School of Pharmacy

ACPE SELF-STUDY REPORT

DOCTOR OF PHARMACY DEGREE PROGRAM

APPROVED BY THE FACULTY
ON FEBRUARY 13, 2015

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Accreditation Council for Pharmacy Education

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

Version 4.0
Standards 2007 / Guidelines 2.0

Effective July 1, 2011

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

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

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 six sections of the Standards.

Following the highly encouraging ACPE on-site evaluation in spring 2013 and subsequent board approval to progress the program to candidate status, the faculty and staff of the Marshall University School of Pharmacy has assertively continued development of our pharmacy education program. We have grown from the solid platform outlined in our candidate application, which was confirmed by the 2013 visit. Our self-assessment has ascertained that we are at the point of development expected both by the 2007 ACPE Standards and our faculty and staff. Furthermore, we have devoted circumspect attention to addressing all standards that were identified as in need of monitoring during the 2013 visit: standards 3, 10, 11, 14, 15, 16, 24, 26, and 28.

Mission, Planning, and Evaluation

We Are… Marshall and there is a Marshall Advantage. This belief has been a key cultural theme throughout our development of the professional program. We have purposefully developed our culture, both in education and for our profession, which is reflected within our mission, strategic plan, and programmatic assessment. We are encouraged by the guidance provided to each unit and to our faculty and staff through the implementation of our strategic dashboards. Moreover, focused attention has been paid to the development of the assessment program. While we have identified our program to be at the expected level of development for this stage, we acknowledge that particular attention to this area is vital to our progression to full accreditation. Deployment of the Assistant Dean for Student Affairs, Assistant Dean for Experiential Learning, Director of Assessment and Planning, and Director of Recruitment and Development since the last visit support our investment in the areas of mission, planning, and evaluation.

Organization and Administration

We have been attentive to establishing the autonomy necessary for proper development, while forming and nurturing relationships with our parent institution to prevent the "island" syndrome often encountered by new graduate health care programs. We have carefully monitored the necessary transition of leadership from executive council activities to the general faculty, chairs, and assistant deans. The professional development of those in new leadership roles is recognized as an important part of this transition period. Further, we are aware that unexpected events require contingency plans to properly address periods of transition.

Curriculum

We are emboldened by the response of students and faculty to our educational platform, andragogy, and from the initial outcomes that have been realized by our students' performance. We recognize the intensity of the learning platform (flipped classroom and active learning) and the expectations for students and faculty. We have planned, mapped, and continuously monitor the expected and unexpected outcomes. Initial outcomes from our intentional focus on interprofessional education (as a curricular theme) have been very positive for all of the healthcare education programs at the academic medical center for Marshall University. The emphasis on broad-based assessment to

define competency-based outcomes has been implemented, (six OSCEs and one knowledge based assessment - PCOA).

Students in all three cohorts, selected as a result of our holistic interview process, have been excellent. They have fully accepted and grown through their experiences with active learning, flipped classrooms, pharmacy practice experiences, practice simulation, and integrated laboratory experiences. Student Affairs has closely monitored the first three classes and provided timely responses to their needs, including complete integration into the University's broad array of student services and development of a robust grade watch program. We have been encouraged by the utility of the holistic interview process and its ability to determine student preparedness for the program, and will be conducting more thorough analyses as the School matures.

Faculty and Staff

We have made specific investments in faculty development in recognition of the unique expectations of our educational and classroom platforms and emphasis on development of a robust research program. The School is in the final stages of its initial faculty and staff hiring plan (see Appendix 31), and we are committed to the intentional growth plans of our faculty, which will continue as new faculty hires arrive. Furthermore, we are focused upon a dynamic recruitment and retention process for faculty and staff as we approach the graduation of our inaugural class.

Facilities and Resources

We have completed our renovations and development of the state-of-the-art facilities for our pharmacy education program, including expansions in our footprint to accommodate new faculty. We have developed the educational resources for students and faculty through on-site library services and an excellent online access portal to pharmacy-related resources. The pro forma for development of our new school was identified by previous ACPE site reviewers as well-funded. The School enjoys broad support of our mission and planning from Marshall University. We have carefully monitored the School's resources – human, physical, and capital – during the first three years, and our efforts have led to significant improvements to the University's financial planning process that are being implemented campus-wide. Finally, we remain committed to all aspects of our pro forma, most importantly to optimizing the student tuition benefit.

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

The ACPE Self-study Committee for the Marshall University School of Pharmacy was established in May, 2014 and empowered by Dean Kevin W. Yingling to oversee the compilation and review of the Self-study report. Committee members were drawn from pharmacy faculty, staff, and students and were selected according to the expertise and experience that each could contribute to the process. Members of the Self-study Committee include:

H. Glenn Anderson Jr., Associate Dean for Academic and Curricular Affairs (Faculty)
Stephanie Anderson, PharmD, immediate past chair of Student Affairs Committee, (Faculty)
Karen Barker, MA, Executive Assistant to the Dean (Staff)
Eric R. Blough, PhD, Curriculum Committee chair, Director of Pharmacology and Toxicology (Faculty)
Kimberly Broedel-Zaugg, PhD, MBA, chair of Department of Pharmacy Practice, Administration, and Research (Faculty)
Heather Carico (PharmD student)
James Frazier (PharmD student)
Christopher Gillette, PhD, Assessment Sub-committee chair (Faculty)
Terri L. Moran, MS, Assistant Dean of Student Affairs and Assessment (Staff)
Michael Rudolph, MS, Director of Assessment & Planning (Staff) †
John V. Schloss, PhD, former chair of Department of Pharmaceutical Science (Faculty)*
Robert B. Stanton, PharmD, MBA, Assistant Dean of Experiential Learning (Faculty)
Samantha Vickers (PharmD student)
Janet Wolcott, PharmD, Clinical Assistant Professor (Faculty)
Kevin W. Yingling, MD, Dean (Faculty)

† *Denotes Self-study Committee chair*
* *Left for chair position at Marshall B. Ketchum University*

During the committee's first meeting on June 23, the 30 standards were assigned to individual committee members, and due dates were established. Each committee member was responsible for developing the narrative(s) for his or her standard(s) and gathering or producing supporting evidence (appendices) for review by the full committee. The committee met, at minimum, once each month from August through December to review the prepared standards and provide feedback. Subsequently, changes suggested by the committee were incorporated within the narratives and appendices by the individual editors.

Once all standards had been edited and reviewed by the committee, the committee chair made further revisions to the narratives in order to clarify the language, provide consistency across standards, and eliminate unnecessary redundancies between narratives. A small working group consisting of the Dean, Associate Dean, and committee chair met to further refine the narratives and

provide initial judgment on the School's state of compliance for each standard using the ACPE Self-assessment Instrument. Furthermore, a self-assessment rubric was developed in response to the 2016 ACPE Standards and the working group identified the School's progress toward compliance with the new standards, based upon the evidence gathered through this self-study process (see Appendix 5).

The full report, including all appendices, was compiled by the Administrative Associate for the Dean's Office and submitted to the School's full faculty membership for final review and approval. The School's faculty voted to accept the self-study report on February 13, 2015 for submission to ACPE.

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
MISSION, PLANNING, AND EVALUATION				
• College or school Mission and Goals	☑	☐	☐	☐
• Strategic Plan	☑	☐	☐	☐
• Evaluation of Achievement of Mission and Goals	☐	☑	☐	☐
ORGANIZATION AND ADMINISTRATION				
• Institutional Accreditation	☑	☐	☐	☐
• College or school and University Relationship	☑	☐	☐	☐
• College or school and other Administrative Relationships	☑	☐	☐	☐
• College or school Organization and Governance	☐	☑	☐	☐
• Qualifications and Responsibilities of the Dean	☑	☐	☐	☐
CURRICULUM				
• The Goal of the Curriculum	☑	☐	☐	☐
• Curricular Development, Delivery, and Improvement	☑	☐	☐	☐
• Teaching and Learning Methods	☑	☐	☐	☐
• Professional Competencies and Outcome Expectations	☑	☐	☐	☐
• Curricular Core—Knowledge, Skills, Attitudes, and Values	☑	☐	☐	☐
• Curricular Core—Pharmacy Practice Experiences	☐	☑	☐	☐
• Assessment and Evaluation of Student Learning and Curricular Effectiveness	☐	☑	☐	☐
STUDENTS				
• Organization of Student Services	☑	☐	☐	☐
• Admission Criteria, Policies, and Procedures	☑	☐	☐	☐
• Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing	☑	☐	☐	☐
• Progression of Students	☑	☐	☐	☐
• Student Complaints Policy	☑	☐	☐	☐
• Program Information	☑	☐	☐	☐
• Student Representation and Perspectives	☑	☐	☐	☐
• Professional Behavior and Harmonious Relationships	☐	☑	☐	☐
FACULTY AND STAFF				
• Faculty and Staff—Quantitative Factors	☐	☑	☐	☐
• Faculty and Staff—Qualitative Factors	☑	☐	☐	☐
• Faculty and Staff Continuing Professional Development and Performance Review	☐	☑	☐	☐
FACILITIES AND RESOURCES				
• Physical Facilities	☑	☐	☐	☐
• Practice Facilities	☑	☐	☐	☐
• Library and Educational Resources	☑	☐	☐	☐
• Financial Resources	☑	☐	☐	☐

Section 1
Mission, Planning, and Evaluation

Standard No. 1: College or School Mission and Goals: The college or school of pharmacy *(hereinafter "college or school")* must have a published statement of its mission, its goals in the areas of education, research and other scholarly activities, service, and pharmacy practice, and its values. The statement must be compatible with the mission of the university in which the college or school operates.[1] These goals must include fundamental commitments of the college or school to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, and the assessment and evaluation of desired outcomes.

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:

☑   The current mission statement, goals, objectives, and core values for the college or school of pharmacy

☑   The mission statement and goals of the parent institution (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: Students – Questions 85 - 87

☐   AACP Standardized Survey: Faculty – Question 16

☐   AACP Standardized Survey: Alumni – Questions 42 - 44

Optional Documentation and Data:

☑   Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee meeting minutes, faculty meeting minutes, evidence of initiatives that document the mission in action, etc.)

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[1] The term "university" includes independent colleges and schools.

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
The college or school has a published statement of its mission; its long-term goals in the areas of education, research and other scholarly activities, service, and pharmacy practice; and its values.	⊗	○	○
The mission statement is compatible with the mission of the university in which the college or school operates.	⊗	○	○
The college or school's vision includes the development of pharmacy graduates who are trained with other health professionals to provide patient care services as a team.	⊗	○	○
The college or school's vision and long-term goals include fundamental commitments of the program to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, innovation, quality assurance and continuous quality improvement, and the assessment and evaluation of desired outcomes.	⊗	○	○
The college or school's vision and goals provide the basis for strategic planning on how the vision and goals will be achieved.	⊗	○	○
For new college or school initiatives, e.g., branch campus, distance learning, or alternate pathways to degree completion, the college or school ensures that: • the initiatives are consistent with the university's and the college or school's missions and goals • the same commitment to the instillation of institutional mission and academic success is demonstrated to all students, irrespective of program pathway or geographic location • resources are allocated in an equitable manner N/A (no applicable initiatives) ☑	○	○	○

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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[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.

The Marshall University vision, mission, and strategic themes provide specific charges to all faculty, staff, and administrators, and to the institution as a whole. The School of Pharmacy mission statement and long-term goals are well-aligned with the mission of Marshall University and its commitment to providing affordable, high quality graduate education for the state, enhancing the quality of healthcare in the region, and improving instruction through the use of innovative teaching methods. A crosswalk demonstrating the close alignment between the University and School of Pharmacy mission and goals has been provided in Appendix 6.

The School of Pharmacy's vision, mission, and long-term goals were developed as part of the School's multi-stage strategic planning process. This process began with local stakeholder focus groups to establish a framework for expectations of pharmacists in the year 2030. The School's foundational beliefs in patient-centered care, its responsibility to advance pharmacy practice throughout the region, and the necessity of developing innovative practice and education methods was reinforced through the focus groups.

Observations, beliefs, and prognostications that arose through the focus groups were shared with the School's faculty and used as part of the strategic planning process. This process utilized strengths, weaknesses, opportunities, and threats analysis (SWOT) as well as strategic options analysis (TOWS). Short- and long-term mission goals were derived through the SWOT and TOWS analyses, and were designed to minimize the School's weaknesses through pursuit of opportunities and to minimize threats by capitalizing upon the program's strengths.

The faculty membership approved the School's mission, vision, goals, and objectives in June, 2012. The mission and vision have been published on the School's website and are also accessible through the Marshall University Graduate Catalog. Additionally, a link to the School's mission and vision is included in the School of Pharmacy Student Handbook. The School's mission, vision, and culture statement are reviewed during new student orientation each fall. In the Student Services Survey conducted by the School in fall 2014, 88 percent of students (N=78) stated that they knew how to locate the School's mission, vision, and culture statement (see Appendix 7).

The School acknowledges that the creation of a new School of Pharmacy can produce an environment of constant change, emphasizing the need for a strong commitment to the core functions, beliefs, and goals of the School and the institution. Consequently, the administrative leadership team has prioritized routine review of the mission, vision, and culture statements. Opportunities for review have been incorporated into school-held faculty retreats, faculty meetings, Dean's Advisory Board meetings, and student recruitment team meetings. Furthermore, the School plans to provide stakeholders with an annual report on its progress toward achievement of its short- and long-term goals, starting in spring 2015. These reports will be shared with faculty, staff, students, and the community as a whole through the School's website and newsletters.

Departmental Missions and Goals

Both academic departments within the School of Pharmacy have developed unique missions and goals that are consistent with the University's and School's mission, vision, and goals. The

mission for each department is located on the School of Pharmacy webpages: Department of Pharmacy Practice, Administration, and Research (DPPAR); Department of Pharmaceutical Science and Research (DPSR). Long-term goals for both departments have been included in the School's Strategic Plan (Appendix 8). These department strategic plans are under review and will be revised over the course of the 2014-15 academic year by the responsible department.

Provision of postgraduate education is a strategic goal for both departments. The DPPAR has launched a teaching certificate program to support local health systems' residency programs (Appendix 9). This program provides general education in course management, curricular development, assessment, and pedagogy. Residents who complete the program are granted opportunities to practice their training by teaching select topics, under supervision of the faculty membership, to School of Pharmacy students.

Additionally, the DPPAR will launch the School's residency program in the summer of 2015. A Director of Residencies, a full-time faculty member in the department, has been hired to oversee the development of the residency program. Funds have been allocated within the FY16 budget to allow for two full-time residents, and it is expected that this number will grow to four residents starting with FY17. At present, the residency mix (PGY1 vs. PGY2) for the program's first year is under consideration.

The DPSR has short- and long-term plans for engagement in postgraduate education. DPSR will seek to establish a school-originated Ph.D. program in Pharmaceutical Sciences in the next three to five years. In the interim, the School plans to link more closely to the University's established M.S. program in Biomedical Sciences by developing a PharmD/M.S. dual program pathway by summer 2015. All DPSR faculty members have been recognized as Graduate College faculty and are eligible to chair or direct Ph.D. student committees and research projects within the department of their appointment.

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.

1. Launch of residency program in summer 2015.

2. Monitor changes within the main campus administrative infrastructure. Fiscal conditions and opportunities have positioned the University to make significant changes in college alignment and administrative infrastructure. These changes currently do not affect the School of Pharmacy, but warrant vigilance and monitoring for the possibility of future changes.

Standard No. 2: Strategic Plan: The college or school must develop, implement, and regularly revise a strategic plan to facilitate the advancement of its mission and goals. The strategic plan must be developed through an inclusive process that solicits input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, have the support of the university administration, and be disseminated in summary form to key stakeholders.

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:

☑   The college or school's strategic plan for achieving its mission and goals

Required Documentation for On-Site Review:

☑   The strategic plan of the parent institution (if applicable)

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 31 - 32 from Faculty Survey

Optional Documentation and Data:

☑   Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee meeting minutes, faculty meeting minutes, communications between the college or school and the parent institution.

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
The program is in the process of or has developed, implemented, and regularly revises a strategic plan to advance its mission and long-term goals.	⊗	○	○
The strategic planning process is inclusive, soliciting input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, has the support of the university administration, and is disseminated in summary form to key stakeholders.	⊗	○	○
The strategic plan of the college or school is aligned with the university's strategic plan	⊗	○	○
Substantive changes are addressed through the strategic planning process, taking into consideration all resources (including financial, human, and physical) required to implement the change and the impact of the change on the existing program.	⊗	○	○
Consultation with ACPE occurred at least six months before recruiting students into new pathways or programs. N/A (no new pathways or programs) ☑	○	○	○
The college or school monitors, evaluates and documents progress toward achievement of strategic goals, objectives, and the overall efficacy of the strategic plan.	⊗	○	○

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

The School of Pharmacy strategic plan is a dynamic, living document that directs the School's priority-setting processes. Development of the current strategic plan followed a series of deliberative steps: vision setting, SWOT (strengths, weaknesses, opportunities, and threats) analysis, GOST (goals, objectives, strategies, and tactics) generation, and priority setting. This process allowed the School to formulate a plan that is mindful of the perspectives of stakeholders, is progressive, is linked to the Marshall University strategic plan, and provides a mechanism for school accountability. Specifically, the School has worked to closely align its priorities with those articulated in the Marshall 20/20 strategic plan, and has been among the first units to participate in the new campus-wide budget process.

Development of the Strategic Plan

Stakeholder and University interests were carefully considered during the preparation of the School's strategic plan. Focus group discussions with area pharmacy practitioners and administrators and the School's faculty have produced a plan that is representative of the collective vision of all stakeholders who were present at that time. The School's vision, mission, and culture statement is a culmination of the ideas, professional mores, and beliefs of those important constituent groups. These statements, used in conjunction with SWOT analyses, directed the School's formation of specific mission goals, objectives, strategies, and tactics.

The strategic planning process is an important means through which the School has sought to align closely with Marshall University. The University's vision statement, "Aiming for Perfection," is an organizational mindset and attitude that the School of Pharmacy has incorporated within its mission and vision, and that promotes a culture of innovation and continuous improvement at the School. Throughout its strategic planning process, the School was careful to link its mission goals and objectives with the vision, mission, and strategic plan of Marshall University. This close alignment between School and University priorities is evident in the School's GOST matrix in Appendix 8. which is used to track the School's progress toward achievement of its strategic planning initiatives.

Functionally, the School's strategic plan provides an overall map that defines the mission-linked goals (termed objectives within the plan), the methods that have and will be used to achieve those goals, and the metrics that are used to define progress and success. The School has identified four over-arching programmatic goals that are linked to one or more of 16 objectives. Each objective is linked to a series of strategies and tactics that, once completed, collectively represent achievement of the objective. In using the goal-objective-strategy-tactic (GOST) matrix dashboard shown in Appendix 8, the School is able to visually monitor progress toward tactic, strategy, objective, and goal achievement. Within the dashboard, completion of each tactic is defined through a series of four stages, which are color-coded from red (early stages) to green (tactic completed) as progress is achieved.

In addition to the School's overall strategic plan, all academic and programmatic units within the School have developed unit-level plans that are consistent and linked with the School and University mission statements. The strategic plans, including the goals, objectives, strategies, and tactics for each department, have been included in the GOST matrix dashboard in **Appendix 8**. The missions for both academic departments have been provided on the School's website: Department of Pharmacy Practice, Administration, and Research (DPPAR) webpage; Department of Pharmaceutical Sciences, Research, and Administration (DPSR) webpage.

Responsibility for Implementation of the Strategic Plan

The University President has empowered the Dean of the School of Pharmacy with responsibility for the development, implementation, and achievement of the School's strategic plan. As depicted within the University's organizational structure (Appendix 10), the Dean reports directly to the President. Furthermore, the Dean attends routine, monthly planning sessions with the President and the Provost and Senior Vice President for Academic Affairs to discuss the ongoing development and growth of the School. The strategic plan and on-going and new initiatives are discussed and evaluated within this group.

Allocation of sufficient resources to support strategic planning efforts is a concern for all developing schools of pharmacy, but is an area to which Marshall University has devoted considerable attention. Construction of the School of Pharmacy facilities in the Coon Education Building (CEB) was funded through an $8.3 million bond provided by the state of West Virginia. Neither the School nor the University will be responsible for funding this bond service debt. Operation of the School during the first three years has been supported through a combination of student tuition and fee revenue and Marshall University reserves, as discussed in Standard 30. In total, the University established a target of $10 million in its new program reserve fund to launch and sustain the PharmD and several smaller programs until positive cash flow is generated; however, it is estimated that less than $8.5 million will be necessary. Following FY17, it is anticipated that the School of Pharmacy will be entirely self-sufficient as a result of student tuition and fee revenue.

The School's strategic plan is integral to the School's process of defining the program's tuition and fee structure, which was underscored by the School's decision to increase tuition rates for the PharmD program for the 2014-15 academic year. This increase precipitated from the administration's

review of the School's progress towards its strategic plan, and the recognition that several departments required additional resources to further their defined goals and objectives. This tuition increase as well as the allocation of new resources within the School's pro forma, were subsequently approved by the Marshall University Board of Governors.

University support of the PharmD program extends beyond fiscal resources. The University and the School have identified as an important priority the avoidance of unnecessary duplication of student and administrative services. This expectation has been articulated in one of the School's mission-linked goals to actively engage University services at the School. To this end, Marshall University career, personal counseling, financial aid, and other student services staff have made routine visits to the VA Medical Center (VAMC) campus, where the School of Pharmacy is located, to support faculty, staff, and student needs. A description of student services that are provided to pharmacy students by the University is included in Standard 16. Additionally, the Director of the Center for Teaching and Learning (CTL) has been appointed as an ex-officio member of the School's Faculty Affairs Committee. This appointment is intended to provide more direct access for the School's faculty to University faculty development and training resources.

The School of Pharmacy has also developed a close relationship with the School of Medicine to share diversity, public relations, information technology, custodial, and maintenance staff and resources. Shared positions with the School of Medicine are described in greater detail in Standard 24 and Standard 30. Collectively, the relationships established between the School of Pharmacy and the University as well as the School of Pharmacy and School of Medicine demonstrate the University's willingness to provide shared access for the School to university-supported services and personnel.

Central to the utility of the School's strategic plan are its guidance of the School's prioritization processes and use as a delegation and accountability tool. Following deliberation by the School's Executive Council, responsibility for strategic plan outcomes is assigned to appropriate administrators and faculty committees, and deadlines for completion of specific tactics are defined. Resource needs, including fiscal, human, and space, are anticipated at the time in which responsibility is assigned, and are re-visited during annual planning sessions. Responsible individuals or committees provide the Executive Council with routine updates, either bi-annually or annually, on progress toward achievement of the plan's tactics. While updates are used for accountability, they also provide opportunities for continuous quality improvement of the strategic plan.

All tactics are routinely assessed through a plan-do-check-act (PDCA) process. Tactics that have been delayed in their deployment are given particular focus to determine their continued viability to the School's mission, additional resource requirements, and appropriateness of established timelines. Revisions to the strategic plan are made based upon the outcomes of the PDCA process.

Marketing of the School's vision, mission, culture statement, and strategic plan will be accomplished in two ways. First, the vision, mission, and culture statements have been published on the School of Pharmacy website and within the Student Handbook. Second, an annual report will be

provided to stakeholders that will highlight the School's progress toward achievement of its strategic plan. It is anticipated that the School will develop the first instance of this report in late spring 2015.

2014 AACP Faculty Survey

The School conducted the AACP Faculty Survey in summer 2014 (see Appendix 11 for the full report). Questions 31 and 32 relate directly to strategic planning and have particular relevance to this standard. For question 31, 73 percent (N=11) of the School's faculty agreed or strongly agreed that the school effectively employs strategic planning. On question 32, 62 percent (N=8) of the School's faculty agreed or strongly agreed that the school requested their input during the development of the current strategic plan. Neither of these results were determined to be statistically different from the national sample; however, the School recognizes that both figures could be improved upon. To this end, the School conducted a focus group with its faculty in October, 2014 to gather additional insight into these and other areas from the survey (see Appendix 12). The School's Executive Council has developed an Action Plan (see Appendix 13) in response to the focus group that, following faculty approval, will be implemented in spring 2015.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• 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.

1. Successful development, through an inclusive process, of a new strategic plan for the School over the next 12 to 18 months.

Standard No. 3: Evaluation of Achievement of Mission and Goals: The college or school must establish and implement an evaluation plan that assesses achievement of the mission and goals. The evaluation must measure the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved. Likewise, the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved must be measured. The program must use the analysis of process and outcome measures for continuous development and improvement of the professional degree program.

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:

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.

☑   The college or school's evaluation plan (or equivalent)

☑   List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan

☑   Examples of instruments used in assessment and evaluation (for all mission-related areas)

☐   Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)* [SAME DATA ARE USED FOR STANDARD 3, 9, AND 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/NAPLEX_CampusPathwayFiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/NAPLEX_CampusPathwayFiveYearReport_Example.xls]

☐   Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/MPJE_FiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/MPJE_FiveYearReport_Example.xls]

☐   Performance of graduates (passing rate of **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐   Performance of graduates (Competency Area 1[3] scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐   Performance of graduates (Competency Area 2 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐   Performance of graduates (Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

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[3] 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

☑ PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☑ GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐ Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐ Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

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 Report (all questions)

☑ Faculty Survey Report (all questions)

☑ Preceptor Survey Report (all questions)

☐ Alumni Survey Report (all questions)

Responses to Open-Ended Questions on AACP Standardized Surveys:

Note: This data may have restricted access.

☐ Graduating Student Survey: Responses to Open-Ended Question 88

☐ Faculty Survey: Responses to Open-Ended Question 66

☐ Preceptor Survey: Responses to Open-Ended Question 42

☐ Alumni Survey: Responses to Open-Ended Question 45

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

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

☑ Enrollment data for the past five years by year and gender [NOTE: SAME DATA VIEW AS FOR STANDARD 17]

☑ Enrollment data for the past five years by year and race/ethnicity [NOTE: SAME DATA VIEW AS FOR STANDARD 17]

☑ PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☑ GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☐ Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☐ Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☐ Question 17 from Alumni Survey

Optional Documentation and Data:

☑ Mean PCAT Scores for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☑ Mean GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐ Mean Math GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐ Mean Science GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☑ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee or faculty meeting minutes; analyses/evaluation findings/reports generated as a result of assessment and evaluation activities

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

	S	N.I.	U
The evaluation plan describes a continuous and systematic process of evaluation covering all aspects of the college or school and the accreditation standards. The plan is evidence-based and embraces the principles and methodologies of continuous quality improvement.	⊗	○	○
Individuals have been assigned specific responsibilities in the evaluation plan.	⊗	○	○
The evaluation plan uses surveys of graduating students, faculty, preceptors, and alumni from the American Association of Colleges of Pharmacy (AACP).	⊗	○	○
The evaluation plan includes assessments to compare and establish comparability of alternative program pathways to degree completion, including geographically dispersed campuses and distance-learning activities. N/A (no distance activities) ☑	○	○	○
The program assesses achievement of the mission and long-term goals.	⊗	○	○
The analysis of process and outcome measures is used for continuous development and improvement of the professional degree program.	○	⊗	○
The program measures the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved.	○	⊗	○
The program measures the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved.	○	⊗	○
The evaluation plan includes the college or school's periodic self-assessment using the accreditation standards and guidelines to assure ongoing compliance.	⊗	○	○

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 all components of the program's mission and goals are being followed and assessed

☑ How the college or school periodically self-assesses its program using the accreditation standards and guidelines to assure ongoing compliance.

☑ A description of the instruments used in assessment and evaluation of all components of the program's mission (e.g. in the areas of education, research and other scholarly activity, service, and pharmacy practice.

☑ How assessments have resulted in improvements in all mission-related areas

☐ Innovations and best practices implemented by the college or school

☐ Description of the members of the Assessment Committee (or equivalent structure/accountable person), charges and major accomplishments in the last academic year

☐ How the college or school makes available to key stakeholders the major findings and actions resulting from its evaluation plan

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

☐ Any other notable achievements, innovations or quality improvements

Introduction

The School of Pharmacy is highly committed to the development of an exceptional and progressive Doctor of Pharmacy program. As such, the School recognizes the importance of a comprehensive plan that evaluates all principal aspects of the School, in order to identify areas for improvement and support decision making with tangible evidence. The School has implemented a formal, systematic process that evaluates: the development and delivery of the curriculum; student learning and skill development; faculty and staff performance; and the mission and goals of the School. Moreover, the evaluation plan utilizes multiple assessment strategies and incorporates data streams from numerous academic and administrative units, students, faculty, and external constituents. Detailed discussions of the PharmD curriculum and assessment of student learning have been provided in Standard 9 through Standard 15. In this narrative, the School's plan to evaluate the achievement of its mission and goals is discussed.

Evaluation Plan

The fundamental principal for the evaluation of achievement of the School's mission and goals is the Marshall University philosophy of "Aiming for Perfection." This tenet guides the School's continuous quality improvement cycle, which is designed to examine the School and PharmD program comprehensively, and to identify and pursue opportunities for improvement. Specifically, the School's evaluation plan targets four core domains:

1. Fulfillment of the ACPE Accreditation Standards for 2007 and 2016
2. Achievement of the School's mission and goals
3. Assessment of curricular effectiveness
4. Assessment of student learning
5. Assessment of School mission

Assessment of the School's achievement of its strategic plan, which directs the School's efforts to further its mission and goals, is discussed in detail in Standard 2. Within the strategic plan, each academic and administrative unit has a set of defined objectives, and for each objective, assessment measures and benchmarks have been established. In brief, the School utilizes a color-coded dashboard system to track and document progress toward achievement of mission-linked goals (objectives), strategies, and tactics. The School's strategic planning dashboards have been included in Appendix 8.

To date, the School's administration has reviewed the strategic planning dashboards with each responsible unit chair or supervisor on an annual or bi-annual basis. During these reviews, progress toward each objective is identified and objectives are color-coded appropriately from red (little to no progress) to green (complete). Items on which little progress has been made or that appear ineffective, are more critically reviewed using a continuous quality improvement process consisting of the Plan, Do, Check, and Act cycle. This process, illustrated in Figure 3.2, allows the School to remove, revise, or insert new tactics as additional opportunities become evident.

Starting with the 2015-16 academic year, the School will be transitioning to a more formal process to evaluate progress toward strategic planning objectives. This new structure and format is in the development phase; however, a draft of the Strategic Planning Report Template has been included in Appendix 14. As a goal, the new process will: seek to more clearly define progress; lead to systematic collection of data and information from each department or unit; improve accountability at the department or unit level; and facilitate the compilation of an annual report that will be shared with all stakeholders.

MISSION
Dashboard (Executive Committee)

CURRICULAR ASSESSMENT
PDCA cycles (Curriculum Committee)

ACCREDITATION CORE
ACPE Standards (Executive Committee)

ASSESSMENT OF STUDENT LEARNING
Student Assessment Program (Assessment Subcommittee)

EVALUATION OF MUSOP MISSION AND GOALS
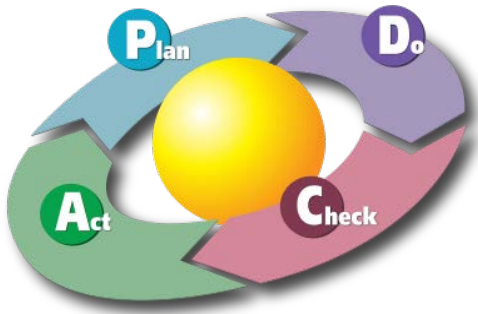
Figure 3.1

Figure 3.2

Assessment of Student Learning

Assessment of student learning is the direct responsibility of the School's Assessment Subcommittee (ACS), which designs, coordinates, and executes the School's on-going plan to assess student learning. Data acquired through this process is collated into individual student reports (see Appendix 15, as formative feedback to students, and program reports, as summative feedback to the School's faculty and administration. Through programmatic development, once compiled by the ACS, program reports will be submitted to the CC for use during the curricular assessment review. As an example of this report, the 2013-14 Yearly Program Analysis of the Curriculum report has been included in Appendix 16.

The School's comprehensive plan to assess student learning incorporates data from standardized assessments (PCOA and OSCEs), AACP faculty and preceptor surveys, post-course review documents (Appendix 17), and bi-annual student town hall events (see Standard 15). Once available, student pass rates on the NAPLEX will be included in the assessment cycle. Specifically, the School will examine relationships between standardized assessments as well as entering characteristics and NAPLEX performance. Through its evaluation of information from each data stream, the School seeks to perform continuous quality improvement (PDCA cycle) and to resolve persistent concerns using root-cause-analysis procedures.

