ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

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University of Arkansas for Medical Sciences College of Pharmacy

Name of the College or School of Pharmacy

Invites the Accreditation Council for Pharmacy Education (ACPE) to conduct an evaluation of the professional program leading to the Doctor of Pharmacy degree for purposes of accreditation.
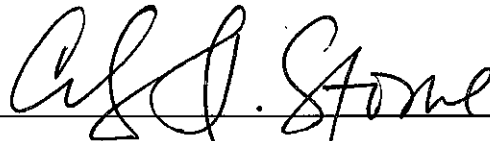
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Signature of President of the University or Designate

Cam Patterson, MD, MBA

Printed Name of President or Designate

Signature of Dean of the College or School of Pharmacy

Cindy D. Stowe, PharmD

Printed Name of Dean of the College or School of Pharmacy

8/25/2021

Date

UAMS | College of Pharmacy

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UAMS College of Pharmacy Self-Study Overview

Section I: Educational Outcomes (Standards 1-4)
We have revised our co-curricular program, called the Continuous Professional Development (CPD) plan, that guides students through a longitudinal development process in the areas of self-awareness, leadership, innovation and entrepreneurship, and professionalism. The CPD plan is introduced didactically in the P1 fall semester and intentionally transitions to a co-curricular approach built on the strength of our student organizations and other co-curricular activities. We have also adopted the UAMS Interprofessional Education (IPE) curriculum, which is mapped to the IPE Collaborative competency statements. All graduates of the COP complete seven core IPE activities that facilitate learning about, from, and with students across all UAMS colleges. This program complements our internal COP IPE learning activities.

Section II: Structure and Process to Promote Achievement of Educational Outcomes (Standards 5-23)
At the time of our last self-study, approximately 120 students were admitted annually. Our admission class size began to decrease in 2018, and we currently admit approximately 85 students per cohort. This has resulted in decreases in the operational budget, which has been accomplished by right sizing the College from 66 full-time faculty members in 2013 to our current full-time faculty size of 52. Our College has also experienced significant transitions in leadership since the last self-study, including 2 interim deans, 3 deans, and multiple changes at the levels of assistant and associate dean and director. Despite these trends and transitions in leadership, we have made notable achievements in the areas of education, discovery, and service.

The faculty embraces a culture of continuous quality improvement, and the College has made several notable advances since our last self-study. We implemented a new curriculum review process and expanded the experiential curriculum from 9 to 10 one-month APPEs (minimum of 1600 hours in total). With the successful recruitment of Dr. Jeff Cook to the dual roles of UAMS Chief Pharmacy Officer and COP Assistant Dean of Health System Pharmacy in 2019, the College now enjoys a closer collaboration with the UAMS Integrated Clinical Enterprise (ICE). UAMS ICE clinical pharmacists have increased APPE offerings 3-4 fold since the last self-study, and now approximately 30% of all APPEs are precepted by UAMS employees (COP and ICE). In 2017, the Office of Experiential Education launched the student-led APPE CE program. This program provides live, interprofessionally accredited CE to healthcare professionals (RNs, MDs, DOs, PDs, and pharmacy technicians). During 2020, APPE students provided 1507 person-hours of live accredited CE.

At the time of the last self-study, the College had recently received approval to offer PhD training in Pharmaceutical Sciences and was recruiting the first students to two tracks: Pharmaceutical Sciences and Pharmaceutical Evaluation and Policy. These tracks now admit 2-4 students annually and have graduated 18 PhDs. Residency education has also significantly expanded in Arkansas during this period from 29 residency spots in 2014 to 48 in 2021. Over 2013-2018, approximately 15% of graduates pursued postgraduate training; over the last three years, 24% have done so.

In the research realm, Dr. Geoff Curran was recruited to the UAMS COP in 2014 as the Director of the Center for Implementation Research (CIR), which includes faculty from the Colleges of Pharmacy, Medicine and Public Health. CIR is critical to advance pharmacy practice across a range of settings and positions the COP to have significant influence on the improvement of patient health and wellness. CIR is also a key driver in supporting the *Arkansas Community Pharmacy Enhanced Services Network* as well as a group of community pharmacies focused on conducting practice-based research. The Division of

Radiation Health has secured the second phase of the Centers of Biomedical Research Excellence grant, cultivating research skills in junior faculty and graduate students under the direction of Dr. Marjan Boerma.

