmAcademic, and what the expectations will be. During that fall semester, they also meet one-on-one with the Assistant Dean for Engagement and Partnerships who is responsible for oversight of the entire Experiential Learning Program. Each student gets at least a 20-minute meeting where his/her individual career goals are discussed and a general plan is mapped out as to which APPE rotations would be most beneficial to rank. In the spring, after the rotation match program runs, students are enrolled in a required one credit hour class called Introduction to Advanced Pharmacy Practice Experiences. This class meets twice weekly for the second half of the spring semester and a variety of topics are covered including APPE policies and procedures, how students and preceptors are evaluated, how to address time off from APPEs, how to be proactive and meet expectations of the preceptors, etc. As a part of the class, a panel of P-4 students and preceptors meets with the class the week before the first

rotation starts and discusses the expectations during APPEs. P-4 students share their experiences and help prepare the P-3 students for their first rotation in May.

P-4 students make many valuable contributions during their APPE rotations collectively and are highly engaged in the communities in which they are assigned for rotations. Since 2006, students have been required to document their clinical interventions under the direction of their preceptors into a web-based program called Clinical Measures. Data from the past five years is illustrated below:

APPE Year	Interventions Made	Total Dollars Saved	Acceptance Rate	Dollars per Intervention
2017-18	17,064	$2,032,066	97.8%	$124
2016-17	20,157	$2,682,152	98.8%	$136
2015-16	9,773	$1,343,932	98.3%	$142
2014-15	26,980	$2,715,445	99.0%	$104
2013-14	19,889	$2,746,884	98.7%	$142

P-4 APPE students work within interdisciplinary teams throughout many of the rotations. The College categorizes and measures this in a couple of ways. First, each rotation site must indicate on the rotation description form the percent of time students will spend interacting with interprofessional teams and which health care professions will be present. Second, both students and preceptors are

asked on the final End of Rotation Evaluation about the degree to which they engaged in these activities (See APPE End of Rotation Evaluation and the Student's Evaluation of the Site and Preceptor forms in Appendix 13.9a for exact wording of these items).

APPE Learning Objectives and Assessment:

Each of the rotation categories: 1) Institutional APPE, 2) Community Pharmacy APPE, 3) Inpatient Medicine, 4) Ambulatory Care, 5) Elective has learning objectives assigned to it that have been mapped and constructed based on the College's Pharm.D. Outcome Abilities. In addition, when preceptors complete the specific rotation description form for the OEL, they also include some rotation-specific objectives as well. Students are evaluated at the midpoint of every rotation based on four major areas:

1) professionalism and ethics,

2) acceptance of feedback and constructive criticism,

3) clinical knowledge and communication skills, and

4) time management and follow-through.

The midpoint is designed to be completed quickly by the preceptors but also allows for freeform responses if needed. This is especially useful if the preceptor needs to detail a plan for the student at the midpoint that will guide them towards successful completion of the APPE. This is reflected in response #5 of the midpoint evaluation (Appendix 13.9b), where the preceptor can indicate that the student should continue working on improvements as per the written plan.

This past summer, Purdue led an initiative to consolidate the APPE End of Rotation Evaluation form so that all three colleges of pharmacy in Indiana would use the same evaluation form for all APPE rotations. Butler and Manchester were invited to Purdue and the three Experiential Learning Directors created a new APPE evaluation form based on the Entrustable Professional Activities

(EPAs) set forth by AACP. This was done to streamline the final evaluation process, provide a level of consistency across all training sites, and help preceptors provide more consistent grading for any Indiana pharmacy student they precept. In addition to the EPAs, open-ended questions were added that allows preceptors to flag student who may need remediation for therapeutic content areas. This then triggers the Experiential Learning office to meet with the students and develop a plan for improvement.

Differentiating IPPE from APPE:

The IPPE rotations involve students in the operations of both the community pharmacy and institutional pharmacy practice settings. When students are completing these IPPE rotations, they are at a point in their training where they are still learning about the disease states and associated pharmacotherapy. Although they do, on occasion, counsel patients and participate in therapeutic decision making, much of their focus is on the operational side. They are intimately immersed in the prescription and drug order processes. The IPPE program employs directed student workbooks that lead the students step-by-step through these systems and provide several hands-on activities to acquaint the students with the technical functions of the community and institutional pharmacists and technicians. Once students matriculate to the APPE Community Pharmacy and Institutional rotations, they have completed the entirety of their didactic training and can now focus on more direct patient care tasks using their full arsenal of pharmacotherapeutic knowledge. In addition, new activities are incorporated into the Community Pharmacy and Institutional APPE rotations. For example, all students during Community Pharmacy APPEs are required to use the ADDRESS program on iPads for screening and counseling patients on adverse drug reactions. This is an innovative technology developed at Purdue that not only teaches P-4 students about adverse drug reactions in the ambulatory patient population but also encourages direct patient care and one-on-one counseling

(See section on Innovations in the College for a detailed description of the ADDRESS system). During the Institutional APPE rotation, students attend P and T committee meetings, round with clinical pharmacists, visit other areas of the hospital, and complete disease-specific clinical online modules in conjunction with their preceptors. Students are instructed during the spring Introduction to APPE course that any operational tasks, procedures, or functions that are still unclear after the Institutional IPPE rotation, should be addressed with the preceptor during the Institutional APPE rotation.

AACP Preceptor Survey Data and Analysis:

Preceptors answered Strongly Agree or Agree to nearly all items on the recent AACP Preceptor Survey. The College reviews this data and looks for any items where the combined Strongly Disagree and Disagree categories equal or exceed 20%. There were two items that met this criterion:

1)   Clear understanding of the College's policy on academic misconduct (plagiarism)

2)   Clear understanding of the College's policy on harassment and discrimination

In an effort to address these responses, the College reviewed the written academic misconduct and harassment/discrimination policies in the IPPE and APPE manuals and copied them into an email that went out to all preceptors for review. In addition, before each new experiential year starts in May, preceptors receive an email notification from the Office of Experiential Learning asking them to verify that they have reviewed the Preceptor Manual (Appendix 12.7) and have made a special effort to review both of these policies. In addition, any preceptors that are Affiliate Faculty are subject to the same Title IX requirements as the rest of the University employees and must complete the mandatory annual training.

AACP Student Survey interpretation items 37 – 46:

The College's ratings from students on items 37-46 were comparable to the national average in the SA+A percentages

AACP Alumni Survey interpretation items 21 and 25:

The College's ratings on item 21 compared to the national average was 96.7% vs. 95.8% respectively. For item 25, these numbers were 97.8% vs. 95.4%. The College received no strongly disagree ratings for these two items.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Subsection IIC:
Students

Standard No. 14: Student Services: The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Synopsis of the Curriculum Vitae of the student affairs administrative officer. **See Appendix 14.1**

☑ An organizational chart depicting student services and the corresponding responsible person(s). **See Appendix 14.2**

☑ 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.). **See Appendix 14.5**

☑ Copies of policies that ensure nondiscrimination and access to allowed disability accommodations. **See Appendix 14.7**

☑ Student feedback on the college/school's self-study. **See Appendix 0.1**

Doctor of Pharmacy students were consulted by the self-study section committees in drafting the self-study sections as needed (see Appendix 0.1). There were student readers who participated in the review of Standards 1-4, 10 and 14-17. Pertinent sections of the final self-study document were made available to students in the professional program.

Required Documentation for On-Site Review:

☑ The Student Handbook. **See Appendix 14.5**

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Student – Questions 47-51, 53, 57, 58. **See Appendix 1.5**

☑ AACP Standardized Survey: Alumni – Question 23. **See Appendix 1.7**

☑ AACP Standardized Survey: Preceptor – Question 13. **See Appendix 1.6**

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include documents used for student orientation, guidance and counseling. **See Appendices 14.3, 14.4, 14.6, 14.8, 14.9**

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

	S	N.I.	U
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.	x	○	○
14.2. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.).	x	○	○

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

- ☑ A description of student services offered and, if applicable, how the college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling)

- ☑ A description of the sections of the student handbook that deal with specific requirements of the standard and guidelines

- ☑ How the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities

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

- ☑ Any other notable achievements, innovations or quality improvements

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

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Staffing and Student Advising

Student services are administered by the Associate Dean for Academic Affairs and funding is

provided centrally by the Office of the Dean. The Office of Student Services (OSS) is staffed by eight

full-time professional staff members, two of whom are pharmacists (Appendix 14.1). The Senior

Director of the Office of Student Services (now new Assistant Dean for Student Services), the

Director of Professional Program Admissions Assessment and Recruitment, and the Career

Development Manager report directly to the Associate Dean. The Associate Director for Recruitment,

the Associate Director and Schedule Deputy, and two Assistant Directors report to the Senior

Director. In addition, the Director of Diversity Initiatives has an office in OSS but reports to the Dean

of the College. An organizational chart for OSS is found in Appendix 14.2. Effective August 2019, the

Assistant Dean for Student Services, replaced the retiring Senior Director of the Office of Student

Services.

Since the last accreditation review, the OSS professional staffing levels represent a 1.5 FTE

expansion. OSS professional staff members are assisted by two full-time clerical personnel and

student workers. The professional staff members provide advising services for all pre-pharmacy,

Doctor of Pharmacy, and four-year pharmaceutical sciences program students. In addition, the office

is responsible for recruitment, career counseling, and student placement.

Office of Student Services staff members each advise 150 to 275 students, depending upon

the other responsibilities of the staff member. Increasing student advising loads in recent years have

necessitated the development of some efficiencies in the advising system. For example, Pharm.D.

students receive registration information each semester in a single group session, leaving advisors

more time to meet with individual students to address specific issues. Students can make individual

appointments with their advisors through an on-line scheduling system. Advisors are also available on

a walk-in basis. Students also make frequent use of e-mail to contact their advisor. The advisors in

OSS pride themselves in providing timely responses to student questions and requests.

The Senior Director (now new Assistant Dean for Student Services) represents OSS at

University Head Advisors meetings where student academic issues are addressed across the various colleges/schools on campus. The Schedule Deputy is responsible for scheduling all courses taught in the College of Pharmacy and takes a pro-active role in this process to ensure pre-pharmacy and pharmacy students have the best success at gaining entry into desired core and elective courses. The OSS staff members belong to the Purdue Academic Advising Association (PACADA). PACADA meets throughout the year to provide educational programs to enhance the professional development of advisors. It provides an excellent means for the OSS staff to increase their skills and to keep up with changes on campus in the student services area.

The OSS publishes a weekly newsletter, *This Week in Pharmacy* that is distributed via e-mail to keep students and faculty updated on information relating to academic matters, student organization activities, and other items of interest for those within the College. Individual class e-mail lists are maintained by the College and used by OSS and the Associate Dean for Academic Affairs for the distribution of other special announcements or requests related to academic issues.

The dedication of the OSS staff is a strength of the College. They are advocates for students within the College and they are also involved with a number of University-wide committees and initiatives related to student services. The professional advisors and clerical staff in this office provide a friendly face and knowledge of University procedures and services to new pre-pharmacy students, their families, and continuing students. OSS advisors employ a pro-active personal counseling approach when addressing student problems and concerns. The OSS staff prides itself on timely interventions with students facing personal or academic difficulties.

Academic Records

Academic records are maintained in OSS and are in the process of being shifted to an all-electronic format. Students have access to records via the University-wide MyPurdue system. All

OSS staff complete annual FERPA, GLBA and Title IX certification to ensure the privacy and proper handling of student information. In the fall of the P-3 year, the OSS performs a preliminary audit of student records to assure that each student and his/her advisor are aware of the student's progress towards graduation. The OSS is responsible for auditing the candidates for graduation. A listing of candidates for graduation is provided to the faculty for their approval prior to each Commencement ceremony, and students are monitored by the Associate Dean to assure that they meet all graduation requirements.

Orientation to the Professional Program

Orientation for newly admitted first professional year students begins the Friday prior to the start of classes each year in late August and continues through the following Tuesday. A faculty member is responsible for organizing the orientation program with upper-class students playing an important role in its execution. A focus of the program is professionalism and expectations for students enrolled in the professional program, as well as providing an opportunity for students to meet the professional program faculty. Information and resources related to student academic success and personal wellness are also shared during the orientation. Students are reminded of the technical standards for program admission and continuation (Appendix 14.3). Appendix 14.4 provides a copy of a typical orientation schedule. This orientation also provides an opportunity to present information to students on key College policies and procedures as well as informational resources available to students. Each student receives a copy of the Student Handbook (Appendix 14.5) which is also posted on the College web site (http://www.pharmacy.purdue.edu/students/handbook.pdf). During the second week of the fall semester, pharmacy student organizations hold an open house to acquaint all students with the student organizations (Pharmacy First Nighter).

Scholarships and Awards

The University has a large Division of Financial Aid (DFA) which administers the vast majority of the aid available to pharmacy students. A specialist in the DFA is assigned to assist pharmacy and other professional program students. Pharmacy students are eligible for several loans to finance their education, in addition to the scholarship awards described below. The University funds a limited number of need-based scholarships. The College also receives funds from employers, alumni, friends of the College, foundations and professional organizations for scholarships. In addition, through the efforts of the College's Chief Development Officer, a number of endowed scholarships for pharmacy students are available. Students are encouraged to complete on-line scholarship applications at the beginning of each spring semester. Students who complete the application are considered by the College's Awards Committee for merit-based individual awards. Scholarship donors meet with their student recipients at a scholarship donor brunch held in the fall semester. The number of scholarships and the total dollar amounts awarded have grown in recent years due to a concerted fundraising effort by the College. For 2010-2011, scholarship awards totaled approximately $300,000. For 2018-19, this has increased to approximately 400 awards totaling $928,000, including need-based awards administered by DFA.

Career Counseling and Placement

The Career Development Manager (a new position established three years ago) in OSS maintains a Career Development area on the OSS website to provide student access to career opportunity information (https://www.pharmacy.purdue.edu/oss/career-development). This area on the website is routinely updated and contains relevant information about employers, graduate schools, residency/fellowship programs, and employment and internship opportunities. This information is also distributed via e-mail through OSS electronic publications. The University Center

for Career Opportunities (CCO) provides career information and coordinates all on-campus interviews. During the first week of class each fall, the Career Development Manager oversees a laboratory exercise to familiarize students with the process of posting their resume with CCO. This exercise is then reintroduced and built upon in career development laboratories in each subsequent year in the didactic portion of the Pharm.D. program. In addition, the Career Development Manager oversees the college-wide Career Development Advisory Council that identifies and oversees implementation of College career planning activities.

Each year the College holds a Pharmacy Days Career Showcase event that allows all Pharm.D. program students to obtain career information and interview for summer internships or permanent positions. Pharmacy Days is hosted by the Career Development Committee, a student organization. Students participate in a one-half day career fair, a series of panel presentations and workshops, and two days of formal interviews, if desired. In recent years, the number of employers participating in Pharmacy Days has declined, but there are still a number of companies and organizations represented.

The College is very proud of the number of students selected for pharmacy-related summer employment and internship opportunities. Arrangements for summer experiences are facilitated by numerous opportunities for networking with alumni contacts that are offered through a variety of classroom and student organization presentations given by alumni throughout the academic year.

OSS works closely with the Office of Experiential Programs to collect and distribute information on full-time employment opportunities for the P-4 students completing their experiential rotations. An on-line information site and the CCO website are used to communicate these openings throughout the P-4 experiential year. An employment survey is conducted at the end of each academic year to gather employment information regarding the first job or post-graduate education position accepted

by new graduates. The Career Development Manager compiles the results of this survey and summarizes trends in career opportunities and reported salaries. Appendix 14.6 contains information on the post-graduation plans of May 2018 graduates.