Evaluation Plan Oversight

An important aspect of the School's strategic plan is its delegation of responsibility to the individual academic or administrative unit. Each unit has developed a unique mission, set of goals, and measurements associated with each goal. By placing responsibility of specific goals within each unit, data collection, analysis, planning, and corrective actions are to be directed by unit or department leaders and completed by a range of administrators, faculty, and staff (see Appendix 18). Academic units and current leaders responsible for execution of the assessment plan include:

- ACPE Standards: Dean of School of Pharmacy
- Department of Pharmacy Practice, Administration, and Research: Chair
- Department of Pharmaceutical Science and Research: Chair

- Academic Affairs: Associate Dean of Academic and Curricular Affairs
- Experiential Learning: Assistant Dean of Experiential Learning
- PharmD Program Learning Outcomes: Associate Dean of Academic and Curricular Affairs

Benchmarking

Comparisons with peer colleges and schools of pharmacy are central to the process of determining curricular efficacy. In recognizing this, the School has already utilized a number of standardized assessments, including the PCOA, which it has administered for the past two years (see Appendix 19), and the AACP faculty (Appendix 11) and preceptor (Appendix 20) surveys, which it administered for the first time in 2014. Additionally, the School will look to use the AACP alumni and graduating student surveys and NAPLEX pass rates as benchmarking tools, starting in 2016.

Strengths of the School's Assessment Plan

The School's assessment plan, as constructed, has several discernible strengths. First, the plan clearly defines individual responsibility of faculty, staff, administrators, and committees, with ultimate oversight by the Dean. Second, the plan incorporates a variety of student learning assessment methods such that formative as well as summative measures are utilized, including a number of standardized instruments. For example, the AACP faculty and preceptor surveys have been used, the PCOA has been used to assess all P1-P3 students since 2013, and NAPLEX pass rates will be incorporated starting in 2016. Finally, multiple outcome measures have been defined for objectives and goals. This allows results to be triangulated in order to confirm observed strengths and issues.

Communication of Outcomes

A summary of findings from the School's annual evaluation of assessment data and proposed improvements will be compiled starting in spring 2015. This information will be communicated on the School's website and in an annual report that will be disseminated to stakeholders. The new annual report will form the basis of yearly meetings of the Dean's Advisory Council in June of each year.

Examples of Assessment Data Used for Continuous Quality Improvement

Assessment data has been used by the School to improve a number of aspects of the PharmD program and the School's learning environment over the past two years. For example, through information obtained from student and faculty focus groups: the PharmD applicant interview process has been improved in terms of the interview times and locations; a student lounge has been created that contains kitchen facilities; faculty are provided access to the APhA library, which has increased access to case studies for therapeutics courses; and a Director of Simulation has been appointed in order to continue the development of the School's simulation activities. Additional examples of the use of assessment data have been provided in Appendix 21.

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.

1. Implementation of new process for tracking and reporting of strategic planning strategies, tactics, and outcomes is successful.

2. Development of an annual report of strategic planning progress is completed for 14-15 academic year.

Section 2

Organization and Administration

Standard No. 4: Institutional Accreditation: The institution housing the college or school, or the independent college or school, must have or, in the case of new programs, achieve full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.

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:

☑   Document(s) verifying institutional accreditation.

☐   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)

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 institutional, college or school committee meeting minutes.

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
The institution housing the program, or the independent college or school, has full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education or it is in the process of seeking accreditation within the prescribed timeframe.	⊗	○	○
The college or school reports to ACPE, as soon as possible, 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. Not Applicable ☑	○	○	○

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.

☐   Any deficiencies from institutional accreditation that impact or potentially impact the college, schools or program (if applicable)

☐ Measures taken or proposed by the college or school to address any issues arising from institutional accreditation (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

Marshall University is accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools. A HLC Substantive Change Application for New Programs was submitted by the University in August, 2012 (see Appendix 22) following the Marshall University Graduate School's approval for the new pharmacy curriculum (see Appendix 23). Formal approval by the HLC to offer the PharmD degree was received by the University in January, 2013 (Appendix 25). The approval grants the University authority to confer the Doctor of Pharmacy (PharmD) degree when all degree requirements are satisfied. Moreover, the University understands the PharmD program to fit within its mission while broadening the scope of its graduate programs.

The School of Pharmacy understands the overall purpose of Standard 4 is to ensure institution-level accreditation standards are maintained, and that any deficiencies identified by the regional accrediting body that could impact the PharmD program are addressed by the School. The most recent comprehensive HLC review of Marshall University was conducted in 2006, and the site visit report produced as part of that review has been included in Appendix 25. The University was awarded continued accreditation status, and although 12 core components were identified as needing institutional attention, no sanctions or HLC follow-up actions were required. The School of Pharmacy has been diligent in examining the HLC report, and has noted that 10 of the items in need of additional attention could have direct implications for the School. Consequently, the School's Executive Council has developed specific strategies for addressing each of those 10 items, which are summarized in Appendix 26.

Marshall University is scheduled for its next comprehensive HLC accreditation review during the 2015-16 academic year, with the on-site visit scheduled for October, 2015. Historically, the University has participated in the PEAQ (Program to Evaluate and Advance Quality) accreditation process; however, the HLC will be eliminating this process, effective 2015. As an alternative to PEAQ, the HLC requires that institutions participate in either the Open Pathway or the Standard Pathway re-accreditation process. Marshall University has been invited to participate in the Open Pathway model, which is a mark of distinction and speaks to the quality of the institution. Only those institutions that meet the criteria specified by the HLC, including having accreditation for at least ten years, no recommendations for a focused visit or extensive monitoring, and no substantial changes in structure or organization over the past two years are permitted to follow the Open Pathway.

The overarching goals for the HLC Open Pathway model articulate that institutions must choose Quality Initiatives that are appropriate for their current conditions, provide annual institutional updates to the commission, and undergo five- and ten-year reviews by the commission. A more thorough discussion of the Open Pathway goals is available on the HLC website. To date, the University has submitted the annual institutional updates to the HLC, successfully completed its Quality Initiative (Lumina Foundation's Degree Qualifications Profile), and is in the process of compiling its assurance argument to demonstrate that the School is in compliance with the HLC's

Criteria for Accreditation. Following the 2015-16 review by the commission, the timeline for the University's next reaccreditation review is outlined in Appendix 27.

An important component of the University's assurance argument report will contain information compiled through the campus-wide assessment program. As part of this process, each academic program must submit an annual assessment report that describes the desired student learning outcomes, assessment tools, and results from those assessment measures. Further, programs are to discuss actions or planned actions based upon assessment outcomes. While the School of Pharmacy has not participated in the campus-wide assessment program during the initial years of the PharmD program's development, it is in the process of compiling data and information to complete an annual report for the 2013-14 academic year. These annual assessment reports, in addition to supporting the University's assessment and accreditation processes, will serve as a valuable tool for tracking and evaluating the learning outcomes for the PharmD program.

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.

1. Monitor Marshall University's 2015-16 HLC comprehensive review as part of the Open Pathway model for re-accreditation. If any deficiencies are identified, the School of Pharmacy should address any that could impact the PharmD program.

Standard No. 5: College or School and University Relationship: The college or school must be an autonomous unit within the university structure and must be led by a dean. To maintain and advance the professional degree program, the university president (or other university officials charged with final responsibility for the college or school) and the dean must collaborate to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources to meet all of the ACPE accreditation standards.

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:

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

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 institutional, college or school committee meeting minutes and communications between the college or school and the parent institution.

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
The university president (or other university officials charged with final responsibility for the college or school) and the dean collaborate to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources to meet all of the ACPE accreditation standards.	⊗	○	○
The college or school participates in the governance of the university, in accordance with its policies and procedures.	⊗	○	○
The college or school has autonomy, within university policies and procedures and state and federal regulations, in all the following areas: • programmatic evaluation • definition and delivery of the curriculum • development of bylaws, policies, and procedures • student enrollment, admission and progression policies • faculty and staff recruitment, development, evaluation, remuneration, and retention	⊗	○	○
The college or school's reporting relationship(s) is depicted in the university's organizational chart.	⊗	○	○

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

Autonomy

The School of Pharmacy is an autonomous unit within Marshall University under the leadership of the Dean, who has reporting responsibilities to the Marshall University President (see Appendix 10). This reporting structure provides the School with a direct line of communication to the President's Office, which helps to ensure sufficient financial, physical, faculty, student, and other resources necessary for compliance with all of the ACPE accreditation standards (see Appendix 28). The School of Pharmacy has its own distinct budget, its own facilities, and is empowered to recruit and select its own faculty and staff. Moreover, the School has the authority to develop, implement, and enforce its own bylaws, policies, and procedures, inasmuch as those policies are consistent with appropriate Board of Governors' and Marshall University policies.

The School maintains autonomy in the development, delivery, and assessment of the Pharm. D. curriculum. As such, the School's faculty are responsible for making certain all pharmacy students develop the knowledge and skills necessary to become competent, licensed pharmacists upon graduation from the program. To this end, the School reviews assessment results at the conclusion of each academic year to identify areas for improvement within the curriculum.

The Dean meets on a regular, individual basis with the University President. These meetings provide the Dean and the President opportunity to jointly deliberate upon School resource needs for delivery of the academic program, compliance with all ACPE and HLC accreditation standards, and achievement of its stated mission and goals. The Dean also attends regularly scheduled Academic Dean meetings, which include all Marshall University Academic Deans, the Senior Vice President for Academic Affairs (VPAA) and Provost, and other senior academic leadership. Finally, the Dean has frequent contact with the Senior VPAA and Provost, Chief Financial Officer, and other university administrators regarding the budget, facilities, personnel, and research opportunities.

Governance

The School of Pharmacy was established as an academic unit within the Constitution of the Marshall University Faculty on February 23, 2012 (see Appendix 29). As a result, the School's faculty were provided opportunities for representation upon the Marshall University Faculty Senate. Also included in the Faculty Constitution is a description of the Faculty Senate and its thirteen standing committees.

A list of School of Pharmacy faculty that are serving upon the Faculty Senate or one of its standing committees in the 2014-2015 academic year is included in Appendix 30. Representation upon the Faculty Senate is determined by the size of each school's faculty. At present, two faculty members represent the School of Pharmacy on the Faculty Senate – one from the Department of Pharmacy Practice, Research and Administration and one from the Department of Pharmaceutical Sciences and Research. Faculty Senate representation will increase as the two academic departments continue to hire new faculty in fulfillment of the School's Faculty and Staff Hiring Plan (Appendix 31).

University-wide Assessment Program

The School of Pharmacy, starting with the 2014-15 academic year, will participate in the University's campus-wide assessment process for all academic programs. This process is overseen by the Marshall University Office of Assessment, contained within Academic Affairs, and is an important component of the continuing accreditation process with the Higher Learning Commission. As part of the campus-wide assessment program, each academic unit is required to submit an annual assessment report that contains programmatic outcomes, outcome measures, assessment data, and actions taken in response to assessment data. Examples of annual assessment reports from other academic units at the University are available on the Office of Assessment webpage.

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.

1. After this standard was drafted in December, 2014, President Kopp passed away and an interim president was named in January, 2015. The School must ensure that the same level of support from the president's office is maintatined during the interim and new president's tenure.

2. Ensure pharmacy faculty continue to participate in Faculty Senate subcommittees.

Standard No. 6: College or school and other Administrative Relationships: The college or school, with the full support of the university, must develop suitable academic, research, and other scholarly activity; practice and service relationships; collaborations; and partnerships, within and outside the university, to support and advance its mission and goals.

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:

☐　　Example of affiliation agreements for practice or service relationships (other than experiential education agreements; for the latter, refer to Standard 28)

☑　　Example of affiliation agreements for the purposes of research collaboration

☑　　Example of affiliation agreements for academic or teaching collaboration

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 on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
The college or school, with the full support of the university, develops suitable academic, research, and other scholarly activity; practice and service relationships; collaborations; and partnerships, within and outside the university, to support and advance its mission and goals.	⊗	○	○
Formal signed agreements that codify the nature and intent of the relationship, the legal liability of the parties, and applicable financial arrangements are in place for collaborations and partnerships.	⊗	○	○
The relationships, collaborations, and partnerships advance the desired outcomes of the professional degree program, research and other scholarly activities, service and pharmacy practice programs.	⊗	○	○

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 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

The School of Pharmacy is fully supported by Marshall University, its President, Senior Vice President for Academic Affairs and Provost, and all other integral administrative offices. The University encourages the School to develop relationships internally as well as externally to the institution in support of the educational, research, and service needs of the Doctor of Pharmacy program. The School embraces this support and has fostered relationships with other University programs and departments, colleges and universities within the region, state and federal government institutions, pharmacy practice sites, and professional pharmacy organizations.

Educational Collaborations

The School of Pharmacy has established positive, collaborative teaching, research, and community service relationships with the School of Medicine (SOM), College of Health Professions (COHP), and a number of other departments at Marshall University. Several of these collaborations have been developed for the purpose of education, which can be characterized as one of three forms. The first represents the sharing of faculty expertise – both of employing other University educators as adjuncts within the PharmD program, and of encouraging pharmacy faculty to teach credit hours for other professional programs on campus. As one example, the School employed a faculty member from the School of Medicine to teach credit hours within PHAR 544: Principles of Disease and Drug Action during the 2012-13 academic year (see Appendix 32). Regarding the sharing of School of Pharmacy faculty, the Assistant Dean for Experiential Learning has taught credit hours in pharmacology for the Nurse Practitioner's program, and the Dean as well as the Director of Patient Services have taught within the School of Medicine.

The second form of educational collaboration involves the development of partnerships between the School of Pharmacy and other colleges and universities that could serve as feeder programs for the PharmD program. These agreements have been formalized through Memoranda of Understanding (MOU), which help to promote the PharmD program, establish course equivalencies for pre-requisite coursework, and expedite the admissions process. While MOU are not guaranteed admissions programs, they provide qualified students from partner institutions with preferential treatment in the admissions process. At present, the School has MOU in effect with six institutions, including West Virginia State University, Shawnee State University, and Rio Grande University. A number of other institutions, including Concord University, Western Kentucky University, and Wright State University are targeted for MOU agreements over the next 8 to 12 months. An example MOU has been included in Appendix 33, and a complete list of institutions with which MOU agreements have been established is provided in Appendix 34.

The final form of educational collaboration pursued by the School is for the purpose of Interprofessional Education (IPE). Notably, an Interprofessional Practice Experience (IPE) Committee consisting of School of Pharmacy (SOP), School of Medicine (SOM), and College of Health Professions (COHP) educators has been established and functioning since July, 2011. Using the *Core Competencies for Interprofessional Collaborative Practice (Core Competencies)* created by the Interprofessional Education Collaborative as a guide, this committee has developed a vision, strategy,

and plan for IPEs at Marshall University. Moreover, it has identified measures and methods to more fully integrate collaborative education among the SOP, SOM, and COHP.

The IPE team has identified the goals and objectives, timeline, and curricular opportunities that will jointly provide interprofessional educational events and classroom-linked skill training. The IPE team has adopted a longitudinal approach to deliver interprofessional curricular events that meet each individual school and college's curricular needs. Coursework from each discipline has been evaluated for opportunities for IPE integration, and specific opportunities have been identified within the first three years of the PharmD curriculum. The pharmacy courses targeted for IPE ability integration, and the timing of each course, has been summarized in Appendix 35.

The longitudinal outlook of the IPE program ensures that the opportunity for collaborative interaction of pharmacy and other health professions students occurs at multiple points throughout the PharmD curriculum. Pharmacy students experience their first IPE activities during the second semester of the P1 year; foundational experiences are re-emphasized during the P2 and P3 years. Three events were held during both the spring 2013 and 2014 semesters for P1 students. Learning activities were case-based and focused upon the development of knowledge and understanding of various healthcare team member roles, team dynamics, ethical decision-making, and problem resolution (see Appendix 36). Students received individualized, formative feedback from peers, and teams received summative feedback from faculty facilitators. In total, approximately 350 students and faculty from the SOP, SOM, and COHP participated in these interprofessional learning activities each semester.

In spring 2014, P2 pharmacy students engaged in joint SOP-SOM simulation activities. The focus of these events was to foster professional communication skills between pharmacist and patient as well as pharmacist and provider. Specifically, the events centered upon patient interview skills, medication use evaluation, appropriate medication use, and conflict resolution. Consistent with the development of our new school of pharmacy, in fall 2014, P3 pharmacy students participated in IPE activities with medical students. These joint case studies will be embedded within the School's PHAR 816: Inpatient Skills (IPPE 6) course. Collectively, the School's IPE activities are expected to prepare pharmacy students for their intensive advanced pharmacy practice experiences.

Research Collaborations

University as well as School of Pharmacy leadership is highly committed to the development of a robust research program in pharmaceutical science. To establish a successful program, the School recognizes that agreements for use of research facilities and space as well as faculty and staff expertise are a necessity. From the School's inception, the administrative team has focused upon assuring that faculty and students have access to sufficient research facilities. Growth in the number of faculty over the past several years has highlighted the need to secure additional research space. The School's presence on the third level of the Coon Education Building (CEB), which is shared with the SOM, has increased to 12 research laboratories. Additionally, there are a number of unused or underutilized laboratories in the CEB that are associated with the SOM, which could represent areas for future expansion by the School of Pharmacy. The School has also worked with the SOM and

Veterans Affairs Medical Center (VAMC) to develop a MOU for use of existing animal facilities (see Appendix 38).

Shared research space and facilities are only two areas of research collaboration in which the School currently engages. Collaborations have also been established to facilitate the sharing of research skills and expertise to further grantsmanship, faculty development, and education and training. The School's faculty members have developed collaborations with the SOM, Department of Molecular Biology, and a number of peer institutions, including West Virginia University and the University of Cincinnati.

Research collaborations by the School's faculty have resulted in the submission of more than 20 collaborative grant applications, including recent R01 grant applications, over the past several years. A more detailed summary of the School's grant applications has been provided in Appendix 39

The School is highly committed to developing successful research collaborations and continues to purse intradepartmental relationships as well as partnerships with peer institutuions.

Finally, Marshall University Research Corporation (MURC) serves as an important resource for the School's faculty by providing support and guidance in the areas of sponsored programs, grants, and contracts. Importantly, MURC and the School have entered into an agreement that MURC will support the purchase and maintenance of key research equipment that is necessary for the growth and success of the School's research program.

Administrative Collaborations

The School has been careful to avoid duplication of services and administrative functions by developing a close relationship with the SOM. A number of staff positions, including the Director of the Office of Diversity Programs, Director of Public Affairs, Clinical Skills Coordinator, and Director of Academic Information Services are shared between the School of Pharmacy and SOM. The time and effort allocation, responsibilities to each school, and compensation for each of these positions has been established and reviewed by the deans of the two schools. In particular, the Director of the Office of Diversity programs and the Director of Public Affairs are new positions from which both schools have benefitted considerably.

Service Collaborations

Faculty, staff, and students have sought and participated in a range of community service activities within the region over the past several years. Members of the faculty have assumed several leadership roles within the state and greater Huntington area to curb substance abuse. At the state level, three members of the Department of Pharmaceutical Science and Research (DPSR) have served on the Governor's Task Force on Substance Abuse Prevention. Locally, the School has been highly engaged with the Cabell County Substance Abuse and Prevention Program. The Assistant Dean for Experiential Learning has assumed a leadership position with the program as Chair of Prescription Drug Abuse, and the chair of DPSR has served on the executive board.

Pharmacy students have engaged in a variety of service activities as well, including local health fairs involving health science, nursing, and medical students. Students have participated in the Homeless Coalition Expo and Marshall Health Fair; Generation Rx presentations at local schools; blood pressure checks at a local pharmacy; and the VAMC Senior Day. Additionally, the School has formed a relationship with the local health department that allows the School to participate in medication take-back days.

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.

1. School should work to ensure annual review and revision of external agreements for continued viability.

2. School must stay committed to the university-wide IPE Committee and continue to invest in the IPE program.

Standard No. 7: College or School Organization and Governance: The college or school must be organized and staffed to facilitate the accomplishment of its mission and goals. The college or school administration must have defined lines of authority and responsibility, foster organizational unit development and collegiality, and allocate resources appropriately. The college or school must have published, updated governance documents, such as bylaws and policies and procedures, which have been generated by faculty consensus under the leadership of the dean in accordance with university regulations.

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:

☑   College or school organizational chart

☐   Job descriptions for college or school administrators

☑   List of committees with their members and designated charges

☑   List of full time staff within each department/division and their areas of responsibility (e.g. administrative support, telecommunication, audiovisual, and computer personnel) [NOTE: SAME REPORT FOR STANDARD 7 & 24]

☑   The college, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning

Required Documentation for On-Site Review:

☑   Written bylaws and policies and procedures of college or school

☑   Faculty Handbook

Data Views and Standardized Tables:

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

☑   AACP Standardized Survey: Faculty – Questions 1 – 4, 6 – 13, 19, 20

☐   AACP Standardized Survey: Alumni – Question 14

☐   AACP Standardized Survey: Preceptor – Questions 15, 37

☐   AACP Standardized Survey: Student – Question 58

☑   Table: Distribution of Full-Time faculty by Department and Rank

Optional Documentation and Data:

☑   Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from college or school committee meeting minutes.

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
The college or school is organized and staffed to facilitate the accomplishment of its mission and goals.	⊗	○	○
The college or school administrative leaders working with the dean have credentials and experience that prepare them for their respective roles.	⊗	○	○
The college or school administration has defined lines of authority and responsibility, fosters organizational unit development and collegiality, and allocates resources appropriately.	○	⊗	○
The college or school has established mechanisms to foster unity of purpose, effective communication, and collaboration among administrators.	⊗	○	○
The college or school's administrative leaders – individually or collectively – are developing and evaluating interprofessional education and practice opportunities	⊗	○	○
The college or school has published, updated governance documents, such as bylaws and policies and procedures, which have been generated by faculty consensus under the leadership of the dean in accordance with university regulations.	⊗	○	○
If the college or school organizes its faculty into subunits, such as departments or divisions, subunit goals and objectives align with the mission and goals of the college or school. N/A (no subunits) ☐	⊗	○	○
The effectiveness of each organizational unit is evaluated on the basis of its goals and objectives and its contribution to the professional program.	⊗	○	○
Programs are in place to hone leadership and management skills of college or school administrators, including department/division chairs (if applicable).	⊗	○	○
Faculty meetings and committees established to address key components of the mission and goals are part of the system of governance of the college or school.	⊗	○	○
Where appropriate, faculty committees include staff, students, preceptors, alumni, and pharmacy practitioners.	⊗	○	○
Minutes of faculty meetings and committee actions are maintained and communicated to appropriate parties.	⊗	○	○
The college or school has policies and procedures that address potential systems failures, whether such failures are technical, administrative, or curricular.	○	⊗	○
Contingency planning includes creating secure backups of critical applications and systems data, providing mechanisms for making up lost course work and academic credit, securing alternate means for communication and information delivery, and creating exit strategies to protect students if part or all of a program loses viability.	○	⊗	○
The college or school maintains an effective system of communication with internal and external stakeholders.	○	⊗	○
Alternate program pathways are integrated into the college or school's regular administrative structures, policies, and procedures (including planning, oversight, and evaluation), and are supervised by an administrator who is part of the college or school. N/A (no alternate pathways) ☑	○	○	○
The college or school ensures that workflow and communication among administration, faculty, staff, preceptors, and students engaged in distance-learning activities are maintained. N/A (no distance-learning activities) ☑	○	○	○
The college or school retains ultimate responsibility for the academic quality and integrity of distance-learning activities and the achievement of expected and unexpected outcomes, regardless of any contractual arrangements, partnerships, or consortia for educational or technical services. N/A (no distance-learning activities) ☑	○	○	○

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

Organization of Administrative Units

Functionally, the school is comprised of three distinct administrative units: the Department of Pharmacy Practice, Administration, and Research (DPPAR); the Department of Pharmaceutical Science and Research (DPSR); and the Office of the Dean. Each of these units has defined lines of authority and responsibility, with its administrator reporting directly to the Dean (see Appendix 40). The chairs of both academic departments, DPPAR and DPSR, hold responsibility for faculty management, mentorship, workload allocation, and evaluation. Moreover, each chair oversees the development and implementation of his or her department's vision, mission, goals, and strategic plan.

The Office of the Dean houses two subunits – the Office of Academic and Curricular Affairs and the Office of Experiential Learning. The latter is led by an Assistant Dean for Experiential Learning who oversees the daily operations of the office, providing leadership for the development and evaluation of experiential courses, sites, and preceptors. The Office of Academic and Curricular Affairs is led by the Associate Dean for Academic and Curricular Affairs, who has responsibility for the Doctor of Pharmacy curriculum and the Office of Student Affairs. Specifically, the Associate Dean provides leadership for the School's andragogy, delivery of the curriculum, and the vertical as well as horizontal integration of courses and academic themes. Furthermore, the Associate Dean guides the assessment program, student advising, and student progression programs.

The Office of Student Affairs is a subunit within the Office of Academic and Curricular Affairs, and is led by the Assistant Dean of Student Affairs who reports directly to the Associate Dean. The Assistant Dean provides administrative oversight to the Student Affairs staff and directs: student recruitment; the application and admissions process; the student course registration process; student academic advising; and the student scholarship and awards program. Additionally, the Assistant Dean is responsible for coordinating student services, such as financial aid, career counseling, and personal counseling, which are provided by the Marshall University main campus.

As part of the strategic planning process, each of the administrative units has developed a unit-level strategic plan (Appendix 8). These unit-level plans contain goals and objectives that align with the mission and goals of both the School and the University (Appendix 6).

Mentorship, Development, and Evaluation of Faculty and Staff

Each unit of the School is responsible for mentorship, development, and evaluation of faculty and staff. The Dean is responsible for members of the Executive Council; the Associate Dean is responsible for the Director of Simulation and Student Affairs staff; the department chairs are responsible for their faculty members and staff; and finally the Assistant Dean for Experiential Learning has responsibility for members of the Experiential Department as well as preceptors. At the administrative level, the Dean provides leadership develop and extended mentoring to members of the School's Executive Council through regular, one-on-one meetings. As one example of mentoring within departments, the chair of the DPPAR initiated a mentorship program in 2014 that pairs each junior faculty member with one senior faculty member.

School Administrative Leadership

The School's administrative leadership team (Dean, Associate Dean, Assistant Deans, and Department Chairs) strives to function as a unified team and is responsible for accomplishing the School's mission and goals. Since assuming their respective roles in August, 2011, the leadership team has established a series of 11 terminal outcomes (TOs) for the PharmD curriculum; designed and implemented a unique, student-centered curriculum; mapped the curriculum to the PharmD TOs; developed and established memoranda of understanding with feeder schools in the region; drafted and implanted key policies and procedures, with the support of the faculty; and facilitated the submission of external grant applications.

As described in Standard 24, the School's administrative leaders are highly experienced and qualified to perform their respective roles. Collectively, the administration has more than 75 years of experience in higher education, and two administrators – the Associate Dean and the Chair of the DPSR – fulfilled their current roles at other institutions prior to joining the School of Pharmacy (see Appendix 41). The Chair of the DPPAR and the Assistant Dean for Experiential Learning have held similar appointments at either a school of pharmacy or in private industry.

To help ensure collaboration and unity, the administrative team meets on a weekly basis as the Pharmacy Executive Council. Periodically, other faculty and staff members are invited to these meetings to participate in specific discussions and to share their expertise. For example, the chair of the Assessment Subcommittee is frequently invited to report on key assessment results, the Director of Progressions provides information regarding the admissions cycle, and the Director of Residencies delivers updates on the development of the residency program.

Governance

The School has a strong commitment to integration within the University, and has sought opportunities for involvement within the University's existing governance structure. Members of the

School's administrative leadership attend meetings of University Deans and Chairs, University Faculty Senate meetings, and policy meetings involving the Academic Deans and Associate Deans (see Appendix 30). Furthermore, the School of Pharmacy is an official member within the University Graduate Council, the governing body responsible for graduate education.

The School's non-administrative faculty members are active participants on important University committees as well, including the Faculty Senate. The School has two representatives upon the Faculty Senate, one from each academic department, who are elected by the School's faculty. These individuals provide updates from the Faculty Senate sessions and solicit feedback from the School's faculty during monthly faculty meetings. A detailed list of committee service by pharmacy faculty at the university level is included in Appendix 30.

Integration and representation within the University governance structure is a critical step to ensuring that the School of Pharmacy is a peninsula, rather than an island. However, the School recognizes that its faculty must be empowered to take responsibility for curricular and student-related issues within the School of Pharmacy itself. The School's committee structure was established to empower the faculty and address key components of the School's mission in the areas of curriculum (Curriculum Committee), student needs and progression (Student Affairs Committee), and faculty needs (Faculty Affairs Committee).

The School's by-laws and policies, available on the School's website, define and describe the School's committee structure, requirements for faculty membership, and the faculty membership's responsibilities for self-governance. Furthermore, the by-laws conform to university by-laws, policies, and procedures; provide definitions and expectations for academic freedom; and describe faculty grievance policies. The by-laws also specify the timeframe for periodic review of the by-laws, policies, and procedures for School governance by the Faculty Affairs Committee.

The School's administration and faculty membership recognize that the School's interests are best served through the solicitation of multiple viewpoints. The School's committee structure allows ample opportunity for faculty, staff, students, and external stakeholders to provide input and influence on the operations of the School. With the exception of the Faculty Affairs Committee, the committees are comprised of members from each major stakeholder group (see Appendix 42).

Staff Support

The School's leadership team and faculty are supported in their efforts by a team of highly qualified staff members, including nine directors: the Director of Simulations; Director of Residencies; Director of Progressions; Director of Recruitment and Development; Director of Assessment and Planning; Director of Experiential Learning; Director of Public Affairs; Director of Academic Information Services; and Director of the Office of Diversity Programs. The first two roles are currently fulfilled in a part-time capacity by full-time faculty members, while the final three are shared positions with the School of Medicine. The remaining four directors are full-time-equivalent positions.

The School employs four administrative support staff, with plans to hire one additional support staff member for the Office of Student Affairs during spring 2015. Under the direction of the Executive Assistant to the Dean, administrative support staff have been integral in coordinating the leadership's administrative needs. Current support staff hold responsibilities within the Office of the Dean; Office of Academic and Curricular Affairs; Department of Pharmacy Practice, Administration and Research; and Department of Pharmaceutical Sciences and Research.

Contingency Planning

The School of Pharmacy Dean and the President of Marshall University have recognized the importance of developing a contingency plan, and hold primary responsibility for enacting it. Key areas identified during the initial Pre-Candidate and Candidate Application process as requiring close monitoring were:

- Construction costs exceed budget (satisfied)
- School operating costs exceed the Pro Forma and University resources (satisfied)
- Loss of key administrative personnel
- Shortfall of qualified applicants for PharmD program
- Loss of key administrative personnel

The contingency plans for these areas are further discussed in Appendix 43. As indicated above, the two principal financial concerns – construction costs and the cost to operate the PharmD program, have been addressed.

Assessment

The School of Pharmacy conducted the AACP Faculty Survey in summer 2014, and has identified questions 1-4, 6-13, 19, and 20 as having direct relevance for this standard. Through Mann-Whitney-U analysis, the School has determined that the results for questions 1-2, 4, 9, 11, and 13 exhibit statistically significant differences compared with the national results. For all six of these questions the School's results were, overall, less positive than the national results, highlighting important areas for improvement (see Appendix 11).

To gather more information on these six survey items, among several others, the Director of Assessment and Planning and an Administrative Associate conducted a focus group with the School's faculty in fall 2014. As shown in the focus group summary report in Appendix 12, the faculty provided a number of helpful suggestions for improvement to these areas. The School's Executive Council has developed an Action Plan from the Focus Group that, pending faculty approval, will be implemented in spring 2015 (see Appendix 13).

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.

1. The School must develop contingency plans over the next 1 to 2 months to address potential systems failures for the School of Pharmacy and the PharmD program.

Standard No. 8: Qualifications and Responsibilities of the Dean: The dean must be qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service. The dean must be the chief administrative and academic officer and have direct access to the university president or other university officials delegated with final responsibility for the college or school. The dean must unite and inspire administrators, faculty, staff, preceptors, and students toward achievement of the mission and goals. The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and notices of planning for substantive changes.