Section III: Assessment of Standards and Key Elements (Standards 24-25)
Our Comprehensive Assessment Plan has recently been revised, and a complementary Comprehensive Assessment Report improves transparency of data across all mission areas. We formed an OSCE Board to manage the extensive longitudinal OSCE program and ensure continuity and feedback through a revised student report card system aligned with the PPCP. The Curriculum Committee now employs a more robust continuous curricular review process to ensure each course is meeting its intended objectives, is aligned with COP Competency Statements, and is at the appropriate breadth and depth. Lastly, the Strategic Planning & Program Assessment Committee was created to guide and manage the COP Strategic Plan and programmatic elements not monitored by a faculty standing committee.

Summary of the UAMS COP Self-Study Process

The University of Arkansas for Medical Sciences College of Pharmacy (UAMS COP) self-study process formally began in May of 2020, after an extensive pre-self-study process that took place between April and August of 2019 and culminated in an event called *Data Day*, in which pre-self-study findings were reviewed and formulation of action plans began. Examples of findings included the need to formalize our definitions of APPE-, team-, and practice-readiness and revise our curriculum review process. These and other action plans were initiated between August 2019 and the formal beginning of our self-study process. The self-study began with the appointment of two co-chairs of the self-study process (Drs. David Caldwell and Brad Martin) and five working groups of faculty and staff. The working groups were organized around groupings of standards, and each had two co-leaders. See our self-study working groups and assignments here or in the following binder tab. An initial meeting with group leaders took place in May 2020 to discuss roles, timeline, expectations, and logistics. A full faculty kickoff to orient the working groups and a *Self-Study Workday* followed in the month of June 2020.

Each working group used the months of June through October 2020 to develop the first draft of their assigned standards, and Drs. Caldwell and Martin hosted monthly check-ins with the working group leaders to troubleshoot and identify resources, when needed. Organization was maintained through a Blackboard Community into which all faculty members were enrolled and which contained the logistic components for each group's assignments: pre-self-study findings; an appendix catalog and repository; Google Doc templates for each standard; and reference material in the forms of our 2013 self-study, ACPE guidance, our AACP survey dashboard, key assessment data, etc. The end of first draft writing was marked by a full faculty workday in October 2020 during which initial findings and ratings were reviewed and discussed. An informal vote at this meeting indicated that participants agreed with initial findings and ratings.

The first drafts were reviewed by Drs. Caldwell and Martin and feedback was provided to the working groups in early spring 2021. From here, second draft writing began with a due date of the end of April 2021. A review of all standards by assigned members of the Executive Committee followed and resulted in a change of the rating of Standard 18 from *compliant* to *compliant with monitoring* along with associated changes to key element ratings. These drafts were then shared with an external copy editor. Between May and August 2021, Drs. Caldwell and Martin hosted a series of five Town Halls organized along the structure of the working groups. These provided a venue for faculty, staff, and students to learn about final findings, review key appendices, share comments, and document a preliminary level of agreement with the drafted compliance ratings, all of which indicated high levels of agreement.

As the drafts were received back from the copy editor in late July 2021, Drs. Caldwell and Martin and Dean Stowe facilitated an editing process to fill identified gaps and make further edits. These drafts were shared with the faculty in advance of our final self-study workday in early August 2021. At this meeting, the working groups reviewed final drafts, rated their agreement with each key element and compliance rating in their assigned standards, noted strengths and opportunities for improvement in the College based on their reading, and presented their findings to the faculty and staff attendees. Again, there were high levels of agreement with all ratings, with only one suggestion for an edit of a key

element rating (from needs improvement to satisfactory). This same week, representatives of each student cohort reviewed and provided commentary on select standards (RD 14-05 and binder tab). After this extensive review and integration of comments from faculty, staff, and students, the final formal vote was taken on August 16, 2021. Individual votes were taken on the compliance ratings of each standard, and an additional vote was taken to document agreement with the contents of the self-study overall. The faculty unanimously approved the self-study based on response to the statement, "Overall, I believe the self-study is an accurate reflection of the UAMS COP as of the end of academic year 2021." (Results here and in binder tab.)