Health and other Professional Services

The Purdue Student Health Center (PUSH) is a primary-care, outpatient facility conveniently located adjacent to the College of Pharmacy. The center offers a broad array of services including medical clinic, urgent care, diagnostic X-ray, laboratory facilities, physical therapy, counseling and psychological services, inhalation therapy, allergy and immunization, alcohol and other drug counseling, patient education, and health promotion services. Outpatient services are available to all Purdue students and their spouses. The prepaid health fee entitles each full-time student to unlimited visits to a physician or nurse practitioner in the medical clinic and a limited number of sessions in the Counseling and Psychological Services (CAPS) unit without charge. Students may select additional health insurance coverage to meet their health care needs when participating in experiential rotations at off-campus sites.

As part of a large University, there are many additional services available for students. Professional counselors are available through the Dean of Students Office, the Disability Resource Center, Counseling and Guidance Center, Financial Advising Service, International Students and Scholars, the Academic Success Center, Marriage and Family Therapy Center, the Steer Audiology and Speech-Language Center, and the Writing Laboratory. These campus services have a good working relationship with OSS, and they are able to refer students to the appropriate student service offices.

Indiana state law requires proof of immunization for several vaccine-preventable diseases as a condition of enrollment at the University. In addition, affiliation agreements between the College and

the institutions providing IPPE and APPE experiential rotations require that all students provide documentation and comply with public health policies that are in effect for personnel providing patient care at those institutions. This includes being inoculated against measles and rubella, as well as having evidence of the absence of specific contagious diseases such as tuberculosis, varicella, and hepatitis B. The Office of Experiential Education monitors student compliance with these immunization requirements.

Nondiscrimination Policy

Purdue University is committed to the development and nurturing of a diverse community. As paraphrased from the University website (Appendix 14.7), we are committed to maintaining a community that recognizes the inherent worth and dignity of every person, which fosters tolerance, sensitivity, understanding, and mutual respect among its members. No qualified individuals are denied admission, nor will any student be subjected to discriminatory treatment or be excluded from participation in any educational program on the basis of race, religion, color, sex, age, national origin or ancestry, disability, marital status, sexual orientation, or status as a disabled or Vietnam-era veteran. No qualified person with a disability is, by reason of that disability, excluded from participation in or can be denied the benefits of the services, programs, or activities of Purdue University. Purdue does not condone and will not tolerate discrimination, harassment, or intimidation of any person in the University community for any reason. There are a variety of University-wide mechanisms in place to protect students which include the services and resources offered by the Office of Institutional Equity.

Student Services Planning and Evaluation

The OSS staff has engaged in a series of regular strategic planning sessions over the past several years. Appendix 14.8 provides the current working draft of the OSS Strategic Plan. Every

three years, as part of our regular assessment activities, a student survey is conducted regarding OSS. The most recent survey (2016) demonstrated strong student approval of the activities and advising services offered in the OSS. The summary results of this survey are provided in Appendix 14.9. These survey results are confirmed by questions in the graduating student survey related to student services.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ URL or link to program information on the college or school's website. **See www.pharmacy.purdue.edu**

☑ Copy of student complaint policy related to college or school adherence to ACPE standards. **See Appendix 14.5, pg. 46**

☐ ~~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).~~ **N/A**

☑ List of committees involving students with names and professional years of current student members. **See Appendix 15.2**

☑ College or school's code of conduct (or equivalent) addressing professional behavior. **See Appendix 14.5, Pg. 6-13 and 18-19**

Required Documentation for On-Site Review:

☑ College or school's Catalog. **See https://www.pharmacy.purdue.edu/current-students/resources/courses**

☑ Recruitment brochures. **See folders on-site.**

☑ Student Handbook. **See Appendix 14.5**

☑ The Student Complaints File. **See folders on-site.**

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Faculty – Question 38, 39. **See Appendix 1.8**

☑ AACP Standardized Survey: Student – Questions 52, 55-56, 58, 64-65, 68. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptor – Questions 11-12. **See Appendix 1.6**

Optional Documentation and Data

☑ Other documentation or data that provides supporting evidence of compliance with the standard. Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness. **See Appendices 15.1, 15.3, and 14.9**

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

	S	N.I.	U
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○

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

- ☑ The 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

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Program Information

The University publishes an annual catalog of courses for each College

(http://catalog.purdue.edu/). The Associate Dean for Academic Affairs is responsible for the content of

the publication as it relates to the Pharm.D. curriculum in the College of Pharmacy. The published curriculum is viewed as a contract with the students. There are six student members of the Curriculum Committee so that students are represented throughout the curriculum evaluation/change process. If a change is made in the curriculum, the implementation date is carefully studied and publicized so that a student's duration in the program would never be lengthened. *University Regulations* are published each year (https://www.purdue.edu/studentregulations/) and provides information concerning academic regulations and procedures, student conduct, and student organizations.

The College of Pharmacy Student Handbook (Appendix 14.5) is updated annually and hard copies are distributed to all students entering the first year of the professional program. The updated Handbook is also available annually to each student, faculty and staff member via the College web site. The Handbook provides information and procedures related to a variety of important topics, including The Vision of the College, College Outcome Abilities, the Curriculum, academic standards policies, academic advising procedures, grade appeals, conflict resolution, professional standards, substance abuse policies, and policies related to student organizations. The College web site (www.pharmacy.purdue.edu) provides additional information about the College including post-graduation placement rates, board examination pass rates, current events, College news, resource descriptions, and links to information on individual courses. Results of the 2018 AACP graduating student survey indicates that 99.2% of students agreed or strongly agreed that the college provided timely information about news and events within the College (Q #52).

Complaints Policy

The Student Handbook (Appendix 14.5, pg. 46) also includes information on the procedure for filing complaints about any aspect of the College's programs. The policy informs students on how

they can submit complaints to ACPE related to ACPE standards if they are not resolved through the College's complaint process. The complaints policy is discussed with all students during the P-1 orientation program and is reintroduced annually via an e-mail from the Associate Dean for Academic Affairs to all students in the professional program. The Associate Dean maintains records of and responses to all student complaints, including complaints related to ACPE standards. However, there have been no standards-related complaints since the last accreditation visit.

Processes are in place through the College committee structure to review and address particular complaints (not necessarily those related to ACPE Standards), including those related to responsibilities of the following committees: Admissions, Academic Standards and Readmissions, Curriculum, Grade Appeals, and Experiential Programs. The University also has Grade Appeals and Student Conduct Appeals Committees to address concerns that cannot be resolved at the College level. The Associate Dean advises students on appropriate procedures to follow in resolving complaints related to the above committees or complaints that do not specifically fall under the responsibilities of the committees listed above. The Associate Dean also explains the appeal processes associated with decisions made with respect to student complaints.

Student Organizations

There are 24 recognized student organizations in the College. Appendix 15.1 summarizes the focus areas or interests of the College student organizations. In addition, the Pharmacy President's Council, made up of the presidents of each organization, is convened twice a semester by the Associate Dean. The President's Council serves as a coordinating body for issues and events that are relevant to all student organizations. All student organizations are active in professional or community service and provide leadership development opportunities. Examples of these activities include diabetes education programs, cholesterol screenings, health fairs, middle school

presentations, senior citizen center visitation projects, food drives, and fundraising activities for various health-related community services. The Dean's Office provides financial support for some of these service and educational projects. All pharmacy student organizations are advised by pharmacy faculty or professional staff members.

Student Representation on College Committees

Students are involved as members of several College committees, including the Curriculum Committee, the Grade Appeals Committee, the Experiential Learning Advisory Council, the Diversity and Inclusion Committee, the Career Development Advisory Council, and the Assessment Committee. A complete listing of College standing committee membership, including students, is found in Appendix 15.2. Student members of the Assessment Committee, Curriculum Committee and the Students subcommittee for the self-study provided review and feedback on the self-study. Students are also actively involved in the admissions process, serving as greeters, student panel members, tour guides, building escorts, and coordinators for video-recording and writing exercises.

Opportunities for Student Input

Students have a variety of avenues in which they can express opinions and offer suggestions directed toward program improvement. In addition to meeting individually with the Associate Dean for Academic Affairs, the Deans conduct annual focus groups with representatives from each of the professional program classes. Appendix 15.3 outlines the focus group process. There are two student organizations through which the Associate Dean for Academic Affairs seeks broad-based student input: the Pharmacy Student Council (made up of elected representatives from each of the student organizations and two representatives from each of the pre-pharmacy and pharmacy classes) and the President's Council (made up of the organization presidents). Another source of more systematic feedback on student-services related issues includes periodic surveys conducted for students in the

professional program. The summary results from the 2016 survey are provided in Appendix 14.10. Curricular, procedural and policy modifications have often been implemented as a result of carefully considered input provided by students. Examples of student input resulting in changes include re-ordering of course content, class time scheduling, and re-design of student gathering space. Responses on the AACP graduating student surveys related to student representation and perspectives are favorable and not significantly different from those of national public schools.

Personal and Professional Development of Students

The strategic plan also emphasizes provision of an environment in which students become active in their own personal development, acquire strong study skills, pursue career exploration, participate in research with faculty, and learn leadership behaviors. In addition to general encouragement provided in course work, there are specific initiatives that focus on personal and professional development of students. There are a number of hands-on activities in the Professional Program Laboratory sequence that encourage personal growth, including the Annual Performance Evaluation (APE) initiative, through which faculty and staff reviewers and discussion leaders encourage students to reflect on their professional growth and to develop specific action plans for the upcoming year. The Leadership and Innovation Forum (PHRM 42500) is a popular elective course offered each spring semester that gives students the experience to interact in professional situations with guest speakers they are responsible for hosting. Presentations and interactions with the guests are very effective development tools for getting students to think about their personal and professional development. An elective seminar course (PHPR 42700) provides advanced instruction and experience related to leadership development for a select group of students in their P-3 year. In addition, several student organizations in the College regularly sponsor informational sessions and forums directed toward these activities. Responses on the AACP graduating student survey indicate

that 95.4% of students agree or strongly agree that information was made available to them about additional educational opportunities (Student Q#53).

There are numerous opportunities for students to network with alumni and other healthcare-related speakers at various events held throughout the academic year. These events include all College and student organization-specific presentations, receptions for outside guests, and such activities as our Conversations with Alumni seminars, the College Distinguished Alumni program, Dean's Advisory Council meetings that include student round-tables, and the University-wide Old Master's program.

Students are encouraged to participate in regional and national professional pharmacy meetings to promote personal and professional development. The College provides travel funds to assist student attendance at such meetings. During a typical year, 100 students receive travel assistance from the Dean's Office for professional/organizational meeting attendance. Other examples of personal and professional development opportunities for students include local and national College-funded participation in the annual Patient Counseling Competition sponsored by the American Pharmacists Association, the Clinical Skills Competition sponsored by the American Society of Health-Systems Pharmacists, and the Clinical Skills Competition sponsored by the American College of Clinical Pharmacy. Graduating student survey questions regarding encouragement of participation in meetings (Q #66), college support for student professional organizations (Q #67) and awareness of opportunities to participate in faculty research activities (Q #68) were all very positive.

Promoting Professionalism

Student demonstration of both outstanding and deficient professional skills, abilities, and behaviors is monitored through a Professional Activity Observation Report form that is completed at

any time the behavior is observed by faculty and staff. During the first three professional years of the program, the form is submitted to the Associate Dean for Academic Affairs. For students in the fourth professional year, the form is submitted to the Assistant Dean for Partnerships and Engagement in the Office of Experiential Programs. Students who display repeated deficiencies in their performance may require intervention by the Associate Dean for Academic Affairs or the Assistant Dean for Partnerships and Engagement to assure the deficiency is appropriately addressed. The Professional Activity Observation Report Form and the College policies on professionalism are found in the Student Handbook (Appendix 14.5, pg. 6-13 and 18-19). The AACP graduating student survey indicates that items related to awareness of expectations regarding professional and academic conduct (Student Q #63) and the management of academic and professional misconduct (Student Qs #64 #65) have response patterns similar to national public schools. However, the faculty perception of college effectiveness in managing academic misconduct by students (Faculty Q#38) is perceived to be less optimal than at national public schools, although the percentage difference of D/SD responses is relatively small (about 10%).

Faculty and Staff Participation in Student Activities

Faculty and staff are invited to participate in many student activities throughout the year, including the opening College reception ("Pharmacy First Nighter"), the White Coat Ceremony, the Rho Chi Silent Auction, receptions for Commencement, student organization initiation banquets, donor scholarship recognition brunches, and the College Graduation Banquet. Faculty participation could be improved while staff participation (i.e., OSS staff) at student activities is excellent. September 2018 marked the eighteenth year the College has held a formal White Coat Ceremony to honor incoming first professional year students. This year almost 1000 family, friends, faculty, and staff were in attendance to welcome the new students. More than 30 faculty and staff were present at

this event. A similar number of faculty and staff attend the Graduation and Awards Banquet which is sponsored annually by the College for the graduating class. The AACP graduating student survey indicates a 97% agree or strongly agree response to the question regarding positive role modeling by faculty, administrators and staff (Student Q#60).

Outreach to Alumni

The College has a Pharmacy Alumni Association that is affiliated with the Purdue Alumni Association. The Pharmacy Alumni Association has the highest percentage membership (25%) of any of the College alumni associations of the University. Annually, the Pharmacy Alumni Association Board sponsors the Homecoming chili supper and Tailgate in the fall and a golf outing in the summer. The College also has periodic receptions or dinners for preceptors and alumni in various areas of the state on a regular basis, as well as receptions at national pharmacy organization meetings attended by alumni. The Dean also provides an annual College update to alumni at the Indiana Pharmacists annual meeting. The College publishes the Purdue Pharmacist twice a year to communicate with and provide news about alumni as well as to provide information about students and faculty. An Annual Report is also published that provides archival details of College-wide activities and achievements.

Each spring, the College selects and recognizes Distinguished Alumni at a formal luncheon. Alumni are chosen by each department and by the Office of the Dean in recognition of their outstanding contributions in their professional areas. The College also hosts a number of alumni each year at other on-campus convocations, tailgate parties, and sporting events. These activities provide additional opportunities for interaction with faculty, staff, and students.

Alumni are involved with the College throughout the year in a variety of ways including serving as guest speakers or participants in a variety in classes or laboratory activities. Student organizations frequently sponsor presentations by alumni on a variety of career-related and

personal development topics as well. A large number of alumni participate in the Dean's Advisory and Minority Advocacy Councils.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 16: Admissions: The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

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

☑ The list of preprofessional requirements for admission into the professional degree program. **See Appendix 16.5**

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

☑ Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway). Template available for download. **See Appendix 16.2**

☑ Organizational chart depicting Admissions unit and responsible administrator(s). **See Appendix 8.1**

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

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

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

☐ ~~Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (nonparticipating PharmCAS institutions will not have access to peer data)~~

☑ List of admission committee members with name and affiliation. **See Appendix 16.1**

   ☑ Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies. **See https://www.pharmacy.purdue.edu/future-students/admissions/pharm-d, and Appendix 14.5, pg. 41, and 43-44**

☑ Professional and technical standards for school, college, and/or university (if applicable). **See Appendix 14.3**

☑ Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication. **See Appendices 16.4, 16.6, 16.7, 16.8**

   ☑ Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions. **See https://www.pharmacy.purdue.edu/future-students/admissions/pharm-d**

☑ Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality. **See https://www.pharmacy.purdue.edu/about/accreditation**

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

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

☑   Application and admissions/enrollments for the past three years. **See Appendix 16.2**

☑   Enrollment data for the past three years by year and gender. **See Appendix 16.2**

☑   Enrollment data for the past three years by year and race/ethnicity. **See Appendix 16.2**

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

☐   ~~PCAT Scores (Mean, Maximum and Minimum) for past 3 admitted classes (if applicable; for participating PharmCAS institutions only)~~

☐   ~~GPA (Mean, Maximum and Minimum) for past 3 admitted classes (for participating PharmCAS institutions only)~~

☐   ~~Science GPA (Mean, Maximum and Minimum) for past 3 admitted classes (for participating PharmCAS institutions only)~~

Optional Documentation and Data:

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

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

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

☑   Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include recruitment aids, extracts from the college or school's catalog, brochures, screenshots from the college or school website; data on student employment after graduation; and curricular outcomes data correlated with admissions data. **See Appendices 16.3, 16.10, 17.3**

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

	S	N.I.	U
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.	x	○	○
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.	x	○	○
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;	x	○	○

(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.	x	○	○
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.	x	○	○
16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.	x	○	○
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).	x	○	○
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.	x	○	○

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

- ☑ Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable

- ☑ How admission evaluations of students are documented and how records are maintained.