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:

☑   Synopsis of Curriculum Vitae of the Dean

☑   Desired qualifications and responsibilities of the Dean (from job description or position announcement)

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 1 – 2, 5

☐   AACP Standardized Survey: Alumni – Questions 15 - 16

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
The dean is qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service.	⊗	○	○
The dean is the chief administrative and academic officer and has direct access to the university president or other university officials delegated with final responsibility for the college or school.	⊗	○	○
The dean unites and inspires administrators, faculty, staff, preceptors, and students to achieve the mission and goals.	⊗	○	○
The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and plans for substantive changes.	⊗	○	○
The dean has the assistance and full support of the administrative leaders of the college or school's organizational units and adequate staff support. In instances where the dean is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the dean are made to ensure effective administration of the affairs of the college or school.	⊗	○	○
The dean is responsible for compliance with ACPE's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the college or school into compliance, the dean takes the necessary steps to ensure compliance in a timely and efficient manner.	⊗	○	○
The qualifications and characteristics of the dean relate well to those called for in the standards, i.e.: • a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems • a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy science and practice, in particular • publications in pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school • appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors • recognition for career accomplishments by pharmacy or other health profession educators, researchers, and practitioners • strong written and interpersonal communication skills • experience with and a commitment to systematic planning, assessment, and continuous programmatic improvement • a thorough understanding of and a commitment to teaching and student learning, including pedagogy • evidence of a commitment to the advancement of research and scholarship • the ability and willingness to provide assertive advocacy on behalf of the college or school to the university administration • the ability and willingness to provide assertive advocacy on behalf of the college or school and the profession of pharmacy in community, state, and national health care initiatives • a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies	⊗	○	○
The dean has the authority and accepts ultimate responsibility for ensuring: • development, articulation, and implementation of the mission and goals • acceptance of the mission and goals by the stakeholders • development, implementation, evaluation, and enhancement of the educational, research, service, and pharmacy practice programs • collaborative efforts to develop, implement, evaluate, and enhance interprofessional education, practice, service, and research programs • development and progress of the strategic plan and the evaluation plan, including assessment of outcomes • recruitment, development, remuneration, and retention of competent faculty and staff • initiation, implementation, and management of programs for the recruitment and admission of qualified students • establishment and implementation of standards for academic performance and progression • resource acquisition and mission-based allocation • continuous enhancement of the visibility of the college or school on campus and to external stakeholders • the effective use of resources to meet the needs and mission of the college or school	⊗	○	○
The dean has ensured that ACPE has been notified in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring. N/A (no changes since last comprehensive visit) ☑	○	○	○

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 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

Kevin W. Yingling, R.Ph., M.D., founding Dean of the School of Pharmacy, reports directly to Marshall University's Senior Vice-President of Academic Affairs and Provost and the President. He serves as the chief administrative and academic officer within the School of Pharmacy, with ultimate responsibility for the School. The Dean served in a consultative role during initial planning efforts for the School in 2010, and since assuming the deanship, has provided leadership and comprehensive oversight of the accreditation and strategic planning process.

Close attention and arrangements have been made to ensure effective administration of the affairs for the School of Pharmacy. The Dean has benefited from external consultation, including that of experienced deans at Marshall University as well as deans at other pharmacy schools. Moreover, Dean Yingling has the support of an experienced leadership team with several decades of collective experience in pharmacy education and practice, pharmaceutical research, and administrative responsibilities at other colleges and schools of pharmacy. The Dean provides mentoring to the School's leadership team through weekly meetings with the Executive Council and regular meetings with the Associate Dean, Office of Experiential Learning, and the department chairs.

Dr. Yingling has a record of success in academic leadership marked by his previous appointment as Residency Program Director for Internal Medicine and as Chair of the Department of Internal Medicine in Marshall University's Joan C. Edwards School of Medicine. He has held leadership positions in the School of Medicine; Marshall University; and at the state, regional, and national level. Furthermore, Dr. Yingling currently serves on the board of directors for several local and regional healthcare organizations.

The Dean has been highly engaged in clinical research throughout his career, having participated in more than 20 clinical trials during the past 20 years. More recently, he played an instrumental role in the virtual colonoscopy project, serving as the Director of Medicine for this 2

million dollar project between 2005 and 2010. Moreover, Dr. Yingling has maintained his pharmacy license since his graduation from the West Virginia University College of Pharmacy in 1981, and has been a practicing physician for 30 years, receiving recognition and numerous awards for excellence in patient care. This breadth of experience has provided him with an exceptional understanding of comprehensive healthcare systems.

Dr. Yingling has remained an active participant in the pharmacy community since his graduation from the West Virginia University School of Pharmacy, bringing nearly 30 years of experience in community and consultative pharmacy practice to the deanship. In addition to his responsibilities at the School, the Dean led successful efforts to promote legislative revision of the Larry Border Pharmacy Practice Act, which had not been updated for more than 30 years. Important changes to the act included a provision for pharmacy interns to administer specific vaccinations to individuals over the age of 18 and an expansion of the role of pharmacists in Medication Therapy Management. Moreover, revisions to the act have enhanced the services that pharmacists may provide to the citizens of West Virginia and its contiguous states. In summary, the Dean brings a unique blend of interdisciplinary and collaborative practice experiences, academic engagement, clinical pharmacology experience, legislative involvement, and research. Dr. Yingling's full curriculum vitae is available in Appendix 44.

Throughout his time as dean, Dr. Yingling has provided vision and leadership in the development and implementation of a student-centered curriculum that incorporates flipped classroom, team-based, and active learning methods of instruction. He continues to maintain a strong commitment to these methodologies and places a high priority on classroom implementation by all faculty in the School. A more comprehensive view of the School's andragogy is provided in Standard 11.

2014 AACP Faculty Survey

Three questions from the 2014 AACP Faculty Survey have particular relevance to this standard: questions 1, 2, and 5. The School's results for question 5, which asks whether the dean is an effective leader of the school were consistent and not statistically different from the national results for $p \leq .05$. For questions 1 and 2, however, which address the responsibilities and unification of the administrative leadership, the School's results were statistically different from and overall less positive than the national sample ($p \leq .05$). A complete report of the survey results has been included in Appendix 11).

To gather additional information on select survey questions, including questions 1 and 2, the School conducted a focus group with its faculty in October, 2014. A full report of the themes from the focus group is provided in Appendix 12. The School has developed an action plan to address the concerns identified through the focus group (see Appendix 13); the plan will be implemented during spring 2015.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• 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.

1. The School must ensure allocation of appropriate resources to provide continued professional development opportunities to the Dean as well as members of the Executive Council.

Section 3

Curriculum

Standard No. 9: The Goal of the Curriculum: The college or school's professional degree program curriculum must prepare graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfy the educational requirements for licensure as a pharmacist, and meet the requirements of the university for the degree.

The curriculum must develop in graduates knowledge that meets the criteria of good science;[4] professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession. Graduates must be able to identify and implement needed changes in pharmacy practice and health care delivery.

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:

☑   List of the professional competencies and outcome expectations for the professional program in pharmacy (SAME DOCUMENT FOR STANDARDS 9 AND 12)

☑   An overview of the curriculum and degree requirements

☐   Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)* [SAME DATA ARE USED FOR STANDARD 3, 9, AND 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/NAPLEX_CampusPathwayFiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/NAPLEX_CampusPathwayFiveYearReport_Example.xls]

☐   Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/MPJE_FiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/MPJE_FiveYearReport_Example.xls]

☐   Performance of graduates (passing rate of **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐   Performance of graduates (Competency Area 1[5] scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐   Performance of graduates (Competency Area 2 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download

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[4] "Good science" implies having the following characteristics: evidence-based, logical, convincing, explanatory, honest, testable, and systematic.
[5] 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

template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐ Performance of graduates (Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

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 – Question 36

☑ AACP Standardized Survey: Alumni – Question 20

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
The curriculum prepares graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfies the educational requirements for licensure as a pharmacist, and meets the requirements of the university for the degree.	⊗	○	○
The curriculum develops in graduates knowledge that meets the criteria of good science; professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession.	⊗	○	○
The curriculum fosters the development of students as leaders and agents of change. The curriculum helps students 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.	⊗	○	○
In developing knowledge, skills, attitudes, and values in students, the college or school ensures that the curriculum fosters the development of professional judgment and a commitment to uphold ethical standards and abide by practice regulations.	⊗	○	○
The college or school ensures that the curriculum addresses patient safety, cultural competence, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team.	⊗	○	○
Curricular content, instructional processes, course delivery, and experiential education are documented, aligned, and integrated where appropriate.	⊗	○	○

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 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

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

☑ Any other notable achievements, innovations or quality improvements

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

The goal of the curriculum for the Doctor of Pharmacy program is to provide the structure, content, and support to transform the student learner into a competent professional with the vision and skillset to be a successful pharmacist and a leader in the field. This transformative process is encouraged personally, professionally, and intellectually through an overarching learning theme consisting of four dynamic areas: "Discover," "Develop," "Disseminate," and "Deliver." These themes, characterized as the "Four D's," serve to guide the student in his or her transition from student to pharmacist and journey to become a lifelong learner.

The School has developed a series of cross-cutting competencies (the C's) that serve as the overall student learning objectives for the PharmD program and are central to the student assessment program. These competencies have been defined as: patient care; interprofessional practice; cultural awareness; dispensing medication; patient safety; lifelong learning; management of health systems; improved population care; evidence-based medicine; and professionalism. The cross-cutting competencies are addressed through the learning objectives and goals for each course in the curriculum.

To more clearly define the competency and outcome expectations for PharmD students, the School has also established 11 Terminal Outcomes that students must successfully achieve upon graduation. These outcomes address patient safety and medication therapy management as well as the professional skills, attitudes, and values that are necessary for effective pharmacy practice. The Terminal Outcomes have been further specified through 70 Professional Abilities. A map of the Professional Abilities to the Terminal Outcomes has been included in Appendix 45. Development and improvement to the PharmD curriculum has focused upon appropriate teaching, learning, and assessment methods to instill and evaluate the desired competencies and skills in pharmacy students.

Design of the Curriculum

The Doctor of Pharmacy curriculum was initially developed by the School's faculty, with support from the administrative leadership and local pharmacy practitioners, and continues to be refined by the Curriculum Committee (CC). The curriculum is comprised of the necessary didactic and pharmacy practice experiences to achieve the Terminal Learning Outcomes and Professional Abilities as well as the educational requirements for licensure as a pharmacist. Moreover, the curriculum meets the Marshall University Graduate College requirements for the awarding of a graduate professional degree. The Terminal Learning Outcomes and Professional Abilities as well as the curriculum have been guided by the ACPE Accreditation Standards and CAPE Educational

Outcomes. In Appendix 46, the knowledge, skills, professional competencies, and expected outcomes articulated in ACPE Standard 12 have been mapped directly to the School's Terminal Learning Outcomes.

The Dean of the School of Pharmacy and the Curriculum Committee (CC) have worked to ensure that the School's curriculum contains the necessary didactic coursework, including: basic biomedical sciences; pharmaceutical sciences; clinical sciences; and social, behavioral, and administrative pharmacy sciences. The School has been diligent in ensuring alignment of the curriculum with the outcomes specified in the CAPE Educational Outcomes and ACPE Appendix B, as well as the assessment outcomes identified through the NAPLEX Blueprint/Revised Competency Statements. In brief, the School has been proactive in assuring that the educational environment meets the needs of future practitioners.

Introductory Pharmacy Practice Experiences (IPPEs) in the P1 through P3 years, and Advanced Pharmacy Practice Experiences (APPEs) in the P4 year allocate increasing responsibility to the student pharmacist across the curriculum and introduce him or her to a broad spectrum of sites, intended to ensure that professional competency is achieved and ethical standards are upheld. To this end, students are exposed to community, institutional, urban, rural, transitions of care, and geriatric practice sites. A map of the School's curriculum, which specifies the timing and credit hours of each didactic and experiential course is located on the School of Pharmacy Website.

Delivery of the Curriculum

The School utilizes a range of active and interactive learning methods, as described in Standard 11, including didactic coursework, laboratory and simulation activities, interprofessional events, and pharmacy practice experiences. Each of the Terminal Outcomes is taught, reinforced, and assessed at multiple points and using several instructional methods, throughout the curriculum. Didactic coursework is delivered using active learning strategies in the flipped classroom model. In this approach, curricular content is delivered to the student prior to class meetings, and class time is used for concept development and hands-on, problem-based learning. It is well understood that students have diverse methods of learning, and as such, it is important to utilize a multi-dimensional delivery of the curriculum. Generally, the P1 year is an integrated curriculum (discovery), the P2 year features drug class-based content (develop), and the P3 year is an organ-based curriculum (disseminate). Students will be expected to draw upon the information and skills acquired during the P1 through P3 years to successfully deliver pharmacy practice in the fourth year APPE rotations.

Professionalism, Ethics, Leadership, and Values

Creating a culture and academic environment that encourages proper development of the student's professional identify is a fundamental component of the curriculum. Numerous educational experiences within the PharmD program are structured to emphasize professionalism, ethics, leadership, and values. P1 through P3 students are engaged in interprofessional education (IPE) events, Introductory Pharmacy Practice Experiences (IPPEs), and Objective Structural Clinical Examinations (OSCEs), all of which emphasize and assess professionalism and collaboration.

Moreover, substantial instruction time, notably in the Pharmacy Practice I and II courses during the P1 year, is devoted to professional standards and ethics. Students who progress to the P4 year will be expected to have not only a thorough understanding of the basic sciences and pharmacy practice, but also to demonstrate behaviors that are consistent with the profession.

The pharmacy practice program is designed to provide immersive, interdisciplinary, team-based experiences that provide opportunities for the student to engage with other healthcare professionals, including physicians, nurses, physical therapists, and others. An important innovation of the School's curriculum is the early placement of students in IPPE rotations, which occurs following the fifth week of courses in the fall term. This early exposure allows students to combine graduated knowledge acquisition and clinical responsibilities with interdisciplinary practice experiences. Furthermore, as students progress to more advanced experiential rotations, the level of interaction with other healthcare professionals increases. Development of a student's professionalism will culminate with the fourth-year APPE rotations, where students will be expected to demonstrate skills when working with other healthcare professionals.

In addition to experiential rotations, interprofessional education (IPE) is central to the PharmD curriculum and designed to prepare students for participation within Accountable Care Organizations and adherence to the Medical Home philosophy for patient care delivery across our medical center. Students in each of the P1 through P3 years have required IPE events that allow them to collaborate with medical, nursing, physical therapy, and communication disorder students. As an example, in the P1 year students engage in an IPE event that incorporates case studies focused upon ethics, IPE communication, and policy development. It is anticipated that the commitment to IPE by the School of Pharmacy and other professional schools at the University will lead to the production of graduates who are well-informed and capable of working as effective team members in the delivery of patient care. A more detailed description of the School's IPE program is provided in Standard 11.

Finally, students are encouraged to participate in a number of student organizations that have been established at the School over the past several years, including APhA-ASP, SSHP, Phi Delta Chi, Kappa Psi, and Phi Lambda Delta. Each of these organizations is student-led and highly committed to serving the profession and the community. Over the past three years, students and faculty have engaged in community service projects such as blood pressure checks at a local pharmacy, Generation Rx presentations at local schools, and the Senior Expo hosted by the Cabell Huntington Hospital. A more comprehensive list of student community service efforts is included in Standard 23 and Appendix 47.

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.

No monitoring is recommended at this time.

Standard No. 10: Curricular Development, Delivery, and Improvement: The college or school's faculty must be responsible for the development, organization, delivery, and improvement of the curriculum. The curriculum must define the expected outcomes and be developed, with attention to sequencing and integration of content and the selection of teaching and learning methods and assessments. All curricular pathways must have both required and elective courses and experiences and must effectively facilitate student development and achievement of the professional competencies.

The curriculum for the professional portion of the degree program must be a minimum of four academic years or the equivalent number of hours or credits. The curriculum must include didactic course work to provide the desired scientific foundation, introductory pharmacy practice experiences (not less than 5% of the curricular length) and advanced pharmacy practice experiences (not less than 25% of the curricular length).[6]

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:

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

☐   A list of the charges or assignments and major accomplishments of the Curriculum Committee in the last academic year

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 40 - 46

☐   AACP Standardized Survey: Student – Questions 30, 34, 35

☐   AACP Standardized Survey: Alumni – Questions 22, 27

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.

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[6] Refer to Standards 13 and 14 and Appendices B and C for additional detail and guidance.

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
The college or school's faculty is responsible for the development, organization, delivery, and improvement of the curriculum.	⊗	○	○
The curriculum defines the expected outcomes and is developed with attention to sequencing and integration of content and the selection of teaching and learning methods and assessments.	⊗	○	○
All curricular pathways have both *required* and *elective* courses and experiences and effectively facilitate student development and achievement of the professional competencies.	⊗	○	○
The curriculum for the professional portion of the degree program is a minimum of four academic years or the equivalent number of hours or credits.	⊗	○	○
Introductory pharmacy practice experiences are not less than 5% (300 hours) of the curricular length.	⊗	○	○
The advanced pharmacy practice experiences are not less than 25% (1440 hours) of the curricular length.	⊗	○	○
On behalf of the faculty, the Curriculum Committee (or equivalent) manages curricular development, evaluation, and improvement to ensure that the curriculum is consistent with the collective vision of the faculty and administration.	⊗	○	○
Learning outcomes for curricular courses and pharmacy practice experiences are mapped to the desired competencies and gaps and inappropriate redundancies identified inform curricular revision.	⊗	○	○
Curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies. The curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.	⊗	○	○
The Curriculum Committee (or equivalent) is constituted to provide balanced representation from all departments, divisions, and/or disciplines within the college or school.	⊗	○	○
Faculty members are aware of the content, competencies, and learning outcomes for each other's courses and use that information to optimize these elements within their own courses.	○	⊗	○
The curriculum complies with university policies and procedures and the accreditation standards.	⊗	○	○
Student representation and feedback are integral parts of curricular development and improvement.	⊗	○	○
The Curriculum Committee (or equivalent) has adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data.	⊗	○	○

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 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)

☐ Data that link teaching-and-learning methods with curricular outcomes

☑ 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.

☑ 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

Expected Outcomes and Curricular Sequencing

Course sequencing of the PharmD curriculum was guided by the program's 11 Terminal Learning Outcomes and the 70 Professional Abilities that have been mapped to those outcomes (see Appendix 45). The School has developed a curricular map that identifies where in the curriculum concepts are introduced, applied, and assessed under risk (see Appendix 48). Special attention has been paid to link each course to specific terminal outcomes in order to provide clarity for course content, avoid unnecessary redundancies, and establish a timeline in which students can be expected to demonstrate each outcome and ability. The student learning outcomes and competencies for the PharmD program are further elaborated in Standard 12, and the assessment of those competencies is discussed in Standard 15.

Structure of the Curriculum

The PharmD curriculum requires 150 semester credit hours, consisting of didactic coursework, Introductory Pharmacy Practice Experiences (IPPEs), and Advanced Pharmacy Practice Experiences (APPEs) that are completed over the course of four years. IPPE rotations are integrated throughout the first three years of the curriculum and exceed the 300 contact hours required by ACPE Accreditation Standard 14. An important innovation of the School's IPPE program is the early immersion of students in experiential rotations, starting with the sixth week of the P1 year. During the P4 year, the student pharmacist will have opportunity to experience multiple, diverse practice venues, through required rotations and electives, to ensure adequate exposure to different types of patients and healthcare settings. In compliance with the ACPE Accreditation Standards, the School's APPE rotations will exceed the 1,440 hour minimum. In brief, the PharmD curriculum provides a depth and breadth of educational experiences, with increasing rigor, to encourage the student to become an active, life-long learner in the pharmacy profession.

Electives

Within the PharmD curriculum, students are required to complete two didactic electives – one three-credit hour course in each semester of the P3 year. During the 2014-15 academic year the following electives, taught by School of Pharmacy faculty, have been available to pharmacy students: Pharmacy Outcomes Research; Protein Analysis; Critical Care; Veterinary Pharmacy; History of Pharmacy; and Clinical Pearls. In addition to these courses, faculty will continue to develop new electives based upon the value to pharmacy students, the relevance of topics to pharmacy practice and research, and the area(s) of expertise of the faculty. The curriculum contains two APPE rotation electives during the P4 year as well. APPE electives, while still under development, will consist of a range of sites, including a number of unique opportunities such as the American Society of Health-system Pharmacists (ASHP), National Association of Chain Drug Stores (NACDS), and the American

Association of Colleges of Pharmacy (AACP). A list of all confirmed APPE rotations, as of January, 2015, has been included in Appendix 49. Collectively, didactic and experiential electives allow PharmD students to pursue special interests and broaden their understanding of the pharmacy profession.

Oversight and Development of the Curriculum

Oversight of the development, delivery, and improvement of the PharmD curriculum is primarily the responsibility of the Curriculum Committee (CC), which is composed of faculty from the two academic departments, pharmacy students, *ex officio* administrative liaisons (i.e. Assistant Deans or Associate Deans), and School of Pharmacy staff. A list of the faculty, staff, and students represented upon the CC and the School's other standing committees and subcommittees has been provided in Appendix 42. Historically, the School's standing committees have received their charges and limited oversight from the Executive Council. However, the School has identified the 2015-16 academic year as an appropriate point in time to transfer full authority for the curriculum to the faculty committees, notably the CC and its sub-committees.

Much of the work of the CC is accomplished through its two subcommittees: the Curricular Affairs Subcommittee (CAS) and Assessment Subcommittee (ACS). The CAS is responsible for oversight of new course development and assessment of course performance. New courses are approved only once a rigorous evaluation of course structure, teaching and learning methods, and alignment of course content with the terminal outcomes map has been conducted. The School's process for development and evaluation of new courses is further outlined in the Policy of the Curriculum Committee. Furthermore, all courses are required to adhere to a standardized syllabus format that includes a description of the terminal outcomes that are addressed in the course.

In addition to the development of new courses, the CAS meets on a monthly basis to review course performance, solicit feedback from faculty, staff, and students, and to make recommendations for curricular improvements. The School has implemented a post-course review process in which each instructor or instructional team is responsible for mapping lecture time and teaching methods to each course objective, providing an overall assessment of course performance, and identifying specific course improvements. The post-course review form has been included in Appendix 17. Data collected from these reviews is summarized, annually, and included as part of the Continuous Quality Improvement process of the CAS.

The second subcommittee of the CC, the ACS, is charged with assessment of student learning, which is accomplished using a multi-dimensional assessment plan that incorporates information from a variety of data streams. Consistent with the School's other committees; membership includes faculty, staff, and students in order to obtain multiple perspectives and interpretations on assessment procedures and outcomes. As discussed in detail in Standard 15, students in each academic year of the program are expected to successfully complete a series of assessments to identify student progress towards achievement of the terminal learning outcomes. To date, the ACS has implemented a number of assessment measures, including: the PCOA, Objective Structural Clinical Examinations (OSCEs), course-embedded assessments, and student e-Portfolios.

Assessment data, once collected, is analyzed by the ACS and provided to the CAS and CC to evaluate curricular efficacy and highlight areas for improvement. As examples, please refer to Appendix 19 and Appendix 16.

Course Workload

Course workloads are currently under review by the Curriculum Committee (CC). The goals for this exercise are to ensure: a) equivalency of contact time across courses; b) equivalency of coursework intensity for courses within the same semester; and c) that rigor increases as students' progress from one academic year to the next. To provide data and information that will enlighten this process, the School will utilize the AACP Alumni and Graduating Student Surveys, internally developed surveys, student and faculty focus groups, as well as longitudinal studies of student course grades. Already course syllabi are reviewed carefully by the CC to determine appropriateness of workloads using the School's Academic Credit and Course Workload Policy. Once the School's workload assessment is complete, adjustments to individual course credit hours or content, or to course sequencing may be applied if workload disparities are identified.

AACP Surveys

In summer 2014, the School conducted the AACP Faculty Survey (see Appendix 11). Questions 40-46 pertain specifically to curricular development, delivery, and improvement. Using Mann-Whitney-U analysis to compare the School's results with the national results, it has been determined that, for the questions noted above, only 41 exhibited statistically significant differences at the 0.05 level. For that item, 69 percent (N=11) of the School's faculty agreed or strongly agreed that the faculty are consulted in curricular matters compared with 94 percent (N=2884) of faculty in the national results. To gather additional information on question 41, among others, from the survey, the School conducted a faculty focus group in October, 2014. The School has developed an Action Plan from the survey and focus group information that will be implemented in spring 2015. A copy of the focus group results has been included in Appendix 12, and the Action Plan in Appendix 13.

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.

1. The School needs to ensure that the Curriculum Committee and its sub-committees are familiar with their responsibilities and are empowered to perform those duties. Within the committee structure, tangible evidence needs to be produced that results in action plans that are shared among the committees.

2. Monitor that the Curriculum Committee and its sub-committees are appropriately resourced.

3. Develop mechanisms to ensure faculty have an understanding of the content and learning methods used in individual courses other than those they are responsible for teaching

Standard No. 11: Teaching and Learning Methods: The college or school, throughout the curriculum and in all program pathways, must use and integrate teaching and learning methods that have been shown through curricular assessments to produce graduates who become competent pharmacists by ensuring the achievement of the stated outcomes, fostering the development and maturation of critical thinking and problem-solving skills, meeting the diverse learning needs of students, and enabling students to transition from dependent to active, self-directed, lifelong learners.

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:

(None required for this standard)

Required Documentation for On-Site Review:

☑   Examples of instructional tools, such as portfolios, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement

☑   Examples of instructional methods employed by faculty to stimulate higher order thinking and problem-solving skills in learners

☑   Examples of instructional methods employed by faculty to address/accommodate the various learning styles of students

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 38, 39

☐   AACP Standardized Survey: Student – Questions 28, 29, 31 - 33

☐   AACP Standardized Survey: Alumni – Questions 21, 23

☐   AACP Standardized Survey: Preceptor – Question 23

Optional Documentation and Data:

☑   Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include data that link teaching-and-learning methods with curricular outcomes and extracts from minutes of meetings of the curriculum and/or assessment committees.

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
The program, throughout the curriculum and in all pathways, uses and integrates teaching and learning methods that have been shown through curricular assessments to meet the diverse learning needs of students and produce the desired professional competencies and outcomes, including the development and maturation of critical thinking, problem-solving, and self-directed, lifelong learning skills.	⊗	○	○
Faculty members use a variety of teaching and learning techniques (e.g., active learning, case studies, etc.) that have been thoughtfully selected, designed, and/or tailored to help students achieve the learning outcomes articulated for their courses.	⊗	○	○
The college or school evaluates the effectiveness of its curricular innovations through its assessment activities.	⊗	○	○
The outcomes of the distance-learning activities are appropriate for the student population and achievable through distance study. N/A (no distance-learning activities) ☑	○	○	○
Teaching and learning methods used assure that learning experiences, opportunities, and outcomes are comparable for all pathways, branches or campuses. N/A (single geographic location or no alternate pathways) ☑	○	○	○

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

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

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

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

☑ Any other notable achievements, innovations or quality improvements

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

The curriculum for the Doctor of Pharmacy program is designed to develop exceptional, practice-ready pharmacists who, upon graduation, have achieved each of the School's terminal learning outcomes (see Appendix 45). To accomplish this, the School utilizes various active and interactive learning methods that address the unique needs of auditory, visual, and kinesthetic learners. Students are educated through didactic coursework, laboratory and simulation activities, interprofessional events, and pharmacy practice experiences. Each of the terminal outcomes are taught and reinforced using several learning methods and at multiple points in the curriculum.

Andragogy

The School differentiates itself from other professional pharmacy schools by utilizing the flipped classroom educational model, which emphasizes active and collaborative learning. This

approach, and in particular collaborative learning, has been shown to foster problem-solving and critical thinking skills in students. In his article entitled *Twilight of the Lecture*, Eric Mazur, professor of physics at Harvard University, notes that student retention of knowledge is enhanced through use of the flipped classroom model compared with traditional lecture formats. Moreover, he has identified that fewer students were inclined to drop out of science and engineering majors. Benefits of the flipped classroom methodology include: instant feedback to students, more direct interaction between faculty and students, and greater opportunity for peer-to-peer learning. For other research on the impact of the flipped classroom model on student outcomes, please refer to Tune, Sturek, & Basile (2013); McLaughlin *et al* (2013); and Pierce & Fox (2012).

The cornerstone of the School's PharmD curriculum is the flipped classroom andragogy and use of active learning techniques. Students are provided foundational material, such as recorded lectures and reading materials, and are expected to study those materials prior to class meetings. This in turn allows class time to be spent on application of foundational knowledge using active and collaborative learning strategies. In addition, the School strives to record all classroom instruction and activities, to be made available to students for review within 48 hours of the class meeting. To facilitate active learning, the School has constructed two studio classrooms, which are equipped with smart classroom technology and position students at a series of roundtables. This layout is designed to emphasize group collaboration above that of the traditional theater- or stadium-style classroom. A more detailed description of the School's classroom spaces is provided in Standard 27.

The School's simulation andragogy includes the use of standardized or simulated patients and simulated non-pharmacist healthcare professionals, including physicians and nurses. During simulation, students engage in acquiring patient histories, counseling patients about medication, performing physical assessments, and delivering medication therapy management. The School's simulation areas are available to students at all times throughout the day, providing them with opportunities to practice skills with their peers. Further, simulation is used extensively in the classroom as part of active learning and to assess student knowledge and skills.

Students are provided the opportunity to demonstrate and apply their knowledge through the use of Objective Structural Clinical Examinations (OSCEs). Each semester during the P1 through P3 years, students are required to successfully complete one OSCE that evaluates each student's clinical and communication skill acquisition. Thus, students complete six OSCEs prior to progressing to the P4 year. As described in Standard 15, the content of the OSCEs ranges from immunization administration to formulating IVs and discussing prescribed medications with standardized patients. Standardized rubrics, which are shared with students prior to each OSCE, are used to assess student competency. Two examples of OSCE rubrics have been included in Appendix 51 and Appendix 52.

In addition to the School of Pharmacy, Marshall University emphasizes active learning across campus, most notably in the health science disciplines. Active learning is supported by the University through its provision and support of classroom technology, including audience response systems and software platforms such as Camtasia and BlackBoard. The University also has a Center for Teaching and Learning that provides training for new faculty and continuing development for senior faculty.

Diverse Learning Strategies

The School understands that in order for each student to achieve the established terminal learning outcomes for the PharmD program (see Appendix 45), students must be taught using a variety of andragogies that accommodate the learning needs of diverse individuals. It is understood that auditory learners benefit from live, interactive courses, visual learners benefit from handouts, textbooks, and slides, and kinesthetic learners learn best through hands-on activities. To support each style of learning, the School's curriculum utilizes a broad range of learning strategies, including media, such as slides, recorded lectures, and textbooks, collaborative and group activities, simulations, and experiential rotations.

Experiential Learning

The School's experiential program is innovative in that students begin their introductory pharmacy practice experiences (IPPEs) during the sixth week of the PharmD curriculum. The School values this early immersion of students in pharmacy practice because it allows students to, at a very early stage, begin to apply the foundational knowledge they have acquired in the classroom. To ensure that students are prepared for their P1 rotations, instruction on professional behaviors and dress, the HIPAA and OSHA standards, and completion of the APhA immunization certificate program occurs within the first five weeks of the curriculum. First-year experiential assessments strongly emphasize professional behaviors and dress because the School understands that student pharmacists are more likely to fail an advanced pharmacy practice experience (APPE) rotation as a result of professionalism issues than knowledge or skill issues.

The P2 IPPE rotations are closely linked to P1 student learning outcomes so that students can demonstrate competency and foundational knowledge can be reinforced in these areas. The School expects that early emphasis on student professionalism in the experiential program will provide opportunity for recognition of issues and corrective actions to be taken prior to the start of each student's APPE rotations. Another innovative aspect of the School's experiential program is the inclusion of both a pharmacy management rotation and an educational rotation in the P3 year. The management IPPE is a direct result of the external pharmacist focus groups that were conducted as part of the School's process to develop the terminal learning outcomes for the program.

Interprofessional Education

The School has developed an innovative interprofessional education program that includes required events for all students during the P1 and P2 years. In the P1 year, students participate in an interprofessional event comprised of more than 300 pharmacy, medical, nursing, physical therapy, and communication disorders students. During this event, students work through case studies that involve ethics, interprofessional communication, and policy development. P2 students engage in an interprofessional event with students from the Marshall University School of Medicine that examines transitions of care. Objectives for the School's interprofessional sessions are obtained from the *Core Competencies for Interprofessional Collaborative Practice* sponsored by the Interprofessional Education Collaborative.

Development of Self-directed Learners

The PharmD curriculum prepares and encourages students to take responsibility for their own learning as well as to assist and mentor in the education of fellow students. The curriculum and the School's educational resources provide the instruction and tools that are necessary to develop self-directed learners. Self-learning and the teaching of others is enhanced through the School's application of two overarching learning themes:

1. See one, do one, assess one
2. The Four D's: Discover, develop, disseminate, and deliver

These two strategies involve: (a) gaining knowledge, practicing acquired knowledge through laboratory, simulation, and group activities; (b) assessing knowledge through exams and Objective Structural Clinical Examinations (OSCEs); and (c) demonstrating, applying, and reinforcing acquired knowledge during experiential rotations. The School further encourages each student to assume responsibility for his or her individual learning by providing access to an electronic portfolio (e-Portfolio) system through PharmAcademic. It is in part through this process that students are able to self-assess their level of knowledge, skills, and attitudes toward the program's terminal outcomes.