Self-Study Working Groups

Co-chairs: David Caldwell (Pharmacy Practice) and Brad Martin (Pharmacy Practice)

Pharmacy Practice 11: Interprofessional Education 12: Pre-Advanced Pharmacy Practice Experience 13: APPE Curriculum 20: Preceptors 22: Practice Facilities	**Working Group Leaders:** Lindsey Dayer (Pharmacy Practice) and Jacob Painter (Pharmacy Practice, Exec) **Members:** Brian Jolly (UAMS Dept of Pharmacy), Howell Foster (Pharmacy Practice), Sidney Keisner (Pharmacy Practice), Seth Heldenbrand (Pharmacy Practice, Exec), Dwight Pierce (Pharmaceutical Sciences), Megan Smith (Pharmacy Practice), Kaci Boehmer (Pharmacy Practice)
Faculty Affairs 8: Organization and Governance 9: Organizational Culture 18: Faculty and Staff - Quantitative Factors 19: Faculty and Staff - Qualitative Factors	**Working Group Leaders:** Phil Breen (Pharmaceutical Sciences) and Lisa Hutchison (Pharmacy Practice) **Members:** Nukhet Aykin-Burns (Pharmaceutical Sciences), Marjan Boerma (Pharmaceutical Sciences), Geoff Curran (Pharmacy Practice), Amy Franks (Pharmacy Practice, Exec), Jonell Hudson (Pharmacy Practice), Cindy Mosley (Staff), Erica Sickmeier (Staff), Christi Smith (UAMS Dept of Pharmacy)
Outcomes & Assessment 1: Foundational Knowledge 2: Essentials for Practice and Care 3: Approach to Practice and Care 4: Personal and Professional Development 10: Curriculum Design, Delivery, and Oversight 24: Assessment Elements for Section I: Educational Outcomes	**Working Group Leaders:** Catherine O'Brien (Pharmacy Practice) and Jeremy Thomas (Pharmacy Practice) **Members:** Anneliese Armstrong (Staff), Michelle Balli (Pharmacy Practice), Ryo Fujiwara (Pharmaceutical Sciences), Mark Granberry (Pharmacy Practice), Chris Johnson (Pharmacy Practice), Layton Kelley (UAMS Dept of Pharmacy), Nalin Payakachat (Pharmacy Practice), Rachel Stafford (Pharmacy Practice), Maya Wai (Pharmacy Practice)
Structure & Organization 5: Eligibility and Reporting Requirements 6: College or School Vision, Mission, and Goals 7: Strategic Plan 21: Physical Facilities and Educational Resources 23: Financial Resources 25: Assessment Elements for Section II: Structure and Process	**Working Group Leaders:** Jill Johnson (Pharmacy Practice) and Keith McCain (Pharmacy Practice) **Members:** Jeff Cook (UAMS Dept of Pharmacy, Exec), Marsha Crader (Pharmacy Practice), Peter Crooks (Pharmaceutical Sciences), Dwight Davis (Pharmacy Practice), Hong-yu Li (Pharmaceutical Sciences), Kodi Liddell (Pharmacy Practice), Katrina Owoh (Staff, Exec)
Student Affairs 14: Student Services 15: Academic Environment 16: Admissions 17: Progression	**Working Group Leaders:** Darin Jones and Holly Maples (Pharmacy Practice) **Members:** Antiño Allen (Pharmaceutical Sciences), Angie Choi (Pharmacy Practice), Eddie Dunn (Pharmacy Practice), Willie Hicks (Staff), Karen Irons (Staff), Sherry Myatt, Melanie Reinhardt (Pharmacy Practice), Scott Warmack (Pharmacy Practice, Exec), Lanita White (Pharmacy Practice, Exec)