- ☑ A description of the college or school's recruitment methods

- ☑ A description of methods used to assess verbal and written communication skills of applicants to the program

- ☑ How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources

- ☑ How curricular outcomes data are correlated with admissions data

- ☑ The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.

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

- ☑ Any other notable achievements, innovations or quality improvements

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

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Admissions for the Doctor of Pharmacy (Pharm.D.) Program

Student enrollment in the College's professional program is managed by its Admissions Committee. The Admissions Committee is co-chaired by a faculty member and the Director of Professional Program Admissions and Recruitment and consists of 15 additional faculty and staff members, with representation from each of the three departments in the College (Appendix 16.1).

Over the past several years, a multifaceted admissions process has been developed by the Admissions Committee. It is believed this process is a notable strength of the College. Each year the Admissions Committee meets to discuss the previous year's process and refine the policies for the current year. Students are chosen for admission on a competitive basis from the pool of applicants. Data on the applicant pool and admitted students for the past five years are found in Appendix 16.2.

The College admits 150 new students into the Doctor of Pharmacy program each fall. This class size has been consistent for the past several years and there are no plans to modify the class size in the near future. Purdue participates in the Pharmacy College Application Service (PharmCAS). Applications for the College's professional program are due annually on December 1. Appendix 16.3 provides the published PharmCAS College page information. The application consists of the PharmCAS application and a Purdue supplemental application (Appendix 16.4). Students who are admitted to the program must submit final official transcripts to the College. The admissions process requires a criminal background check prior to program entry for all admitted students. All applicants must meet established pre-pharmacy course requirements (Appendix 16.5) and technical standards for the College that are identified in the Student Handbook (in Appendix 14.3). Additional information about the admissions process for prospective students is found on the College website (https://www.pharmacy.purdue.edu/future-students/admissions/pharm-d) as is information regarding post-graduation placement, salaries, and NAPLEX/MPJE pass rates

(https://www.pharmacy.purdue.edu/about/accreditation). The College has recently added a priority admission process for students enrolled as pre-pharmacy students on the West Lafayette campus that will be implemented for Fall 2019 beginners. The advantage of achieving priority admissions status is the assurance of an opportunity to interview during the Pharm.D. admissions process.

The Interview Process.

Applications are initially screened by the Director of Professional Program Admissions and Recruitment for completeness of requested information, adequacy of the applicant's course work, and grades (Appendix 16.6). Other committee members then review each screened application with regard to the applicant's personal characteristics and qualifications, and a preliminary numerical score is assigned via an evaluation tool (see Appendix 16.7).

Based on this initial screen, the 225-250 most qualified applicants are then invited for an on-campus interview with one member of the Admissions Committee and a faculty or staff member. Volunteer faculty and staff interviewers are oriented to the interview process each year by their interview partner and each interviewer receives an interview guide detailing the process (Appendix 16.8). During the 30-minute, closed file, on-campus interview, the interviewers assess the communications skills and program fit of the applicant by evaluating responses to specific questions outlined in the Interview Report Form (Appendix 16.9). Towards the end of the interview, the applicant is given the opportunity to ask questions about various aspects of the program. All off-campus applicants have the opportunity to meet individually with an OSS staff member to address any questions regarding professional program prerequisite completion or other issues of concern.

Interviewers complete the Interview Report Form at the end of each interview. In the rare case where an interview raises concerns about the student's ability to succeed in the program, the applicant may be invited back for a second interview with a second pair of interviewers to offer

another perspective on the applicant. Applicants also meet in a group with a panel of upper-class professional program students to learn about various aspects of the program and its expectations. A secondary purpose of the group session is to alert the Admissions Committee to any concerns the upper-class students may have regarding a candidate.

During the interview process, the candidates also participate in separate oral and written exercises to assess communication skills. The oral communication exercise consists of video-recorded responses to a general question (e.g., "Explain why you believe first-year college students should or should not be required to live in a residence hall.") and reading a patient counseling scenario. The written communication exercises require the student to provide a one-page response to a general question (e.g., "What are the advantages of working in a group vs. individual study?") and completion of a 15-question English language usage quiz. Students identified as having difficulty with spoken English during their interview will have their oral communication exercise video-recording reviewed by a subcommittee of the Admissions Committee who is responsible for making a recommendation to the full committee. If the subcommittee recommends denying admission based on the video-recording, the video-recording is reviewed by the full committee with a final determination made. Only a small number of students (e.g., 1-3 per year) are denied admission based on the oral communication evaluation. Students who demonstrate writing deficiencies in their application, writing sample or score less than 8/15 on the English usage quiz will have their writing sample reviewed by a subcommittee member. If they are admitted, a remedial writing action plan is developed with their academic advisor, which typically involves referral to the University Writing Laboratory or participation in targeted coursework. Normally, only 2-3 students are identified each year as needing remedial writing assistance.

All interviews are conducted during the seventh week of the spring semester to allow the

Committee to make preliminary admissions decisions by the beginning of March. Students are notified if they will be admitted, wait-listed, or denied admission. At the end of the spring semester, the Committee again reviews the applications with the additional semester of pre-pharmacy grades in order to make the final decision. Any admitted student who fails to maintain grades of C or better in core pre-pharmacy courses (the designated 11 pre-requisite math and science courses) may have their admission offer withdrawn. As students are disqualified or withdraw following an admission offer, wait-listed students are admitted to complete the class of 150 students and invited to fill any subsequent vacancies that occur prior to the beginning of the fall semester.

In making admissions decisions, the Committee evaluates student attributes and a set of admissions criteria that are established by the Admissions Committee and is reviewed annually. The College periodically reviews the relationship between admissions factors and student performance and overall program success (Appendix 16.10 and 17.3). The Admissions Committee chair meets annually with all students in the first and second pre-professional years to describe the admissions process and the criteria that will be used for student selection. This presentation, along with other admissions policies and procedures (e.g., technical standards) is posted on the College web site for off-campus applicants to view (https://www.pharmacy.purdue.edu/future-students/admissions/pharm-d).

Student Recruitment

The Director of Professional Program Admissions and Recruitment and the Associate Director for Recruitment in OSS (with the assistance of other professional staff members in OSS) focus their efforts on off-campus applicants and incoming University freshman students, respectively. Their activities involve high school and regional university visits, on-campus programs, and a variety of targeted communication initiatives. A relatively large percentage (70-80%) of students admitted to the

professional program complete their pre-pharmacy work on the West Lafayette campus, so significant effort is focused on recruiting and retaining students in the pre-pharmacy program.

Diversity in the Applicant Pool and Student Body

As stated in the College's strategic plan, there is an emphasis on promoting acceptance of diversity in students. The College's goal is to be pro-active in development and implementation of programs and activities for recruitment and retention of underrepresented minority students in the College to create an environment that is supportive and nurturing to individuals from diverse backgrounds. The Director of Diversity Initiatives, with the assistance of the College Diversity and Inclusion Committee and the alumni Minority Advocacy Council, has made extensive efforts to increase the diversity of the applicant pool and student body. In fall 2018, there were 21 under-represented minorities admitted to the first professional year (14%).

Evaluation of Transfer Credits

Transfer course credits toward completion of degree requirements may be granted by the College. Credits are granted for courses taken at another institution that are evaluated as equivalent by faculty currently teaching a core course. Students must submit relevant course syllabi to the Associate Dean prior to the beginning of the P-1 year for forwarding to core course faculty for evaluation. A listing of equivalent and non-equivalent courses, by institution, is maintained in the office of the Associate Dean to facilitate the decision process. The policy for the evaluation of transfer credits and course waivers is outlined in the Student Handbook (Appendix 14.5, pg. 43-44).

Advanced Standing

Credits toward completion of the professional program in pharmacy may be transferred from another ACPE-accredited degree program in pharmacy. Students wishing to transfer to Purdue must be in good academic standing at their current institution and are considered for transfer if they have a

hardship-related reason for requesting a transfer (e.g., spouse job transfer, relocation to be near an ill family member). Students who wish to transfer into the professional program are required to submit transcripts for all courses and course syllabi for professional program courses. Faculty currently teaching professional program core courses evaluate course syllabi for equivalence, occasionally requesting additional information from the applicant. These transfer requests are very infrequent, with no transfers granted since the last accreditation review. Acceptance of transfer students is also dependent upon availability of space in a given professional year class (i.e., lecture room and laboratory bench space).

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals. **See Appendix 14.5, pg. 6, 31-37, 44**

☑ Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression. **See Appendix 14.5, pg. 28**

☑ Correlation analysis of admission variables and academic performance. **See Appendices 17.3, 16.10**

Required Documentation for On-Site Review:

(None required for this standard

Data Views and Standardized Tables:

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

☑ On-time graduation rates for the last three admitted classes (compared to national rate). **See Appendix 17.4**

☑ Percentage total attrition rate for the last three admitted classes (compared to national rate). **See Appendix 17.4**

☑ Percentage academic dismissals for the last three admitted classes (compared to national rate). **See Appendix 17.4**

☑ AACP Standardized Survey: Faculty – Question 40. **See Appendix 1.8**

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard. **See Appendices 17.1, 17.2**

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

	S	N.I.	U
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:	x	○	○
• Academic progression	x	○	○
• Remediation	x	○	○

• Missed course work or credit	**x**	○	○
• Academic probation	**x**	○	○
• Academic dismissal	**x**	○	○
• Dismissal for reasons of misconduct	**x**	○	○
• Readmission	**x**	○	○
• Leaves of absence	**x**	○	○
• Rights to due process	**x**	○	○
• Appeal mechanisms (including grade appeals)	**x**	○	○
17.2. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.	**x**	○	○

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

☑ How student matriculation, progression and graduation rates correlate to admission and transfer policies

☑ How academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively they are utilized

☑ How early intervention and remediation rates correlate to progression

☑ How academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates correlate to progression

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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

[TEXT BOX] [15,000 character limit, including spaces] (approximately six pages)

Academic Standards

Policies related to the academic performance of students in the professional program are

clearly stated in the Student Handbook (Appendix 14.5, pp**.** 37-40) and the College academic

standards (Appendix 17.1). These standards are reviewed regularly by the Academic Standards and

Readmissions Committee and have been revised periodically through faculty vote. The College

standards are more stringent than University academic standards and are intended to identify

problems early so appropriate retention efforts can be implemented. The Academic Standards are administered by the Associate Dean for Academic Affairs as chair of the Academic Standards and Readmissions Committee. Faculty from each department serve as members of this committee. Records of Academic Standards for the past five years are included in the appendix (Appendix 17.2).

The AACP faculty survey question #40 indicates that 26.7% of faculty disagree or strongly disagree that the college effectively manages poor academic performance of students. This response is greater than the response level of 14.5% disagreement from national public school faculty on the survey. It is believed this perception is a function of a lack of faculty awareness regarding the specifics of implementation and how students are followed up on by the academic advisor and the Dean's Office in administering the College academic standards. The Associate Dean for Academic Affairs has been making regular reports to the faculty on student academic standards performance at college faculty meetings.

Overall, student performance in the professional program is very strong. In a typical semester, approximately 35% of our students achieve academic honors recognition (e.g., 4.0 GPA, Semester Honors, Deans List). It is not uncommon to have 4-5 students each year and as many as 10 students complete the professional program with a perfect 4.0 GPA in core courses.

Student Retention

The College and OSS Strategic Plans call for a multifaceted strategy to mentor students in pre-pharmacy and pharmacy to grow toward self-directedness in their academic, professional and personal capabilities. Through this mentoring, students are able to gain self-confidence, satisfaction, and effectiveness in their academic preparation plans. The College targets students who complete their pre-pharmacy work on other campuses for extra attention by academic advisors as admission studies indicate that these students are more likely to experience academic difficulties than students

who complete their pre-pharmacy coursework on the West Lafayette campus (Appendix 17.3). The attrition rate for students due to academic or personal reasons is very low in the College (Appendix 17.2**)** and Appendix 17.4 provides overall retention data for the past seven entering class years. We believe several initiatives related to retention are the driving force behind our low attrition rate. Features of our multifaceted retention strategy include:

Early Problem Identification. The Associate Dean for Academic Affairs requests information from faculty of core courses at the semester mid-point regarding student academic performance. Students earning a D or F grade at that time are sent a letter by the Associate Dean for Academic Affairs warning the student of his/her grade status, encouraging the student to take actions to correct the situation. The student performance information is shared with the student's academic advisor for individualized follow-up. Students who are experiencing illness or personal problems affecting their academic performance are encouraged to contact their academic advisor or the Associate Dean for Academic Affairs to obtain assistance and follow-up.

Remediation Policies. Students are required to remediate failing examination grades in courses in the integrated pharmacotherapy sequence. The content in these classes is delivered primarily in modular fashion so it is important that students have a strong foundation in a given topic area before moving forward in the curriculum. Failure to successfully remediate a failing modular examination grade in this course sequence results in failure of the course and the need to retake the entire class the following year. No other didactic courses require exam or overall remediation, and failure of a course typically requires the course repeated when it is offered the following year. Students in the six-course Professional Programs Laboratory are required to pass an end-of-semester Performance Based Assessment (PBA) that tests selected practice skills addressed that semester. Students have an opportunity to remediate the PBA, but failure to do so successfully

results in a failing course grade and the need to repeat the laboratory course.

Personal Counseling. Advisors in the OSS have adopted a proactive, personal counseling approach for the identification of student problems and concerns. Advisors devote a significant effort addressing serious psychological and family issues. A University-wide network of psychological services is maintained at PUSH, the Office of the Dean of Students, and within the Department of Psychology. Depending on the severity of the situation, appropriate referrals are made to trained professionals so that students receive timely and adequate treatment. Timely intervention and establishment of a support network allow most students to deal with their problems while remaining successful in the classroom.

Help Sessions and Office Hours. Most of the core courses in the curriculum provide help sessions during which students may ask questions, work through difficult concepts, or seek assistance with other activities, such as working problem sets. These sessions are held either during the evening or in place of regular class sessions. They are typically run by the faculty member responsible for the course with the help of graduate teaching assistants. Faculty and graduate teaching assistants regularly hold office hours for one-on-one student meetings. The Rho Chi professional honor fraternity runs additional review sessions for students enrolled in the pharmacotherapy course sequence.

Wellness Initiatives. The Assistant Dean for Assessment and Learning is leading an initiative to address stress among pharmacy students. The goal is to help students understand sources of stress and to develop individualized interventions to assist students in managing stress. Students are surveyed regarding their stressors and coping strategies as a part of a professional program laboratory module. Students create a Wellness Action Plan that focuses on making behavioral changes to maintain and/or improve overall wellness. Programs have been implemented that include

noon hour walks with the deans and the Assistant Dean for Assessment and Learning and an Assistant Director in the Office of Student Services have organized a series of stress-reliever activities for students at the end of the semester. This included offered guided meditation sessions, a quiet space for relaxation, healthy snacks, coloring, games, cookie decorating and wellness walks. The Office of Student Services also monitors student stress during their regularly scheduled student services survey conducted every other year.