Curricular Review

Oversight of curricular review, analysis of assessment results, and recommendations for curricular changes is the responsibility of the School's Curriculum Committee. The School has evaluated its innovative curricular methodology using a comparative trial of the flipped classroom relative to the traditional lecture. The trial was initiated at the onset of the first academic year, 2011-2012, in the pharmaceutical calculations course. After receiving approval from the University's Institutional Review Board (IRB), students were block randomized into lecture or flipped classroom sections. Outcomes from the study demonstrated that students in the flipped classroom performed at a higher level than those in the traditional classroom. Differences between the two groups were statistically significant. Results from this study have been summarized in Appendix 53 and Appendix 54.

The School utilizes a range of assessment methods to evaluate the achievement of student learning outcomes and the effectiveness of the PharmD curriculum, including course-embedded assessments, OSCEs, experiential assessments, ePortfolios, and the PCOA standardized exam. The PCOA exam serves as an important external measure that provides a comparison between the School's curricular effectiveness and that of other professional pharmacy schools. Results from the PCOA over the past two years indicate that our students' weakest areas, relative to other institutions, are the basic biomedical sciences, pharmaceutical sciences, and clinical sciences. Our students' strongest areas of performance have been extemporaneous compounding and social, behavioral, and administrative pharmacy sciences. A summary of the PCOA results from 2013 and 2014 has been included in Appendix 19. The Curriculum Committee will continue to monitor and evaluate the PCOA results in order to ensure that the rigor of the curriculum is appropriate relative to other programs.

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.

No monitoring is recommended at this time.

Standard No. 12: Professional Competencies and Outcome Expectations: Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:

1. Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.

2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.

3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.

These professional competencies must be used to guide the development of stated student learning outcome expectations for the curriculum. To anticipate future professional competencies, outcome statements must incorporate the development of the skills necessary to become self-directed lifelong learners.

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:

☑   List of the professional competencies and outcome expectations for the professional program in pharmacy (SAME DOCUMENT FOR STANDARDS 9 AND 12)

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

☑   Examples of didactic and experiential course syllabi, including stated outcomes related to desired competencies

Required Documentation for On-Site Review:

☑   All course syllabi (didactic and experiential)

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 47 - 57

☐   AACP Standardized Survey: Student – Questions 10 – 29, 84

☐   AACP Standardized Survey: Alumni – Questions 20, 31 - 41

☐   AACP Standardized Survey: Preceptor – Question 25 - 35

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
Professional Competencies 1, 2 and 3 guide the development of stated student learning outcome expectations for the curriculum.	⊗	○	○
The curriculum prepared graduates to provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health-care team based upon sound scientific and therapeutic principles and evidence-based data.	⊗	○	○
The curriculum fosters an understanding of, and an appreciation for, the legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.	⊗	○	○
The curriculum prepares graduates to manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.	⊗	○	○
The curriculum prepares graduates to promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.	⊗	○	○
Outcome statements include developing skills to become self-directed lifelong learners.	⊗	○	○
The curriculum prepares graduates to independently seek solutions to practice-based problems in the scientific and clinical literature.	⊗	○	○
Graduates possess the knowledge, skills, attitudes, and values needed to enter practice pharmacy independently by graduation.	⊗	○	○

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

☑ How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education

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

☐ Any other notable achievements, innovations or quality improvements

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

The Doctor of Pharmacy curriculum is designed to foster within each graduate, exceptional critical thinking and problem-solving skills as well as the knowledge, skills, values, and professionalism that are essential to pharmacy practice. The desired competencies and abilities have been articulated by the School through a series of 11 Terminal Outcomes and 70 Professional Abilities, discussed in the subsequent section. In summary, the outcomes and abilities address patient quality of life, patient safety, patient empathy, healthcare team integration, cultural awareness, formulation and dispensation of medication, resource and personnel management, growth of the

profession, public health, interpersonal communication, evidence-based decision-making, and professionalism.

The progress of the individual student from student-pharmacist to practicing pharmacist is assessed throughout the curriculum using a comprehensive assessment cycle, as described in Standard 15. Examples of the assessment measures used by the School to assess student competencies and achievement of terminal learning outcomes include: Objective Structural Clinical Examinations (OSCEs); simulation environments; interprofessional events; experiential assessments, and e-Portfolios. Collectively, these assessment measures are reviewed and utilized by the Curriculum Committee to direct improvements to the curriculum and by the Student Affairs Committee to inform student progression decisions. Students who do not demonstrate competence in the Terminal Outcomes prior to the start of the fourth year will not be permitted to progress to the Advanced Pharmacy Practice Experience (APPE) rotations.

Terminal Outcomes and Professional Abilities

The School has established a hierarchy of student outcomes and abilities that identify the skills, abilities, and knowledge that students are to acquire in each course, at the end of each year, and upon graduation from the program. At the top of this hierarchy are 11 terminal outcomes that broadly characterize student knowledge and skills at the time of graduation. For example, it is expected that graduates will be able to contribute to the betterment of patient care through integration in healthcare teams (outcome two) and accurately and safely dispense and formulate medication dosage forms (outcome four). Each of the terminal outcomes, as well as a mapping between each course and the terminal outcomes, has been provided in Appendix 48. The close alignment between outcomes and the curriculum ensures that course content is focused, unnecessary redundancies are avoided, and all outcomes are addressed at multiple points throughout the curriculum.

Beneath the terminal outcomes in the hierarchy is a series of 70 professional abilities that operationally define the terminal outcomes within the curriculum. As examples of these professional abilities, program graduates are expected to have the ability to assess illness severity for the purpose of patient referral (ability three) and to integrate cost, risk, and benefit considerations into care plans (ability forty-five). A map of the program's terminal outcomes and professional abilities has been included in Appendix 45. Finally, a map of the School's Terminal Learning Outcomes to the outcomes articulated in ACPE Standard 12 has been included in Appendix 46. In summary, the terminal outcomes and professional abilities are consistent with the professional competencies that are identified in the guidelines for Standard 12 within the ACPE Accreditation Standards for 2007.

Professional Competencies and Outcomes Expectations within the Curriculum

The first year of the PharmD curriculum is comprised of the pharmaceutical and biomedical sciences, sterile compounding, principles of disease and drug action, and the first therapeutics course. P1 students are exposed to simulation scenarios that provide foundational education on interaction with physicians and patient counseling. Two important innovations that occur within the P1 year are the required completion of the APhA immunization certificate by the fifth week of the first

semester and student placement in Introductory Pharmacy Practice Experience (IPPE) rotations as early as the sixth week. This early exposure to patient care not only allows students to apply foundational knowledge acquired in the classroom, but also allows students to develop the professional skills and ethical behaviors identified in the School's Code of Conduct.

The second year of the curriculum continues the education of students in therapeutics and introduces pharmacometrics, clinical pharmacokinetics, practice management, biostatistics, and the legal and ethical aspects of pharmacy practice. In particular, the Pharmacy Practice Management courses provide valuable education and insight in finances, resource management, and leadership that allows students to understand and appropriately manage resources of the healthcare system. Students continue to receive direct, hands-on experience across both semesters through IPPE rotations that are focused upon community and institutional practice.

During the third year, students complete their didactic training, which includes the final therapeutics courses and several program electives. The third-year IPPE rotations provide experiences in educational, management, ambulatory care, and inpatient skills across both semesters. Finally, the fourth year consists entirely of Advanced Pharmacy Practice Experience (APPE) rotations and one, 4-credit hour capstone course. Among the APPE rotations, students will be required to complete rotations in: general medicine (clinical); ambulatory care; advanced community practice; advanced institutional practice; geriatrics; diverse populations; and electives. The growth of the individual student through the didactic curriculum, IPPE rotations, and APPE rotations is depicted in Appendix 55.

Interprofessional Education

An important emphasis within the PharmD program is on the interprofessional (IPE), team-based education that integrates the student pharmacist with other health care professionals and includes required events in each of the P1 through P3 years. Objectives for the School's IPE program are based upon the *Core Competencies for Interprofessional Collaborative Practice*. In short, the IPE program is intended to develop in the student-pharmacist a professional identity with the communication and collaborative skills necessary to serve as a competent member of an interprofessional team who considers relevant legal, ethical, pharmaceutical, and professional issues in providing patient care. In addition to IPE events, the School has incorporated IPE within the activities and objectives of experiential courses for the PharmD program. A more thorough description of the School's IPE program has been provided in Standard 11 and Appendix 56.

Assessment of Professional Competencies and Outcome Expectations

Students are assessed at numerous points throughout the four years of the curriculum using several important measures of competence and foundational knowledge. First, student knowledge, understanding, and abilities to provide patient-centered care, manage medication use systems, and manage available resources are evaluated using a total of six Objective Structural Clinical Examinations (OSCEs) during the P1 through P3 years. Second, students are required to demonstrate competency in those areas as well as the ability to provide population-based care and

work as part of an interprofessional team throughout their experiential rotations. Each student's performance for each of his or her experiential rotations is evaluated by the site preceptor(s) using the form in Appendix 57.

An important external measure of student foundational knowledge in the basic biomedical and pharmaceutical sciences, clinical and sciences, and social, behavioral, and administrative sciences is the PCOA exam from the NABP. The School has administered this exam to its P1 and P2 students for each of the past two years, and will be administering the exam to all P1 through P3 students in spring 2015. Results from 2013 and 2014 have been included in Appendix 19. It is the judgment of the Assessment Subcommittee that the exam is not well-suited to assess student competence; however, it represents an important measure of the relative strengths and weaknesses of each student. Consequently, the School has used the exam formatively for each student, and summatively for the curriculum.

In addition to OSCEs, experiential evaluations, and the PCOA, students are responsible for compiling select coursework and standardized measures into the School's e-Portfolio system, PharmAcademic. Student e-Portfolios, which are evaluated by members of the faculty using a standardized rubric (see Appendix 58), are intended to serve as a longitudinal measure of student progress toward meeting each of the targeted outcomes and abilities for the program. Importantly, e-Portfolios provide a unique opportunity for students to engage in the assessment process through self- and potentially peer-assessment.

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.

1. Continued development of IPE program to meet school plans.

2. Ensure that all learning objectives for IPPE and APPE rotations are continually assessed and that all students meet those objectives.

Standard No. 13: Curricular Core—Knowledge, Skills, Attitudes, and Values: To provide the thorough scientific foundation necessary for achievement of the professional competencies, the curriculum of the professional degree program must contain the following:

- biomedical sciences
- pharmaceutical sciences
- social/behavioral/administrative sciences
- clinical sciences

Knowledge, practice skills, and professional attitudes and values must be integrated and applied, reinforced, and advanced throughout the curriculum, including the pharmacy practice experiences.

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:

☑   A map/cross-walk of the curriculum to Appendix B of the ACPE Standards

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 34, 47

☐   AACP Standardized Survey: Alumni – Questions 24, 25, 27

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 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
The curriculum contains at an appropriate breadth and depth the necessary elements within the following areas as outlined in Appendix B of the Standards:			
• biomedical sciences	⊗	○	○
• pharmaceutical sciences	⊗	○	○
• social/behavioral/administrative sciences	⊗	○	○
• clinical sciences	⊗	○	○
The content of curricular courses is mapped to Appendix B to assess where specific content foundations are addressed in the curriculum. Gaps in curricular content and inappropriate redundancies identified in the mapping process inform curricular revision.	⊗	○	○
The didactic course work provides a rigorous scientific foundation appropriate for the contemporary practice of pharmacy.	⊗	○	○
Knowledge, practice skills, and professional attitudes and values are integrated and applied, reinforced, and advanced throughout the didactic and experiential curriculum.	⊗	○	○
The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are of adequate depth, scope, timeliness, quality, sequence, and emphasis to provide the foundation and support for the intellectual and clinical objectives of the professional degree program and the practice of pharmacy.	⊗	○	○
The sciences provide the basis for understanding the development and use of medications and other therapies for the treatment and prevention of disease.	⊗	○	○
Courses and other formal learning experiences are coordinated and integrated across disciplines.			
Where instruction is provided by academic units of the university other than the pharmacy program, these areas are developed in accordance with the professional degree program's curricular goals and objectives; and assessment liaison mechanisms ensure effective instructional delivery and achievement of the educational objectives of the program.	○	○	○
N/A (no outside instruction) ☑			

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 curricular structure and content of all curricular pathways

☑ 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 curricular content for all curricular pathways is linked to Appendix B of Standards 2007 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

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

☑ Any other notable achievements, innovations or quality improvements

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

The Doctor of Pharmacy curriculum provides the necessary foundation for achievement of the desired professional competencies outlined in ACPE Accreditation Standard 12. As part of its initial process to develop the curriculum, the School conducted focus groups of pharmacy leaders in community, institutional, and management practice to identify the critical skills and abilities that are necessary for the current and future success of PharmD graduates. Drawing from the ACPE Accreditation Standards and information from the focus groups, the School established a set of pre-requisite requirements and a professional curriculum that develops within the student-pharmacist the knowledge, skills, abilities, ethics, and values required for competent pharmacy practice.

To facilitate the development of practice-ready pharmacists, the faculty emphasize a universal orientation to common curricular building blocks regardless of the discipline in which a course is based. Critical thinking and problem solving, patient safety, professionalism, and communication are the common threads that link one course with another. Through a process of engaged learning that is applied within every course, the students develop these skills and an associated self-confidence as they progress through the curriculum.

Foundational knowledge, practice skills, and professional attitudes and values are integrated and applied, reinforced, and advanced throughout the curriculum, including the pharmacy practice experiences. In brief, the curriculum provides a reasonable balance of courses derived from the disciplines of the biomedical, pharmaceutical, social/behavioral/ administrative, and clinical sciences, with consideration given to the time allotted to each course, and the appropriate sequencing of these courses (see Appendix 59).

Pre-requisite Coursework

Students who wish to matriculate to the PharmD program must complete approximately 59 to 64 credit hours of pre-requisite coursework to be considered for admission. The pre-requisite coursework provides entering students with foundational knowledge in the sciences, mathematics, and writing as well as strong critical thinking skills. While all pre-requisites could be completed in two years of undergraduate study, given the number of hours and rigor of the coursework, most students require three years to do so. The pre-requisite coursework is described in greater detail in Standard17, and the list of required courses is available on the School's Prospective Student webpage.

Doctor of Pharmacy Curriculum

The School's curriculum is founded upon four dynamic areas of student learning: "Discover," "Develop," "Disseminate," and "Deliver," which serve to guide the student on his or her journey to become a lifelong learner. This philosophy is evident through the curriculum, as students are afforded increasing responsibility as they progress through each course, rotation, and academic year. Moreover, the School provides students with significant and memorable learning experiences through active, hands-on learning throughout coursework, simulations, interprofessional events, and experiential education.

Beginning with the first professional year, student pharmacists are introduced to key concepts in biomedical, pharmaceutical, social/behavioral, and clinical sciences. Specifically, foundational content in biomedical and pharmaceutical science is taught within the first and second years, and integrated as part of the Therapeutics content during the second and third years. Fifty percent of course content in the Therapeutics sequence is devoted to the basic sciences, with the remaining half focused upon the practice aspects of drug therapeutics. Basic science concepts in the sequence that are directed to pharmacy practice include: physicochemical properties of solid and liquid dosage forms, biopharmaceutics, and design of specialized dosage forms. Furthermore, students receive hands-on laboratory training in the preparation of extemporaneous dosage forms and develop an appreciation for the importance of these skills for improving the quality of patient lives.

First-year students (P1) are required to complete the APhA Immunization Certification within the first five weeks of the program. Subsequently, students are placed in Introductory Pharmacy Practice Experience (IPPE) rotations by the sixth week, allowing them an opportunity to demonstrate and have assessed their knowledge, ethics, and professional behaviors. Additionally, the assimilation of basic scientific principles, clinical skills, computational abilities and sterile/non-sterile compounding is practiced and assessed in the second semester of the first year to simulate future practice experiences (Integrated Laboratory I). These sessions allow student pharmacists to expand upon their ability to multitask and problem solve as they are faced with a multitude of scenarios in a single class period and across the semester.

In the fall semester of the second year (P2), students receive hands-on experience with basic chemical, biochemical, pharmaceutic, and pharmacometric concepts. Through didactic and experiential education, material presented in first-year courses, most notably Biomedical Chemistry and Pharmaceutics I and II, is further reinforced during the second year. Laboratory exercises are uniquely designed in that they have been developed specifically for pharmacy students. Moreover, these exercises provide exposure to concepts that are essential for industrial pharmacy, including Good Laboratory Practice (GLP, 21 CFR Part 58), Good Manufacturing Practice (GMP, 21 CFR Parts 210, 211, and 11), clinical chemistry, drug development under oversight by the FDA, and drug or biomarker analyses that comply with Clinical Laboratory Improvement Amendments (CLIA). The basic and applied laboratory exercises presented in Integrated Laboratory II complement the practice-focused experiences in Integrated Laboratory I, IPPE rotations, APPE rotations, and further support the delivery of foundational science content in the curriculum.

The level of complexity and specificity of the material increases during the P2 year and focuses on pharmacy-specific topics, including: biopharmaceutics and pharmacokinetics, clinical pharmacokinetics, medicinal chemistry, pharmacology, pharmacy management, therapeutics, and biostatistics and research design. Integrated Lab II reinforces and expands upon the didactic material presented in Biomedical Chemistry, Biopharmaceutics I, and Pharmacometrics by having students actively engage in basic science experiments. Experiential education continues in the second year and reinforces and provides opportunity for the student to be assessed with regard to foundational knowledge and practice skills as well as professional behavior, attitude, and ethics.

During the third professional year (P3), the curricular emphasis is on clinical assessment, which includes therapeutic problem solving via didactic and small group sessions. The P3 year represents a melding and maturation of student knowledge, skills, and attitudes that is the foundation for successful completion of the final year of practical training in pharmacy. Acquired knowledge is brought together in the Therapeutics IV, V, VI, and VII courses where the main goal is the clinical application of the student's acquired knowledge in the treatment of patients. These courses are team-taught with equal contributions from Pharmacy Practice and Pharmaceutical Science. Guidelines for the team-based therapeutics courses have been developed, and provide a mechanism for curricular sequencing, an outline for interdepartmental integration of responsibilities and expertise, and set expectations for allocation of faculty workloads. For reference, the Therapeutics Course Guidelines have been included in Appendix 60.

Third-year (P3) students are required to complete the APhA Medication Therapy Management certification as well as the Patient-centered Diabetes Care. These certifications are an important innovation of the PharmD program, and represent important steps toward developing practice-ready pharmacists upon graduation. Experiential education in the P3 year provides further reinforcement and assessment of educational techniques (teaching, mentoring, etc.), management, ambulatory care, and inpatient skills. Moreover, professional behavior, attitude, ethics, and values continue to be emphasized. A unique experience required of all P3 students is the IPPE 8 Educational IPPE rotation in which the student-pharmacist develops and presents continuing education programs or active learning exercises in the classroom. In addition to reinforcing professionalism through faculty mentorship, this rotation introduces students to an academic setting intended to help prepare them as future leaders and educators.

Finally, the fourth professional year (P4) will consist of Advanced Pharmacy Practice Experience (APPE) rotations and a robust, one 4-credit interprofessional capstone courses. Students will be required to complete rotations in general medicine, ambulatory care, advanced community practice, advanced institutional practice, geriatrics, diverse populations, and two elective rotations. As part of the capstone experiences, students must finish the compilation of their e-Portfolios, which will be assessed by a faculty committee to determine student achievement of the 11 Terminal Outcomes (Appendix 45) for the PharmD program.

Curricular Achievements and Innovations

Notable achievements and curricular innovations in the PharmD program include: (1) a robust assessment program to evaluate student readiness to progress to the fourth year; (2) emphasis on cognitive integration through team-taught therapeutics courses, simulation exercises, and experiential rotations; (3) interprofessional learning events conducted with students from four health care programs within the University, including pharmacy; (4) completion by all students of Integrated Lab I and II during the first two professional years; (5) 100 percent completion of the APhA Clinical Immunization Program by all P1 students since 2012; (6) universal student participation in community service; (7) completion of practice experiences in both community and institutional practice settings by all students in the P1 and P2 years; and (8) participation by all P1 students in pharmacy day at the state legislature in Charleston, West Virginia for two consecutive years.

Curricular Map

After the completion of the fourth professional year the student pharmacist will possess the: (a) necessary scientific foundation, (b) legal and ethical understanding of pharmacy practice, and (c) professionalism that is necessary to be a successful pharmacist and leader in the health care community. The Curriculum Map (see Appendix 48) illustrates clear progression, reinforcement, and integration of scientific content through the PharmD program, which should lead to its successful application in the clinical use of medications for the treatment of disease. The map further demonstrates that cross-cutting topics, such as improvement of patient care quality, public health, and medication-use systems, are taught comprehensively and at an appropriate level according to their location in the curriculum. An overview of the PharmD curriculum can be found on the School's Professional Curriculum webpage, including the syllabus for each course in the program. A detailed crosswalk of the curriculum to ACPE Standards Appendix B has been developed and included in Appendix 59 of this self-study document.

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.

No monitoring is recommended at this time.

Standard No. 14: Curricular Core—Pharmacy Practice Experiences: The college or school must provide a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.

The pharmacy practice experiences must integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site must be defined. Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes must be documented and assessed.

In aggregate, the pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals. Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.

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:

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

☑   A map/crosswalk of all pharmacy practice experiences (introductory and advanced) against the activities listed in Appendix C 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 C.)*

Required Documentation for On-Site Review:

☑   Introductory and advanced pharmacy practice experience manuals, including assessment forms

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

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Student – Questions 37, 38, 40 – 46, 48 - 52

☐   AACP Standardized Survey: Alumni – Questions 25, 27

☑   AACP Standardized Survey: Preceptor – Questions 11, 12, 18 – 21, 23, 24, 36, 38

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
The college or school provides a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.	⊗	○	○
The pharmacy practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.	⊗	○	○
Pharmacy practice experiences include periods for preparation and guided reflection.	⊗	○	○
The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site are defined.	⊗	○	○
Goals and outcomes for each pharmacy practice experience are mapped to activities listed in Appendix C to ensure that students' experience will cover, at a minimum, all the listed activities.	⊗	○	○
Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes are documented and assessed.	○	⊗	○
In aggregate, the pharmacy practice experiences include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.	○	⊗	○
Most pharmacy practice experiences are under the supervision of qualified pharmacist preceptors licensed in the United States.	⊗	○	○
The college or school ensures that all preceptors (especially first-time preceptors prior to assuming their responsibilities) receive orientation regarding the outcomes expected of students and the pedagogical methods that enhance learning, ongoing training, and development.	⊗	○	○
A quality assurance procedure is in place that facilitates standardization and consistency of experiences and outcomes while allowing for individualization of instruction, guidance, and remediation by the preceptor based on student needs.	⊗	○	○
Students do not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.[7]	⊗	○	○
The introductory pharmacy practice experiences involve actual practice experiences in community and institutional settings and permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities.	⊗	○	○
Introductory pharmacy practice experiences account for not less than 300 hours over the first three professional years. The majority of students' time (minimum 150 hours) is balanced between community pharmacy and institutional health system settings.	⊗	○	○
The length of the advanced pharmacy practice experiences is not less than 1440 hours (36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed.	⊗	○	○
All <u>required</u> advanced pharmacy practice experiences in all program pathways are conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands).	⊗	○	○
Required experiences include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings: • community pharmacy • hospital or health-system pharmacy • ambulatory care • inpatient/acute care general medicine	⊗	○	○
Simulation is used appropriately as a component of introductory pharmacy practice experiences; it does not account for greater than 20% of total introductory pharmacy practice experience time and does not substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings. N/A (simulation does not count toward the required minimum number of hours for introductory pharmacy practice experiences) ☑	○	○	○

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[7] A professional degree program in an institution that meets the definition and characteristics of "cooperative education" (www.co-op.edu) 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.

☐ 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 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

☑ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix C of Standards 2007 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 C**, 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 pharmacy program is built upon an understanding that the proper scope, intensity, duration, and completeness of experiential learning is critical to student achievement of professional competencies and formation of a professional identity. Moreover, the School recognizes the importance of immersing students in experiential rotations early in the program, in order to integrate guided learning and emphasize interprofessional education and population-based care. Following completion of the APhA Immunization Certification and the Pharmacy Practice I course, which teaches professionalism, ethics, and behaviors for pharmacy practice, students are placed in experiential rotations by the sixth week of their first semester. Development of professional pharmacists with the required knowledge and skills for competent practice culminates with the fourth-year Advanced Pharmacy Practice Experience (APPE) rotations that will allow students to provide direct patient care under close supervision. Each stage of the pharmacy practice experiences builds upon previous experiences, and is integrated with and requires the application of knowledge obtained through didactic education.

Intensity and Duration of the Pharmacy Practice Experience

The hours for experiential learning in the Introductory Pharmacy Practice Experience (IPPE) curriculum exceed the minimum requirement of 300 contact hours established by ACPE, and are appropriately balanced between institutional and community practice sites (P1 and P2). During the

first two years, the student pharmacist completes 80 experiential hours in community practice and 80 hours of institutional practice. In the third professional year, students must complete 40 experiential hours each in inpatient skills, ambulatory care skills, education, and management for a total of 160 hours. The current capacity of IPPE sites for the program, shown in Appendix 3, is sufficient for all students to reach the targeted number of hours. All required IPPE and APPE rotational sites are located in the United States or one of its territories.

In addition to existing IPPE rotations, the School is working to establish a longitudinal care component within student rotations at the Huntington VA Medical Center (VAMC). The design for this experience is for P1 through P3 students to have exposure to longitudinal care at the VAMC, and for P3 students to advise and instruct P1 and P2 students on shared patient histories. While still under development, the School plans to pilot this program during the 2015-16 academic year.

The number of hours required of fourth-year students in Advanced Pharmacy Practice Experience (APPE) rotations will also exceed the minimum threshold of 1,440 hours established by ACPE. Students will engage in eight, 5-week rotations that, in total, will result in 1,600 experiential hours. The organization of these rotations offers a balance of required and elective practice experiences that possess sufficient length, intensity, and patient diversity as to mirror the situations that practicing pharmacists are likely to encounter. The School's faculty has considered the shifting demographics in the United States and, consequently, has included a required APPE rotation that focuses upon patient care for the geriatric population.

Elective APPE rotations will complement the required rotations, and in some cases may be offered outside of the United States. The School has tentative elective rotations established in Europe, in South America in conjunction with the Medical Brigades, in Haiti, and on the African continent in partnership with other colleges and schools of pharmacy. Students have expressed interest in pursuing elective opportunities at sites other than those normally offered by the School during required rotations. The School continues to explore opportunities for meaningful elective APPE rotations in the United States and elsewhere to further broaden and enrich the experience of its students.

Overall, APPE rotations will emphasize the necessity for continuity of care throughout the health care system. And students will gain an appreciation for and a sound understanding of the technology associated with the storage and sharing of protected patient health information. In accordance with ACPE requirements, all required IPPE and APPE rotations will occur in the United States or one of its territories. The APPE Capacity Chart, showing the current capacity of experiential sites for the program, has been provided in Appendix 4.

Interaction with Diverse Patient Groups

Collectively, the School's IPPE and APPE rotations will expose students to diverse patient populations and practice settings. The importance of diversity is specifically emphasized by the program's diversity-focused rotation, APPE 6, which will address diversity through a formal set of objectives and evaluations. A list of the diverse population sites for APPE rotations is included in

Appendix 49. Student practice experiences with diverse populations during the fourth year are intended to further build upon the skills and behaviors learned during the three years of didactic coursework, simulation experiences, and IPPE rotations.

Remuneration for Students

Students are not eligible to receive remuneration from practice sites for any credit-bearing pharmacy practice experiences within the curriculum. In exceptional circumstances, the School may, however, make arrangements or provide financial assistance to students for housing or travel pertaining to required pharmacy practice experiences.

Experiential Goals and Outcomes

The Assistant Dean of Experiential learning, in creating the foundation of the content and objectives for student practice experiences, conducted focus groups with program stakeholders including faculty, clinical pharmacists, pharmacy managers, and other practicing pharmacists. As a result of these sessions, syllabi articulating the purpose, objectives, and expectations for students and preceptors have been developed for all IPPE rotations in the program and will be developed in spring 2015 for all APPE rotations. All IPPE syllabi are available to students, faculty, and preceptors on the School's Preceptor Information webpage; all APPE syllabi will be posted on this page once approved by the Marshall University Graduate Council.

Goals and outcomes for each practice experience have been linked to activities in the ACPE Appendix C, which has been included in Appendix 61. It is clear from the crosswalk that, at minimum, all required activities will be incorporated within the School's experiential learning program. Moreover, the School has utilized the PharmAcademic system to accomplish all of the following:
- Performance assessment of each student, preceptor, and site
- Student e-Portfolio development
- Curriculum mapping
- Scheduling of experiential rotations and site management

Assessment and Documentation of Student Performance

The experiential program embraces the clinical assessment framework proposed by George Miller, Ph.D., which is understood conceptually through Miller's Pyramid (see Appendix 62). In this view, students transition from the "knows" and "knows how" stages of cognition to the more advanced levels of professional behavior, "shows how" and "does." Students in the PharmD program receive and are evaluated with respect to the foundational knowledge and practice skills in all four years of the program; however, it is not until the fourth-year APPE rotations that students are truly asked to demonstrate their ability to perform the practice skills, competencies, and exhibit the professional behaviors expected of a practicing pharmacist.

Clear assessment criteria for IPPE and APPE rotations were established by the School's faculty and regional pharmacist practitioners, and are derived from the foundational knowledge taught

in the didactic portion of the curriculum. The assessment process utilizes formative, summative, and reflective assessments across all four years of experiential education. Each preceptor evaluates the student at the midway point of the rotation in order to provide formative feedback that the student can use to reinforce or modify existing behaviors. The preceptor again evaluates the student at the conclusion of the rotation, which serves as a summative assessment and is used to assign experiential course grades (see Appendix 57). Finally, the School considers self-reflection an important aspect of the learning process, and requires each student to write a reflection paper at the end of the rotation. The guidelines for student self-reflection assignments have been included in Appendix 63.

In addition to preceptor evaluations of student pharmacists, each student must complete an evaluation of the site and the preceptor (see Appendix 64). For the protection of the student, the preceptor is never able to view individual student responses to the evaluation. Furthermore, the preceptor may only view a summary of evaluation results once a minimum of three students have completed the evaluation. The preceptor evaluation includes an assessment of the preceptor's ability to facilitate learning, communication skills, effectiveness as an educator, and ability to serve as a professional role model. All experiential assessments, student, preceptor, and site, are recorded electronically through the PharmAcademic system, and reviewed regularly by the Office of Experiential Learning.

Preceptors

All preceptors hold adjunct faculty appointments within the Marshall University School of Pharmacy. Prior to assuming their responsibilities, preceptors receive orientation and training in the outcomes and assessment methods expected during experiential rotations. Preceptor training programs have been developed by the School using the AACP Pharmacy Preceptor Training Program as a guide. Moreover, the School has participated in joint preceptor training sessions with other colleges and schools of pharmacy during local and state professional association meetings. Additionally, the School has entered into an agreement with the *Pharmacist's Letter* to provide online preceptor training and education. Routine onsite and remote training is planned and will be delivered bi-yearly.

Actual student-to-preceptor ratios are between 1:1 and 2:1 at most IPPE and APPE rotation sites, although occasionally some preceptors may be assigned two IPPE and one APPE student. These low ratios allow for direct supervision, individualized instruction, guidance, and assessment of the student pharmacist by the preceptor. And, the School strives to avoid circumstances or relationships that could adversely affect the student-teacher relationship and desired educational outcomes. Preceptors and sites are carefully selected using the criteria articulated in the School's *Policy and Procedure for the Selection of Preceptors and Experiential Sites.*

Program Oversight and Continuous Quality Improvement

The School has a strong commitment to developing a robust experiential program within the Doctor of Pharmacy curriculum. This commitment is evidenced through the early development of the

Office of Experiential Learning, which, at present, is comprised of an Assistant Dean, Director, and IPPE Coordinator with plans to hire an APPE Coordinator in spring 2015. The office is responsible for the development, scheduling, management, and assessment of the IPPE and APPE rotations. As discussed in the preceding sections of this narrative, the experiential program is assessed through student, preceptor, and site evaluations as part of a continuous quality improvement (CQI) cycle. Assessment data is reviewed by the Office of Experiential Learning and will be incorporated as part of the Curriculum Committee's annual review process. Additionally, preceptor focus groups will be conducted on an annual basis to provide an additional data source through which areas for improvement in the experiential curriculum can be identified.