UAMS COP Self-Study Timeline

Task	Start Date	Comments
Pre-Self-Study	4/1/19	In the spring and summer of 2019, the UAMS COP performed a pre-self-study to determine compliance with the ACPE Standards 2016, identify gaps, and develop action plans to be implemented throughout the 2019-2020 academic year. This is in preparation of the official self-study, which is scheduled to begin in the summer of 2020 and an anticipated site visit in the fall of 2021. Duration approximately 4 months.
Data Day	8/15/19	Data consisted of a half day retreat with the following goals: 1) Review key data elements form 2018-2019 academic year, 2) Review and discuss pre-self-study report, 3) Brainstorm improvement opportunities and begin planning intervention at faculty-led roundtables.
Action plan development	8/15/19	Small groups met to review pre-self-study comments and develop action plans, where appropriate, to improve compliance with standards. Duration approximately 4 months.
Action plan implementation	12/1/19	Action plans were dissemination to parties responsible for implementation Duration approximately 1 year.
Self-Study planning	1/1/20	Planning with the dean, members of Exec, and self-study leaders. Duration approximately 5 months.
Kickoff with group leaders	5/19/20	Bringing working group leaders together to discuss timeline, assignments, groups, and plans for the self-study
Appendix development	5/19/20	Appendices are created reference in narrative sections and for submission with self-study. Duration approximately 15 months.
Full faculty orientation	6/2/20	Orientation of full faculty to self-study process and time for working groups to discuss logistics
Full faculty kickoff	6/25/20	Formal charge from the Dean and time to begin work within the groups
Draft 1 writing	5/19/20	Roughly five months to discover and review program information as well as develop, amass, and review appendices
Full faculty workday	10/1/20	Bringing the full faculty and other stakeholders together to talk to review each working groups' ratings and key points of narrative
Incorporating workday feedback	10/1/20	Time to add workday feedback to draft 1 before David and Brad review. Duration approximately 3 months.
Review and feedback from David and Brad	10/1/20	Rolling start dates to continue discovery and review of program information as well as revise draft 1 based on feedback from self-study leaders and stakeholders. Leaders should begin making sure that available appendices are addressed. Duration approximately 4 months.
Draft 2 writing	2/1/21	Second review by self-study leaders and stakeholders assigned to key standards with rolling edits by working groups. Duration approximately 3 months.
Final draft due	5/1/21	Draft 2 complete and sent to Exec Committee
Exec committee review	5/1/21	Each standard reviewed and revised by members of the Exec Committee. Duration approximately 1 month.
External review	6/1/21	Draft to external reviewer. Duration approximately 2 months.
Circulate internally for feedback	6/1/21	Make internally available to students and other constituents for feedback. Duration approximately 2 months.
Open forum discussions	6/1/21	A series of hour-long open forums to present and discuss findings and gather feedback. Duration approximately 2 months.
Final edit	7/1/21	Final review by David and Brad; addressing comments of external reviewer. Duration approximately 1 month.

Task	Start Date	Comments
August workday	8/12/21	If any changes to standard ratings were made since submission to Exec on 5/1, details will be shared and discussed; general sharing of findings otherwise
Student workday	8/13/21	Review and feedback by students from each cohort
Vote on final draft	8/16/21	Vote to occur at full faculty meeting
Final preparation for submission	8/16/21	Various edits and steps required for final submission
Submit through AAMS	9/15/21	Breaking down the documents for submission into AAMS and mailing; create self-study schedule

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Peer Institutions and Selection Criteria

Peer Institutions	Selection Criteria
1. Auburn University 2. University of Mississippi 3. Texas A&M University 4. University of Missouri, Kansas City 5. Texas Tech University Health Sciences Center 6. University of New Mexico 7. University of Arizona 8. University of Oklahoma 9. University of Georgia 10. University of South Carolina 11. University of Houston 12. University of Tennessee 13. University of Kansas 14. West Virginia University	The Assessment Committee reviewed available data in fall 2019 to select a peer group for comparison of AACP survey data; the following characteristics were chosen to select this group: • **Public institutions** • **Similar number of faculty FTEs** Group acknowledged that schools report this number differently, but selected a range from 35-100 FTEs for AY 18/19 (UAMS = 73) • **Similar graduating class size** Group acknowledged that this is a volatile figure, but chose a range from 50 to 175 for AY 17/18 (UAMS = 112) • **Similar rank based on US News Ranking data** Group recommended ranks from 15 to 55 (UAMS = 30) • **Similar level of institutional focus on research** 16 or fewer PhD grads in the AY17/18 (UAMS = 2) • **Programs in the following states** AL, AZ, AR, FL, GA, KS, KY, LA, MS, MO, NE, NM, NC, OK, SC, TN, TX, VA, WV

Peer schools for reported AACP Survey Data:

2020 Graduating Student
Texas A&M University, Texas Tech University Health Sciences Center, The University of Arizona, The University of Georgia, The University of Kansas, The University of Mississippi, The University of New Mexico, The University of Oklahoma, The University of Tennessee, University of Houston, University of Missouri-Kansas City, University of South Carolina, West Virginia University

2020 Faculty
Texas Tech University Health Sciences Center, The University of Georgia, The University of Kansas, The University of Tennessee, University of South Carolina

2020 Alumni
Texas Tech University Health Sciences Center, The University of Georgia, The University of Kansas, The University of New Mexico, University of Houston

2019 Preceptor
The University of Louisiana Monroe, University of Maryland, University of Minnesota, University of Pittsburgh, Virginia Commonwealth University
(these data were pulled based on our previous [pre-2020] peer list)