Office of Diversity Initiatives. There are a variety of academic support services that form the foundation for Office of Diversity retention initiatives that include pre-semester sessions, study skill seminars, tutorial sessions, and skill enhancement workshops. The Director of Diversity Initiatives also provides targeted individual counseling services for students who are identified potentially at risk to maximize their opportunity for success.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

Subsection IID:
Resources

Standard No. 18: Faculty and Staff—Quantitative Factors: The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Organizational chart depicting all full-time faculty by department/division. **See Appendix 18.1a-c**

☑ ACPE Faculty Resource Report related to number of full-time and part-time faculty. Template available for download. **See Appendix 18.2**

☑ List of faculty turnover for the last 5 years, by department/division, with reasons for departure. **See Appendix 18.3**

☑ Description of coursework mapped to full-time and part-time faculty teaching in each course. **See Appendix 18.4**

Required Documentation for On-Site Review:

☑ List of voluntary faculty, with academic title/status and practice site; specify IPPE and/or APPE. **See Appendix 18.5**

Data Views and Standardized Tables:

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

☑ List of key university and college or school administrators, and full-time and part-time (≥ 0.5FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable) **See Appendix 18.2**

☑ AACP Standardized Survey: Faculty – Questions –25, 30. **See Appendix 1.8 and 18.7**

☑ Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5FTE) [see example table at http://www.acpe-accredit.org/pdf/Excel%20Documents/AllocationFacultyEffort.xls] **See Appendix 18.8**

☑ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank. **See Appendix 18.2**

Optional Documentation and Data

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

o **See Appendices 18.6 and 18.7**

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

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

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

☑ A description of the 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. **See Appendix 18.6**
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms. **See Appendix 18.7**

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The College of Pharmacy is organized into three departments: Medicinal Chemistry and Molecular Pharmacology (MCMP); Industrial and Physical Pharmacy (IPPH); and Pharmacy Practice (PHPR). The faculty comprises 87.22 tenure-track full-time equivalents (FTE), which includes 65.22 tenure/tenure track faculty and 22 clinical faculty (as of Nov. 2018). The tenure/tenure track faculty consists of 2.15 FTEs allocated to the Deans office, 29.32 FTEs to MCMP, 13.45 FTEs to IPPH, and 20.3 FTEs to PHPR. The number of tenure-track faculty remained essentially constant relative to the 84.7 FTEs in 2010/2011.

All three departments assess teaching, research, and service load yearly through annual reviews. During the review, the Department Head discusses the goal/policy for teaching hours for each degree level with faculty members — Doctor of Pharmacy (Pharm.D.), Bachelor of Science in Pharmaceutical Sciences (BSPS), pre-pharmacy, medical school, and graduate courses.

Pharmacy practice faculty teaching loads are also reviewed annually for responsibilities such as administrative, clinical, and service activities. Evaluations are done by the Department Head and the executive committee on an annual basis. Needs assessments are completed upon faculty departure, retirements, sabbatical leave, etc. as needed.

College faculty members teach the curriculum for the Pharm.D., BSPS, and pre-pharmacy students. In addition, faculty members are heavily involved in the education of 142 graduate students within the College. This effort involves coursework and seminars, as well as individualized teaching in

research meetings, independent research study for credit, and journal clubs. The faculty also introduce Pharm.D. and BSPS students to research through laboratory and practice experiences. Finally, faculty members are involved in post-doctoral training of scientists and clinicians through research appointments, post-doctoral student fellowships (e.g., medication safety fellows) and residency programs.

MCMP faculty teach in pre-professional, BSPS, professional program, and MCMP graduate courses within the College. In addition, MCMP faculty teach the pharmacology portion of the first and second-year curriculum at the Indiana University School of Medicine - West Lafayette. Similarly, IPPH Faculty teach in pre-professional, BSPS, professional program, and IPPH graduate courses in the area of pharmacokinetics, dosage forms, biopharmaceutics, and pharmaceutical manufacturing. Teaching assignments are based on the area of expertise of each faculty member and assigned hours of instruction are similar between tenured faculty (approximately 25-30 lecture hours/academic year (AY)). Non-tenured, tenure-track faculty are initially assigned fewer lecture hours to allow them to focus on their research activities. Lecture hours are generally ramped from zero to 10 hours in the first year to 10-20 hours in subsequent years until they are strong candidates for promotion. Conversely, some senior faculty carry teaching loads above the departmental average.

PHPR faculty have teaching assignments in BSPS, pre-professional, professional, and graduate courses within the College. PHPR tenure-track faculty teach an average of 65 hours, and non-tenure-track clinical faculty teach an average of 102 hours. Outside of the College, faculty contribute to a variety of different courses affiliated with the IU School of Medicine and related professional programs. Teaching assignments are based on faculty expertise and are allocated to allow for both didactic lecture hours as well as to support students' experiential rotations. New faculty are introduced to teaching assignments early in their career, with increasing responsibilities as they

progress. Some faculty carry teaching loads in excess of the departmental average, especially in highly-specific areas of focus in which the number of faculty is small.

The College does not generally hire part-time or limited-term faculty.

Smooth succession in the faculty is planned between the Dean and Department Heads with input by their faculty about future hires. Long-term planning is carried out to meet both teaching needs and target key research areas identified by the departments. Effective faculty capacity and succession planning are evident from the successful recruitment of new tenure-track faculty members.

During the 2014-2018 period, the MCMP Department lost six faculty members, including the Department Head, to retirement and one faculty member to the voluntary partial early retirement program (Fall 2018), in addition to another faculty member that passed away. During the same period, two faculty members left to take positions at other institutions due to family issues, and two moved to take opportunities at other institutions. In addition, one senior MCMP faculty member became the Dean of the College in 2017. Since 2013, the MCMP Department has successfully recruited a new Department Head, four additional senior faculty members, five assistant professors, and two additional assistant professors as joint hires with the Purdue University Department of Chemistry. MCMP also has three assistant professors, hired just prior to the 2014-2018 period, who have been promoted to associate professors with tenure during the 2018-2019 academic year. The research interests of the newly-hired faculty are distributed across both medicinal chemistry and molecular pharmacology and complement those of the existing faculty, ensuring a diverse research portfolio and broad teaching expertise for the professional, BSPS, and graduate programs. As of Fall 2018, the MCMP Department has an open offer for a senior faculty position in medicinal chemistry and is actively recruiting for an open-rank faculty position in translational cancer biology.

The IPPH Department lost two faculty members due to voluntary early retirement and relocation for another career opportunity during the 2016-2017 period. IPPH recruited two assistant professors in 2015 and 2017 in the area of pharmaceutical manufacturing and cell formulations, respectively, to support traditional strength of the department and build a new research portfolio in the emerging pharmaceutical field. A new search is underway as of Summer 2019, with a specific focus on biopharmaceutics.

The PHPR department has had two tenure-track faculty departures due to retirement since 2014, and one clinical-track faculty opening. PHPR considers certain commitments for clinical faculty coverage at partner sites when planning for imminent departures and resulting hiring of clinical faculty members. New clinical positions are investigated based on potential collaborations with new practice sites. Since 2014, the PHPR department has filled three tenure-track assistant professor positions, including one open position for the health services, outcomes, and policy program, and five clinical assistant professor positions, including one that opened due to the departure of a clinical faculty in the summer of 2018.

A total of 1,402 students, consisting of 187 BSPS, 467 pre-pharmacy, 605 Pharm.D., and 142 graduate students in the College are served by 87.22 faculty members resulting in an overall student-to-faculty ratio of 16.1. This ratio is comparable to the 15.5 ratio of 2010/2011. The slightly increased student-to-faculty ratio is largely due to the growing BSPS program: 120 (2014); 122 (2015); 150 (2016); 190 (2017); and 187 (2018). The presence of the BSPS program increased demand for classroom space and faculty time. This resulted in combined class offerings (Pharm.D. and BSPS) that cannot be accommodated in the largest classroom building, RHPH 172. These courses are taught in a larger classroom located elsewhere on campus along with three dedicated courses that were created for BSPS students (PHRM 46000 & 46100, and MCMP 54400). The increased teaching

load is alleviated by assigning instructors thematically-related courses and providing 37 TA support per semester. The number of TA support per semester was reduced by three, as compared to 2010/2011. This difference is complemented by 1.7 faculty FTE in charge of the Professional Program Lab (PPL), who provide dedicated professional efforts to teaching. The average teaching load for faculty in MCMP and IPPH is 25-30 hours per year, which is considered a reasonable teaching load for science curricula. PHPR faculty teach a variety of classroom hours, ranging from 65-102 hours per faculty member, depending on specialty areas of practice. The average teaching load for PHPR faculty (clinical and tenure-track) is approximately 101.5 hours per year. In addition, many faculty also contribute significant time to mentoring experiential rotation students, independent-study students, research fellows, as well as graduate teaching responsibilities.

Examples of how the guidelines for this standard are being applied in order to comply with the intent and expectation of the standard are as follows:

- 18a, 18b, 18e: Student-to-faculty ratios, capacity/succession planning are discussed in the above section.

- 18c. Adequate number of faculty: The College has the resources and bandwidth to replace or supplement vacancies due to retirement, illness, sabbatical leaves, or program changes. Vacancies have been effectively managed as the needs arise because the faculty is broadly trained over multiple principles and has the flexibility to take on additional assignments.

- 18d. Preparing new faculty members: Orientation activities are available for new faculty at the University and College level. However, there is room for enhancement in preparing new faculty members with no pharmacy background for teaching pharmacy students. Orientation sessions with further emphasis on teaching, curriculum structure, and pharmacy professions are desirable for newly hired faculty.

- 19a. Qualification of faculty: The faculty members are hired from a highly competitive pool for specific fields of teaching and research identified according to the missions of the College and each department. PHPR faculty members are hired with professional credentials required for their teaching responsibilities. Specialty certification for clinical faculty is encouraged and supported using faculty discretionary funds that are allocated to each faculty member.

- 19b. Distance education: Discussed in Standards 19.

- 19c. Awareness of colleagues' research: Research communication is strongly encouraged at all levels (Department, College, and University). Email announcements for weekly departmental seminars, annual Graduate Student Awards Symposium, and an interdepartmental Grantsmanship workshop are utilized to foster the research communications among the faculty members.

- 19d, 19f. Faculty evaluation: Each department performs an annual review of each faculty member's performance based on a standardized format. Students' evaluation of their teaching performance is one of the elements of the annual review.

- 19e. Staff evaluation: Staff performance is also evaluated annually using online evaluation tools. Supervisors and staff members work on a written assessment and discuss deficiencies and improvement plans and submit to the central system for official documentation.

- 19g. Discussed in Standards 19.

The number of publications and extramural research support per faculty member has continuously increased over the years as summarized in Appendix 18.6a-f. Faculty members have been elected as fellows in professional societies and served on editorial boards and study sections at federal funding agencies. Their contributions to teaching, service, and research have been recognized by various internal and external awards (Appendix 18.6c, 18.6e, 18.6f).

See Appendix 18.9 for Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 19: Faculty and Staff—Qualitative Factors: Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years. **See Appendix 19.1a-c**

☑ Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty. **See section 3 below**

☑ Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention. **See 19.2**

Required Documentation for On-Site Review:

☑ Copy of the Faculty Handbook. **See https://www.purdue.edu/faculty_staff_handbook/**

☑ CVs of administrators, faculty and staff. **See Appendix 10.15**

☑ If utilized, examples of faculty portfolios, documenting teaching, research and service activities. **See Appendix 19.3**

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Faculty – Questions 7, 13-24 – **See Appendix 1.8**

☑ Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity – **See Appendix 18.2**

☑ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned – **See Appendix 18.2**

☑ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status – **See Appendix 18.2**

☑ Table: Distribution of Full-Time Pharmacy Faculty by Department and Tenure Status – **See Appendix 18.2**

☑ Table: Research and Scholarly Activity of Full-Time Faculty by Department – **See Appendix 18.2**

Optional Documentation and Data

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

- o **See Appendices 19.3 and 19.6**

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

	S	N.I.	U
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.	x	○	○
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.	x	○	○
19.3. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.	x	○	○
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.	○	x	○
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.	x	○	○
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.	x	○	○

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

- ☑ The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities

- ☑ How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement

- ☑ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences

- ☑ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings

- ☑ A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty

- ☑ Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching

- ☑ A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning

- ☑ 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

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

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Faculty candidates are hired based on criteria based on the job responsibilities of that position as well as the strategic plan set forth by the College and each department. For faculty in the sciences (IPPH and MCMP), in addition to holding a degree appropriate for the position, the importance of post-doctoral training in a specific discipline is a standard criterion used to help identify applicants. Tenure-track faculty in PHPR are hired based on research potential and the ability to bring in extramural funding, while clinical faculty may fit within specific core practice areas and provide expertise in areas such as medication safety, clinical pharmacotherapeutics, or pharmacy administration.

Strategic planning is the basis for the faculty composition. Faculty members are recruited from areas that meet the teaching and research needs as outlined in the College's Strategic Plan, and each department's strategic plan is designed in alignment with the College's plan.

- MCMP's teaching needs require faculty in (i) organic and medicinal chemistry; (ii) biochemistry, molecular biology and immunology; and (iii) pharmacology and physiology. The research areas of MCMP are highly interdisciplinary and include drug discovery and development, in addition to systems approaches to target identification and drug mechanisms. Recent hires have focused on building on strengths in neuropharmacology and cancer biology/pharmacology while adding expertise in epigenetics and immunopharmacology.

- IPPH faculty are recruited for expertise in teaching pharmaceutical solids, reformulation, and pharmaceutics. New faculty members have recently been recruited to strengthen the department's research in pharmaceutical manufacturing and biopharmaceutics.

- In PHPR, hiring of clinical faculty considers current areas of strength (medication safety, clinical pharmacotherapeutics, and pharmacy administration) and needs within a specific practice area such as ambulatory care, internal medicine, critical care, and/or pediatrics. Tenure-track faculty members in PHPR are hired based in large part on research potential and their likelihood of success to secure extramural research funding.

Continued teaching and scholarly activities of the faculty ensure the knowledge and understanding of current and future trends in both pharmacy practice and scientific areas. The faculty participate in weekly seminar programs held by departments within the College, which is populated with internal and several external speakers. Additionally, the Tyler Lecture (Appendix 19.4a) and the Garnet Peck Symposium bring outstanding speakers to the College each year . The faculty are also encouraged to attend scientific and professional conferences regularly, which encompass biomedical, pharmaceutical social/administrative, clinical sciences, etc. Several programs in the College are in place to fund national and international travel to conferences by faculty and graduate students.

Many faculty members have active research programs funded by external agencies. Retaining these grants demands the faculty to obtain up-to-date knowledge necessary for state-of-the-art research programs. This is achieved not only through seminars and conferences but also through participation in grant review study sections and journal editorial work. The culture of Purdue University favors interdisciplinary research, and numerous publications are co-authored by Purdue investigators across disciplines (Appendix 19.6). Research collaborations with faculty outside the College foster advances in science and bring new ideas into the profession of pharmacy. These collaborations are fostered through internal organizations that host seminars and conferences on campus, including the Purdue Institute for Drug Discovery, the Purdue Center for Cancer Research,

the Purdue Integrative Neuroscience Center, the Regenstrief Center for Healthcare Engineering, and the Purdue Institute for Inflammation, Immunology, and Infectious Disease.

The College provides collaborative opportunities between faculty members in all departments to enhance the academic offerings provided to students. Many of the core pharmacy courses are taught with input from multiple departmental faculty members utilizing expertise in both research sciences and clinical practice disciplines. As such, the collaborative planning for these courses typically involves review and update of material on an annual basis, in which new and emerging technologies and drug therapies are discussed and included in the revised curriculum. This review provides a roadmap for all faculty, regardless of discipline, for the advancement of the professional curriculum.

Each year, the College hosts a faculty retreat which allows for further review of the curriculum and educational opportunities focusing on new trends in pharmacy practice and pharmacy education. This provides all faculty the opportunity to collaboratively focus on topics of greatest concern for the College and the professional curriculum. This also provides a forum for all faculty to discuss and ask questions about contemporary pharmacy practice. Bi-monthly faculty meetings at the College level allow for as-needed updates on critical issues that may arise that impact the quality of the educational offerings at the College. These College faculty meetings also allow for faculty recognition and approval of continuous quality improvements in different areas, including curricular changes, student success rates (graduations, semester pass/fail, job placement, etc.) and changes in current pharmacy practice that may impact the provision of pharmacy education.