Mid-Atlantic Experiential Consortium

The School has joined the Mid-Atlantic Experiential Consortium (MEC), an organization of experiential education leaders in pharmacy that is focused upon global improvements to experiential learning. To date, MEC has looked to develop joint online preceptor training, preceptor and site evaluation forms, and consistent start dates for rotations. Furthermore, the School has participated in national presentations regarding progress lead by the MEC.

AACP Preceptor Survey

The School conducted the AACP Preceptor Survey in summer 2014 and has identified that questions 11, 12, 18-21, 23, 24, 36, and 38 all pertain to Standard 14. After administering the survey and receiving the results, statistical analysis was conducted to compare the School's results with the national results for all other participating institutions (see Appendix 20). Overall, the School's survey results were very positive, and only for question 21 were the School's results lower and statistically different from the national results ($p \leq .05$). On item 21, 88 percent (N=29) of the School's preceptors agreed or strongly agreed that they use feedback about their site to make improvements to their student practice experience compared with 95 percent (N=8065) of preceptors, nationally. The Office of Experiential Learning has reviewed the survey report, and is looking to identify ways in which to more effectively share and emphasize assessment data with its preceptors.

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.

1. Routine site and preceptor evaluations occur as planned. Outcomes from evaluations are documented and used for continuous improvement of experiential program.

2. The School should monitor that student learning outcomes are well-defined for each IPPE and APPE rotation, are appropriately and continuously assessed, and that this assessment data is regularly used as part of the School's student assessment plan.

Standard No. 15: Assessment and Evaluation of Student Learning and Curricular Effectiveness: As a component of its evaluation plan, the college or school must develop and carry out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities must employ a variety of valid and reliable measures systematically and sequentially throughout the professional degree program. The college or school must use the analysis of assessment measures to improve student learning and the achievement of the professional competencies.

The college or school must systematically and sequentially evaluate its curricular structure, content, organization, and outcomes. The college or school must use the analysis of outcome measures for continuous improvement of the curriculum and its delivery.

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:

☐ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)* [SAME DATA ARE USED FOR STANDARD 3, 9, AND 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/NAPLEX_CampusPathwayFiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/NAPLEX_CampusPathwayFiveYearReport_Example.xls]

☐ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/MPJE_FiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/MPJE_FiveYearReport_Example.xls]

☐ Performance of graduates (passing rate of **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from: http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐ Performance of graduates (Competency Area 1 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐ Performance of graduates (Competency Area 2 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

☐ Performance of graduates (Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15] [Download template from: http://www.acpe-accredit.org/pdf/Excel_Documents/Naplex_FiveYearReport.xls] [Download example data and chart from http://www.acpe-accredit.org/pdf/Excel%20Documents/Naplex_FiveYearReport_Example.xls]

Required Documentation for On-Site Review:

☑ Examples of instructional tools, such as portfolios, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement

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 46

☐ AACP Standardized Survey: Student – Question 28

☐   AACP Standardized Survey: Alumni – Question 17

☑   AACP Standardized Survey: Preceptor – Question 22, 24

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

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
The college or school develops and carries out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities employ a variety of valid and reliable measures systematically and sequentially throughout the professional degree program.	⊗	○	○
The college or school's evaluation of student learning determines student achievement at defined levels of the professional competencies, in aggregate and at the individual student level	⊗	○	○
The college or school uses the analysis of assessment measures to improve student learning and the achievement of the professional competencies.	○	⊗	○
The college or school systematically and sequentially evaluates its curricular structure, content, organization, pedagogy, and outcomes.	⊗	○	○
The college or school uses the analysis of outcome measures for continuous improvement of the curriculum and its delivery.	○	⊗	○
The college or school has developed a system to evaluate curricular effectiveness.	○	⊗	○
The college or school ensures the credibility of the degrees it awards and the integrity of student work.	⊗	○	○
The college or school has mechanisms to assess and correct underlying causes of ineffective learning experiences.	⊗	○	○
The college or school's assessments include measurement of perceived stress in faculty, staff, and students, and evaluate the potential for a negative impact on programmatic outcomes and morale.	○	⊗	○

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 and measures used to evaluate teaching and learning methods and curricular effectiveness, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)

☑ A description of the assessment measures and methods used to evaluate student learning and achievement at defined levels of the professional competencies and educational outcomes, both in aggregate and at the individual student level

☑ How achievement of required competencies by all students is assessed and assured on completion of the program

☐ Comparisons with national data and selected peer-group programs (include a description of the basis for the peer-group selection) and trends over time

☐ How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness

☑ The mechamisms in place to assess and correct causes of ineffective learning experiences, including the measurement of perceived stress in faculty, staff, and students and evaluation of the potential for a negative impact on programmatic outcomes and morale

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

☐   Any other notable achievements, innovations or quality improvements

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

Introduction

It is understood that the quality and opportunities for improvement of the Doctor of Pharmacy program is predicated upon proper assessment of student learning and curricular effectiveness. Consequently, the School has implemented an integrated and comprehensive assessment plan that evaluates the individual- and program-level outcomes using a variety of measures. The School's assessment plan is founded upon a vision of competent pharmacy practice and the 11 terminal outcomes (TOs) that have been developed to operationalize that vision. Additionally, 70 individual abilities have been established that are linked to and further define each of the TOs. A map between these abilities and the TOs has been included in Appendix 45. Collectively, the TOs and the abilities provide an answer to the question - "what can a Marshall University School of Pharmacy graduate do?"

The School has mapped the PharmD curriculum to the TOs and the abilities, by identifying where each TO and ability is taught within the required coursework (see Appendix 48). This map allows the School to determine at what point in the curriculum student knowledge, skills, and behaviors can be expected to develop. Further, the School is able to plan assessment practices and expectations that are meaningful to the student, in terms of individual progress, and the School, with respect to measuring curricular efficacy.

Development of the Assessment Plan

When developing the assessment plan, the School adopted two basic tenets. First, the School acknowledges that no one assessment is perfectly valid. Therefore, when possible, multiple assessment measures are used to determine the presence or absence of a desired outcome or ability. Second, the School acknowledges that two or more measures, though individually valid, may display conflicting results due to random error, biased sampling, or other errors in the assessment process. Based upon these tenets, the School interprets assessment results through a framework of triangulation. Operationally, triangulation has been defined as compiling evidence from two or more assessment measures that suggest a single conclusion is true.

Structure of the Student Assessment Plan

Assessment of student learning at various points in time and as a function of progression through the curriculum is accomplished using Objective Structural Clinical Examinations (OSCEs), course-embedded assessments, the PCOA, and e-Portfolios (see Appendix 18). OSCEs are used to examine student skill development and foundational knowledge, and serve as important checkpoints in the curriculum because all students are required to successfully complete each OSCE in order to progress. Student performances on OSCEs are recorded, either digitally or on paper, providing information to students that facilitates self-reflection and, in the case of a failure, to plan remediation with his or her instructor.

Students who fail an OSCE are afforded the opportunity to relearn, practice, and be re-assessed. In this sense, OSCEs are both summative, in that students must demonstrate the required level of competence, and formative, since they are provided the opportunity to re-take a failed assessment. In total, six OSCEs are utilized for the PharmD program – one during each semester of the P1-P3 years. A list of these OSCEs and their locations within the curriculum has been provided in Appendix 18. Additionally, two examples of rubrics used to assess student performance on OSCEs are included in Appendix 51 and Appendix 52.

The PCOA has been administered to all students in the PharmD program over each of the past two years, and will again be administered to all P1-P3 students in spring 2015. This exam provides students with formative feedback because it identifies their strengths and weaknesses relative to other students in the program as well as at other colleges and schools of pharmacy. Since students are required to complete the exam in each of the P1 through P3 years, it provides them with constructive information to guide self-improvement and highlights retention of knowledge. Further, the School acknowledges that the 2016 ACPE Accreditation Standards highlight the PCOA as a tool for determining student competency, particularly at the end of the didactic curriculum.

Student e-Portfolios, facilitated through the PharmAcademic system, serve as important longitudinal measures of student growth and achievement. Furthermore, the e-Portfolios provide an assessment of student progression toward meeting the 11 TOs and 70 professional abilities for the program. At present, the e-Portfolio system is closely linked to the experiential portion of the curriculum, which emphasizes the following two TOs: "contributes to the growth of the profession" (outcome 6), and "communicates appropriately with all stakeholders" (outcome 8). Furthermore, a student's e-Portfolio is an important mechanism for providing samples of work and accomplishments to prospective employers.

Structure of Curricular Assessment Plan

With respect to curricular assessment, ideally, the School would have the ability to utilize a variety of nationally-normed assessment tools that would provide benchmark assessment data regarding student knowledge, skills, and behaviors. However, the academy is currently limited in its ability to benchmark due to a paucity of valid, reliable assessment instruments for widespread use in pharmacy education. Nonetheless, the School is committed to this ideal and as such has engaged in the use of the Pharmacy Curricular Outcomes Assessment (PCOA) within the P1 through P3 years of the PharmD program. The School uses the information obtained from the PCOA to assess individual student foundational knowledge, as discussed previously, as well as program effectiveness relative to other ACPE-accredited institutions of similar size and maturity.

In drawing comparisons to other institutions, it is important to note the difference in the sequencing of the School's PharmD program relative to most other programs. Specifically, the basic science component of most programs is typically presented in the first and second year, but in the School's PharmD curriculum, has in large part been delayed to the Therapeutics sequence. Nonetheless, use of the PCOA, particularly in the P3 year, will serve to indicate areas of strength, weakness, and that are in need of improvement within the School's curriculum.

In addition to the PCOA, the School's curricular assessment plan will utilize student assessment data from a variety of sources. As direct measures, the School utilizes skill-based OSCEs, e-Portfolio assessments, preceptor evaluations, and, once available, student performance on the NAPLEX. Multiple indirect measures will also be employed, including faculty and student focus groups, student surveys (i.e. AACP Alumni Survey), and student course evaluations.

Use of Assessment Data

Assessment of the PharmD curriculum and students is the responsibility of the Curriculum Committee (CC) and its two subcommittees: the Curricular Affairs Committee (CAC), and the Assessment Subcommittee (ACS). The CAC is charged with use of assessment data for the purpose of evaluating curricular performance, while the ACS is charged with determining student achievement of the desired learning outcomes and abilities.

Student assessment data, once collected, is analyzed by the ACS and subsequently shared with the Student Affairs Committee (SAC), for use at the student level, and the CAC, for use at the curricular level. The SAC uses this information as part of the student progression process. Results of individual student assessment results and progression decisions are shared with each student's advisor, who then provides the student with that information during regularly scheduled advising sessions. Those advising sessions, in turn, are documented and both the faculty member and the advisee are required to sign the corresponding advising forms. This approach not only signals to the student how well he or she is performing relative to his or her peers, but also creates an opportunity for the advisor to discuss areas of improvement with student.

For curricular assessment, faculty derived benchmarks have and will be used to identify areas where curricular performance should be improved. The CAC and the ACS will evaluate assessment data and work collaboratively to develop action plans that will be documented to demonstrate a closing of the assessment loop. Special attention, when needed, will be given to ensure that student learning outcomes are met and appropriately mapped within the curriculum.

Marshall University Assessment Program

Marshall University requires all academic programs to participate in its annual, campus-wide assessment program through the Office of Academic Affairs. As part of this process, each program must submit an annual assessment report that describes the desired student learning outcomes, measurement tools, and assessment results. Further, the program is asked to discuss plans for improvement within the curriculum based upon the assessment results. While the School of Pharmacy has not been required to participate in the campus-wide assessment program to this point, it is in the process of compiling data and information to complete an annual assessment report for the 2014-15 academic year. This annual assessment report, in addition to supporting the University's assessment program, will serve as a valuable tool for tracking and evaluating the School of Pharmacy's ability to meet established learning outcomes.

AACP Faculty and Preceptor Surveys

The School conducted both the AACP Faculty Survey and the AACP Preceptor Survey in summer 2014. Several items from those surveys provide insightful information for this standard. For question 8 on the faculty survey, 78 percent (N=11) of faculty agreed or strongly agreed that the committee responsible for assessment is effective, and on question 46, 92 percent (N=11) agreed or strongly agreed that the school uses programmatic assessment data to improve the curriculum. From the preceptor survey, 85 percent (N=29) of preceptors agreed or strongly agreed that they are aware of the mechanism to provide feedback to the school regarding the PharmD curriculum, and 97 percent (N=31) of preceptors agreed or strongly agreed that the assessment tools provided to them for their site are suitable for measuring student performance.

Based on Mann-Whitney-U analysis, none of these four items exhibited statistically significant differences relative to the national results for all colleges and schools of pharmacy. A full report of the results from the faculty survey is located in Appendix 11 as well as the preceptor survey in Appendix 20.

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.

1. Student and curricular assessment results are systematically analyzed by the Assessment Subcommittee and standard reports are provided to and used by the standing committees for continuous improvement.

2. Assessment activities – student and curricular outcomes as well as curricular changes – are formally documented and distributed to the School's faculty membership.

3. Assessment of stress in faculty, students, and staff is conducted regularly.

Section 4

Students

Standard No. 16: Organization of Student Services: The college or school must have an organizational element(s) devoted to student services. The administrative officer responsible for this organizational element must oversee and coordinate the student services of the college or school.

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:

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

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

☑   Professional Technical Standards for the school, college and/or university (as they relate to the professional degree program in pharmacy) (if available)

Required Documentation for On-Site Review:

☑   The Student Handbook

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Student – Questions 53 – 59, 63

☐   AACP Standardized Survey: Alumni – Question 26

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.

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
The college or school has an organizational element(s) devoted to student services.	⊗	○	○
The organizational element(s) devoted to student services has an administrative officer responsible for overseeing and coordinating them.	⊗	○	○
The budget assigned to student services is sufficient to provide needed services.	⊗	○	○
The college or school has an ordered, accurate, and secure system of student records which are confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA).	⊗	○	○
Student services personnel are knowledgeable regarding FERPA law and its requirements.	⊗	○	○
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, e.g., residencies, fellowships, and graduate school.	⊗	○	○
The college or school offers access to adequate health and counseling services for students. Appropriate immunization standards exist, along with the means to ensure that such standards are satisfied.	⊗	○	○
The college or school has policies in place so that students who have off-campus classes or pharmacy practice experiences fully understand their insurance coverage and where and how to access health and counseling services.	⊗	○	○
The college or school has a policy on student services, including admissions and progression, that ensures nondiscrimination as defined by state and federal laws and regulations, such as on the basis of race, religion, gender, lifestyle, sexual orientation, national origin, or disability.	⊗	○	○
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). N/A (single geographic location or no alternate pathways) ☑	○	○	○

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

Overview of Student Services

The School of Pharmacy provides a range of student services through its own Office of Student Affairs, but relies on partnerships with other offices across campus to ensure that all services the School and Marshall University have agreed to provide, including those required by HLC and

ACPE, are available to pharmacy students. Services that are delivered by the School of Pharmacy include student recruitment, admissions, and progressions; student orientation; academic advising; student remediation; and technical support for hardware and various software platforms. In addition, the Office of Student Affairs facilitates the process for student background checks, drug screens, and immunizations and vaccinations verification for entering students.

Student services that are provided to pharmacy students by Marshall University include financial aid counseling, health services, counseling services, and career counseling. The Director of Progressions serves as the primary point of contact for the offices that deliver these services, and is responsible for training students on how to access and utilize these services during student orientation. A chart identifying the services delivered by the School of Pharmacy and those offered by Marshall University has been included in Appendix 65.

Student Handbook

The School of Pharmacy Student Handbook is available on the School's website and is reviewed during student orientation. The handbook provides information on School and University policies and procedures, including:

- Admissions requirements
- Academic standards and course requirements
- Ethical and professional conduct
- Student records
- Student complaints
- Student services

The School's policies and procedures can also be accessed on the School of Pharmacy website.

Description of Services Provided by Marshall University

The School of Pharmacy works closely with the Office of Student Financial Assistance to ensure financial aid information and counseling is provided to pharmacy students. The School has a designated Financial Aid Counselor from the Office who conducts an information session during candidate interview days and provides interviewees with an informational brochure on the School's financial aid policies (Appendix 66). The Financial Aid Counselor also makes routine, monthly visits to the School of Pharmacy to answer questions and address financial aid issues for enrolled pharmacy students. Pertinent information on student financial aid, including the application process, types of aid available, forms, and a financial aid newsletter are available on the Office of Student Financial Assistance web page.

To both encourage matriculation by outstanding students and retention by current students, the School of Pharmacy has established a considerable number of student scholarships. These scholarships have been supported through two principal sources: endowed and annual gifts from philanthropists in the community, and the School's annual operating budget. Additionally, the School

has worked to cultivate a quasi-endowment that will be used to fund student scholarships in the future, once it has had sufficient time to mature (see Standard 30). All scholarships offered by the School of Pharmacy are listed on the School's Current Student webpage.

The School has worked with a number of external partners to establish endowed and annual scholarships and has also allocated a portion of its budget to self-fund a considerable number of scholarships to students in the Doctor of Pharmacy program. Following approval by the Student Affairs Committee and the Dean, the School works with the Office of Student Financial Assistance to award and disburse student scholarships. A list of available scholarships, including the criteria and application for each, is available on the School of Pharmacy website.

Marshall University Student Health Services, located at the Marshall University Medical Center, is available to provide health care services to students for treatment of acute illnesses. A summary of on-site services is available on the Student Health Services website. For students without health insurance, an affordable consolidated health plan is available. By fall 2015, all Marshall University students will be required to demonstrate proof of medical insurance coverage or participate in the university's student healthcare plan.

The Marshall University Counseling Center offers services to help students manage stress, depression, and anxieties, including test anxiety. Counseling Center staff can also assist students in the areas of conflict resolution, anger management, and relationship issues. In addition to appointments on the main campus, counseling staff are available to pharmacy students over the phone and the School is working towards establishing a private room and scheduled times during which students can skype with a counselor. A more comprehensive list of services provided by the Counseling Center, as well contact information for professional and emergency response staff is located on the Counseling Center website.

Marshall University, as well as the School of Pharmacy, is highly committed to making all programs, services, and activities fully accessible to students with disabilities. However, PharmD students are required to demonstrate minimal, non-academic technical standards in order to successfully participate in the degree program, as specified by the School's Essential Skills and Abilities for Admission, Progression, and Graduation policy (see Appendix 68). The Office of Disability Services (ODS) provides the necessary educational and physical accessibility support for students to achieve academic goals and to promote the highest possible level of independence on the part of students with disabilities. Services are available to all students, full- and part-time; however, students are required to provide documentation. The Director of Progressions in the School of Pharmacy works directly with ODS staff to assist with accommodations for pharmacy students.

Organization of the Office of Student Affairs

The School of Pharmacy Office of Student Affairs is a well-organized, efficient, and student-centered team comprised of three full-time student affairs professionals, one part-time and two full-time IT staff, with plans to hire an administrative assistant in spring 2015. The unit is under the strategic leadership of the Associate Dean for Academic and Curricular Affairs, Dr. H. Glenn

Anderson, who serves as a member of the School's Pharmacy Executive Council and as the administrative liaison to the Curriculum Committee. The organization of the Office of Student Affairs and its reporting relationships are depicted in the School's organizational chart (Appendix 40).

The daily operations of the unit are managed by the Assistant Dean of Student Affairs who reports directly to the Associate Dean and oversees the School's student recruitment, enrollment, advising, and scholarship programs. The Assistant Dean supervises the Director of Progressions; Director of Recruitment and Development; and, once the position is filled, the Student Affairs Administrative Assistant. The Assistant Dean also has shared supervision of the Director of Academic Information Services, who is shared with the School of Medicine, and the two full-time IT Consultants. For reference, the Curriculum Vitae for the Assistant Dean of Student Affairs has been included in Appendix 67.

The Director of Progressions is responsible for coordinating student services for the School of Pharmacy and serves as the liaison to the student services offices on the main Marshall University campus. She manages the student admissions cycle, organizes new student orientation, and represents the Student Affairs office as an ex-officio member of the Student Affairs Committee. The Director of Progressions also oversees the School's student advising program and facilitates the Grade Watch Program for students who are academically at risk.

The primary responsibilities for the Director of Recruitment and Development include marketing of the Doctor of Pharmacy program to prospective students and donors and management of all aspects of the School's recruitment cycle. Since joining the School in fall 2014, the Director of Recruitment and Development has recruited extensively at colleges and universities in the region, increased the School's social media presence, and is in the process of initiating a student ambassador program and campus visit experience. Furthermore, she has worked with the Associate Dean for Curricular and Academic Affairs to identify prospective colleges and universities for Memorandum of Understanding Agreements (MOUs). The School has targeted Eastern Kentucky University, Western Kentucky University, and Wright State University for such agreements over the next 6 to 8 months.

The Director of Academic Information Services is a shared position with the Marshall University School of Medicine. The incumbent coordinates all IT services for the School of Pharmacy by providing supervision of the two full-time IT Consultants and serving as the liaison to the central IT office at Marshall University. Deployment of two full-time IT staff ensures that IT services are available to faculty, staff, and students Monday through Friday and during all testing hours.

Student Records

The School's policies and procedures regarding student records are based upon respect for the privacy of the individual, and are consistent with the policies and procedures established by Marshall University, which are described on page 42-43 of the Marshall University Graduate Catalog. As specified by law, all current and former students of Marshall University have a right to access their educational records. FERPA workshops are conducted on an on-going basis by the Dean of Student

Affairs at Marshall University; School of Pharmacy faculty and staff are encouraged to attend these sessions, as they are available, to ensure understanding and compliance with FERPA guidelines and University policies regarding student records.

The School is committed to maintaining an organized, accurate, and secure system of student records. To minimize risk of improper disclosure, only those faculty and staff members whose jobs require access to student records are granted sufficient permissions to do so. As an additional precaution, academic and disciplinary records are maintained separately. Hard copy records maintained by the School are stored in a secure area, within filing cabinets under lock and key and behind a locked door. Outdated records will be purged after a predetermined timeframe.

2014 Student Services Survey

In October 2014, the School of Pharmacy conducted a student services survey to assess the frequency with which students have utilized and their overall satisfaction with student services provided by Marshall University. Overall, the results from the survey were positive; however, students expressed concern over access to financial aid counseling. The School is currently working with the Office of Student Financial Assistance to identify ways to improve service. A full report of the results from the student services survey are provided in Appendix 7.

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.

No monitoring is recommended at this time.

Standard No. 17: Admission Criteria, Policies, and Procedures: The college or school must produce and make available to students and prospective students criteria, policies, and procedures for admission to the professional degree program. Admission materials must clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional standards for graduation. As a component of its evaluation plan, the college or school must regularly assess the criteria, policies, and procedures to ensure the selection of students who have the potential for academic success in the professional degree program and the ability to achieve the professional competencies and to practice in culturally diverse environments.

Student enrollment must be managed in alignment with available physical, financial, faculty, staff, practice site, preceptor, and administrative resources. The dean and a duly constituted committee of the college or school must share the final responsibility for enrollment and selection of students.

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:

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.

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

☑   Copies of instruments used during the admissions interview process

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

☐   Enrollment projections for the next five years (if applicable, broken down by branch/campus and by pathway)

☐   Enrollment data for the past five years by year and branch/campus *(only applicable to multi-campus programs)* [Download template from http://www.acpe-accredit.org/pdf/Excel%20Documents/ACPEFiveYearEnrollment_BranchCampus.xls]

☐   Enrollment data for the past five years by year and program pathway) *(only applicable to multi-pathway programs)* [Download template from http://www.acpe-accredit.org/pdf/Excel%20Documents/ACPEFiveYearEnrollment_Pathway.xls]

☑   PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☑   GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐   Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐   Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

Note: PCAT, GPA, Math GPA and Science GPA data views listed below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do

not participate in PharmCAS, the charts and tables must be created from the college or school's own data (see Required Data and Documentation above).

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

☐ Application and admissions/enrollments for the past 5 years

☐ Enrollment data for the past five years by year and gender [NOTE: SAME DATA VIEW AS FOR STANDARD 3]

☐ Enrollment data for the past five years by year and race/ethnicity [NOTE: SAME DATA VIEW AS FOR STANDARD 3]

☑ PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☑ GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☐ Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☐ Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

☐ AACP Standardized Survey: Student – Question 64

Optional Documentation and Data:

☑ Mean PCAT Scores for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☑ Mean GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐ Mean Math GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]

☐ Mean Science GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME VIEW FOR STANDARDS 3 & 17]

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

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

	S	N.I.	
The college or school produces and makes criteria, policies, and procedures for admission to the professional degree program available to students and prospective students.	⊗	○	○
Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional technical standards for graduation.	⊗	○	○
As a component of its evaluation plan, the college or school regularly assesses the criteria, policies, and procedures to ensure the selection of students who have the potential for academic success in the professional degree program, the ability to achieve the professional competencies, and the disposition to practice in culturally diverse environments.	⊗	○	○
Student enrollment is managed in alignment with available physical, financial, faculty, staff, practice site, preceptor, and administrative resources.	⊗	○	○
The dean and a duly constituted committee of the college or school share the final responsibility for enrollment and selection of students.	⊗	○	○
Written and verbal communication skills are assessed for student admissions in a standardized manner.	⊗	○	○
Interviews are structured to consistently address key admission criteria for each applicant.	⊗	○	○
Interviewers have appropriate credentials and are trained in successful interview strategies and techniques.	⊗	○	○
Evaluation of professional attitudes and behaviors is a component of the student selection process.	⊗	○	○
The college or school develops and employs admission criteria that set 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.	⊗	○	○
The admission evaluation of students is documented and records are maintained by the college or school.	⊗	○	○
Admission criteria, policies, and procedures are not compromised regardless of the size and quality of the applicant pool.	⊗	○	○
In accordance with United States Department of Education regulations, the college or school has a process in place through which the college or school establishes that the student who registers in a distance education course or program is the same student who participates in and completes all course or program requirements and receives academic credit. N/A (no distance education courses or program) ☑	○	○	○
Consultation with ACPE occurs at least six months before recruiting students into new pathways or programs. N/A (no new pathways or programs) ☑	○	○	○
The college or school ensures that early assurance students are at least as well qualified as students accepted for direct entry into the first professional year. Early assurance agreements and policies allow the college or school to manage student enrollment in alignment with physical, financial, faculty, staff, practice site, preceptor, and administrative resources. N/A (no early assurance agreements or policies) ☑	○	○	○

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 is documented and how records are maintained.

☑ A description of the college or school's recruitment methods

☑ A description of methods used to assess verbal and written communication skills of applicants to the program

- ☑ How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources
- ☐ How curricular outcomes data are correlated with admissions data
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☐ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

The School of Pharmacy has developed a holistic admission process for the PharmD program that considers each candidate's scholastic accomplishments and intrinsic characteristics, including motivation, emotional maturity, communication ability, and leadership. This holistic review is conducted to ensure that the best possible candidates are selected for admission to the program. All admission criteria, policies, and procedures are available to prospective students and the general public through the School's website and Student Handbook.

Admissions Criteria, Policies, and Procedures

Application Process

Successful admission to the PharmD program is based on a two-tier process that includes initial criteria from the candidate's full (PharmCAS) and supplemental applications, and information gathered through the on-site interview. The School utilizes both an Early Decision and Regular Decision deadline that fall on or around September 1 and December 1 each year. Each candidate must complete all application materials prior to the specified deadlines in order to receive consideration by the Admissions Committee.

Through PharmCAS, all candidates must submit three professional references, official transcripts, and PCAT results. For competitive consideration, the School recommends that all applicants possess an overall undergraduate GPA of 2.5 or higher on a 4.0 scale, a pre-requisite GPA of 2.75 or higher, and a PCAT composite score of at least 50. Moreover, students are expected to complete the required pre-pharmacy coursework, with a minimum of a C in each course, prior to the projected fall enrollment period. A baccalaureate degree is not required for admission; however, it is recommended. Finally, international applicants must complete the TOEFL exam with a composite score of 100 and a minimum of 26 for both the reading and speaking sub-scores.

In addition to the PharmCAS application, the School requires a completed Supplemental Application. This application consists of additional information that is not obtained through PharmCAS, such as residency status, essays, university disclosures, policy statements, and a criminal background check and drug screen form. Candidates are required to submit these materials prior to the application deadline for consideration by the Admissions Committee.

Pre-Requisite Coursework

The School requires a minimum of approximately 59-64 semester credit hours of pre-

pharmacy coursework for admission to the PharmD program. The majority of these credit hours are to be completed in the subject areas of mathematics, biological sciences, general chemistry, organic chemistry, physical sciences, social sciences and English comprehension. Students admitted to the School's PharmD program are expected to complete all pre-pharmacy coursework prior to the projected fall enrollment period. One semester of organic chemistry, physics, and either anatomy or microbiology must be completed by the fall semester prior to the School's application deadline.

Interview Process

Following review by the Admissions Committee, selected applicants are invited to participate in a holistic, on-site interview with faculty, staff, and current students. A sample interview schedule has been provided in Appendix 69. The Interview process is an opportunity for the candidate to experience the Marshall campus, the School's resources and facilities, interact with faculty and students, and learn more about the program. For faculty, the interview provides opportunity to interact directly with candidates and obtain information that is not evident through application materials.

During the interview, the applicant's critical thinking, written and oral communication, and teamwork abilities are assessed as well as his or her ethical behavior, motivation, and familiarity with the profession. The School employs multiple techniques to acquire this information, including the California Critical Thinking Skills Test, standard behavioral interview methods (Appendix 70), a writing evaluation (Appendix 71), and a group dilemma assessment (Appendix 72).

Admission Decisions

Applications to the PharmD program are facilitated through PharmCAS and coordinated by the Office of Student Affairs. Completed applications, following an initial review by the Director of Progressions, are submitted to the Admissions Committee, which is responsible for selecting candidates for interviews. Once a student completes the interview process, all information – the PharmCAS and supplemental applications and interview assessments – are considered by the Admissions Committee. Qualified applicants are extended an offer of admission that, if accepted, initiates the creation of a student record in the Graduate Admissions Office database.

Admission through MOU Agreements

In an effort to attract strong candidates from regional colleges and universities and to provide pathways for students, the School offers a facilitated admission program via memoranda of understanding agreements (MOUs). The School's existing MOUs provide partner schools with outlines of specific prerequisite coursework equivalencies and the assurance of preferential consideration during each admissions cycle to those who meet minimum requirements. These requirements include a specific minimum overall GPA, a minimum PCAT score, submission of all application materials, and completion of the on-campus interview. At present, the School has developed MOUs with six institutions (see Appendix 34), and has targeted a number of others over the next six to eight months.

Admission Evaluation and Documentation

Documentation of admission evaluations and records are securely archived through the PharmCAS system or, in the case of paper forms such as the supplemental application, in locked filing cabinets within the Office of Student Affairs. Correspondence between the Student Affairs staff and prospective students is stored digitally on a secure network drive, and the Director of Recruitment and Development is currently working with the Marshall University Office of Recruitment to implement the Colleague Recruiter communication platform to track and record prospective student information through the admissions cycle.

Recruitment Program

The School's student recruitment is coordinated by the Director of Recruitment and Development, with support from faculty, staff, and current students. In 2014, the School expanded its recruitment efforts to reach well-qualified, diverse applicants for the PharmD program. Focusing on brand awareness and lead generation, the School expanded travel, digital and print communication, on-campus recruitment programs, academic advisor and career center partnerships, and MOU development. Over the past six months, the School has attended college fairs and presented to pre-pharmacy and pre-health clubs at nearly 20 regional colleges and universities, speaking to more than 200 prospective students. Further, a digital and print communication flow was developed to maintain contact with prospective students throughout the admissions funnel. Expansion also occurred via the development of a Student Ambassador program that utilizes current students in on-campus events.

Staff members have also participated in system-wide Marshall recruitment events, such as Green & White Days, with the University Office of Recruitment. Communication between college and university pre-health advisors and career centers has also become a critical focus of recruitment, providing direct access to potential students. The School's Director of Diversity Programs is also responsible for raising public awareness of the pharmacy profession among students from underrepresented groups.

Assessment Methods and Admissions Data

To date, the School has focused upon the compilation of accurate and complete admissions data to monitor progress in recruitment, particularly with respect to the quality of applicants over time. Average PCAT scores and GPAs for entering students in each of the first three cohorts have been provided in Appendix 73. From the data in the appendix, the average overall GPA and pre-requisite GPA for entering students have been approximately 3.0 for each cohort. However, average PCAT scores have increased considerably from the class of 2016 to the class of 2018. As discussed under **Recruitment Program**, the School has substantially increased its recruitment efforts to continue to attract students with increasing qualifications and abilities.