Student Feedback on the UAMS COP Self-Study

Standard	Student Feedback
1: Foundational Knowledge	• What is the pharmacology course for P1 year? Oh, Principles of Drug Actions. • Recitation is a great opportunity for utilization of evidence-based guidelines. • More opportunity for EBM application throughout the curriculum
2: Essentials for Practice and Care	• More realistic and frequent EMR use - is it possible to utilize EPIC
3: Approach to Practice and Care	• "Patient-Centered Communication, Principles of Pharmacy Practice, and recitation associated with Therapeutics I and II are courses that provide an introduction to and reinforcement of the fundamentals of communication and collaboration" - These courses plus the OSCEs do an excellent job in teaching us good bedside manner when rounding
4: Personal and Professional Development	• Consider adding clarification on the explanation of CPD introduction during CO&C. • IPPE provides exposure to the expected level of professionalism and gives students exposure to the unique leadership style of their preceptor/institution.
6: College or School Vision, Mission, and Goals	• In the mission, it mentions "focuses on improving health across culturally diverse populations." 12th street should be talked about here since the clinic highlights a way we assist in that • Paragraph 5: "the last goal" (3 or 4 goals?) • Which goal does paragraph 8 (about service) fall under? • Designate each of the 3 goals to a paragraph w/ descriptions/examples • For listed goals, the college has plans of action to meet these goals.
10: Curriculum Design, Delivery, and Oversight	• The therapeutics/ drug info/ pharmacology courses truly do prepare you well for basic level practice. It is refreshing to receive a question from a patient/resident that you saw on an exam. • CPD survey is sent out close to, or during final examinations. People are already worn down and writing several SMART goals was not high on the list of things students want to do. You may have better participation if student responses are gathered earlier in the semester. • I think student engagement should be encouraged even more. TBL's while in class (like what Dr. Fujiwara does in pharmaceutics) were always fun days, and even when Dr. Granberry/Dunn forced participation it allowed the delivery of the content to be engaging. However, there were many lectures that were 2-hour blocks and most eyes glazed over.
11. Interprofessional Education (IPE)	• Thoroughly describes Quadruple Aim and IPE • Highlights strengths of the college in a way that is to be noticed but also passive enough that it does not come across as haughty.

Standard	Student Feedback
	• I have heard comments that the meeting before IPE is unnecessarily long but the group part was interesting.
12. Pre-Advanced Pharmacy Practice Experience	• Good use of statistics throughout incorporating student feedback. • I like the format of having one IPPE after P1 year and one after P2 year: I know other health professional programs don't have much preceptor exposure in the first year. • Under affective domain elements, continuous professional development is typed out twice as well as abbreviated right after. There is a possibility that abbreviating it just once after the first time of typing it out would be enough?
13. Advanced Pharmacy Practice Experience (APPE) Curriculum	• Highlights all areas of the program that allow students to give feedback to the college regarding APPEs. • Selecting/ranking APPEs can be personalized for each student depending on their interests. • Most preceptors and sites have detailed descriptions in order to help students rank rotations. • I wish there was a way to split APPE requirements up by disease states also. For example, I loved my cardiology rotation but I don't believe any of my rotations will focus on endocrinology/diabetes. • "Students that are interested in health-system residencies receive a minimum of four <u>direct patient care</u> APPEs prior to December to adequately prepare them for residency interviews." - I don't believe this is true for several students (possibly is true but might not be relevant since community DPC is included)
14: Student Services	• Perhaps include trends in increased use (stats/data) of the student health/wellness center (psychiatric services or referrals) to strengthen point 14.3 (paragraph 9) • End of paragraph 3, the last 2 sentences can be condensed. "2-3 Faculty members work with 10-15 students to help with CV building, maintenance of professional social media" • Non-discrimination numbers compared to peer/national averages significantly higher • Keurig in student lounge • Thank you for the ping pong
15: Academic Environment	• I think the new FB group is a wonderful inclusion to show that the college focuses on not only students' grades but also their well-being. • The emphasis on the importance of having students involved in committees • Open door policies for faculty are very appreciated by the students. • Student committees are crucial due to the fact that the members have a close relationship with those in their class and can make judgement calls/new policies accordingly. • The abundance of student organizations allows opportunities for every individual to find an organization of interest.