Research and scholarly activities are a priority of the College and a key component of the Strategic Plan. Individuals are attracted to join the faculty of the College because of the environment that fosters research, tradition of interdisciplinary research, and research infrastructure. Research-

intensive faculty members are expected to publish several articles annually and obtain extramural funding. The total amount of NIH research funding for the College has increased steadily from 2015 to 2018, and the total amount of extramural funding is increasing in other areas as well (Appendix 18.6a). The funded amount per FTE in the College is comparable to our peer institutions.

Each department has specific expectations for research. The expectation for non-clinical faculty is that by five years after appointment, new faculty will have extramural funding to cover their summer salary, salaries of employees, and lab expenses. There is also an expectation for scholarly output averaging 2-3 outside meetings or talks per year. The faculty mentors, the departmental primary committee, and the department head each review the research productivity of assistant professors on an annual basis. Feedback is individually tailored, taking into account the professor's expected level of involvement in teaching, research, and service. Research productivity of the senior faculty members is reviewed each year by the department heads and also self-assessed based on the established guidelines for the department described in Standard 18.

The timeline for new faculty research productivity depends on that professor's involvement in teaching research and service, with guidelines set by the promotions committee. For promotion to associate professor, research-based faculty are expected to have sustained funding, at least five to 10 corresponding author publications, and approximately eight outside speaking events.

The faculty are expected to generate and disseminate knowledge through productive research and scholarship. This is evident through a record of written publications including original research articles, scientific reviews, textbooks, book chapters, patents, and technical/educational notes. Between 2015 and 2018, members of College contributed to over 500 peer-reviewed articles listed on PubMed (Appendix 19.6). It is noteworthy that College faculty collectively generally outpace their

peers in the development of intellectual property, measured as patents and patent applications (Appendix 18.6a).

Evidence that faculty are generating and disseminating knowledge is also reflected through presentations at scientific and professional conferences, as well as at invited lectures at national/international meetings and private and public institutions. Faculty generally attend and present at one to two conferences per year, related to their area of research and pharmacy education. Additionally, graduate students, professional students, postdoctoral researchers, and undergraduate students regularly present research conducted in collaboration with or under the mentorship of faculty at international, national, and local conferences. Multiple funding mechanisms are in place at the departmental, College and University-level to support travel for students and faculty to present at conferences, such as the Chaney Graduate Student Travel Award, Logan Travel Award, and College's graduate student travel award, and Purdue Research Foundation International travel award. Faculty frequently present research at invited seminars outside of Purdue, as well as on campus to audiences from other University departments.

The two courses taught online by the College are Introduction to the Immune System (MCMP 42200) offered in the summer (3 credits) and BSPS Orientation II: Professional Preparation Course (PHRM 20100) offered in the spring (pass/no pass).

MCMP 42200 is also taught on campus to pre-pharmacy and BSPS students in the spring semester. The content of on-campus and online versions of the MCMP 42200 is essentially the same, and both are coordinated by Dr. Tony Hazbun, Associate Professor of Medicinal Chemistry and Molecular Pharmacology. Dr. Hazbun developed the online version of the course with the support of the Purdue University Online Learning Program (formerly Purdue Digital Learning). The online version consists of 20-25 minute professional-quality video lectures that are coupled to self-check

quizzes delivered via the Blackboard courseware system. Assessment for the online course version includes three discussion topics, credit for participation in quizzes, and multiple-choice tests. Dr. Hazbun received specialized training and was advised throughout the development process by an assigned online course instructor from Purdue University Online Learning program (Wanju Huang, PhD Instructional Design Supervisor, Course Design and Development (CDD)). Dr. Hazbun also completed an online teaching certificate with the Online Learning Consortium: "New to Online: Essentials" in December 2016. The course has undergone a "Quality Matters" review process. The CDD team asked Dr. Hazbun to include the course in the CDD Exemplar Commons to use as an example of online course development. The online course is condensed into eight weeks. Enrollment in the course for Summer 2017 was nine students and for summer 2018 was 13 students. Higher enrollments, in the 20-25 range, can be accommodated and will be sought in the future. Dr. Hazbun administered the course on his own over the summer because the enrollment numbers were manageable, but partial teaching assistantship support in the future will be provided, should enrollment increase. The quality of the course will be ensured by increasing the interactive nature of the discussion board and adding other online learning assignments.

The PHPR department has started to explore the possibilities of an online offering of the pharmacy law course, PHRM 871. The course is currently in the development/pilot stage, and based on the results of this evaluation, it will be determined whether this course will be offered as an online-only course in the future. The College does offer continuing education opportunities through the Division of Continuing Education, and post-graduate training programs in nuclear pharmacy, which are accredited by various organizations, including ACPE and Board of Pharmacy Specialties.

The performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff is as follows:

- **Full-time faculty** in all three departments have an annual performance review with their respective department heads. This includes submitting an annual report that documents achievements in teaching, research, and service. The document is the basis for discussion with the department head and includes a self-evaluation in each of the three areas, as well as goals for the coming year. The Heads use these data to assign faculty raises for the subsequent academic year. All full-time faculty have their teaching evaluations by students in at least one course annually. These data are important factors in assigning faculty pay raises. In addition, all full-time faculty below the rank of Full Professor are evaluated each spring by the Promotion and Tenure Committee to determine if they are strong candidates for promotion in the upcoming academic year. Assistant Professors are advised of the outcome of these deliberations via their faculty mentors or via a letter from the Department Head (in PHPR) and given feedback on how to strengthen their case for promotion. **Part-time faculty and limited-term lecturers** are evaluated in the same manner as full-time faculty, with the exception that they are evaluated solely on the basis of teaching performance.
- **Preceptor Evaluations:** At the end of both the IPPE and APPE rotations, pharmacy students complete an evaluation of their experience via *PharmAcademic* as detailed under Standard 20. Faculty preceptors also request verbal feedback about their mentoring from the student regarding their experience throughout the rotation and at the end of the rotation.
- **Hourly and Administrative/Professional staff** within the College, including support staff, the Dean's office, the Office of Student Services, Information Technology, and Physical Plant have their performance evaluated annually. The review is an interactive process facilitated by the Purdue University Performance Management website. The staff member

performs an online self-evaluation covering several performance categories and submits it for review by their supervisor. The supervisor evaluates the staff member in each area, meets with the staff member to discuss areas of disagreement, and set goals for improvement and future accomplishments related to job responsibilities.

See Appendix 19.5 for a description of faculty and staff development programs and opportunities offered or supported by the college.

See Standard 18 for a description of how the College is applying the guidelines for this standard in order to comply with the intent and expectation of the standard, notable achievements, innovations or quality improvements.

See Appendix 18.9 for interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

   N/A

Standard No. 20: Preceptors: The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ List of active preceptors with credentials and practice site. **See Appendix 20.1**

☑ Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience. **See Appendix 20.2**

☑ Description of practice sites (location, type of practice, student/preceptor ratios). **See Appendices 20.3a-d**

☑ Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention. **See Appendix 20.4**

☑ Examples of instruments used by preceptors to assess student performance. **See Appendices 12.9, 12.10a-c, 13.9a-b**

☑ Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum. **See Appendices 20.5a-c**

☑ Description of the structure, organization and administrative support of the Experiential Education office (or equivalent). **See Appendix 20.6**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Student – Questions 61, 62. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptor – Questions 9, 14-18, 38-41. **See Appendix 1.6**

Optional Documentation and Data:

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

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

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

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

☑ How the college or school applies quality criteria for preceptor recruitment, orientation, performance, and evaluation

☑ A discussion of the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners

☑ How the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program

☑ How the college or school solicits active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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

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The College currently has enough preceptors to facilitate the IPPE and APPE programs effectively and efficiently. That being said, new preceptors are always welcome to apply and usually do so through an email to the Office of Experiential Learning (OEL). Preceptors are evaluated per the Preceptor Recruitment, Development, and Promotion Policies (Appendix 20.4). New preceptors must provide contact information, a description of the learning site and rotation, and student activities as well as specific learning objectives. When the rotation is created in the College's database

(PharmAcademic), the rotation description and objectives are included for potential students to review. All new preceptors must complete the Core Preceptor Training Modules through CEImpact. No students are assigned until preceptors have completed this training. In addition, preceptors verify again that they have completed the training and reviewed the Preceptor Manual when they complete the End of Rotation evaluation form for each IPPE and APPE rotation. The preceptors can access the CEImpact training for free and receive continuing education credit for completing the training. The preceptor also sends in a current copy of his/her resume or CV to be kept on file in the OEL.

Individual preceptor performance is tracked through each rotation block in which the preceptor has a student assigned. The students' evaluations of the preceptor come back to the OEL electronically and are analyzed by the OEL staff. If there are any deficiencies noted, the Assistant Dean for Engagement and Partnerships and the Director of Preceptor Engagement and Development review the evaluation and may contact the preceptor immediately if the evaluation contains matters that need to be addressed promptly. Otherwise, preceptor evaluations are discussed quarterly with the Experiential Learning Advisory Council (ELAC) and specific action may be taken at that time, based on the ELAC's recommendations.

Student to Preceptor Ratios for IPPE and APPE:

Most IPPE and APPE rotations operate under a 1:1 ratio of student to preceptor because of the nature of the practice site and physical space in the learning environment. There are occasions where the ratio may be 2:1, 3:1, and even 4:1. These ratios are most commonly used with faculty preceptors. Faculty preceptors are often in practice sites such as large academic medical centers (Eskenazi Hospital in Indianapolis is one example) where they can assign individual students to treatment teams for rounding in the mornings and then meet with the students collectively in the afternoon for topic discussions and patient presentations. Having multiple students on those rotations

is beneficial to all students because there is enough physical space and students can learn from each other during topic/patient discussions and journal clubs.

Professional Development of Preceptors:

A Director of Preceptor Engagement and Development position was created in the OEL and a faculty member was appointed to this position recently. This position updates preceptors on new CEImpact programs that may be of benefit and follows up with preceptors who have had students that performed below expectations during rotations. The position also serves on the Experiential Learning Advisory Council and meets with other Regional Faculty Coordinators to visit practice sites and address any issues preceptors may voice.

The College offers many opportunities for ongoing professional development for both IPPE and APPE preceptors. Although the state of Indiana does not require a specific number of CE hours to be devoted to preceptor development, the College has partnered with CEImpact to deliver free CE programs on a variety of both clinical and educational/teaching and precepting-related topics. Preceptors receive notifications from the OEL about new programs that become available on CEImpact as stated above. In addition, preceptors that have received evaluations with deficiencies are provided with CE materials that target those areas when applicable. As part of remediation, some preceptors have been required to complete certain development programs before they are assigned additional students. The College also works very closely with the two other pharmacy schools in Indiana, Manchester University and Butler University, to offer preceptor development programs through the Indiana Pharmacists Alliance (IPA). Twice per year, the College holds a Dean's Preceptor and Alumni Recognition event in outlying regions of the state. All preceptors are invited from the surrounding area and CE programs are provided for education and development. After one year of

service, preceptors are offered an Affiliate Faculty status with the University and receive access to the University library system, which is also linked to all the other library collections in the Big Ten.

Solicitation of active preceptor involvement in the quality improvement of the Experiential Learning component of the curriculum:

Preceptors are very active in advising the OEL and helping guide experiential education. The Experiential Learning Advisory Council (ELAC) is chaired by the Assistant Dean for Engagement and Partnerships and is composed of 13 volunteer and faculty preceptors. The ELAC meets quarterly (April, August, November, and February) to discuss all matters related to experiential learning. In addition, ELAC members serve as Regional Faculty Coordinators (RFC) across the different regions of the state. There are eight geographic regions in Indiana overseen by one or more RFCs. Northwest Indiana, for example, can host 25-35 students each year for IPPE and APPE rotations. Some students will complete all of their APPE rotations in that region. Preceptors and students in the Northwest Indiana region are overseen by a volunteer preceptor who works in the community and serves as the area's RFCs and on the ELAC. The College is very much in touch with what is happening in practice because of this close network of preceptors that serves as RFCs and members of the ELAC.

Other examples of preceptors direct involvement into Experiential Learning

Another recent example of preceptor input into the Experiential Learning program involves the restructuring of the Community Pharmacy IPPE and Institutional Pharmacy IPPE rotations. As the Integrated Pharmacotherapy course changed and topics were shifted, it became necessary to revisit the IPPE requirements and modify them so they would reinforce concepts covered in Integrated Pharmacotherapy more closely. To assist the OEL in this endeavor, current community pharmacy

preceptors were invited to participate in a focus group that redesigned the assignments and activities to more closely reflect current practice and reinforce concepts taught in Integrated Pharmacotherapy.

AACP Preceptor Survey interpretation:

The College is comparable to the national average on the specified items 14-18, 38-40 in terms of Agree (A) and SA Strongly Agree (SA).

Item	Purdue (SA + A)	Public (SA + A)
14: I am aware of the mechanism to provide feedback to the college/school.	92.5%	92.1%
15: The criteria for evaluating my performance as a preceptor are clear.	80%	80.1%
16: The specific learning expectations for the student have been clearly defined for my rotation(s).	94.9%	95.9%
17: The assessment tools provided to me for my site are suitable for measuring student performance.	90.7%	90.9%
18: I know how to use the assessment tools provided to measure student performance.	96.3%	96.2%
38: I have ongoing contact with the Office of Experiential Education.	86%	85.5%
39: I receive needed support from the Office of Experiential Education.	89.4%	87%
40: The student-to-preceptor ratios at my site are appropriate to maximize learning.	97.2%	96%

For item 41, the College was lower than the national average in the SA+A (77.7% vs. 83.6%). This item relates to effective continuing professional development programs for preceptors. The College recently partnered with CEImpact to provide all of the necessary preceptor development and training resources for all preceptors. This includes required basic training for all new preceptors but also more developmental programs for precepting and mentoring students, as well as clinical updates for preceptors in ambulatory care and inpatient specialty settings. The College also appointed a new Director of Preceptor Engagement and Development to directly oversee these initiatives and continually remind preceptors about these programs through quarterly emails each year.

AACP Student Survey interpretation:

The College was comparable to the national average on items 61 and 62. On item 61 the SA+A was 97% vs. 95.4% (Purdue vs. Public), and on item 62 it was 96.2% vs. 95.4%.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

   N/A

Standard No. 21: Physical Facilities and Educational Resources: The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Floor plans for college or school's facilities and descriptions of the use(s) of available space. **See Appendices 21.1, 21.2**

☑ Description of shared space and how such space promotes interprofessional interaction. **See Appendix 21.3**

☑ Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies. **See Appendix 21.10**

☑ Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable. **See Appendix 21.4**

☑ Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.). **See Appendices 21.5, 21.6, 21.7, 21.9**

☑ CV of the librarian(s) who act as primary contacts for the pharmacy program. **See Appendix 21.8**

Required Documentation for On-Site Review:

☑ Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report). **See Appendix 21.1**

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Faculty – Questions 26-29, 31. **See Appendix 1.8**

☑ AACP Standardized Survey: Student – Questions 68-76. **See Appendix 1.5**

☑ AACP Standardized Survey: Preceptor – Questions 42, 43. **See Appendix 1.6**

Optional Documentation and Data:

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

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

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

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

   ☑ A description of how the college or school's physical facilities (or access to other facilities) utilize current educational technology

   ☑ A description of how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors

   ☑ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.