Enrollment for the PharmD program is expected to remain at approximately 80 students in each cohort, which is consistent with the available physical, fiscal, and human resources for the School. As demonstrated in Appendix 73, enrollments have been based upon not only capacity but

also the number of qualified applicants. For example, while the target has been 80 students per cohort, the first three cohorts have been 78, 67, and 79, respectively. Moreover, the School is dedicated to attracting a diverse student body, which, in part, is evidenced by the composition of the first three cohorts (see Appendix 73).

Over the next few years, the School will explore the relationships between student entering characteristics and performance on interview assessments with performance on the PCOA and NAPLEX. This information will, in turn, be used to guide recruitment efforts by identifying the type of student who is most likely to be successful at the School and in an active learning environment.

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.

1. Student admission outcomes data are correlated with student performance within coursework and on the NAPLEX.

Standard No. 18: Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing: The college or school must produce and make available to students and prospective students transfer credit and course-waiver policies, based on rational procedures and defensible assessments.

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:

☑ Student transfer credit and course waiver policies

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

(None required for 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 on the requirements of the standard and accompanying guidelines:

	S	N.I.	U
The college or school produces transfer credit and course-waiver policies, based on rational procedures and defensible assessments and makes that information available to students and prospective students.	⊗	○	○
The college or school implements policies and procedures for the evaluation of the equivalency of educational courses (preprofessional or professional) prior to admission or transfer to the professional degree program.	⊗	○	○
Requisites are only waived based upon an educationally sound assessment of the professional competencies (as set forth in Standard 12) that have been achieved through, for example, continuing pharmacy education, other education and training, and previous pharmacy practice experience.	⊗	○	○
The college or school has established and implemented policies and procedures for students who request to transfer credits or who wish to change from one program pathway to another.	⊗	○	○

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 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

The Marshall University Office of Admissions has policies and procedures to evaluate undergraduate transfer coursework from other institutions as part of the admissions process. The

School of Pharmacy has followed these procedures when determining equivalencies of pre-pharmacy as well as professional pharmacy coursework. By working closely with the Office of Admissions, the School has ensured that fair and equitable transfers of credit have been performed for all matriculating students.

To determine equivalencies of pre-pharmacy coursework, the School conducts a thorough comparison of the syllabi from courses completed at other institutions with syllabi from similar courses offered at Marshall University. A course from another institution that closely parallels the learning outcomes and contact hours of the 'matching' course at Marshall University is considered equivalent. Moreover, all requirements that would have been fulfilled by the equivalent Marshall University course are considered satisfied. Any required pre-pharmacy course that does not meet these standards, however, must be re-taken at Marshall University or another institution that offers an equivalent course.

In addition to pre-pharmacy course equivalencies, the School of Pharmacy has established a Course Waiver and Transfer Credit policy and procedure to facilitate student credit transfers from other ACPE accredited programs. The policy is made available to all current and prospective students on the [School of Pharmacy website](). The Course Waiver and Transfer Credit policy describes the criteria and procedure for course waivers and credit transfers. To this point, one student has transferred from another professional pharmacy program to the Marshall University School of Pharmacy and is following an alternate degree plan.

The School of Pharmacy does not offer multiple professional degree program pathways or nontraditional curricular pathways towards the Doctor of Pharmacy degree. Consequently, no policies or procedures have been developed to facilitate changes for students from one pathway to another. Finally, the School does not anticipate developing nontraditional or alternate professional degree pathways in the foreseeable future.

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.

No monitoring is recommended at this time.

Standard No. 19: Progression of Students: The college or school must produce and make available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.

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:

☑   The policy(ies) that address student progression, academic probation, remediation, missed course work or credit, dismissal, readmission, due process and appeals

☑   Section of the student handbook that covers the student progression policy

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 past five years (compared to national rate)

☑   Percentage total attrition rate for past five years (compared to national rate)

☐   Percentage academic dismissals for past five years (compared to national rate)

☐   PharmD degrees conferred for past five years

☐   AACP Standardized Survey: Faculty – Question 61

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
The college or school produces and makes available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.	⊗	○	○
The college or school's system of monitoring student performance, based on formative assessments of learning outcomes provides for the early detection of academic difficulty.	⊗	○	○
The college or school maintains a record of student retention, attrition, and on-time graduation, identifies and analyzes trends, and makes programmatic adjustments as needed.	⊗	○	○
The college or school ensures that all students have comparable access to individualized student services such as comprehensive academic success counseling, tutoring and faculty advising. N/A (single pathway and geographic location) ☑	○	○	○

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 and the college or school's mission

- ☑ The academic counseling and/or student support staff available to work with students seeking to retain or regain good academic standing, and how extensively they are utilized

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

- ☐ Any other notable achievements, innovations or quality improvements

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

The School of Pharmacy has made available its policies and procedures regarding admissions, grading, progressions, remediation, and rights to due process to current and prospective students. This information is accessible through the School's website as well as student handbook – both of which are public-facing. Furthermore, an introduction to these policies and procedures is provided during new student orientation each fall, including instructions on how to access this information.

Admissions Criteria

The School's policies and procedures for admissions clearly define the criteria, timeline, and assessment methods used throughout the admissions process. These policies are accessible to all stakeholders, including current and prospective students, on the School's website under *Admissions Process, Policies, and Procedures*. In addition, the School has developed and implemented a policy for the documentation and evaluation of student pre-requisites, transfer credit, advance placement credit, College Level Examination Program credit, and foreign or international coursework. This policy meets ACPE and HLC accreditation standards and is available on the School's website: *Documenting the Pre-pharmacy Requirements Adopted by the Faculty for Admissions*.

Advising

Upon matriculation to the PharmD program, each student is paired with a faculty advisor who is to serve as his or her guide and mentor throughout the entirety of the program. Advising assignments are made by the Director of Progressions based upon faculty advising caseloads and research interests, when applicable. Students are required to meet with their advisors at least once each semester, during which the student and advisor complete an Advising Plan (see Appendix 74). Problems or concerns are noted on the plan by the advisor, and both the advisor and advisee review and sign the plan at the conclusion of the session. Completed plans are submitted to the Office of Student Affairs, which seeks to provide or direct students to additional support services as needed. Such support may include more intentional or frequent contact from the student's advisor, tutoring sessions, counseling services, or financial aid counseling.

Progressions

The progression of students toward graduation from the Doctor of Pharmacy program follow the School's established criteria, policies, and procedures regarding academic progression, academic probation, remediation, missed coursework or credit, dismissal, readmission, rights to due process, and appeal mechanisms. These policies and procedures are available to all stakeholders on the School's website under *Academic Standards for Grading, Progressions, Dismissal, and Re-Admission Policies and Procedures*. The School's *Student Handbook*, under the heading *Progressions*, also contains a link to the same webpage.

Early Detection of Academic Difficulty (Grade Watch Program)

To facilitate early detection of academic difficulty, course directors prepare and submit mid-term grade reports for all students to the Director of Progressions. Poorly performing students – those at or below a mid-term grade of 75 percent in any course – are referred to their faculty advisors for counseling and success planning (see Appendix 75). Once the Faculty Advisor and student complete the Success Plan, one copy is forwarded to the Director of Progressions and a second copy is retained by the faculty advisor. The Director of Progressions meets with each at-risk student, individually, at least once during the semester to discuss performance, monitor adherence to the Success Plan, and make adjustments to the Success Plan, if necessary.

Second Chance and Remediation

The School has implemented Second Chance and Remediation Policies that provide eligible students with the opportunity to earn a passing grade in lieu of a failing one, in order for those students to remain on track in their degree plans. Students who are not eligible for or fail to successfully complete the Second Chance and Summer Remediation opportunities are required to repeat the failed course and follow an Alternate Degree Plan. The School's policies concerning Second Chance and Remediation are available on the website as 200.001.003 and 200.001.004 in the *Academic Standards for Grading, Progression, Dismissal, and Re-Admission* policy.

The School's faculty and student affairs staff closely monitor students who are working through academic challenges, including Second Chance, Summer Remediation, and course repeats. As a result of this diligence, all students who failed to achieve a passing grade in one or more courses have remained enrolled in the PharmD program. A chart containing a list of student course failures, eligibility for Second Chance and Remediation, and student outcomes (anonymized) has been provided in Appendix 76.

Annual Progression Recommendations

The Student Progressions Subcommittee (SPS) of the Student Affairs Committee (SAC) regularly monitors the academic progress of all PharmD students and provides recommendations for student progressions to the SAC. The SPS conducts a comprehensive review of each student's performance in his or her courses and on yearly assessment measures, including OSCEs and the PCOA. Additionally, student professional behavior and conduct, academic integrity, and assessments

from experiential rotations are considered. Further, the School has developed a Professional Evaluation Form (see Appendix 77) that can be completed by a fellow student, faculty member, or staff member regarding a student's positive or negative professional demeanor. Any Professional Evaluation Forms (PEF) received by the Office of Student Affairs are considered during the SAC's comprehensive review. The policy regarding students' professional conduct and the PEF are located on the School's website under *Ethical and Professional Conduct*.

Following the comprehensive review of students' performance and conduct, the SPS provides recommendations to the SAC for the progression of each student, designated as: continuance; continuance with remediation; one-year probation with remediation; suspension; or dismissal. This process is described in the *Academic Standards for Grading, Progressions, Dismissal, and Re-admission Policies and Procedures*.

Attrition Rates

The School has carefully tracked the retention of individual students and overall attrition rates for the first two PharmD cohorts. Records of retention and attrition are maintained and reviewed by the SAC on an annual basis, and results are communicated to the Curriculum Committee as part of the School's Continuous Quality Improvement process. As shown in Appendix 78, the attrition rates, to date, for students in the class of 2016 and 2017 cohorts have been 1.3 and 0 percent, respectively. According to AACP vital statistics, attrition estimates over the past five years have averaged 10.7 percent for PharmD students from matriculation through the graduation year for the cohort. While it is premature to compare the School's attrition rates, which are based on P1 to P3 attrition, to the stated national rate, it is expected that the School's overall attrition rates will be lower than the national average.

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.

1. Policy on the use of PCOA and other instruments for the assessment of student preparedness to advance to the fourth year must be defined by the Assessment Sub-committee and approved by the faculty.

Standard No. 20: Student Complaints Policy: The college or school must produce and make available to students a complaints policy that includes procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms. Students must receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards.[8]

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:

☑   Copy of policy and procedures for handling complaints related to ACPE Standards

Required Documentation for On-Site Review:

☑   The Student Complaints File

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 – Question 61

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
The college or school produces and makes available to students a complaints policy that includes procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms.	⊗	○	○
Students receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards.[9]	⊗	○	○
The college or school includes information about the complaint policy during student orientation.	⊗	○	○
The college or school maintains a chronological record of student complaints related to matters covered by the accreditation standards and allows inspection of the records during on-site evaluation visits by ACPE.	⊗	○	○
The college or school informs ACPE during an on-site evaluation if any of the student complaints related to the accreditation standards have led to legal proceedings, and the outcomes of such proceedings.	⊗	○	○

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 complaint policy is communicated to students

- The number of complaints since the last accreditation visit and the nature of their resolution

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[8] Refer also to ACPE Complaints Policy at http://www.acpe-accredit.org/complaints/default.asp
[9] Refer also to ACPE Complaints Policy at http://www.acpe-accredit.org/complaints/default.asp

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

- Any other notable achievements, innovations or quality improvements

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

The School of Pharmacy has established a student complaints policy regarding violations of Accreditation Council for Pharmacy Education (ACPE) standards. The policy, located on the School of Pharmacy Current Students web page, provides background information on ACPE, an overview of the policy, and a procedure that students may follow to lodge a complaint. Furthermore, the policy outlines the process to be followed by the Office of Student Affairs and the School's administration in addressing and resolving the complaint.

As described in the policy, complaints concerning ACPE standards violations are submitted to the Associate Dean for Academic and Curricular Affairs, using the Student Complaints Form (Appendix 79). The complainant must specify which ACPE standard, or policy and procedure, has been violated and provide a summary of the claim, including supporting evidence, when applicable.

Resolution of complaints is the responsibility of the Office of Student Affairs and the Office of Academic Affairs. The Associate Dean will maintain a chronological record of student complaints, which will be made available for inspection during ACPE site visits.

The School creates awareness of the policy through several avenues. First, students receive a detailed overview of the ACPE accreditation standards and the complaints process during student orientation. Second, the policy is available to all students, staff, and faculty on the School's website (see above) as well as in the School of Pharmacy Student Handbook.

Since enrolling its first class of professional pharmacy students in fall 2012, the School has not received any complaints regarding violations of ACPE standards. The School will continue to monitor all student complaints closely, particularly those regarding ACPE standards violations, and work to resolve any issues as they are identified.

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.

No monitoring is recommended at this time.

Standard No. 21: Program Information: The college or school must produce and make available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.

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:

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

Required Documentation for On-Site Review:

☑   College or school's Catalog

☑   Recruitment brochures

☑   Student Handbook

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Student – Questions 58, 70

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
The college or school produces and makes available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.	⊗	○	○
Admissions policies, procedures, and practices fully and clearly represent the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance. N/A (no distance pathways) ☑	○	○	○

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 is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

☐ Any other notable achievements, innovations or quality improvements

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

The School of Pharmacy provides information to current and prospective students, faculty and staff, and the community on the Doctor of Pharmacy program admission and graduation requirements, accreditation status, andragogy and curriculum, and other policies and procedures through a variety of formats. The most comprehensive resource for this information is the School's website; however, other relevant information is communicated through the Marshall University Graduate Catalog; Marshall University Graduate Student Handbook; School of Pharmacy Student Handbook; and print materials.

The School of Pharmacy website contains all official information regarding the Doctor of Pharmacy program, and content is updated regularly by the Dean's Office. All information provided on the School's website is fully visible to the public. The website contains the faculty and staff directory, curricular map and course syllabi, the School's mission, vision, and goals, as well as information on the ACPE accreditation status for the PharmD program. Additionally, all School policies and procedures for faculty, staff, and students are made available.

The School of Pharmacy Student Handbook, accessible under the Current Students section of the School's website, serves as an important resource for all current and prospective students. It provides all policies and procedures that pertain to students, including admissions, grading and course expectations, remediation, professional standards, and experiential site requirements. The handbook is updated annually by the Office of Student Affairs and is reviewed, in detail, during new student orientation. Students are referred to the handbook throughout the PharmD program and are encouraged to ask questions, as they arise, of the Student Affairs staff.

The Marshall University Graduate Catalog and Graduate Student Handbook provide information to current and prospective PharmD students on the University's policies and procedures for graduate education as well as student rights and responsibilities. Contained in these two resources is information regarding the University's accreditation status, financial aid and scholarships, University admission and graduation requirements, and student resources. Students are made aware of these resources, the information contained therein, and how to access them during new student orientation.

Disclosure of Accreditation Status

The School recognizes the importance of transparency throughout the accreditation process, and as such, has developed an accreditation page on its website. This page contains a brief description of the School's candidate status with ACPE, the ACPE accreditation process, and the University's regional accreditation with the HLC. Additionally, the page provides a description of the School's most recent ACPE comprehensive review process, including the 2013 Self-study Report and the 2013 Evaluation Team Report. Once the ACPE focused review of the PharmD program has been completed in summer 2015, the School plans to post the updated self-study report and evaluation team report.

In addition to the School's website, informational and promotional items provided to prospective PharmD students clearly and accurately disclose the School's current ACPE accreditation status. These materials display, at minimum, the following information:

The Marshall University School of Pharmacy has been granted Candidate Status by the ACPE. For additional information, please visit www.acpe-accredit.org.

As an example, a recruitment postcard, containing the statement above, that was sent to prospective students in fall 2014 has been included in Appendix 96. A more detailed description, similar to that provided on the accreditation web page is located at the top of the Supplemental Application for the PharmD program. The School will continue to provide information on its accreditation status to prospective students through its website as well as all electronic and print communications.

Conclusion

The School of Pharmacy recognizes and accepts the responsibility to explain in an accurate manner to each prospective student the accreditation status of the program and the potential consequences of enrolling in a developing program. ACPE guidelines have been followed to ensure full disclosure of the School's accreditation status on its website and through electronic and print resources as they are developed and disseminated.

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.

No monitoring is recommended at this time.

Standard No. 22: Student Representation and Perspectives: The college or school must consider student perspectives and include student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.

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:

☑   A list of committees involving students and the names and professional years of students involved on committees

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 60 – 62, 65, 66

Optional Documentation and Data:

☑   Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee meeting minutes that demonstrate active participation by students.

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
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.	⊗	◯	◯
The college or school involves student representatives on appropriate program committees, as well as in accreditation self-studies and strategic planning activities.	⊗	◯	◯
The pharmacy students feel their perspectives are heard, respected, and acted upon in a fair and just manner.	◯	⊗	◯
A clear process exists for students to follow to raise issues with the college or school administration.	⊗	◯	◯
The college or school administration responds to problems and issues of concern to the student body.	⊗	◯	◯

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

☐ Any other notable achievements, innovations or quality improvements

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

The Dean of the School of Pharmacy and the Pharmacy Executive Council recognize the importance of providing students with on-going opportunities to provide feedback and information as the School continues to develop, evaluate, and improve its curriculum and policies. Moreover, student representation is understood to be an important component in the educational experience for the student. Student perspectives and input are sought through a variety of mechanisms, including:

- Faculty and course evaluations
- Appointments to key standing committees
- Student Government
- Student town hall meetings
- Student complaint review
- Student focus groups
- Student surveys
- Student access to the Office of Student Affairs and the Associate Dean for Academic and Curricular Affairs
- Student suggestion box

By serving on suitable committees of the School, in particular, students have unique access and influence as important decisions are made. Student representation is included on the following committees:

- Curriculum Committee (class representatives from P1 through P4)
- Student Affairs Committee (class representatives from P1 through P4)
- Admissions Committee (class representatives from P1 through P4)
- ACPE Self-Study Committee (class representatives from P1 through P4)
- Advisory Council on Diversity and Inclusion (class representatives from P1 through P4)

A complete list of committees and organizations with student representation, including the students serving on each during the 2014-15 academic year, has been included in Appendix 42.

Student Executive Council

A Student Executive Council (SEC) has been established and in place since the 2012-13 academic year. The SEC has direct input to the Pharmacy Executive Council and serves as its student-run counterpart. The SEC meets on a regular basis, with at least four meetings each academic year, and is comprised of student-elected representatives from each class and individual student organizations. In addition, the SEC has a faculty advisor who participates in the council's meetings as an ex-officio member.

Student Organizations

The Executive Council has emphasized to the School's faculty, staff, and students the importance of student participation in standing committees, community service, and pharmacy organizations to the development of future leaders in pharmacy. To this end, the School has supported the founding of a number of student organizations, including APhA-ASP (American Pharmacist Association, Academy of Students of Pharmacy), SSHP (Student Society of Health-system Pharmacists), Phi Delta Chi, Phi Lambda Sigma, and Kappa Psi. Each of these organizations is currently in place at the School and class officers have been elected. A Rho Chi chapter will be started as soon as the first PharmD class graduates in 2016. Prior to that time, students with outstanding academic achievements in the program will be formally recognized by the Dean upon recommendation of the Student Awards Subcommittee.

Establishment of professional student organizations is expected to contribute to the development of harmonious and professional behaviors. Each organization or group has a faculty advisor who provides mentoring and guidance to its members. The School will continue to encourage the development of other student organizations, such as Kappa Epsilon and the Student National Pharmaceutical Association (SNPhA), depending upon student interest and commitments to existing organizations.

Examples of Changes from Student Representation and Perspectives

The School has implemented a number of changes over the past three years in response to student recommendations and feedback. Examples include:

- Changes to student shuttle schedule
- Creation of a student lounge
- Implementation of a student dress code
- Development of a secure testing environment
- Changes to class schedule
- Creation of a lactation room for nursing mothers

Development of a financial aid brochure for prospective PharmD students (Appendix 66).

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.

No monitoring is recommended at this time.

Standard No. 23: Professional Behavior and Harmonious Relationships: The college or school must provide an environment and culture that promotes professional behavior and harmonious relationships among students, faculty, administrators, preceptors, and staff. Faculty, administrators, preceptors, and staff must be committed to developing professionalism and fostering leadership in students and to serving as mentors and positive role models for students.

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:

☑   The college or school's code of conduct addressing professional behavior and harmonious relationships.

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 58-60

☐   AACP Standardized Survey: Student - Questions 59, 67, 68, 70 - 75

☐   AACP Standardized Survey: Alumni – Questions 18, 19, 30

☑   AACP Standardized Survey: Preceptor – Questions 13, 14

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
The college or school provides an environment and culture that promotes professional behavior and harmonious relationships among students, faculty, administrators, preceptors, and staff.	⊗	○	○
Faculty, administrators, preceptors, and staff are committed to developing professionalism and fostering leadership in students and to serving as mentors and positive role models for students.	⊗	○	○
The college or school develops, via a broadly based process, a policy consistent with university policies on student, faculty, preceptor, and staff professionalism that defines expected behaviors and consequences for deviation from the policy, as well as due process for appeals.	○	⊗	○
The activities undertaken by the college or school to promote professional behavior are effective.	○	⊗	○
The activities undertaken by the college or school to promote harmonious relationships are effective.	○	⊗	○
The activities undertaken by the college or school to promote student mentoring and leadership development are effective.	○	⊗	○
Faculty receive support from peers to participate in student mentoring and leadership development activities, and these efforts are viewed favorably by college or school administration.	⊗	○	○
The college or school supports students, faculty, administrators, preceptors, and staff participation, where appropriate, in pharmacy, scientific and other professional organizations.	⊗	○	○

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 the 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
- ☑ 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

Both the faculty and students share the responsibility for supporting the School of Pharmacy's mission to prepare students to become professional, ethical pharmacists with strong leadership capabilities. Faculty and staff are committed to the creation and continuance of the "Marshall Advantage," which focuses upon:

1. Unique andragogy (flipped classroom and active learning)
2. Commitment to student achievement of professional competencies
3. Interface and integration: collaborative research process targeted at innovation
4. Community support of the tri-state area
5. Academic health center committed to interprofessional collaboration
6. Collaboration with the VA Medical Center

The school has sought to establish an environment that fosters the development of the ten traits of a professional in its students: knowledge and skill; service orientation; commitment; pride; creativity; accountability; leadership; ethics; trustworthiness; and a covenantal relationship with others. Moreover, the School's culture is one that promotes professional behavior and harmonious relationships amongst all constituents: faculty and staff, students, preceptors and other professionals, and the public. The School of Pharmacy Culture Statement, in part, reads that the School "Strives to maintain a culture that values individual perspectives, experiences, and opinions. The faculty, staff, and students will be compassionate, congenial, collaborative, and committed to the concept of community."

Codes, Policies, and Procedures

The School adheres to Marshall University policies and procedures regarding professional conduct of faculty as outlined in the Greenbook, and of students as outlined in the Graduate Catalog. The School has adopted its own code of conduct, which complements University policies and procedures and identifies ethics and professional standards for pharmacists. The School's Ethical and Professional Conduct policy is accessible through the School's website and the Student Handbook. Finally, the School's Student Executive Council (SEC) follows the Student Executive

Council policy to update by-laws associated with student governance.

The School's code of conduct is further supported through faculty and staff development provided by the University's Human Resource Services office as well as the Office of Equity Programs. Sexual harassment and equal employment opportunity training are two examples of mandatory training. Additionally, the Director of the Office of Diversity Programs for the School of Pharmacy has presented on a number of topics concerning diversity awareness and inclusion at monthly faculty meetings, faculty orientation, and faculty retreats.

It is expected that faculty and staff present themselves in a professional manner at all times in order to serve as role models and mentors for students. To fulfill obligations of mentoring and advising, faculty are to be accessible to students through office hours, email, and appointments, when needed. Advisors and advisees are required to meet at least once each semester in order to discuss coursework, academic progress, and professionalism. The faculty mentoring and advising documents that are used during advising meetings have been included in Appendix 74 and Appendix 75.

Classroom

Professional conduct is covered extensively during the Pharmacy Practice I course, which students complete during their first semester, and reinforced throughout the PharmD curriculum. In all course syllabi, the professional code of conduct from both the University and the School is referenced and the corresponding hyperlinks provided to ensure that professional expectations are understood by all students. Students are required to dress in a professional manner for all IPPE and APPE rotations as well as various research and skills laboratories. Preceptors evaluate student professionalism for every rotation, and faculty and students may elect to evaluate student conduct through completion of a Professional Evaluation Form (see Appendix 77).

The School utilizes collaborative and active learning andragogy that requires faculty to interact more frequently and directly with students in the studio classroom. This approach encourages the development of harmonious relationships between faculty and students, and provides a unique platform for faculty to model professionalism. Furthermore, the School has invited pharmacy leaders to speak in various classroom and group settings to broaden students understanding of professional conduct and reinforce what has been taught in the classroom. Finally, local pharmacy leaders participate in admission interviews by joining current and prospective students for lunch.

Civic Engagement

The School fully supports pharmacy organizations at the local, state, and national levels. All faculty, staff, and students are encouraged to participate in these valuable professional societies. At this time, faculty has joined a number of West Virginia and Ohio state organizations. Participation has included acceptance of office and committee positions, attendance of several meetings, provision of continuing education seminars, and presentation of faculty and student research projects.

Several student organizations have also been established at the School, including APhA-ASP, SSHP, Phi Delta Chi, Kappa Psi, and Phi Lambda Sigma. Each organization is highly committed to

serving the profession and the community, which has been evidenced through a range of service projects. For example, 60 students assisted in providing information at the Senior Expo sponsored by the Cabell Huntington Hospital. Additional examples include: student participation in the Homeless Coalition Expo and Marshall Health Fair; Generation Rx presentations at local schools; blood pressure checks at a local pharmacy; and donations for the Huntington City Mission. At least one faculty member has worked with students on each of these projects. Students have also sought opportunities for involvement at the regional and national level through these organizations. Last spring, one student competed at the annual APhA-ASP meeting for student counseling and this fall a team will compete at the mid-year ASHP meeting.

Each fall, the School celebrates Pharmacy Month with a number of activities. In 2014, Dr. L.B. Brown, President Elect of APhA was invited to campus to discuss professionalism and the current and future state of pharmacy practice. Students and faculty came together for lunch during this event. Further, students were invited to meet with eight local pharmacy residents to discuss residencies and research days were held to showcase research of both faculty and students.

Recognition

The School has and will continue to promote professionalism through a number of student recognition ceremonies. Prior to the start of coursework, entering PharmD students participate in a White Coat ceremony and recite the pledge of professionalism. Faculty, staff, administrators, and family are present to witness this important passage into professional education. A special Honor's Day has also been developed to award students' membership into honor societies such as Phi Lambda Sigma and present scholarships and other awards. Outstanding faculty achievements will also be recognized at this event. The School is also in the process of developing an event to recognize the advancement of P3 students to the P4 year, to be held each spring. Finally, the School is preparing a Hooding Ceremony to celebrate the graduation of its Doctor of Pharmacy students.

Assessment

In 2014, the School conducted the AACP Faculty Survey for the first time. Of the faculty who responded, 94 percent (N=15) agreed or strongly agreed that the School provides an environment and culture that promotes professional behavior among students, faculty, and preceptors (question 58). However, when asked whether the School effectively manages academic misconduct (question 59) and professional misconduct (question 60), 69 percent (N=11) and 71 percent (N=10) agreed or strongly agreed. While none of the results for these three questions were significantly different from the national results, questions 59 and 60 represent potential areas for improvement. A full report of the AACP Faculty Survey results is included in Appendix 11.

The School also conducted the AACP Preceptor Survey in 2014. Questions 13, 14, and 35 have been identified by the School as having particular relevance to this standard. For both question 13 and 14, 88 percent (N=29) of preceptors agreed or strongly agreed that they knew how to utilize the School's process to effectively manage academic and professional misconduct by students. On question 35, which asks whether the PharmD program prepares students to maintain professional

competence, 97 percent (N=42) agreed or strongly agreed. Results from all three of these questions were consistent with the national results. A full report of the AACP Preceptor Survey results has been provided in Appendix 20. Following the graduation of its first students in spring 2016, the School will also utilize the AACP Graduating Pharmacy Student Survey in order to obtain student perspectives on professionalism within the program and School.

The School of Pharmacy developed and launched a Student Services survey in fall 2014 to assess student satisfaction with a variety of services, including advising, orientation, career services, counseling services, financial aid, and health services. A summary of the survey results has been provided in Appendix 7. Overall, the results of the survey were positive, although some concerns were expressed regarding the availability of financial aid counseling. The School will develop an alumni satisfaction survey that will complement the existing AACP surveys and be administered at graduation. In developing these instruments, the School recognizes the importance of evaluating the relationships within the School as well as across the University to ensure a positive atmosphere for learning, collaboration, and professional experiences.

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.

1. Establish expectations of professionalism for faculty and staff.

2. Develop mechanisms for evaluating the effectiveness of activities and initiatives taken by the school to promote professional behavior and harmonious relationships among faculty, staff, and students.

Section 5

Faculty and Staff

Standard No. 24: Faculty and Staff—Quantitative Factors: The college or school must have a sufficient number of qualified full-time faculty and staff to effectively deliver and evaluate the professional degree program, while providing adequate time for faculty development, research and other scholarly activities, service, and pharmacy practice.

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:

☑   List of full time staff within each department/division and their areas of responsibility (e.g. administrative support, telecommunication, audiovisual, and computer personnel) [NOTE: SAME REPORT FOR STANDARD 7 & 24]

☑   List of part time paid faculty (< 0.5FTE) and staff with (as applicable) academic title, credentials, department/division, and areas of responsibility

☑   ACPE Faculty Resource Report [Download template from http://www.acpe-accredit.org/pdf/FacultyResourceReportJuly2008.xls]

☑   List of faculty turnover for the last 5 years, by department/division, with reasons for leaving and timing of replacements

☑   List of staff turnover for the last 5 years, by department/division, with reasons for leaving and timing of replacements

Required Documentation for On-Site Review:

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

Data Views and Standardized Tables:

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

☐   List of key university and college or school administrators, and full-time and part-time (≥ 0.5FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable) [Faculty Addendum Template]
[Download template from http://www.acpe-accredit.org/pdf/ACPEFacultyAddendum_REV411.doc]

☑   AACP Standardized Survey: Faculty – Questions 14, 20, 27, 28, 62 - 65

☐   AACP Standardized Survey: Student – Question 69

☑   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]

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

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
The college or school has a sufficient number of qualified full-time faculty to effectively deliver and evaluate the professional degree program, while providing adequate time to ensure that the following are achieved:	⊗	◯	◯
• effective organization and delivery of the curriculum through classroom, small group, laboratory, practice simulation, service learning, and oversight and provision of experiential education	⊗	◯	◯
• faculty mentoring	◯	⊗	◯
• student advising and mentoring	⊗	◯	◯
• research and other scholarly activities	◯	⊗	◯
• faculty development as educators and scholars	⊗	◯	◯
• professional/community service and pharmacy practice (where indicated by their position)	⊗	◯	◯
• participation in college or school and university committees	⊗	◯	◯
• assessment and evaluation activities	⊗	◯	◯
The college or school has a sufficient number of qualified full-time staff to effectively support the delivery and evaluation of the professional degree program.	⊗	◯	◯
Faculty receive adequate support staff resources.	◯	⊗	◯
The college or school periodically conducts faculty workload and needs assessments, at appropriate intervals.	⊗	◯	◯

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

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

The School of Pharmacy has a sufficient number of qualified faculty and staff to effectively deliver, evaluate, and improve the Doctor of Pharmacy curriculum. Moreover, faculty has adequate time to engage in faculty development, research, service, and pharmacy practice, where applicable. The number of faculty and staff employed has increased each year, commensurate with the enrollment of each additional PharmD cohort. The Faculty and Staff Hiring Plan, shown in Appendix 31, identifies all targeted positions through FY21, and, as of January, 2015, is nearly complete.

Positions beyond those represented in the Hiring Plan are considered during Executive Council sessions, and as part of on-going assessments to determine resource needs for strategic planning initiatives. Furthermore, the School has developed a Faculty Workload survey (see Appendix 80) that will launch at the end of the spring 2015 semester. This survey is intended to shed light on the total hours faculty members devote to teaching, research, service, and pharmacy practice, and ultimately whether faculty workloads are reasonable and equitable. This information, coupled with a benchmarking study that the School has initiated for spring 2015, will help the School to determine if additional faculty positions are needed.