   ☑ A description of the equipment for the facilities for educational activities, including classroom and simulation areas

   ☑ A description of the equipment for the facilities for research activities

   ☑ A description of facility resources available for student organizations

   ☑ A description of facilities available for individual or group student studying and meetings

   ☑ How the facilities encourage and support interprofessional interactions

   ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

   ☑ Any other notable achievements, innovations or quality improvements

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

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The University provides significant instructional technology that is offered and supported centrally and paid for by student fees including the following: Boilercast, Purdue's lecture capture and streaming system; Blackboard Learn, Purdue's current learning management system; and Camtasia Studio, for prerecording of presentations (see Appendix 21.5 under Educational Resources). Within the College, eight video conferencing codecs are used for video conferencing between West Lafayette and the College's site in Indianapolis. These are primarily used by faculty for meetings, remote teaching, and review sessions with students. There is also the capability to add WebEx users into any meetings. The College also has video production capabilities. All classrooms are equipped with a PC, laptop connections, and a projector, projectors, or flat panel displays. RHPH 172 is equipped with 3D projection, and RHPH 162 is set up for active learning. The room has four round tables that seat nine students each. Each table has power available as well as connectors to connect laptop computers to the AV system. Four large flat panel screens can be configured to display any source the instructor selects. The room can be used as individual huddle spaces, an active learning space, or as a more traditional classroom. The room also contains a video conferencing codec and two cameras that further extend the room's functionality.

Our RHPH G16 Pharmacy practice laboratory is set up with six break-out rooms with flat panel displays, PCs, and cameras. The rooms can be configured for presentations, small group discussions, video recording, or video conferencing. The main room of RHPH G16 has a video conferencing codec, four flat panels equipped with a PC, and a camera.

Since January 2019, pharmacy students have had access to the Pharmacy Collaboration Commons (PCC) which contains more than 130 seats for formal and informal interactions, meeting rooms privates spaces, vending, and relaxation space (see below).

In addition to regular University classrooms, several of the College's courses are offered in the Thomas S. and Harvey D. Wilmeth Active Learning Center (WALC) (see https://www.lib.purdue.edu/walc/) that was recently constructed. The WALC is a student-centered facility with a variety of resources, study areas, and versatile spaces open to all students on campus. The library of engineering and Sciences includes the Data Visualization Experience Lab of Purdue (D-VELoP). In D-VELoP, students can use the visualization lab, "Viz" Wall, 3D printer, and/or receive assistance to help them turn their data into knowledge through visualization technologies. WALC classrooms were designed for active learning and feature screens on multiple walls, apps that allow instructors to give permission for students to project their screens to the classroom screens, and furniture designed for facilitating in-class collaborations.

See Appendix 21.5 under Educational Resources for a description of how the College makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors. All electronic content is accessible on and off campus using the BoilerKey two-factor authentication and is available to all users who have a Purdue Career Account. Students also have 24/7 access to the Library of Engineering & Science and the Hicks Undergraduate Library with PUID card swipe (needed between midnight and 7 AM). Students completing advanced practice pharmacy experiences (APPEs) at an Indiana University (IU) Health facility also have access to drug and medical information resources through two medical libraries that service IU Health facilities throughout the State of Indiana (see Appendix 21.7).

In addition to the resources purchased by Purdue Libraries, the College of Pharmacy has licensed access to Lippincott Pharmacy Health Library and Access Pharmacy, both of which are available electronically and can be accessed by students on campus and off campus. Lippincott Pharmacy Health Library meets the needs of the College's educators and institutions by providing a

single portal to foundational and clinical science content, as well as rich multimedia ancillaries for teaching and learning. At a time when curricula are evolving, teaching time is condensed, and faculty must integrate case studies and clinical skill-building from day one. Lippincott responds by delivering the authoritative, trusted content, in formats educators and students need. Lippincott includes textbooks, video, and audio resources, along with self-assessments, cases, and more.

AccessPharmacy from McGraw-Hill Medical is designed to meet the changing demands of pharmacy education and practice today. Updated regularly and optimized for viewing on any device, this comprehensive, content-rich online pharmacy resource allows users to explore leading pharmacy references, search curriculum topics, and research drugs and supplements. AccessPharmacy gives students instant access to videos, games, Q&A, and leading pharmacy textbooks that establish an important foundation for learning and allows practicing pharmacists to get information instantly about drugs, herbs, and supplements and consult features and editorials concerning the vast array of current pharmacy publications.

For preceptors, following one year of service, an Affiliate Faculty or Instructor appointment is offered. Following application completion, preceptors will receive a certificate that designates their appointment and instructions on access to the following additional benefits including Purdue Libraries access, including online journals and other educational resources.

For a description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, offices, laboratories, etc. See Appendix 21.2.

A list of major instructional equipment is in Appendix 21.5. The major simulation area is the CVS Pharmacy Practice Laboratory (RHPH G016), dedicated in 2007. This facility is updated on an annual basis toward training modern pharmacists for practice. The equipment in this laboratory is shown in Appendix 21.5.

A list of major research equipment available in the College and on campus is found in Appendix 21.9.

Student organizations have sales/advertising and storage space within the RHPH building. They are allowed to reserve meeting rooms in the new Pharmacy Collaboration Commons (PCC and see below) as well as classrooms in both RHPH and other academic buildings on campus. They are also allowed to reserve meeting space in various residence halls.

Students previously used areas within the "old" Pharmacy Library space (that space is newly renovated and named the PCC, see below) for individual or group studying and meetings. In addition to this, they also used the student study lounges RHPH G051 and G055, which were refurbished by gifts in 2006 (these spaces are now being returned to research use). Students also have access to study spaces within their residence halls and the Hicks Undergraduate Library. Despite the increasing prevalence of student-owned laptops, Information Technology at Purdue (IT@P) maintains more than 50 instructional laboratories around campus, one of which is in RHPH 316. These contain computers, ancillary devices, and printers. When these are not being used for classes, students have access to these laboratories. Students can print to any number of printing stations. They are given an allowance and are charged a small fee per page beyond that. The campus is completely wireless-enabled. All students, faculty, and staff are given an e-mail account and free access to the on-campus wireless service. Classrooms are equipped with networked computers and have the capability for the implementation of clickers or other electronic technology, including the capability to record simultaneous audio and video, which students can download at any time free of charge from a special iTunes site.

The Pharmacy Library operation was relocated to the new WALC in the fall of 2017 to provide the College the opportunity to create much-needed collaborative and meeting spaces inside RHPH

without sacrificing traditional learning areas (laboratories and classrooms). In January of 2019, the newly renovated PCC opened for student use. The PCC contains the following: semi-private study areas (18 seats); five group study rooms (4-6 seats each); two large group study/video rooms (12 seats each); a vending/café with 12 seats (replaces existing spaces in RHPH G051 and G055); open study space encompassing 2,500 square feet with 36 seats; and a lounge with 20-24 seats. Modern learning furniture is available to suit every student need from comfortable isolation to technology-heavy group collaboration. This well-designed student learning space provides a wide variety of options so that every student can find what works best for them.

The spaces and location for interprofessional interactions and IPE in which activities take place are given in Appendix 21.3.

The College uses the mechanism of task forces (ad hoc committees) to study and anticipate space needs. The Dean meets regularly with department heads and other deans, and space and facilities are discussed as needed. The formulation of the Strategic Plan also involves a consideration of space and facilities. For example, detailed planning for multiple new buildings (teaching and research) on the south part of the campus occurred in 2018-2019. The teaching space discussions involved the Purdue University School of Nursing to create efficiencies and facilitate interprofessional opportunities. The series of detailed meetings were held with ASG-Architects (https://asg-architects.com/) who were also responsible for the University and College of Health and Human Sciences strategic plans.

The most noteworthy achievement is the $2.1M renovation of the library into the PCC. The College also made significant renovations to the Office of Student Services (OSS) in Summer 2018, which serves as the front door for prospective students and their family.

In November 2013, the Indianapolis-based Pharmacy Practice faculty relocated from the old Wishard Health Services hospital, which was targeted for demolition, to the new Eskenazi Health Fifth Third Bank building at the Indiana University Medical Center on the Indiana University Purdue University Indianapolis campus. The Eskenazi campus achieved Leadership in Energy and Environmental Design (LEED) Gold certification, making it among the first and largest new hospital campuses in the United States and first in the state to achieve this recognition.

Working with Duke Realty, the new space was designed to house faculty, staff, graduate students, and fourth-year Purdue and Butler University Pharm.D. students for APPE rotations. Twenty-seven private offices, two executive faculty offices, and three administrative offices (including one reception desk at the front of the space) house faculty members and staff. The graduate student room includes 10 work stations with privacy panels and lockable file cabinet credenzas. A separate open-concept space accommodates up to 20 Pharm.D. students, with individual computer work stations with privacy panels, tables for group work, z-lockers, and respite seating with ottomans.

In addition to the offices and workspaces, four conference rooms are available (two of these adjoined by a moveable wall to increase the overall size). All are equipped with computers/televisions and video conferencing units. The space also includes a kitchen/break room area, a mail/copier/printer room, a large file room, and a janitorial room. All computers have access to full network and library services of both the Purdue and Indiana University systems. The office space provides access to a networked printer and copier system. Telephone systems work through VoIP on the Eskenazi and Purdue University networks. One full-time Desktop Specialist staff member provides on-site IT support.

Lastly, there were several smaller improvements made on behalf of the College. The laboratory space for the pre-pharmacy student Organic Chemistry Laboratory has been modernized

and renovated. The College raised funds to provide an upgrade to RHPH 162, a small lecture classroom used primarily by the College. This involved the construction and creation of an active-learning space with four stations and multiple flat screens throughout the space, as well as collaborative desk and work areas, and including new flooring and significant electronic enhancements. The University also provided some funds for research laboratory upgrades for faculty in the following buildings RHPH, HANS, and DLR. Through the College's recruitment efforts and the University institutes, new or existing faculty have been placed in the following buildings: HANS, MANN, DRUG, and DLR (see space detail in Appendix 21.2).

Among the questions on the faculty survey in 2018 (Appendix 18.7a) that showed differences from peer groups were those that address faculty office and physical facilities for academic program needs (Q26, 29). The disagree responses for Q26, "Faculty office space permits accomplishment of my responsibilities," is somewhat puzzling. The offices are in accord with University standards and are similar to other peer institutions. Responses to questions on the faculty survey (Q29) that deal with the adequacy of facilities for academic program needs are not surprising and reflect the limited number of active-learning spaces available to the College. The disagree response decreased from 43% in 2016 to 35% in 2018, presumably due to the opening of the University's WALC facility in 2017. As a College (and University) efforts to improve in this area continue, and ongoing discussions for a new teaching facility have been had in the last 18 months. As noted, the planning process for new teaching space has also included the Purdue University School of Nursing where there are significant opportunities for synergies and interprofessional interactions.

Most notable from the student survey response was a recognition of the lack of lounges, lobbies, or other areas for relaxation and socialization available in the College. The space need was previously met by the campus library housed in RHPH, study rooms in the basement of RHPH, and

other non-specified areas on campus. The completion and opening of the PCC in January 2019 has markedly addressed this need with great success.

    With regards to preceptors, it is noted that their disagree/strongly disagree responses to the college providing access to library and educational resources has improved from 20% in 2014 to 10% in 2017, putting the College more in line with other public institutions. This reflects better communication about the availability of resources and more clarity in the expectations for each preceptor regarding access.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

    N/A

Standard No. 22: Practice Facilities: The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits). **See Appendices 22.1a-b**

☑ Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both. **See Appendices 20.3a-c**

☑ Policies and procedures related to site selection, recruitment, and assessment. **See Appendix 22.2**

☑ Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment. **See Appendix 22.3**

☑ ACPE IPPE Capacity Chart. Template available to download. **See Appendix 22.4**

☑ ACPE APPE Capacity Chart. Template available to download. **See Appendix 22.5**

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.). **See folders on-site.**

Data Views and Standardized Tables:

Optional Documentation and Data:

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

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

	S	N.I.	U
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.	x	○	○
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.	x	○	○
22.3. Evaluation – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.	x	○	○

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

- ☑ Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment

- ☑ Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements

- ☑ How the college or school employs quality criteria for practice facility recruitment and selection

- ☑ How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria

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

- ☑ Any other notable achievements, innovations or quality improvements

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

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Capacity Assessment and Notable Achievements

The College has maintained an adequate number of both IPPE and APPE rotations for the 150 Pharm.D. student class size. For IPPEs, there were 29,280 excess hours for community pharmacy experiences and 1,120 excess hours for institutional pharmacy experiences. For APPE, there were excess rotations in the following categories: community pharmacy (631), hospital and health system (60), ambulatory care (524), inpatient (228), and elective (333). Several new clinical assistant professors have been hired since the last accreditation and include three positions in ambulatory care clinics, three in adult medicine, and one in hematology/oncology. One new co-funded faculty member was added to Northwestern Memorial Hospital which expanded the IPPE and APPE rotation capabilities for students in the region. The College has greatly strengthened its APPE offerings with the development and implementation of the Institutional, Industrial, and Ambulatory Care Track Programs. These are longitudinal APPE experiences ranging from three to five blocks in the aforementioned practice settings. Prior to 2010, all students were randomly assigned into a variety of

APPE rotations and the only industry APPE electives offered were through Eli Lilly in Indianapolis. Students now have the option of applying to a particular track in their desired practice setting. The application consists of the student's updated CV, letter of intent, program rankings, and their answers to some predetermined and focused questions. The participating practice sites review the students' applications, conduct onsite or phone interviews (if desired), and then rank the applicants. The process is similar to a mini-ASHP Residency Match program.

Since the implementation of the Institutional APPE Track program, hospital pharmacies are seeking more students and offering more rotations. For example, in 2018, there were 29 track programs offered with five APPE rotations each across 10 health systems/hospitals in seven different regions. This equates to an additional 145 APPE rotations that did not previously exist. Approximately 20 students per class apply for Institutional APPE Tracks each year, with 40 students applying this past year. Preceptors enjoy the program because they are working with highly-motivated students, only need to conduct one site-based orientation session, and can engage in longitudinal experiences. The College has published results from preceptor surveys that indicate 93% of preceptors would recommend the Institutional APPE Track Program to other hospitals (Bodenberg M and Shepler B. CPTL 2018 DOI:10.1016/j.cptl.2018.05.001).

On the industrial side, 12 pharmaceutical companies collaborate with the College to offer Industrial APPE Tracks that are two to three blocks long. Rotations offered include:

- biotechnology business analysis,
- marketing/promotion,
- commercialization,
- regulatory affairs,
- global drug development,

- research/development, and

- clinical supply chain management.

In 2018, 17 Industrial APPE Tracks were offered with three APPEs, each resulting in 51 new elective APPEs. There were 17 students who applied for these positions this past year.

There are currently two Ambulatory Care APPE Tracks, and the College is working on developing more. The existing tracks are with Walgreens and a community health clinic in northwest Indiana. Students spend three APPE blocks with Walgreens moving from community pharmacy practice to HIV, immunizations, women's health, hormone replacement, or administration, depending on their interest areas. In the community health clinic ambulatory care track, students spend two rotation blocks working directly with an ambulatory care pharmacist managing diabetes, hypertension, dyslipidemias, etc. and then spend a final third rotation block in another community health clinic working directly with a physician and proving care to the underserved.

Strategies for ongoing quantitative and qualitative development of sites/preceptors and affiliation agreements:

All practice sites must enter into an Education Affiliation Agreement with the University prior to having students assigned. In most cases, the University's legal counsel has a standard agreement that is used. If the practice site wishes to use their own agreement, this must be vetted through the University's contracting office. A few of our practice sites have customized agreements on file with the College. New practice sites are evaluated by the Experiential Learning office to determine if they meet the criteria set forth by the College in the Policies and Procedures Related to Site Selection, Recruitment, and Assessment document (Appendix 22.2). A determination as to the general need of the rotation category is also performed. For example, the College has several more community

pharmacy rotation sites than is needed for any given year but usually can always accept more inpatient rotation sites.

How the school assesses quality and addresses deficiencies with sites/preceptors:

All preceptors and practice sites are evaluated by students at the end of every student's IPPE and APPE rotation. These evaluations are electronically submitted back to the Office of Experiential Learning (OEL). Any deficiencies are identified by the OEL staff and reported to the Assistant Dean for Engagement and Partnerships. The Assistant Dean for Engagement and Partnerships will do two things:

1. Contact the preceptor and discuss the issue either by email or phone and then document the outcome in the appropriate file in the OEL if the matter requires immediate attention.

2. Include the deficiency as an item for discussion at the next Experiential Learning Advisory Council (ELAC) meeting. The Council meets quarterly throughout the year and has a standard agenda item where preceptor/site deficiencies are discussed. The ELAC is made aware of any issues that have come up and any action that has been taken. After discussion with ELAC, there may be no further action necessary, or the OEL may reach out to the individual preceptor on behalf of the ELAC to discuss the nature of the preceptor's performance and may prescribe specific preceptor development materials to be reviewed by the preceptor prior to assigning more students to the site.

Interpretation of data from AACP standardized surveys:

The College performed better on item #42, "There are adequate facilities and resources at the practice site to precept students" of the AACP Preceptor Survey in 2014 and 2017 compared to the national average (95.3% SA+A vs. 81% respectively).

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 23: Financial Resources: The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ Detailed budget plan or proforma (previous, current, and subsequent years). **See Appendix 23.1**

☑ Description of college or school's budgetary processes. **See Appendix 23.1**

☑ In-state and out-of-state tuition compared to peer schools. **See Appendix 23.2**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Faculty – Questions 27, 28. **See Appendix 1.8**

☑ AACP Standardized Survey: Preceptor – Question 42. **See Appendix 1.6**

☑ In-state tuition for past five years compared to national data. **See Appendix 23.6**

☑ Out-of-state tuition for past five years compared to national data. **See Appendix 23.6**

☑ Grant funding for past five years compared to national data. **See Appendix 23.6**

Optional Documentation and Data:

☑ In-state tuition for past five years, with peer school comparisons. **See Appendix 23.2**

☑ Out-of-state tuition for past five years, with peer school comparisons. **See Appendix 23.2**

☑ Total grant funding for past five years, with peer school comparisons. **See Appendix 23.3**

☑ NIH funding for past five years, with peer school comparisons. **See Appendix 23.4**

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

Although these data are available (and were obtained), the Purdue data have several categories with less than five individuals, and thus may unintentionally violate confidentiality. However, the Dean and Department Heads routinely conduct a review of these complex salary data considering years in rank, field, and productivity. They have found that on average assistant and associate professors in the College lag behind the 75th percentile for analogous faculty in peer colleges. However, the exact differences were more modest when compared between specific disciplines across schools with similar appointments (academic vs fiscal as appropriate per department, see AACP salary tables 56-64). Salaries for full professors at the 75th percentile were higher on average.

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

  See Appendix 23.5

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

	S	N.I.	U
23.1. Enrollment support – The college or school ensures that student enrollment is commensurate with resources.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○

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

☑ How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.

☑ An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving

☑ A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees

☑ A description of how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets

☐ ~~How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable~~ – N/A

☑ An assessment of faculty generated external funding support in terms of its contribution to total program revenue

☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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The College of Pharmacy has input into the development of and operates within a budget that

is planned, developed, and managed in accordance with sound and accepted business practices.

The annual operating budget is developed in the spring semester for the following fiscal year.

A full assessment of historical revenues and expenditures, as well as anticipated revenues and

expenditures, is used to build the annual operating budget for the College and departments. The

annual operating budget is prepared annually by the Dean, assisted by the Pharmacy Business Office,

in consultation with Department Heads, and submitted to the Office of Financial Planning and Analysis.

Budgetary and financial health reviews are conducted both monthly and quarterly. The actual operating activity is reviewed monthly with YTD activity in comparison with prior YTD activity. The annual operating budget is reviewed quarterly with projections for anticipated actuals. This review is conducted by the Office of Financial Planning and Analysis, performed by the Pharmacy Business Office in partnership with the Dean. In addition, there is an annual budget review conducted jointly by the Dean, the College's Business Office, the Office of the Provost, and the Office of the Treasurer. Challenges and opportunities related to the budget are discussed.

An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving is part of the data given in Appendix 23.1, which includes a five-year analysis of funding and expenditure trends.

Enrollment has been stable since the last accreditation. The College relies on its historical norms as a basis for planning and budgeting. On an annual basis, the Office of the Provosts accepts requests for annual budget variances, either recurring or non-recurring, for major strategic investments. For FY2020, the College requested additional recurring funds of ~$540,000 annually in support of the Pharm.D. program to be funded by an increase in the differential fee associated with the Pharm.D. program. This fee has not been increased since 2007 and since that time the College has incurred numerous costs associated with our then newly revised Pharm.D. curriculum and in meeting the ACPE 2016 Guidelines. The Dean was able to successfully negotiate with the Office of the Treasurer to fund $396,570 of recurring funds in response to this request and furthermore, to delay an increase in our Pharm.D. differential fee. This demonstrates our ability to obtain additional resources and at the same time maintain our commitment to affordability. It should be noted that Purdue has held

base tuition constant (i.e., no increases) since 2012 and will maintain these tuition levels at least through the 20-21 academic year. All the while we have continued to offer an average of ~2.5% merit raises to our faculty and staff.

To allow for new strategic investments, the Dean and the College Business Office implemented a new budget variance request process for FY20. This process parallels the budget request variance used by the Office of the Provost (described above). In brief, each Department Head in consultation with their faculty can make requests for either recurring or non-recurring budget items in support of the new College Strategic Plan. Resources will draw from available recurring dollars (typically unfilled faculty lines) as well as funds from philanthropic support (development).

See Appendix 23.1 for Grants and Contracts revenue. In the most recent full fiscal year, external support for grants and contracts made up approximately 30% of the revenue for the College.

The College uses Deans and Heads meetings, the results of task force investigations, and strategic planning for the purposes of financial planning.

The College has significantly increased total and NIH funding each year since 2014-2015. The projections for 2018-2019 suggest that this trend will continue.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Section III:
Assessment of Standards and Key Elements

Standard No. 24: Assessment Elements for Section I: Educational Outcomes: The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ College or school's curriculum assessment plan(s). **See Appendix 24.1**

☑ Description of formative and summative assessments of student learning and professional development used by college or school. **See Appendix 24.2**

☑ Description of standardized and comparative assessments of student learning and professional development used by college or school. **See Appendix 24.3**

☑ 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 **See Appendices 24.1, 24.4**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☑ AACP Standardized Survey: Student – Questions 12-30. **See Appendix 1.5**

☑ AACP Standardized Survey: Alumni – Questions 26-44. **See Appendix 1.7**

☑ AACP Standardized Survey: Preceptor – Question 19-37. **See Appendix 1.6**

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

   See Appendices 24.5, 24.6, 24.7, 24.8

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

	S	N.I.	U
24.1. Formative and summative assessment – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.	x	○	○
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.	x	○	○
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:	x	○	○
• Enter advanced pharmacy practice experiences	x	○	○
• Provide direct patient care in a variety of healthcare settings	x	○	○
• Contribute as a member of an interprofessional collaborative patient care team	x	○	○
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.	x	○	○

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

☑ A description of 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

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Students complete several formative and summative assessments throughout the

curriculum. Beyond course examinations and course activities (Appendices 10.6, 10.8, 10.12)

students are assessed using PBAs (Appendices 10.10a-b), the PCOA (Appendix 24.8), and IPPE and APPE evaluations.

PBAs are conducted in the PPLs at the end of every semester in the didactic curriculum. PBAs are based on the skills and professional competencies students need to successfully provide patient care (Appendices 10.10a-b). Content in the PPLs parallels the core curriculum and is focused on application through skills-based activities. Formative assessments (students' ability to prepare patient care plans, provide education to and communicate with patients, communicate with prescribers, and make therapeutic recommendations) are provided throughout the PPLs that are similar as the final PBA. Skills incorporated into the PPLs were identified by the PPL Coordinating Committee, as well through the use of PPCP, and EPAs (Appendix 4.8).

PBAs assess cumulative knowledge and skills as students progress through the curriculum. Students must pass the PBA in each semester to continue in the PPL sequence. Students have one opportunity to remediate in the P-2 and P-3 years and two opportunities to remediate in the P-1 year. The PPL Coordinating Committee reviews student performance on the PBAs at the end of every semester. PPL activities are developed to address areas where students struggle in the PBA or other laboratory activities, curricula, or experiential experiences. As an example, the College received feedback from preceptors and faculty regarding students' ability to communicate with other healthcare providers. As a result, a simulation activity was implemented where students discussed a medication recommendation with a prescriber. Students received formative feedback to improve their communication skills. Subsequently, students completed a PBA focused on communicating with a prescriber. Areas of weakness were identified using a detailed analytical checklist (rubric) provided to evaluators and PPL activities were modified to develop and reinforce

students' skills in those areas. PBA scores are also reviewed by the Directors of the PPLs to ensure consistency among evaluators. When inconsistency is identified, rubrics are adjusted.

Students take the PCOA in February of their P-3 year. After completing the examination, all students complete a written self-assessment of their self-perceived performance and develop an action plan for improvement (Appendix 24.7). Students scoring in the 20 percentile or less meet with the Assistant Dean for Learning and Assessment to discuss their performance and plan for improvement. PCOA data (Appendix 24.8) and student interview feedback is provided to both the AC and Curriculum Committee for review. Data from this self-assessment are compiled by the Assistant Dean for Learning and Assessment to identify any trends. College faculty also received notification of PCOA scores and assessment as a part of the annual Assessment Report.

Two areas of concern identified from student interviews were the general lack of knowledge regarding NAPLEX/MPJE content and process, as well as students' recognition that they were having issues with retaining information. As a result, students received detailed information regarding NAPLEX/MPJE content and examination process, resources to facilitate the review of topics, and recommended study strategies to improve retention. These findings were also relayed to both the Assessment and Curriculum committees. Students also complete a self-assessment of their performance on PCOA.

In IPPE 1, students dispense prescriptions and provide patient counseling in the Purdue University Pharmacy. Students are assessed on their counseling skills, and knowledge of the law and common medications. In IPPE 2 and IPPE 3, students gain experience in community practice and institutional practice respectively. IPPE preceptors evaluate students using a standardized evaluation. Students also complete and are assessed on required activities, such as an Interprofessional Health Promotions project, Self-Care assignment, Medication Adherence

assignment, Interprofessional Healthcare Provider Shadow and Interview assignment, and Clinical SOAP note assignment. These assignments were developed to address identified gaps in the curriculum and to reinforce skills.

Students are evaluated after each APPE rotation by their primary preceptor. They also receive formative feedback from a standardized mid-point assessment. APPE summative evaluations are currently under revision with plans for their use in the current academic year. They were revised based on preceptor feedback and in coordination with Colleges of Pharmacy in Indiana. The new evaluations and rubrics are based on the EPAs for new pharmacy graduates to allow for improved and efficient evaluations of practice-related skills and competencies.

Students complete an annual self-assessment where they rate themselves on a five-point scale ranging from poor to excellent on each of the College outcome ability goals (Appendix 10.2; Appendix 2.1a-h). These assessments are compiled by professional year to provide data regarding students' professional growth concerning the core courses in the curriculum. Data demonstrate that students' assessment of specific outcome ability goals increases based on the core courses completed and the outcomes associated with those courses.

At the end of each academic year, students also complete a survey documenting their co-curricular activities that occur outside of the required curriculum (Appendices 24.6 and 3.2a-c). Students indicate their participation in each of the following areas: College of Pharmacy student organization or event/program, University student organization or event/program, community organization, religious organization, and work-related activity. For each area in which they participate, students indicate the level to which the area contributed to the College of Pharmacy's Professional Outcome Ability Goals. They also provide a brief description of a meaningful activity

for each area in which they participate. The survey provides an avenue for students to begin reflecting upon their professional development as part of the APE (Appendices 4.3-4).

The APE, described previously in Standard 4 and highlighted again here, serves as a mechanism for students to reflect upon their professional growth in the following areas: self-awareness (intercultural learning, interprofessional learning, and wellness), leadership, professionalism, and career planning. The APE was launched in the 2017-18 academic year with both P-1 and P-2 students participating in the APE process by the conclusion of the 2018-19 academic year. The APE roll-out will be completed by the end of the 2019-20 academic year. APE data (Appendix 2.1b) are being used to assess students' development of their abilities over time. The expectation is that most students in the P-1 year will be novice in most of the areas being assessed the APE, but will progress to developing or expert as they complete the didactic curriculum.

Student and faculty feedback are collected annually and utilized to modify the APE content and process to maximize student learning. Modifications also are made based on student performance. Changes implemented in the 2018-19 academic year include a revision of the rubric to improve consistency in grading across faculty, expansion of the areas included in APE to assist students' reflection in Standard 3, modifying questions for student clarity, housing APE in PPL to streamline the small group discussion process.

The College also utilizes the AACP surveys as feedback regarding core outcomes, student experiences with the College, curriculum, rotations, and administration. The graduating student survey is administered annually, faculty survey every other year, the alumni survey every three years, and the preceptor survey every three years.

Data are collected in three main areas: curricular mapping (Appendix 4.8), student outcomes, and feedback from constituencies. The curriculum is mapped to the College's outcome ability goals (Appendix 10.2), PCPP, and ACPE Appendix 1. These data are used to identify gaps in the curriculum, as well as identify areas of emphasis. A co-curricular process and co-curricular activities occurring in the curriculum (Appendices 24.6 and 3.2a) have been identified to ensure that all students are participating in activities to develop their knowledge and skills as outlined in Standards 3 and 4.

Preceptor evaluation of student performance (see Standard 11), as well as NAPLEX and MPJE pass rates and scores (Appendices 1.3 and 1.4), are monitored and used to identify trends in student performance and to determine if adjustments need to be made to the curriculum or admission criteria/processes. Student performance on PBAs is utilized to assess students' ability to apply knowledge and demonstrate skills. PBA data are assessed at the end of every semester to modify content and activities within the PPL sequence, as well as the curriculum. The APE is used to assess students' growth in ACPE Standards 3 and 4 to ensure students are developing the attitudes and skills necessary for a practitioner. Students receive individual faculty feedback to guide their growth in this area. Students and faculty provide feedback to the AC on the APE to guide improvements in the process. Students rate themselves annually on their professional growth on each of the College's outcomes. These data are used to evaluate curricular trends regarding core courses. For example, the AC assesses if students' ratings on the outcome "information literacy" improves after the completion of the drug information course.

Multiple mechanisms are utilized to receive feedback from the College's constituencies. The AACP surveys (graduating student, faculty, preceptor, and alumni) inform decision-making regarding the curriculum. Items with scores of 20% (disagree/strongly disagree) are identified and

targeted for further assessment. College committees (executive, curriculum, experiential learning) are asked to address each of the targeted items and provide a report regarding their actions to the AC. Often, these "targeted" items become areas in which committee charges are developed. Students complete course and faculty evaluations each semester. Students from each didactic year participate in focus groups at the end of the academic year to gather feedback regarding the curriculum and College. The College's committees, department heads, and faculty members make modifications to curricula, courses, and teaching strategies using student and preceptor feedback. Assessment responsibilities within the College lie with several groups: the AC is a standing committee charged to plan and review assessment activities; the Curriculum Committee is a standing committee charged to review the curricular structure and functioning and to make recommendations for improvement to the faculty; the Office of Experiential Programs provides assessment data and responds to recommendations related to IPPE and APPE experiences; the Office of the Dean houses the Associate Dean for Academic Affairs and Assistant Dean for Learning and Assessment who have responsibility for coordinating assessment activities; and the College Executive Committee sets policy.