Full-time Faculty

Two academic departments have been established in the School of Pharmacy: the Department of Pharmacy Practice, Administration, and Research (DPPAR), and the Department of Pharmaceutical Sciences and Research (DPSR). The DPPAR, as of January, 2015, is comprised of 15 faculty members, who collectively represent 10.3 full-time equivalent (FTE) positions. Five of these 15 faculty are shared with pharmacy practice sites (50 percent at the School and 50 percent at the site) and serve as preceptors for students in the PharmD program. The figure of 10.3 FTE faculty does not include the Dean, Associate Dean of Academic and Curricular Affairs, or Assistant Dean for Experiential Learning, all of whom hold appointments in the department and teach a limited number of credit hours each year. Additionally, there are 1.5 FTE vacancies in the department. The search for one 0.5 FTE vacancy (shared-site faculty) is currently underway in spring 2015, and a request to fill a 1 FTE position has been submitted to the Marshall University Office of Academic Affairs. Once approved, the search for the second position will begin immediately, and it is expected to be filled by late spring 2015.

The DPSR, at present, is comprised of 8 faculty, all of whom are full-time-equivalent. In addition, the department has 2 FTE faculty vacancies, one of which is the department chair. The School has received approval from the Office of Academic Affairs to conduct national searches for both positions. These searches are currently underway, and it is anticipated that both positions will be filled by late spring 2015. An interim chair, who is a full professor in the DPSR, has been appointed by the Dean to oversee the department until a new chair is able to assume his or her duties. Once both vacant positions are filled, the DPSR has only one remaining full-time faculty position planned through FY21 (see Appendix 31). However, the need for additional faculty, particularly to build the School's research program, will continue to be monitored.

Part-time/ Adjunct Faculty

The School possesses a sufficient number of full-time faculty in both academic departments such that the number of part-time or adjunct faculty that is necessary to deliver the didactic portion of the PharmD curriculum is limited. In the 2014-15 academic year, for example, only 2 credit hours have or will be taught by adjunct faculty members (PHAR 661 and PHAR 621), excluding experiential education. The School recognizes the occasional need to utilize adjunct faculty with expertise that is not represented in the faculty membership or to prevent faculty overload when vacancies arise;

however, it maintains that the quality of education is generally enhanced through use of full-time faculty and will continue to limit the use of adjunct faculty.

Student-to-faculty Ratio

The School's student-to-faculty ratio is calculated to be approximately 12 to 1, as of January, 2015. This figure slightly exceeds the School's targeted ratio; however, this is largely attributed to the 3.5 FTE faculty vacancies. As discussed previously in this narrative, searches for the two vacant positions in DPSR are in progress, and a request to fill the vacancy in DPPAR has been submitted to the Office of Academic Affairs. Once these positions are filled, the student-to-faculty ratio will decrease to 10 to 1. Furthermore, the School has initiated a benchmarking study for spring 2015 in order to identify peer colleges and schools of pharmacy. During this process, the number of full-time faculty and staff as well as the student-to-faculty ratio for each peer institution will be examined to help determine whether the School has an appropriate number of faculty and staff.

Student-to-preceptor Ratio

The Office of Experiential Learning is attentive to the concern of having too many student learners present in any given experiential environment. Student-to-preceptor ratios for Introductory Pharmacy Practice Experience (IPPE) rotations have been maintained at a level of 1:1 to 2:1 at most sites. Ratios for Advanced Pharmacy Practice (APPE) rotations will also be between 1:1 and 2:1 in most cases, although occasionally preceptors may have two IPPE and one APPE student. The Office of Experiential Learning continues to identify and develop relationships with additional rotation sites in order to ensure that all student-to-preceptor ratios are at or below 2:1.

Faculty Workload

The School constructs a course schedule for each semester according to the sequencing of required courses within the PharmD curriculum. Executive Council composes a draft of the schedule and a faculty deployment plan to identify faculty whose experience and expertise are an appropriate match for each course. Department chairs work closely with their respective faculty members to ensure that faculty interests and expertise are well-aligned with assignments, and that the distribution of workload within the department is fair and equitable.

Faculty workload for each teaching assignment is measured according to the anticipated number of hours needed for preparing, teaching, tutoring, and other activities associated with the course. This approach is used because the School recognizes that the faculty workload for two 3-credit hour courses, for example, is not necessarily equal. The 2014-15 Teaching Deployment Plan for 2014-15 has been included in Appendix 81, and was developed using this method of allocating teaching loads. From the Deployment Plan, one finds that the average faculty member in the Department of Pharmaceutical Science and Research (DPSR) is responsible for roughly 800 didactic teaching hours over the course of the 2014-15 academic year. This figure is approximately 5 semester credit hours.

Full-time faculty in the Department of Pharmacy Practice, Administration, and Research (DPPAR) who are not shared faculty are responsible for roughly 1000 total didactic teaching hours in 2014-15, which are approximately 6 semester credit hours. Full-time, non-shared faculty in the DPPAR have slightly larger teaching loads, generally, than faculty in the DPSR because the expectations and allocation of time for research is greater for DPSR faculty. Finally, shared-site faculty in the DPPAR (50 percent) have been assigned to teach approximately 400 total didactic hours, accounting for roughly 2.5 semester credit hours.

Staff

The School employs a range of staff in order to support its faculty and further the mission and goals of the School and the PharmD program. In total, the School employs 22 professional staff (16.25 FTE) and 6 service/maintenance staff (3.71) as of January, 2015. Professional staff can be further categorized as: Administration (3 FTE), Student and Academic Affairs (4.15 FTE), Information Technology (2.3 FTE), Research and Laboratory support (1.1 FTE), Experiential Education (1.5 FTE), Public Affairs (0.2 FTE), and Administrative Support (4 FTE). Additionally, the School has plans to hire 3 new professional staff positions (3 FTE) and to fill one vacant position (1 FTE) in spring 2015, including two administrative assistants, an APPE Coordinator, and a Simulation Technician. A list of all staff positions in the School as well as the status and FTE associated with each has been included in Appendix 83.

Once the 4 FTE staff positions noted above have been filled in 2015, the staff portion of the Faculty and Staff Hiring Plan (see Appendix 31) will be nearly complete. The only remaining positions are one additional Departmental Secretary and three additional Research/Laboratory Technicians for the Department of Pharmaceutical Sciences and Research (4 FTE in total). However, the School's Executive Council will continue to monitor the need for additional staff through needs assessments and benchmarking studies.

Faculty and Staff Turnover

Since its founding in 2012, the School of Pharmacy has undergone relatively little turnover, and notably in positions of leadership. In total, 11 faculty and staff have left their positions with the School; all positions have either been refilled or are expected to be refilled within a reasonable timeframe (approximately 3 to 6 months). Furthermore, the School has the full support of the University in its process to fill both vacancies and new planned positions as it continues to work toward completion of the School of Pharmacy Faculty and Staff Hiring Plan (see Appendix 31). A list of faculty and staff turnover, including the dates of departure, reasons for leaving, and names and start dates of replacement faculty and staff has been provided in Appendix 83.

AACP Faculty Survey

The School conducted the AACP Faculty Survey in summer 2014, and recognizes the importance of the following items to Standard 24: 14, 20, 27, and 28. Following administration of the survey, the School utilized Mann-Whitney-U analysis to compare the School's results to the national

results for each survey item. Through the analysis, it was determined that the results for the School were not statistically different from the national results for questions 14, 20, and 28 ($p \le 0.05$). However, for question 27, which asks whether the college/school has a sufficient number of qualified faculty, the School's results were significantly lower than the national results (see Appendix 11). As a result, the School will be administering a Faculty Workload survey in May, 2015 (see Appendix 80) and conducting a benchmarking study to identify appropriate institutions and figures for comparisons with the School's faculty and staff numbers. Results from both the survey and the benchmarking study will be examined by the Executive Council and shared with the faculty membership.

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.

1. Faculty workloads are appropriate and equitable, and sufficient time is afforded faculty for teaching, research, service, and faculty development.

2. Robust recruitment plan to identify and recruit exceptional faculty and staff

3. Strategic plan is utilized to identify new human resource needs

Standard No. 25: Faculty and Staff—Qualitative Factors: The college or school must have qualified faculty and staff who, individually and collectively, are committed to its mission and goals and respect their colleagues and students. Faculty must possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and be committed to the advancement of the profession and the pursuit of research and other scholarly activities. Faculty whose responsibilities include the practice of pharmacy must satisfy all professional licensure requirements that apply to their practice. The college or school must foster the development of its faculty and staff, commensurate with their responsibilities in the program.

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:

☑   Extract from the faculty handbook relevant to policies and procedures for faculty recruitment, promotion, tenure (if applicable), and retention

☑   A list of full and part-time paid faculty with pharmacy practice responsibilities, the nature of their practice, their percent effort in practice, and their pharmacy licensure status

Required Documentation for On-Site Review:

☑   Copy of the Faculty Handbook

☑   Faculty Member Profiles [Download template from:

   http://www.acpe-accredit.org/pdf/Word%20Documents/FacultyMemberProfileTemplateApril2011.doc]

☑   CVs of administrators, faculty and staff

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 11, 33, 34

☐   AACP Standardized Survey: Student – Question 69

☐   AACP Standardized Survey: Alumni – Questions 29, 30

☐   AACP Standardized Survey: Preceptor – Question 37

☐   Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity

☐   Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned

☐   Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status

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

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.

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
The college or school has qualified <u>faculty</u> who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	⊗	○	○
The college or school has qualified <u>staff</u> who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	⊗	○	○
Faculty possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and are committed to the advancement of the profession and the pursuit of research and other scholarly activities.	⊗	○	○
Faculty generate and disseminate knowledge through scholarship. Scholarship by faculty members, including the scholarship of teaching, is evident and demonstrated by productive research and other scholarly activities.	⊗	○	○
Faculty whose responsibilities include the practice of pharmacy satisfy all professional licensure requirements that apply to their practice.	⊗	○	○
Pharmacy practice faculty possess additional professional training (residency, fellowship, or equivalent experience).	⊗	○	○
Pharmacy practice faculty either have or are working toward additional credentials (for example, specialty certification) relevant to their practice and teaching responsibilities.	⊗	○	○
The college or school ensures that policies and procedures for faculty recruitment, promotion, tenure (if applicable), remuneration and retention are established and applied in a consistent manner.	⊗	○	○
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.	⊗	○	○
Faculty, regardless of their discipline, have or are developing a conceptual understanding of current and proposed future pharmacy practice in a variety of settings.	○	⊗	○
Faculty members have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective communication skills, and an understanding of pedagogy, including construction and delivery of the curriculum, and a commitment to learning outcomes assessment.	⊗	○	○
The college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residency and fellowship programs.	⊗	○	○
The college or school fosters an environment that encourages contributions by the faculty to the development and transmission of knowledge.	⊗	○	○

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

☑ How the college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residencies and fellowship programs

☑ 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.

Marshall University Recruitment and Employment Policies

The School of Pharmacy adheres to Marshall University Board of Governors (BOG) and Human Resources policies regarding the recruitment and employment of new classified and non-classified staff (see BOG Policies) as well as full- and part-time faculty (see Faculty Greenbook). Additionally, the School has developed a Policy and Procedure for the Selection of Preceptors and Experiential Sites, which guides the selection of qualified preceptors for experiential education.

To ensure the quality of faculty and staff, the University requires original transcripts to be submitted directly from the degree-granting institution(s), as evidence of all academic credentials, prior to the offer of employment. All relevant accomplishments on the candidate's CV, including publications, grants, education, residencies, and active pharmacy licensures are verified by the School, with support from Human Resources. Furthermore, a background check is required, and must be completed prior to the candidate's official start date. Candidates must also provide three professional references, which are verified by the search committee.

The University has taken a strong, public position through its policy of Equal Opportunity/Affirmative Action. Further, Human Resources requires positions be advertised in multiple venues, such as the Association of Black Health Pharmacists, to ensure minorities have opportunities to apply. The School of Pharmacy policies and practices regarding recruitment, employment, and promotion of faculty and staff are consistent with the University's EEO and Human Resource policies for diversity and non-discrimination. Moreover, the School strives to achieve diversity in its faculty, staff, and student body, a commitment that is evident through the hiring of a Director for the Diversity Office Programs in the 2012-13 academic year.

School of Pharmacy Faculty and Staff Recruitment Process

The responsibility for overseeing the advertisement and interview process for vacant faculty positions resides primarily with the chairs of the two academic departments, with guidance from the Dean and Associate Dean. In all cases, a search committee is established that is comprised of at least four faculty members, including the appropriate department chair. Members of the search committee are responsible for evaluating all application materials and candidate credentials, including Curriculum Vitaes (CVs), publications, academic and professional credentials, and licensures. Furthermore, the search committee conducts extensive candidate interviews, which are intended to

ensure that the candidate can function in an atmosphere of collegiality, mutual respect, and with a high level of integrity.

Collaboratively, the committee, department chair, and the Dean identify and select new faculty who far exceed the minimum requirements for the School, as defined by the ACPE Accreditation Standards for 2007. New faculty are chosen who demonstrate a commitment to excellence in teaching, scholarship, and service. Moreover, candidate selection is based upon the rigor the individual's academic preparation, quality of his or her post-graduate training, fellowship, or residency, and the level of prior teaching experience.

Those individuals who hold degrees in pharmacy are given preference, when possible, for faculty positions within the Department of Pharmacy Practice, Administration, and Research (DPPAR). Those with prior experience in higher education or another academic setting are also given special consideration in order to ensure that the PharmD program remains student-centered and a high level of excellence in teaching, research, and service is maintained. To assist new faculty members, the DPPAR has initiated a faculty mentorship program in 2014. Each junior faculty member has been assigned a senior faculty mentor.

At present, the DPPAR is comprised of 11 full-time faculty (non-administrators), 8 of whom have completed post-doctoral training in an accredited residency program. The three remaining faculty members were selected because they possess strong backgrounds in the desired practice discipline for their respective positions. All faculty whose primary responsibilities are the practice of pharmacy satisfy all professional licensure requirements that apply to their practice. Faculty credentials and licensures are provided in the faculty profiles located in Appendix 41; CVs for all faculty and administrators will be available on site during the accreditation visit.

The DPSR possesses 8 full-time faculty members in addition to 2 full-time faculty vacancies for which searches are presently being conducted. One vacancy is the department chair; a full professor within the department has been appointed as interim chair until the vacancy has been filled and the new chair can assume his or her duties. As shown in Appendix 41, all faculty in the department possess a PhD in a relevant scientific discipline. Moreover, all tenured and tenure-track faculty have completed post-doctoral training. The department possesses a blend of experienced faculty, with 4 faculty members having more than 5 years of faculty experience.

Retention of Faculty and Staff

The School recognizes the importance of not only the initial recruitment of qualified faculty and staff, but also the retention and on-going development of those individuals. One way in which the School seeks to accomplish this is through annual faculty and staff development funds. These funds are utilized at the discretion of the individual, with approval by the department chair or supervisor, to enhance the knowledge and skills in his or her area of expertise. As a second means, the School seeks to conduct annual performance evaluations of both faculty and staff. The School's staff evaluation policy follows University-wide policies; however, the faculty evaluation process is currently under revision by the Faculty Affairs Committee. Once implemented, the new faculty evaluation process is intended to provide clear criteria for evaluation, allocation of effort, and annual goals. Finally, the School's Executive Council reviews the salary statistics from AACP on an annual basis to help ensure that faculty compensation is appropriate and market-competitive.

Keeping Up with Pharmacy Practice

Each faculty member in the School of Pharmacy is provided an annual faculty development stipend of $1,500 in order to foster further development within his or her field and to remain engaged with the pharmacy community. This stipend may be used to attend or present at conferences, enroll in continuing education courses, etc. A faculty retreat is hosted by the School each summer to promote innovative teaching and learning methods as well as research. The School's Faculty Affairs Committee also provides faculty development workshops each month on a range of topics, including research and grant applications, andragogy, and promotion and tenure, as voted on by the faculty. Further, the School and the University provide a number of pharmacy and health sciences journals, including the APhA Library, Lexicomp Online, and the Iowa Drug Information Service. And certifications, such as the APhA Medication Therapy Management Certification and Immunization Certification are available to all faculty who are registered pharmacists. A more complete description of faculty development has been provided in Standard 26.

Faculty Composition

The School ensures that the faculty membership has sufficient qualifications and experience to deliver all aspects of the curriculum, including the biomedical, pharmaceutical, clinical, and administrative, social, and behavioral sciences. In cases where a necessary expertise is not present, adjunct faculty have been identified and employed (for example PHAR 621: Pharmacy Law and Ethics). Moreover, careful planning occurs to ensure that faculty expertise is appropriately paired with course assignments. For example, the therapeutics courses possess pharmacology, pathophysiology, and therapeutics components, which are co-taught by members from both academic departments. This collaboration matches the School's mission to utilize an integrated, interprofessional education approach that emphasizes inquiry-based learning.

Research and Scholarly Activity

All faculty members at the School are expected to actively engage in scholarly research and to publish or present their findings at regional and national conferences. Annual faculty evaluations, merit raises, and the Promotion and Tenure Regulations are based, in part, upon faculty scholarship. The School encourages members of both academic departments to share their research not only externally, but also internally to promote student-faculty and faculty-faculty collaborations and as a means to further educate students and faculty. Such opportunities are created through faculty development seminars, research days, department meetings, and the Community of Research in Education (CORE). As a result of internal collaborations, faculty has participated in numerous poster and roundtable discussions at the AACP and APhA Annual Meetings. A list of grant proposals and awards as well as scholarly productivity for faculty in the DPSR has been included in Appendix 39.

Post-graduate Education and Training

The School is associated with a number of community and institutional pharmacies within the greater Huntington area, and has provided immunization and medication therapy management training opportunities for local pharmacists. In addition, the DPPAR initiated a teaching certificate program for pharmacy residents as well as interested clinicians in the region. To date, eight residents have participated in this program. The School has also laid the foundation for a residency program

that is expected to employ its first resident in summer 2015. To facilitate this program, a Director of Residencies was appointed in 2014 and sufficient funds for two market-competitive resident salaries were included in the FY16 budget.

AACP Faculty Survey

The School conducted the AACP Faculty Survey in summer 2014 (see Appendix 11), and has identified questions 11, 33, and 34 as having significance for this standard. For question 11, 67 percent of faculty agreed or strongly agreed that the School uses an effective faculty recruitment process, which is statistically different and lower than the national results. The results for questions 33 and 34, on the other hand, were not statistically different from the national sample. To address concerns indicated on question 11, among others, the School conducted a faculty focus group in fall 2014 (see Appendix 12). An Action Plan (see Appendix 13) has been developed from the focus group findings, which, pending faculty approval, will be implemented in spring 2015. Changes to address question 11 include development of more complete job descriptions for vacancies and an employment opportunities section on the School of Pharmacy website.

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.

No monitoring is recommended at this time.

Standard No. 26: Faculty and Staff Continuing Professional Development and Performance Review: The college or school must have an effective continuing professional development program for full-time, part-time, and voluntary faculty and staff consistent with their responsibilities. The college or school must review the performance of faculty and staff on a regular basis. Criteria for performance review must be commensurate with the responsibilities of the faculty and staff in the professional degree program.

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:

☑   Examples of faculty and staff development programs and opportunities offered or supported by the college or school

☐   Faculty Activity Report forms used officially in goal setting/performance evaluation meetings

Required Documentation for On-Site Review:

☐   If utilized, examples of faculty portfolios, documenting teaching, research and service activities

Data Views and Standardized Tables:

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

☑   AACP Standardized Survey: Faculty – Questions 12, 13, 15 – 18, 33, 37

☑   AACP Standardized Survey: Preceptor – Questions 15 – 17, 39

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

☐   Table: Research and Scholarly Activity by Department: Number of Full-Time Faculty with No Activity in a Category

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
The college or school fosters the development of its <u>faculty</u> and has an effective continuing professional and career development program for full-time, part-time, and voluntary faculty consistent with their responsibilities.	⊗	○	○
The college or school fosters the development of its <u>staff</u> and has an effective continuing professional and career development program for full-time and part-time staff consistent with their responsibilities.	⊗	○	○
Faculty and staff are assisted in goal setting by their administrative reporting authority	○	⊗	○
The college or school reviews the performance of faculty and staff on a regular basis.	○	⊗	○
Criteria for performance review are commensurate with the responsibilities of the faculty and staff in the professional degree program.	○	⊗	○
The college or school has or provides support for programs and activities for faculty and preceptor continuing professional development as educators, researchers, scholars, and practitioners commensurate with their responsibilities in the program.	⊗	○	○
Faculty receive adequate guidance and support on career development.	○	⊗	○
Faculty are able to attend one or more scientific or professional association meetings per year.	⊗	○	○
Faculty development programs are available to enhance a faculty member's academic skills and abilities.	⊗	○	○
The performance criteria for faculty are clear.	○	⊗	○
Expectations on faculty for teaching, scholarship and service are appropriate and commensurate with academic and professional development.	○	⊗	○

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 performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff

☐ A description of the relationship between faculty, preceptor, and staff continuing professional development activities and their performance review

☑ A description of faculty development programs and opportunities offered or supported by the college or school

☑ A description of staff development programs and opportunities offered or supported by the college or school

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

☐ Any other notable achievements, innovations or quality improvements

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

Faculty and Staff Development

School of Pharmacy

Faculty, staff, and preceptors are provided opportunities for professional development by the School of Pharmacy. All faculty are allocated development funds, on an annual basis, to encourage attendance at local, state, and national conferences in their field(s) of specialization or practice. A detailed list of recent examples of faculty development has been included in Appendix 84. Staff is

also provided development funds, commensurate with their roles and responsibilities, to attend on-campus, regional, or national programs and conferences that are expected to enhance their professional skill sets.

Cooperation between the School's faculty members has fostered joint grant proposals and research projects as well as provided opportunities for mentoring from senior to junior faculty members. These collaborations are facilitated through weekly department meetings and monthly Community of Research in Education (CORE) meetings where on-going and future research projects are discussed. Research collaborations outside of the School are promoted by inviting established investigators in other academic departments on campus to participate.

Responsibility for preceptor training resides with the Office of Experiential Learning, which provides access to and training for the School's comprehensive reference library (Standard 29), FERPA requirements (Standard 28), and regularly evaluates preceptors and sites (Standard 14). Training activities include use of the PharmAcademic ePortfolio system, use of educational assessment tools, overview of the School's curriculum, and the role of clerkships within the established andragogy. These activities are made available to preceptors through a combination of live and asynchronous events.

Marshall University

Marshall University guidelines regarding faculty professional development are located in the Greenbook. In addition, Marshall University's Center for Teaching and Learning (CTL) provides extensive resources for faculty development and andragogical instruction. Examples of these resources include a lending library; scheduled classroom observation; new faculty orientation and mentoring; the iPED (Inquiring Pedagogies) Teaching Conference; Research Boot Camp for Newer Faculty; instructional workshops; faculty learning communities; and pre-tenure consultations. Furthermore, CTL offers a campus-wide Service Learning program, designed to integrate community service within the curriculum, as well as a student writing program – Writing Across the Curriculum, which seeks to re-enforce student writing skills throughout non- English composition courses. The Executive Director of CTL has also been appointed Director of Faculty Development for the School of Pharmacy, in order to provide faculty with direct support in the area of development.

In addition to efforts by CTL, faculty and staff are encouraged to participate in training opportunities provided by the Marshall University department of Human Resources Services. Examples include: Banner, Lynda.com, Microsoft, and travel and purchasing. A more complete list of training opportunities can be located on the Human Resources website.

Performance Reviews

Annual performance reviews are to be conducted for all faculty, staff, and preceptors. Each department chair is responsible for conducting reviews of his or her faculty and support staff on an annual basis. Reviews for faculty consist of self-assessments, student evaluations, and input from faculty peers. Student evaluations of both courses (see Appendix 85) and instructors (see Appendix 86)

have been conducted each semester since fall 2012. At the conclusion of each semester, each faculty member is able to access a summary of anonymized results for his or her course and instructor evaluations. Furthermore, faculty performance in the classroom is assessed by faculty peers within the School, using the form in Appendix 87.

Faculty annual reviews are to be discussed between the supervising chair and individual faculty member, who must both sign and approve the written evaluation of the past year's performance and plan for the upcoming year. Prior to 2014-15, the two academic departments utilized separate faculty evaluation processes and it was clear through the focus group conducted with the School's faculty (see Appendix 12) that improvement in this area was necessary. Subsequently, the Faculty Affairs Committee, in early spring 2015, reviewed the evaluation process and has chosen to adopt the Marshall University Faculty Evaluation Instrument (see Appendix 88) for all faculty in the School, starting with the 2014-15 reviews.

Objectives for the School's faculty reviews are to: 1) provide each faculty member with an awareness of peer, administrator, and student perceptions of their teaching, research, and other contributions; 2) facilitate improvements in faculty teaching methods and abilities; 3) enhance faculty scholarships; 4) support faculty in the tenure and promotion process; 5) eliminate institutional barriers to growth and professional advancement; and 6) enable the administration to refine its operating procedures to better serve its student, faculty, and institutional needs.

The School's administration – the Associate Dean for Academic and Curricular Affairs, Assistant Dean for Experiential Learning, and department chairs – are evaluated on an annual basis by the Dean. In addition to the same criteria outlined in the faculty evaluations, administrator reviews include an evaluation of the performance of administrative duties. Input for these evaluations is sought from faculty, staff, and students. Staff performance reviews are completed by the primary administrator(s) supported by the staff member's efforts. However, input is also sought from all stakeholders who work closely with that particular staff member. As with the School's other performance reviews, an important objective is to provide the recipient of the review with a clear understanding of how his or her self-perception of individual contributions compares with the perceptions of stakeholders.

In addition to formal performance reviews, various focus groups are held to gather student and faculty input on a more continuous basis. For example, the Associate Dean meets with the Student Executive Council, faculty from both departments, and the general student body on a routine basis to identify areas for improvement. Further, department chairs hold student focus groups every three to four weeks for individual courses. Students are provided an opportunity to report on what is going well, issues that have arisen, and short- as well as long-term improvements to the course. Feedback from these sessions is shared with all faculty in the School.

AACP Faculty Survey

The School of Pharmacy conducted the annual AACP Faculty Survey for the first time in the summer of 2014. An overview of the results for survey questions that pertain to Standard 26 has been

provided below in Table 26.1, and a full report of the survey results has been included in Appendix 11.

Survey Item	MU SOP % SA/A	National % SA/A
12. I have access to documents that detail policies related to my performance as a faculty member	87% (N=13)	90% (N=2744)
13. My performance assessment criteria are explicit and clear.	56% (N=9)*	80% (N=2459)
14. My allocation of effort has been clearly stated.	80% (N=12)	78% (N=2409)
15. Criteria for my performance assessment are consistent with my responsibilities.	69% (N=9)*	82% (N=2439)
16. I am encouraged to engage in scholarly activity.	100% (N=16)	95% (N=2973)
17. I receive formal feedback on my performance on a regular basis.	43% (N=6)***	81% (N=2469)
18. The performance feedback I receive is effective.	75% (N=9)	80% (N=2347)
33. I receive adequate guidance on career development.	56% (N=9)	74% (N=2263)
36. Programs are available to help me to improve my teaching and to facilitate student learning.	81% (N=8)	67% (N=1439)
37. Programs are available to me that help me develop my competence in research and/or scholarship.	57% (N=8)*	77% (N=2292)

Table 26.1: The percentage of faculty (number of respondents in parentheses) who responded agree or strongly agree for select questions from the 2014 AACP Faculty Survey is shown for Marshall University School of Pharmacy compared with the national results for all schools. Mann-Whitney-U analysis was conducted for each survey item; statistically significant items are denoted as follows: * = $p \leq 0.05$; ** = $p \leq 0.01$; *** = $p \leq 0.001$.

In order to gather more information on specific survey items, the School conducted a focus group with its faculty in October, 2014. Outcomes from the focus group were documented and have been included in Appendix 12. Suggestions regarding the items in Table 26.1 included a desire for formal as well as informal feedback on a more consistent basis. As discussed above, the Faculty Affairs Committee has elected to adopt the University's Faculty Evaluation Instrument (see Appendix 88) as part of a more holistic process to evaluate the School's faculty starting with the 2014-15 academic year.

The School's Executive Council has developed an Action Plan (see Appendix 13) that discusses this and other changes to be made in spring 2015 according to the AACP Faculty Survey and focus group findings.

AACP Preceptor Survey

The School conducted the AACP Preceptor Survey for the first time in summer 2014. Mann-Whitney-U analysis was conducted with all Likert-scale items to compare the results for the School with the national results. Only on one item, question 21, which questions whether preceptors use feedback about their sites to make improvements to their student practice experiences, were the School's results statistically different and slightly below the national results for $p \leq 0.05$. Based on this analysis, and a careful review of the results, the Office of Experiential Learning has concluded that,

overall, the School has done an excellent job of communicating responsibilities and expectations as well as providing training to preceptors. And for question 21, the School is working to identify ways in which the process of providing feedback to preceptors can be enhanced. A full report of the 2014 AACP Preceptor Survey results has been included in Appendix 20.

Conclusion

The School of Pharmacy continues to discover new opportunities for faculty development through the University, professional societies, and networking. Annual evaluations and planning for future growth of faculty members assures that the School meets the intent of this standard. Monitoring the implementation and effective use of faculty development plans though year end performance review is necessary.

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.

1. Successful implementation of new annual faculty evaluation process is achieved.

2. Ensure that faculty peer evaluations occur on a more routine basis for all faculty in the School.

3. Staff evaluations occur annually

Section 6

Facilities and Resources

Standard No. 27: Physical Facilities: The college or school must have adequate and appropriate physical facilities to achieve its mission and goals. The physical facilities must facilitate interaction among administration, faculty, and students. The physical facilities must meet legal standards and be safe, well maintained, and adequately equipped.

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:

☐   Plans/architectural drawings of the physical facilities (if not feasible, please provide for on-site review)

☑   A statement attesting that the facilities meet legal and other standards as appropriate (e.g., animal facilities)

☑   Supporting documentation for the above (e.g., OLAW, USDA and/or AAALAC)

Required Documentation for On-Site Review:

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

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Faculty – Questions 21 – 24, 26, 28 – 30, 39

☐   AACP Standardized Survey: Student – Questions 76 - 81

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
The college or school has adequate and appropriate physical facilities to achieve its mission and goals.	⊗	○	○
The physical facilities facilitate interaction among administration, faculty, and students.	⊗	○	○
The physical facilities meet legal standards and are safe, well maintained, and adequately equipped.	⊗	○	○
Physical facilities provide a safe and comfortable environment for teaching and learning.	⊗	○	○
For colleges and schools that use animals in their professional course work or research, proper and adequate animal facilities are maintained in accordance with acceptable standards for animal facilities. N/A (no animal use) ☐	⊗	○	○
Animal use conforms to Institutional Animal Care and Use Committee (or equivalent) requirements. Accreditation of the laboratory animal care and use program is encouraged. N/A (no animal use) ☐	⊗	○	○
Space within colleges and schools dedicated for human investigation comply with state and federal statutes and regulations. N/A (no human research) ☑	○	○	○
All human investigations performed by college or school faculty, whether performed at the college or school or elsewhere, are approved by the appropriate Institutional Review Board(s) and meet state and federal research standards. N/A (no human research) ☑	○	○	○
Students, faculty, preceptors, instructors, and teaching assistants have access to appropriate resources to ensure equivalent program outcomes across all program pathways, including access to technical, design, and production services to support the college or school's various program initiatives.	⊗	○	○
Commensurate with the numbers of students, faculty and staff, and the activities and services provided, branch or distance campuses have or have access to physical facilities of comparable quality and functionality as those of the main campus.	⊗	○	○
Faculty have office space of adequate size and with an appropriate level of privacy..	⊗	○	○
Faculty have adequate laboratory resources and space for their research and scholarship needs.	⊗	○	○
Computer resources are adequate.	⊗	○	○
Laboratories and simulated environments (e.g. model pharmacy) are adequate.	⊗	○	○
Facilities encourage interprofessional interactions (e.g., simulation laboratories)	⊗	○	○
Access to quiet and collaborative study areas is adequate.	⊗	○	○
Common space for relaxation, professional organization activities and events, and/or socialization is adequate.	⊗	○	○

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 physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, offices, laboratories, etc.

☑ A description of the equipment for the facilities for educational activities, including 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 student studying, including computer and printing capabilities

☐   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

The School of Pharmacy (SOP) is housed within the Robert W. Coon Education Building (CEB), an 85,000 square foot, four story facility that is located at the Huntington VA Medical Center (VAMC), eight miles west of the main Marshall University campus. The CEB was constructed by the VA in the late 1970s and leased to the University under the federal Teague-Cranston Act. It originally housed all of the Marshall University School of Medicine's (SOM) basic science departments, classrooms and laboratories for medical student pre-clinical education, gross anatomy laboratory, research laboratories and support facilities, and faculty offices. In 2007, most of the SOM's basic science departments and research laboratories were relocated to the new Robert C. Byrd Biotechnology Center (BBSC) on the main University campus.

A major renovation of the CEB was undertaken by Marshall University in July 2011 in order to provide a state-of-the-art facility for the newly established SOP. This $8 million project completely renovated the first two levels of the CEB, which serve the SOP's classroom and experiential needs. The SOM's Department of Anatomy and Pathology continues to occupy the fourth level of the building, and both schools possess research laboratory space on the third level.

Teaching Facilities

The SOP's classroom facilities have been equipped specifically to support the active learning delivery of the didactic curriculum. Each of the two studio classrooms has a seating capacity of 90 students, positioned around ten round tables to facilitate group discussion. A large computer monitor is located adjacent to each table and can be locally controlled by students at that table or centrally controlled by a faculty member from the lecture podium. Each table is also equipped with a dry-erase white board for use during group activities. Lectures presented at the central podium as well as group discussions and presentations at each round table can be recorded through use of Camtasia software. In addition to the two studio classrooms, the SOP has four smaller classrooms configured in a more traditional lecture-style format. These classrooms are also equipped with smart-classroom technology, including multiple large monitors and Camtasia software. Two of the lecture rooms have seating capacity for 24, while the other two rooms have capacity for 32.

For simulation and laboratory activities, the School possesses a sterile products area, a compounding and teaching laboratory, and a variety of simulation areas on the second level of the CEB. Within the sterile products area, four mock laminar hoods and four sterile hoods are in place, and space is available for an additional two to four hoods, if needed. The compounding and teaching laboratory contains four tables that can each accommodate ten students, providing a total capacity for 40 students. This laboratory space is equipped with smart classroom technology that allows the instructor to broadcast demonstrations over several monitors as well as record sessions for later use.

Skills alcoves, located adjacent to the compounding and teaching laboratory, contain eight simulation areas dedicated to the enhancement of student practice skills. These areas are sufficient in size to accommodate student equipment and to serve as study areas when not in use for instruction. Finally, there is both a hospital pharmacy simulation area and a community pharmacy area where students can practice dispensing activities.

Research Facilities

The third level of the CEB contains 18 research laboratories that are utilized by the School of Pharmacy (SOP) and School of Medicine (SOM). Twelve laboratories are currently occupied by faculty in the SOP Department of Pharmaceutical Science and Research (DPSR), three are occupied by the SOM, and three are used as shared equipment laboratories. One of the shared instrument laboratories is equipped as a state-of-the-art mass spectrometry facility. In addition to the research laboratories, a number of shared research facilities are available, including: two cold rooms, a warm incubator room (37 ^{o} C), a room for use of radioisotopes, an autoclave and dishwashing area, and areas for bio-waste disposal and chemical storage. A list of the laboratory and research space on the third level of CEB is provided in Appendix 89, and a description of the School's research equipment is included in Appendix 90.

In addition to the CEB facilities, the DPSR occupies research space within the Robert C. Byrd Biotechnology Science Center (BBSC). This space houses the Center for Diagnostic Nanosystems (CDN), which is administered by the SOP Director of Pharmacology and Toxicology. Furthermore, the BBSC houses a vivarium space that includes: associated cage wash and sterilization support spaces; general research, teaching, and specialized research laboratories; laser equipment; electron microscopes; and faculty and graduate assistant research office space. All experimentation involving human subjects requires approval by the Marshall University IRB (link), and any use of animal subjects must first be approved by the IACUC.

Marshall University also has a Memorandum of Understanding (MOU) with the Huntington Veterans Affairs Medical Center (VAMC) concerning the sharing of AAALAC animal care and use of VA research space. A copy of this MOU has been included in Appendix 38. At present, four DPSR faculty have or are in the process of obtaining WOC (Without Compensation) appointments with the VAMC, which will enable faculty to use equipment and space within the VA research facility. In addition to the VAMC, the pharmacy faculty have access to research space in the Marshall University School of Medicine that has been AAALAC certified (see Appendix 91).

Faculty and Staff Office and Meeting Space

The School of Pharmacy has worked to assure that all faculty and staff are provided safe, comfortable, and suitable office and meeting spaces. On the second level of the CEB, there are 18 offices dedicated to faculty and staff in the Department of Pharmacy Practice, Administration, and Research (DPPAR), the Office of Experiential Learning, the Dean's Office, and the Office of Academic and Curricular Affairs. Additionally, a new office area, containing eight floor-to-ceiling cubicles, was constructed in 2014 to accommodate the growing number of shared site faculty in the

DPPAR. All faculty in the DPSR, ten in total, have been provided office as well as laboratory space on the third level of the CEB. Finally, two offices – one on the first level and one on the third level – have been dedicated for use by the Information Technology staff.

The School has two primary meeting spaces for faculty and staff, both of which possess computer monitors and teleconference equipment. These rooms have seating capacities of 14 and 10, respectively. Two smaller conference rooms located on the second level of the CEB are available to faculty and staff as well as students, and have seating capacities of between four and six. Finally, the DPSR possesses a small conference room with seating for eight to ten on the third level. Classroom spaces, when not in use for instruction or examinations, are frequently used for faculty and staff meetings as well. Lastly, faculty and staff have access to a large lounge area that contains a kitchen facility.

Student Common Areas and Study Space

Students have access to two large common areas that can be utilized for a variety of purposes, including studying, group collaborations, or student organization functions. The first common area has a seating capacity of 36, while the second has a seating capacity of 20. Both areas are served by tables, chairs, and computer monitors that can be connected to student laptops. Additionally, students have access to vending machines, a lounge area with kitchen facilities, and each student is provided a locker for storage of personal articles.

A variety of spaces, including the common areas, are available to students for studying. The two small conference rooms on the second level, a common area shared with the School of Medicine on the fourth level, and the VAMC library are open to students on a nearly unrestricted basis during business hours. Furthermore, students are encouraged to utilize any of the six classrooms or skills alcoves for study when those facilities are not in use for instruction. A list of the study spaces, including the number of seats and availability of each, has been provided in Appendix 92.

Parking Facilities

Due to its location at the VAMC campus and the prioritization of parking spaces for patients, availability of parking for the School of Pharmacy is limited. Faculty and staff are permitted to park on site; however, students are required to park at one of two off-site locations arranged by the School. The School provides a shuttle service at no cost to the students that runs continuously during class and exam hours. In order to provide a more convenient, long-term solution, the University has conducted a feasibility study to explore the possibility of constructing a new parking structure at the VAMC. The cost and timeline estimates for this proposed project have been included in Appendix 93.

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.

No monitoring is recommended at this time.

Standard No. 28: Practice Facilities: To support the introductory and advanced pharmacy practice experiences (required and elective) and to advance collaboratively the patient care services of pharmacy practice experience sites (where applicable), the college or school must establish and implement criteria for the selection of an adequate number and mix of practice facilities and secure written agreements with the practice facilities.

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:

☐   Examples of affiliation agreements or "statements of understanding" with practice affiliates

☑   ACPE IPPE Capacity Chart [Download template from http://www.acpe-accredit.org/pdf/IPPECapacityChartFeb2008.xls]

☑   ACPE APPE Capacity Chart [Download template from http://www.acpe-accredit.org/pdf/APPECapacityChartFeb2008.xls]

☑   Criteria used for selection of various types of practice facilities

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.)

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 22, 28

☐   AACP Standardized Survey: Student – Questions 39, 40, 49, 51, 52

☐   AACP Standardized Survey: Alumni – Question 28

☑   AACP Standardized Survey: Preceptor – Questions 15, 37, 40

Optional Documentation and Data:

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

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

	S	N.I.	U
The college or school collaboratively advances the patient-care services of its practice sites.	⊗	○	○
The college or school establishes and implements criteria for the selection of an adequate number and mix of practice facilities.	⊗	○	○
The college or school establishes and implements criteria to secure written agreements with the practice facilities.	⊗	○	○
Before assigning students to a practice site, the college or school screens potential sites and preceptors to ensure that the educational experience would afford students the opportunity to achieve the required competencies.	⊗	○	○
At a minimum, for all sites for required pharmacy practice experiences and for frequently used sites for elective pharmacy practice experiences, a written affiliation agreement between the site and the college or school is secured before students are placed.	⊗	○	○
The college or school identifies a diverse mixture of sites for required and elective pharmacy practice experiences.	⊗	○	○
The college or school has sites that provide students with positive experiences in interprofessional team-based care.	○	⊗	○
The academic environment at practice sites is favorable for faculty service and teaching.	⊗	○	○
There is adequate oversight of practice sites and efficient management and coordination of pharmacy practice experiences.	⊗	○	○
The college or school periodically assesses the quality of sites and preceptors in light of curricular needs and identifies additional sites when needed. The college or school discontinues relationships that do not meet preset quality criteria.	○	⊗	○

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 is collaborating with practice sites to advance patient care services

☑ How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria

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

☐ Any other notable achievements, innovations or quality improvements

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

Introduction

The School of Pharmacy has established and implemented a plan for selection of an appropriate number and breadth of practice sites to support the introductory (IPPE) and advanced pharmacy practice experiences (APPE) for the Doctor of Pharmacy program. Quality clinical sites and preceptors are identified and selected by the Office of Experiential Learning (OEL) and the

Curriculum Committee. Selection criteria for sites and preceptors have been established and articulated in the School's *Policy and Procedure for the Selection of Preceptors and Experiential Sites*. Written agreements between the School and the experiential site, which describe the responsibilities and expectations for both parties, are executed in all cases. Sites are monitored in an on-going manner through a quality assurance program in which the site and preceptor are formally evaluated by each student, following his or her rotation, and by the OEL during periodic on-site visits.

Experiential Site Development

It is recognized that the depth and breadth of the health professions programs of Marshall University, including the College of Health Professionals and the School of Medicine, provide an excellent platform for the development of practice experiences in an interprofessional learning environment across the state and region. An internal review by the President of Marshall University, the Dean of School of Medicine, and the Dean of School of Pharmacy identified a robust clinical infrastructure and numerous established practice sites to meet the required clinical experiences expected in the pharmacy curriculum. Many of these sites have had a long-standing relationship with various schools at Marshall University, which has helped to expedite the development of relationships for the School of Pharmacy.

The Chief Executive Officers of the three major teaching hospitals in the greater Huntington area have all confirmed their support of the School of Pharmacy, which has been demonstrated through written contractual affiliation agreements. The facilities at these teaching hospitals have the capacity to accommodate significant portions of the institutional practice experiences for the School. School of Pharmacy faculty have been placed at each of these institutions, and are each responsible for supervising several student pharmacists during each rotation block.

The School will provide the infrastructure and support to manage the placement of PharmD students in approximately 1,300 rotations annually. The required number of IPPE rotation slots for the P1 through P3 years, have been confirmed and substantial progress has been made towards the attainment of APPE rotations for the P4 year. Most preceptors can accommodate more than two students per rotation; however, the School recognizes that this may contribute to overload and exhaustion of preceptors. Consequently, the School has sought to establish a sufficient number of sites such that preceptors are not asked to mentor more than two students at one time. Preceptors for APPE experiences are expected to provide between 40 and 45 weeks for rotations each year. The School's IPPE Capacity Chart has been included in Appendix 3 and APPE Capacity Chart in Appendix 4.

Each experiential site is evaluated to ascertain whether it has a patient population that exhibits diversity in ethnic and/or socioeconomic culture, medical conditions, gender, and age. The diverse types and locations of practice sites that have or will be participating in the School's pharmacy practice programs include:

- Hospitals
- Multispecialty and Specialty Practices

- Radiation/Oncology Centers
- Ambulatory Care Centers
- Hospice Programs
- Long-term Care Facilities
- Mental Health Facilities
- Children's Hospital
- Rural
- Federally Qualified Health Center
- American Society of Health-systems Pharmacists
- Ohio Pharmacists Association
- Pharmacy Quality Alliance (PQA)
- Indian Health Service (IHS)
- National Community Pharmacist Association (NCPA)
- National Association of Chain Drug Stores (NACDS)

A list of all confirmed APPE rotation sites for the School's PharmD program has been included in Appendix 49.

Finally, the School is a member of the Mid-Atlantic Experiential Consortium, and, as a result, is expected to follow the consortium's recommendation that the APPE program consist of eight 5-week rotations. Additionally, the consortium is working on standardization of preceptor training, site and preceptor selection criteria, and documentation.

Experiential Learning Resources

The early development of the Office of Experiential Learning (OEL) speaks to the emphasis placed on the experiential program by the School, which has and will continue to foster the development of sites and preceptors for pharmacy practice experiences. Over the past 18 months, the School has successfully hired a Director of Experiential Learning, an IPPE Coordinator, and will be looking to hire either an APPE Coordinator or an Administrative Assistant in spring 2015. These three positions, in addition to the Assistant Dean for Experiential Learning, represent four full-time equivalent faculty and staff dedicated to the development of the experiential program.

The School will employ approximately 15 full-time equivalent (FTE) faculty within the Department of Pharmacy Practice, Administration, and Research once the few remaining vacancies are filled over the next 12 to 18 months. At present, 7 are shared positions for pharmacy practice rotations. Ultimately, the School is looking to place as many as 10 to 15 faculty preceptors at clinical practice sites within the region. Furthermore, the School has included within its budget, starting with FY15, sufficient funds to provide market-competitive stipends for both IPPE and APPE rotation sites.

Preceptor Feedback

The OEL recognizes the important contributions made by the School's preceptors in developing the curriculum and syllabi for experiential courses. Focus group meetings are held at least

twice each year in order for preceptors, who hold adjunct faculty appointments with the School, to provide input into the educational objectives and design of pharmacy practice experiences. Feedback provided by experiential adjunct faculty is used to enhance the practice experiences for the School's PharmD candidates.

As another means of soliciting preceptor feedback, the School conducted the AACP Preceptor Survey during summer 2014. Overall, the School's responses were very positive and, through Mann-Whitney-U analysis, it was determined that no statistically significant differences were exhibited between the School's results and the national results. The School will continue to administer the Preceptor Survey in subsequent years and monitor the results to identify areas for on-going improvement.

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.

1. Routine assessments of sites and preceptors occur, are documented, and used for continuous improvement of the experiential program.

Standard No. 29: Library and Educational Resources: The college or school must ensure access for all faculty, preceptors, and students to a library and other educational resources that are sufficient to support the professional degree program and to provide for research and other scholarly activities in accordance with its mission and goals. The college or school must fully incorporate and use these resources in the teaching and learning processes.

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:

☐   Data on the use of library resources by pharmacy students and faculty

☐   Library Collection Development Policy

☑   The list of search databases available to faculty and students

☑   The list of full text journals electronically available

Required Documentation for On-Site Review:

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

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 25, 28

☐   AACP Standardized Survey: Student – Questions 82, 83

☐   AACP Standardized Survey: Preceptor - Question 41

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
The college or school ensures access for all faculty, preceptors, and students to a library and other educational resources that are sufficient to support the professional degree program and to provide for research and other scholarly activities in accordance with its mission and goals.	⊗	○	○
The college or school fully incorporates and uses library and other educational resources in the teaching and learning 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.

☑ The relationship that exists between the college or school and their primary library, including the level of responsiveness of the Director and staff to faculty, student, staff needs, and any formal mechanisms (e.g., committee assignments) that promote dialog between the college or school and the library.

☑ A description of how the college or school identifies materials for the library collection that are appropriate to its programs and curriculum and assesses how well the collection meets the needs of the faculty and students

☑ A description of computer technology available to faculty and students

☐ A description of courses/activities throughout the curriculum in which students learn about the available educational resources

☑ A description of library orientation and support for faculty and preceptors

☑ A description of how remote access technologies and mechanisms that promote use of library information from off-campus sites by faculty, students, and preceptors compare with on-campus library resources

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

☐ Any other notable achievements, innovations or quality improvements

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

Faculty, staff, preceptors, and students in the School of Pharmacy have comprehensive access to a wealth of library and educational resources through Marshall University, the Veterans Affairs Library Network, and the School of Pharmacy itself. These resources support the Doctor of Pharmacy degree program in addition to research and scholarly activities, in accordance with the School's mission and goals. On-going training and development regarding access and usage of the library and educational resources are provided by the School and the University.

Library and Educational Resources

Marshall University has seven distinct libraries, containing more than 477,000 books, 30,900 periodicals, one million government documents, and extensive e-journal and electronic database access. A particularly important resource for the School of Pharmacy is the University's Health Sciences Library that, in addition to hard-copy resources made available on site, provides access to health, medical, and scientific journals and databases, including PubMed, Micromedex, and UpToDate.

All Marshall University online holdings can be accessed both on-campus and off-campus using a Virtual Private Network (VPN) service. To guide and facilitate usage of its online holdings, the University maintains a detailed database on the Marshall University Library website of accessible databases, journal collections, magazines, newspapers, and microfilm. This database is searchable by keyword, title, or ISSN. Additionally, the library system provides an interlibrary loan service through which more than 17,000 books were borrowed over the past academic year.

One of the greatest assets of the University library system is the library staff that, in addition to ensuring access to library resources, collaborates with faculty, staff, and students to support teaching and research efforts. Areas of library support include: circulation and reserve services; digital services and technology support; government documents; health sciences; interlibrary loan; research information; and special collections. The commitment from the library staff to the School of Pharmacy

is further evidenced by the development of a School of Pharmacy library webpage that focuses on resources with particular relevance to the pharmacy community. Furthermore, the School's student orientation includes a presentation from a library staff member, and a pharmacy faculty member has an appointment upon the University Library Committee.

Additionally, Marshall University provides faculty, staff, and students with access to Lynda.com, which contains a comprehensive video library of self-guided courses on a variety of software platforms and computer skills. For example, training is available on Microsoft Office products, statistical packages such as SPSS, and Adobe products including InDesign and PhotoShop. Students receive instruction on how to access and utilize Lynda during orientation and more extensively in the *Drug Information and Communication* course. Faculty receive instruction during new faculty orientation and from experienced colleagues within the School, as needed.

The School of Pharmacy has invested in a number of essential resources for pharmacy faculty, students, and preceptors as well that are not available through the main Marshall University Library system. These resources include: Iowa Drug Information Service (IDIS), the online APhA Library, Lexicomp Online, and Facts and Comparisons' eAnswers suite of online resources. Faculty, staff, and students are also able to access resources in the Huntington Veterans Affairs Medical Center (VAMC) library, which is located within the same building as the School of Pharmacy. This resource provides access to the Veterans Affairs Library Network (VALNET), which includes a number of journals and databases, including McGraw-Hill Medical.

Technology Infrastructure, and Intranet and Internet Capabilities

Marshall University has joined Internet2, an advanced networking consortium that provides a premier, ultrafast nationwide network for nearly 70,000 research and educational institutions in the United States. Internet2 promotes the missions of its members by providing leading-edge network capabilities and opportunities for collaboration and innovation that facilitate the development, deployment, and use of revolutionary internet technologies. Marshall University has established a SEGP (Sponsored Education Group Participant) agreement with Internet2 that allows the University to offer Internet2 services to other higher education institutions, P-12 schools, state government agencies, hospitals, and other eligible non-profit entities in West Virginia.

The University's campus network, MUNet, is a state-of-the-art 10 gigabyte (GB) switched Ethernet-based backbone network that, using WAN links, interconnects all buildings on the main Huntington campus with the regional campus in Charleston, centers, medical clinics, and other off-campus sites. MUNet supports more than 11,000 switched GB Ethernet ports and nearly 400 WiFi 802.11n wireless access points. The Coon Education Building and Huntington VAMC, where the School of Pharmacy is located, is connected directly to the main University campus using a 100 Mb Frontier Communications circuit.

Student Study Space

Students have access to a substantial number of classrooms, community spaces, and

conference rooms that can be utilized for individual or group study within the Coon Education Building (CEB). Students have 24-hour keycard access to the building, which allows them to study at times that are most convenient to them. Moreover, as members of the Marshall University community, all study spaces in the student center and Drinko Library are available to pharmacy students as well, should they have need to study on the main campus. A more detailed description of student study space in the CEB is provided in Standard 27. Finally, a list of student study areas, including the number of seats and availability of those areas, has been provided in Appendix 92.

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.

No monitoring is recommended at this time.

Standard No. 30: Financial Resources: The college or school must have the financial resources necessary to accomplish its mission and goals. The college or school must ensure that student enrollment is commensurate with its resources.

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:

☑ A financial summary including an analysis of actual or projected revenues and expenses for the past year, current year, and next year. [Download template from: http://www.acpe-accredit.org/pdf/Excel Documents/FinancialSummaryReport.xls]

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).

☐ In-state tuition for past five years

☐ Out-of-state tuition for past five years

☐ NIH funding for past five years

Optional Documentation and Data:

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

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

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

☐ 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.)*

☑ 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
The college or school has the financial resources necessary to accomplish its mission and goals.	⊗	○	○
The college or school ensures that student enrollment is commensurate with its resources. Enrollment is planned and managed in line with resource capabilities, including tuition and professional fees.	⊗	○	○
Tuition for pharmacy students is not increased to support unrelated educational programs.	⊗	○	○
The college or school has input into the development of and operates with a budget that is planned, developed, and managed in accordance with sound and accepted business practices.	⊗	○	○
Financial resources are deployed <u>efficiently</u> and <u>effectively</u> to:			
• support all aspects of the mission, goals, and strategic plan	⊗	○	○
• ensure stability in the delivery of the program	⊗	○	○
• allow effective faculty, administrator, and staff recruitment, retention, remuneration, and development	⊗	○	○
• maintain and improve physical facilities, equipment, and other educational and research resources	⊗	○	○
• enable innovation in education, interprofessional activities, research and other scholarly activities, and practice	⊗	○	○
• measure, record, analyze, document, and distribute assessment and evaluation activities	⊗	○	○
• ensure an adequate quantity and quality of practice sites and preceptors to support the curriculum	⊗	○	○
The dean reports to ACPE, in a timely manner, any budget cuts or other financial factors that could negatively affect the quality of the professional degree program or other aspects of the mission of the college or school. N/A (no budget cuts or other factors since last accreditation visit) ☑	○	○	○
Business plans, including revenue and expense *pro forma* for the time period over which the change will occur and beyond, are developed to provide for substantive changes in programmatic scope or student numbers. N/A (no substantive changes) ☑	○	○	○
The college or school ensures that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways. N/A (no alternate pathways) ☑	○	○	○

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

☑ How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.

☐ An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving

☑ A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees

☑ A description of how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets

☐ How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable

☐ An assessment of faculty generated external funding support in terms of its contribution to total program revenue

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

☐ Any other notable achievements, innovations or quality improvements

Budget Process for Marshall University

Marshall University takes a conservative, yet strategic approach to its budgeting process. Resources are managed centrally and within individual units, depending upon the nature of the resource and activity. For resources managed at the unit level, units submit budget projections for the upcoming fiscal year to the University Budget Office in November. The School of Pharmacy is among those budget units responsible for managing its own resources. Requests to increase tuition and fees for a specific program, course, or activity are submitted by the budget unit to the University Budget Office. The Budget Office then works with senior administration to determine whether proposed changes are aligned with the priorities and interests of the institution, its students, and other key constituents.

Upon receiving budget projections from each unit, the University Budget Office compiles a comprehensive, campus-wide budget that is submitted to the Marshall University Board of Governors for approval at its April meeting. It is during this meeting that the Board also approves tuition and fee rates for the upcoming fiscal year. The budget projections, once approved by the Board, are submitted to the West Virginia State Budget Office in May. Final unit budgets are loaded into the University's ERP system, Banner, which can be accessed and monitored by budget managers. Each budget unit is responsible for monitoring and managing its various funds; however, the University Budget Office also tracks budget balances to ensure revenues and expenditures are consistent with submitted budgets.

Budget Process for the School of Pharmacy

The School of Pharmacy, working with the University Budget Office, developed a detailed Pro Forma of projected revenues and expenses for FY15. Each operational unit within the School – Dean's Office, Experiential Learning, Pharmaceutical Sciences, Pharmacy Practice, Academic Affairs, and Student Affairs – submitted initial estimates of expenses to the Dean's Office for review. The Dean worked collaboratively with each unit chair or director to ensure that sufficient funds were allocated to support the unit's mission and strategic plan. Final revenue and expense estimates were submitted to the University Budget Office in May, 2014, and funds were allocated by the University to each operational unit on July 1. It is expected that the School will take a similar approach to developing its annual budget in subsequent years.

Management of the School's operational expenditures, starting with FY15, will occur at the unit level, with oversight from the Dean's Office. These expenditures include: professional development, recruitment, travel, research start-up funding, and technology support. Revenues and general expenses, such as utilities, classroom technology, and contingency funds are managed by the Dean with input from the Associate Dean and Executive Council, where appropriate. To prevent unintentional use of personnel funds for operational expenses without the Dean's consent, personnel expenses are budgeted in a separate fund from the operating expenses for each unit. The Dean's Office manages all personnel funds directly; however, chairs and unit directors are afforded significant input regarding personnel funds within their respective departments.

Financial Support

The PharmD program was designed with the intent that it be self-sufficient after a period of maturation. The School of Pharmacy is neither state-supported nor seeking state support at this time. It is the financial strength of Marshall University and its devotion of resources to the School of Pharmacy that has facilitated its development and will ultimately ensure its long-term financial stability. Operational expenses for the School during the first three fiscal years (FY13-FY15) have been funded through a combination of student tuition and fees and an advance from Marshall University reserves. Once full enrollment of the PharmD program is reached in FY16, it is expected that the School will generate positive cash flow and initiate repayment of the University's cash advance. The University understands the timeline may need to be extended, for example, to maintain competitive tuition rates or offset unexpected shifts in in-state to out-of-state student ratios.

University reserves have been generated through conservative budgeting and strategic resource management. Three categories of reserves exist at Marshall: Strategic Priorities; Renewal and Replacement; and New Program Development and Program Reinvestment (program reserve). It is through the latter that advances to the School of Pharmacy have been provided. University New Program Development reserve currently has an unofficial maximum target of $10 million dollars, meaning that the balance of advances and cash on hand are not to exceed that amount. Projections have indicated that less than $8.5 million are needed to initiate Pharmacy and several smaller programs before positive cash flow will be generated. The remaining University reserves are not expected to be utilized for the School of Pharmacy but can be accessed as contingencies if necessary.

Enrollment Management

The School's enrollment plan was developed out of careful consideration for the fiscal and physical resources of the School, the need to maintain small class sizes to accommodate Active Learning, and the desire to establish price-competitive tuition and fee rates. At present, the School has a target of 80 students for each entering Pharm. D. cohort. The School's current enrollment (P1-P3) stands at 224 at the start of fall 2014. No substantive changes in scope or enrollments are planned at this time.

A nine percent increase to both in-state and out-of-state tuition rates for the Pharm. D. program has been approved by the Marshall University Board of Governors for FY15. This increase was implemented primarily to provide contingency and scholarship funds for the School of Pharmacy. Appendix 94 demonstrates that, prior to the increase, Marshall had one of the lowest in-state and out-of-state first-year Pharm. D. direct student costs. Tuition data for FY15 are not yet available from AACP; however, the data in Appendix 94 suggest that Marshall will continue to have one of the most affordable Pharm. D. programs within the region, even following the tuition increase.

Deployment of Financial Resources

As shown in the Expense Pro Forma (Appendix 95), the School's revenues and expenses

have increased with the growth and maturation of the Pharm. D. program. The Dean, working closely with the chairs and unit directors, has allocated funds in a manner that is consistent with and promotes the School's mission, goals, and strategic plan. Resources have been allocated to recruit and retain qualified faculty and staff; improve physical facilities; encourage innovation in research and teaching; fulfill the assessment plan; and secure an appropriate number of quality experiential sites.

Faculty and Staff

Growth of the School's faculty and staff from FY13 through FY15 is illustrated in Section IIA of the Expense Pro Forma. The School is currently in the third year of its four-year faculty recruitment plan and is on track with the number of positions that were targeted for this stage of the School's development. Only two additional full-time equivalent (FTE) faculty positions remain and are anticipated to be filled by the conclusion of FY16. Key support staff, including a Director of Recruitment and Development, Director of Assessment and Planning, Research Associate, and IPPE Experiential Coordinator has been filled within the past twelve months. Several additional full-time staff positions are targeted for FY16.

Physical Resource Development

Marshall University has demonstrated a strong commitment to the improvement of physical resources for education and research in the School of Pharmacy. The major renovations for the Coon Education Building, in which the School is located, came directly from an authorized bond for the University that was generated by state lottery funds. Neither the University nor the School will be responsible for funding the bond service debt. Additionally, the University has funded all utilities and overhead associated with the Coon Education Building, and is expected to continue this support for the foreseeable future. A current challenge associated with the Coon Building is the lack of on-site parking for students. To address this issue, the University has conducted a feasibility study to explore the possibility of constructing a parking facility, which would be financed by the University. A summary of the proposed project, including cost estimates and a project timeline, have been included in Appendix 93.

The School has also installed eight workstations, consisting of floor-to-ceiling cubicles, in an underutilized space within the Coon Education Building. These work stations were created to accommodate the current and anticipated number of shared-site faculty. The ability of present physical resources to meet the School's teaching and research needs will continue to be evaluated by the Dean, Executive Council, and senior administration at Marshall University.

Research

The School, as well as the University, is committed to the development of resources for faculty research. An initial start-up fund of $1M was allocated to the School of Pharmacy from the University's reserves to support research efforts in Pharmaceutical Science. In addition to this fund, several faculty members, including Dr. Eric Blough and Dr. Jinsong Hao, came to the School with sizeable extramural research grants in hand. All full-time faculty in the School of Pharmacy are

encouraged and afforded the time and opportunity to prepare grant proposals and conduct research in their area of expertise. As discussed in Standard 24, the School's faculty have diligently sought and applied for numerous extramural funding opportunities. While the School and University may provide periodic support for research initiatives, it is expected that research expenditures will ultimately be funded through extramural grants.

Assessment

The School has invested in a variety of resources as part of its plan to assess student learning in the Pharm. D. program. First, all students are required to complete the PCOA exam during each of their first three years in the program. Results from the exam are used to highlight the strengths and weaknesses of each student as well as the overall program. Second, the School has purchased licenses for each student to access the PharmAcademic ePortfolio system. Each student is required to compile select works in the ePortfolio system that will be assessed during the P4 year by both the faculty and the student. Finally, the School has allocated resources for use of standardized patients in a number of Objective Structural Clinical Examinations throughout the curriculum.

Experiential Learning

Significant human as well as fiscal capital has and will continue to be provided by the School to support experiential learning. In addition to current personnel in the Department of Experiential Learning – Assistant Dean, Director, and Administrative Assistant – an IPPE Experiential Coordinator was hired in fall 2014. The School has strategically hired a number of faculty within the Department of Pharmacy Practice who are shared (50 percent) with community and clinical pharmacy sites in the Huntington area. These faculty will be able to serve as preceptors for a number of Marshall Pharm. D. students. In addition, the School has budgeted sufficient funds to provide market-competitive stipends for both IPPE and APPE sites starting with FY15.

Shared Resources

The School of Pharmacy will continue to capitalize upon opportunities to share both University and School of Medicine resources such that overhead costs and duplication of effort are minimized. Pharm. D. students, consistent with all students at the University, are charged fees for use of campus facilities. The University, for the foreseeable future, has waived any indirect cost recovery for the School of Pharmacy. As a result, pharmacy students are provided access to the University's financial aid, counseling, career counseling, bursar, registrar, and other administrative services (see Standard 16). Furthermore, a number of staff positions are shared between the School of Medicine and School of Pharmacy, including the: Director of Diversity Programs; Director of Public Affairs; Director of Academic Information Services; and facilities maintenance staff. Hiring decisions are shared by the two deans and positions are charged on a prorated basis to the School of Pharmacy depending upon the allocation of each FTE.

Development of Contingency and Scholarship Funds

Starting with FY15, the School of Pharmacy has incorporated a contingency fund as part of its

annual budget. For FY15, the initial amount of the contingency was set to be $50,000. However, it is expected the actual end-of-year contingency will exceed this amount due to savings from new faculty and staff positions that were not filled at the start of the fiscal year. The School anticipates growing this contingency on an annual basis by contributing, at minimum, $100,000 from each year's operating revenues. This contingency fund will provide the financial flexibility for the School to resource new initiatives, purchase equipment for research, and improve the School's physical resources.

In addition to the contingency fund, the School has already developed a substantial quasi-endowment for scholarships. The amount of this endowment, at present, is approximately $500,000. The School, through the Marshall University Foundation, has invested these funds and plans to allow them to mature over a period of years without accessing them. Once the quasi-endowment has reached a sufficient balance to provide substantial annual returns, a portion of these returns will be used to finance scholarships for the School of Pharmacy. While these funds are being allowed to grow, the School has and will continue to fund a significant number of scholarships from its annual operating budget.

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.

No monitoring is recommended for this standard.

Appendices