Data for each of the core assessment activities (Appendix 24.2) are collected longitudinally. The AC makes recommendations to each of the above listed groups based and the chair provides regular reports at College faculty meetings, and through emails and the Learning and Assessment Resource webpage. The annual Assessment Report is presented to the faculty at the annual College Retreat, including:

- A summary of findings regarding the extent to which outcome abilities are being achieved

- Identification of areas where the program is successful in achieving its educational mission

- Identification of areas for improvements concerning the achievement of outcome abilities or other components of the program mission

The AC suggests action items to address needed improvements.

The AC ensures that action items are discussed, addressed, and reported upon by the responsible parties. The following outlines a select number of actions taken by the College that comply with the intent and expectations of ACPE standard 24:

- Modifcation of the Integrated Pharmacotherapeutics (IP) content sequence based on student and preceptor feedback.

- PBAs were implemented in every semester to assess APPE and practice-readiness.

- An IPE sequence and assessment plan were developed to ensure student competency in interprofessional team-based competencies.

- The curriculum was mapped to identify where content and application on the PCPP were included. Faculty include the appropriate College Outcome Ability Goals and areas from the PPCP in their syllabi.

- A formal course review process (Appendix 10.18) was implemented by the Curriculum and ACs.

- ExamSoft adopted to allow for more efficient and detailed assessment of students' outcomes.

- The APE was developed to provide students faculty mentorship and a mechanism to plan and reflect on their professional development annually.

- The Curriculum Committee reviewed the 12-week curriculum in regards to its impact on students' stress and learning outcomes.

- A wellness initiative was launched as a response to student-reported stress levels. The initiative is longitudinal: 1) identification of stressors, availability of College mental health resources, and wellness action plans (launched 2018-19), 2) Question-Persuade-Refer training (2019-20), and 3) transitions and wellness (2020-21).

- Individual Professional Development Action Plans (Appendix 24.7) were implemented based on students' self-assessment of their PCOA performance.

Since the last accreditation, there was a reorganization of the College's leadership team. The position of Assistant Dean for Learning and Assessment was added with to expand assessment efforts. The Assistant Dean chairs the AC and attends the Curriculum, PPL Coordinating, and Experiential Learning Advisory committee meetings.

When recent AACP Survey items have 20% or more disagreement (disagree and strongly disagree) they are targeted for further study by the AC and reviewed regardless if our data is consistent with peer group norms. There were no items that reached the threshold of 20% in the alumni, preceptor, and graduating student surveys from the most recent administration of surveys. Stakeholders felt the curriculum was meeting the learning needs of its students. However, there were 15 items identified from the AACP faculty survey that were referred to the Executive Committee for consideration. Focus groups were utilized to receive additional data from faculty in 2019.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

N/A

Standard No. 25: Assessment Elements for Section II: Structure and Process: The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☑ The college or school's assessment plan (or equivalent). **See Appendix 24.1**

☑ List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan. **See Appendix 8.3**

☑ Examples of instruments used in assessment and evaluation (for all mission-related areas). **See Appendices 4.1-2, 4.4, 4.9, 10.17, 11.9, 11.10, 11.12, 11.13, 12.8, 12.9, 12.10a-c,12.12, 13.9a-b, 15.3, 16.7, 16.9, 19.2, 23.1, 23.2, 23.3, 23.4.**

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) **See Appendix 1.5**

☑ Faculty Survey Summary Report (all questions) **See Appendix 1.8**

☑ Preceptor Survey Summary Report (all questions) **See Appendix 1.6**

☑ Alumni Survey Summary Report (all questions) **See Appendix 1.7**

Responses to Open-Ended Questions on AACP Standardized Surveys:

Note: These data will have restricted access. For the open-ended questions, ACPE provides the opportunity for programs to redact (not remove) offensive text, names, and identifying characteristics. In the EXCEL document downloaded from the AACP Survey System with the results from each survey, redaction can be achieved through highlighting in black the specific items listed previously. The document can then be saved as a PDF and emailed directly to ACPE. No comments should be completely removed.

☑ Graduating Student Survey: Responses to Open-Ended Question 80. **See Appendix 25.3**

☑ Faculty Survey: Responses to Open-Ended Question 45. **See Appendix 25.2**

☑ Preceptor Survey: Responses to Open-Ended Question 44. **See Appendix 25.4**

☑ Alumni Survey: Responses to Open-Ended Question 48. **See Appendix 25.5**

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

☑ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee or faculty meeting minutes; analyses/evaluation findings/reports generated as a result of assessment and evaluation activities

See Appendices, 10.1, 10.7, 25.1, 4.3, 10.10a-b, 2.1a-h, 25.1

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

	S	N.I.	U
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○
25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.	x	○	○
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.	x	○	○
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.	x	○	○
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.	x	○	○

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

☑ Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality

☑ How the college or school's assessment plan provides insight into the effectiveness of the organizational structure

☑ A description of how the college or school assesses its curricular structure, content, organization, and outcomes

☑ A description of how the college or school assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service

☐ ~~A description of how the college or school assesses the comparison of alternative program pathways to degree completion~~ – **N/A**

☑ 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

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The Assessment Committee (AC) (Appendix 8.3) is chaired by the Assistant Dean for Learning and Assessment and composed of at least two faculty members for each department in the College, one of the directors of the Professional Practice Laboratories (PPLs), one student member from the P-2 and P-3 years, a staff member from OSS, and the Associate Dean for Academic Affairs.

Student members have full voting privileges, and select future student members. The AC monitors student achievement related to program outcomes, collects and evaluates assessment data from current students and recent graduates, and evaluates data related to experiential rotations. The AC makes recommendations to the Curriculum Committee, the Dean's Office, Office of Student Services (OSS), Office of Experiential Programs, College Executive Committee, or individual course faculty, as appropriate. The Chair provides regular reports to the faculty at College faculty meetings, as well as an annual report at the faculty retreat in May. The annual report includes: a summary of the extent to which outcome abilities are being achieved by students, identification of areas where the

program is successful in achieving its educational mission and identification of areas where improvements are needed concerning achievement of outcome abilities.

Data used to generate the annual AC report include: PCOA percentile and subscale scores, students' evaluation of achievement of College outcomes, NAPLEX/MPJE pass rates and subscale scores, students' participation in co-curricular activities, students' APE, AACP surveys, and students' IPPE and APPE performance .

The AC's reports and assessment data are accessible to all faculty. The Learning and Assessment Resources webpage is available to faculty and has a compilation of learning and assessment resources.

Several changes in course and curricular content have occurred after reviewing the data. For example, there was concern about students' ability to prepare sterile products during their Institutional IPPE (based on feedback from preceptors). Activities were added to the P-1 and P-2 PPLs to promote skill development in sterile product preparation. This allowed students to get experience before their institutional IPPE.

As highlighted earlier, another change in curriculum revolved around the ability of students to prepare patient cases. As a result, capstone cases will be included in each semester of IP to improve students' ability to prepare patient care plans.

The College's Assessment Plan (Appendix 24.1) contains an outline of core activities (Appendix 24.2) to provide insight into the effectiveness of the organizational structure. These activities include the AACP surveys (faculty and preceptor) and evaluation of the strategic plan. A threshold of 20% strongly disagree/disagree is used to target areas for improvement. For the 15 items identified in 2018 Faculty Survey, human resources conducted focus groups in Spring 2019 with faculty members from all departments to gain insight into their concerns regarding

administration/governance; faculty development and performance; infrastructure, curriculum, teaching & assessment; and development and supervision of students. In the 2019-20 academic year, the Executive Committees will develop strategies using the focus group data and update the AC on actions to be taken.

The College assesses the curricular structure, content, and organization using a curricular map of core courses (Appendix 10.1) and the PPLs (Appendix 4.8). For core courses, three main areas are mapped: College Outcomes, ACPE Appendix 1 and Pharmacists' Patient Care Process (PPCP)

Using an online survey, each course coordinator indicates the outcomes covered and/or assessed within a course. Data are compiled and reviewed by the AC. In the case where gaps are identified, the AC notifies the Curriculum Committee so that they can be addressed. The Curriculum Committee would notify the course coordinator of the relevant course. There have been no specific gaps identified in any of the three areas.

The most recent map was compiled after ACPE Standards 2016 were adopted and our College Outcomes were modified. All College Outcomes (Appendices 10.1 and 4.8) were covered by the core curriculum and were assessed in courses or PPLs at least once. Outcomes were covered in more than one core course and each professional year of the didactic curriculum. All ACPE Appendix 1 content areas were covered and assessed at least one time by the core curriculum. PPCP course content is in every year of the professional curriculum, as well as assessed. Though College Outcomes, Appendix 1, and PPCP outcomes frequently were covered multiple times across the curriculum, the core curriculum content continues to be monitored based on formative and summative assessment data. Assessment data from ExamSoft also will be utilized in the future monitoring of content in the core curriculum.

The goal of PPL is to integrate students' knowledge gained from core coursework with practice-based skills. Each lab is mapped to the College Outcomes, PPCP, Entrustable Professional Activities (EPAs), and ACPE Appendix 1. The PCPP is covered in each year of the PPL, with an emphasis on collect, assess, and plan (Appendix 4.8). Patient Provider and Information Master are emphasized in the PPLs, while all College Outcomes are addressed. Self-reflection, or self-awareness, activities are also included in every professional year, including an activity when P-3 students reflect on their PCOA performance and develop an action plan to address their weaknesses and further develop their strengths. Members of the PPL Coordinating Committee include the PPL Directors, at least one PHPR and MCMP faculty member, and the Assistant Dean for Learning and Assessment. The Director sits on the Curriculum and one of the Associate Directors sits on the AC to communicate PPL assessment data. The PPL Coordinating Committee also is responsible for implementing activities and assessments in response to assessment data and curricular changes.

Activities that assess students on the College outcomes include: NAPLEX/MPJE pass rate and subscale scores, PCOA percentiles and subscale scores, APPE Rotation Performance Evaluations, IPPE Rotation Performance Evaluations, APE, Students' Assessment of the Achievement of College Outcomes and PBAs

As a result of this data, the AC makes recommendations to the Curriculum Committee, Dean's Office, OSS, the Office of Experiential Programs, and the Executive Committee. Curriculum and AC charges often are developed based upon concerns identified from assessment data. For example, when there were concerns regarding students' ability to retain information and students' stress levels, the Curriculum Committee received a charge to evaluate the 12-week semester and its impact on students' learning and stress (Appendix 10.5a).

Each department chair reviews faculty annually in regards to their scholarship, teaching, and service/engagement. At the end of each year, faculty submit an annual report of their performance (Appendix 19.2). As a part of this report, faculty provide information on their publications, presentations, teaching evaluations, professional service and community service.

The College's Evaluation of Teaching Policy (Appendix 10.7) outlines the process in which faculty's teaching effectiveness is assessed. Students evaluate instructors' teaching effectiveness using the University's teaching evaluation system at the end of every semester. The Associate Dean of Academic Affairs and Assistant Dean for Learning and Assessment reviews course and instructor evaluation data. Course evaluation data also is provided to the Curriculum Committee when core courses are being reviewed. The department chair meets individually with each faculty member to provide feedback on his/her performance as well as discuss goals for the upcoming year. Junior faculty receive additional mentorship through assignment of two senior faculty mentors that provide ongoing feedback regarding scholarship and teaching effectiveness following in-class observation receipt of student evaluations. Junior faculty also undergo a formal third-year review to determine if teaching, scholarship and engagement goals are on track for promotion or promotion/tenure. A peer review of teaching also occurs as a part of the promotion and tenure dossier. Department chairs report on metrics in each area to the College, which is also collected by the University.

The TEACH 2.0 Framework (Appendix 11.4) is being utilized in preparing students for interprofessional teamwork. Students are evaluated using standardized assessments administered by the Indiana University Interprofessional Center, of which the Purdue University College of Pharmacy is a member. Currently, the College's Director of IPE also serves as an Assistant Dean at the Center. The assessments administered as a part of the TEACH program is pre/post knowledge (P-1 year),

Interprofessional Collaborative Attainment Survey (P-2 year) (Appendix 11.8), and peer/self-evaluations of the functioning of interprofessional groups (P-3 year) (Appendix 11.9).

The Readiness for Interprofessional Learning, a validated scale, also is utilized in the P-1 year and the P-3 years (Appendix 25.1). RIPLS assesses students in four main areas: 1) teamwork and collaboration, 2) negative professional identity, 3) positive professional identity, and 4) roles and responsibilities. As part of their P-3 interprofessional activities, students work in teams to develop an approach to address a "standardized" patient's health problems.

Students also reflect on their interprofessional experiences as a part of the APE (Appendix 4.1-2). Faculty meet with students as part of the APE process to review their development in interprofessional teamwork and their action plans. A standardized rubric (Appendices 4.2 and 4.3) is used to provide feedback to students regarding their development in this area. The final phase of APE implementation will be Spring 2020 for P-3 students (Appendices 4.3, 4.4, 4.10).

Clinical reasoning skills are assessed through a variety of mechanisms. First, case studies are commonly used in course exams to assess clinical and critical thinking skills throughout the curriculum (Appendix 10.1). ExamSoft was launched in Spring 2019 and will provide assessment data on these skills. PBAs are also utilized to assess students' clinical reasoning skills in every semester of the didactic curriculum. PBAs are high stakes assessments and students are required to pass at 80% in the P-2 and P-3 years and 70% in the P-1 year. Students who do not pass the PBA have the opportunity to remediate. P-2 and P-3 students have one remediation attempt while P-1 students have two remediation attempts. Students failing the remediation attempt(s) fail the PPL course. The PPL Directors meet with all students who need to remediate to help them identify specific areas for improvement. All students have successfully passed their PBAs except for two P-3 students in Fall 2019 (Appendix 2.1c). Students are also evaluated by preceptors on their clinical reasoning skills with standardized assessments during their IPPE and APPE rotations.

Course activities and exams are utilized to assess students' knowledge, knowledge application, patient/population-based care, and medication therapy management skills. Currently, as a part of the mapping process, faculty indicate not only the areas covered by course content but also the areas that are assessed. As noted above, ExamSoft was piloted in the P-1 year in Spring 2019. In addition to specific clinical reasoning skills the faculty and an assigned ExamSoft Implementation Committee can "tag" exam questions based on College Outcomes, ACPE Appendix 1, PPCP, Disease States, Medication Classes, and Bloom's Taxonomy. These tags will allow for assessment of total and individual student competence in any of the pre-defined categories.

PBAs are also utilized to document students' skills in a variety of areas (Appendix 10.10a-b). The pass rate, number of remediations, and failures are reported to the PPL Coordinating Committee. If action is needed, this information is presented to the AC. Beyond the high-stake PBAs, students are assessed on a variety of other activities in the PPLs, such as taking a medication history from a patient, completing a medication reconciliation, and completing a medication therapy management process with a patient. The PPLs also heavily utilize a teaching electronic medication record (tEMR), allowing students to become competent with practice-based technology before entering their APPE year.

The PCOA also is given in the spring of the P-3 year. Overall and subsection percentile scores are reviewed for any trends or patterns by the AC and reported to the Curriculum Committee and the broader faculty. As noted in Standard 24, some students are struggling with the retention of information. Steps are being taken in the curriculum to reinforce information through activities in PPL, as well as the capstone cases be implemented in the IP sequence.

The Admissions Committee strives to admit the most qualified candidates within the applicant pool each year. Evidence of academic readiness, community volunteer service, leadership

experience, and quality verbal and written communication abilities are expected of each applicant desiring an interview invitation. Evaluator comments and reflections expressed in the personal essay are also essential. Comprehensive and diverse questions have been developed to measure the traits of interviewees (Appendix 16.9).

Basic interview proficiencies, verbal abilities, and interpersonal skills are assessed by determining the candidate's ability to understand questions and explain ideas clearly. Remaining poised while responding insightfully to challenging questions is important. Extemporaneous writing and verbal communication exercises are also utilized. Interviewers are given an extensive list of questions that make inquiry of the candidate's current perceptions and viewpoints.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☑ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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