Standard	Student Feedback
	• Maybe give an example of quality improvement from students in the committees, I know the Student Advisory Committee for Covid was mentioned, but could you include an example non-Covid related
16: Admissions	• For PCAT requirements, it is not specified if the requirement will be required for future cycles or what the colleges intention is for its use. • "Students are chosen for admission on a competitive basis from a pool of applicants who have applied through PharmCAS." -should sentence not end at basis? It's implied that they applied thru PharmCAS • Application and interview processes are very streamlined. Good variation to ensure well rounded students. • Emphasis on DEI in paragraph 10 • With the elimination of the PCAT, I feel as though an aspect of the interview process has been lost. Not as challenging to secure an interview or be selected to enroll.
17: Progression	• Are requirements for admissions necessary? End of second sentence should be conjoined with third paragraph • If we included the UAMS graduation stats with the stats for national rates, do we need the peer rates? If so, what peer? • Represented well: GPA correlation metrics, experiential education progression standards, • Order of intervention/success resources flows well • consider removing the phrase "responsive in real time" • Paragraph 8: insert reference to standard 1 for PCOA numbers
21: Physical Facilities and Educational Resources	• Upon reading this, I learned about several facilities I had no idea that existed. This probably has a lot to do with spending the majority • Highlighting the upgrades made to the 6th floor shows effort to improve the transition of students coming back to class in person. of my time at the COP online. • Perhaps at the end of the statement box where the statistics are listed there should be a statement regarding what the college is doing to improve the statistics if necessary. • Maybe it isn't relevant to this, but unless I just completely missed it, I didn't see anything about the gym or fitness facilities available.
22: Practice Facilities	• Emphasizes aspects and strengths listed in standard 13 (APPE). • I like that it highlighted HWC because many communities don't have access to something like that and the fact that it is student run gives students great opportunities for hands-on learning. • Adding the exact number of each site is an eye catching way to emphasize the variety of experiences offered during APPEs • Evaluations of preceptors during APPE are thorough and detailed and seem to give the college good insight to the site. Also gives students the opportunity to express their satisfaction or disappointment in their experience.

Standard	Student Feedback
	• Does everyone know what CORE ELMS is or should this be explained within the statement? • Some rotations have negative/poor reputations and continue to be available to students. • It might be interesting to have a place where students can view previous reviews (if that doesn't already exist) and possibly make it available to the rotations so they can see what they need to improve on.
24: Assessment Elements for Section I: Educational Outcomes	• PCOA has very untimely feedback. • Summative exams are great NAPLEX prep! Keeps students in the mindset of standardized exam prep. Also, a confidence boost for most. Helps us to be aware of our individual levels of retention. • CPD SMART goals - submit these at the beginning of the fall semester instead of the end of spring semester. Students lack motivation and experience test exhaustion at the end of the semester, so requesting SMART goals at the beginning will allow students to reflect on past goals and create new goals with a fresh and renewed mindset.

Faculty Approval

A COP Faculty Meeting was held on August 16, 2021 to vote on the self-study. The results of the electronic vote are below, indicating agreement of meeting attendees with overall compliance ratings. The original survey output signed by the faculty tellers is available here.

Standards	Agree	Disagree	Abstain
1. Foundational Knowledge	44	0	0
2. Essentials for Practice and Care	44	0	0
3. Approach to Practice and Care	44	0	0
4. Personal and Professional Development	44	0	0
5. Eligibility and Reporting Requirements	44	0	0
6. College or School Vision, Mission, and Goals	44	0	0
7. Strategic Plan	42	0	2
8. Organization and Governance	44	0	0
9. Organizational Culture	44	0	0
10. Curriculum Design, Delivery, and Oversight	44	0	0
11. Interprofessional Education (IPE)	44	0	0
12. Pre-Advanced Pharmacy Practice Experiences (Pre-APPE) Curriculum	44	0	0
13. Advanced Pharmacy Practice Experiences (APPE) Curriculum	44	0	0
14. Student Services	44	0	0
15. Academic Environment	44	0	0
16. Admissions	44	0	0
17. Progression	44	0	0
18. Faculty and Staff – Quantitative Factors	44	0	0
19. Faculty and Staff – Qualitative Factors	44	0	0
20. Preceptors	44	0	0
21. Physical Facilities and Educational Resources	44	0	0
22. Practice Facilities	44	0	0
23. Financial Resources	44	0	0
24. Assessment Elements for Section I: Educational Outcomes	43	1	0
25. Assessment Elements for Section II: Structure and Process	44	0	0

Self-study in total	Agree	Disagree	Abstain
Overall, I believe the self-study is an accurate reflection of the UAMS COP as of the end of academic year 2021.	44	0	0

Self-Study Guide

Type of program
- Four years
- 3 years didactic and IPPE
- 1 year of APPE

COP organizational structure
- Office of the Dean
- Department of Pharmaceutical Sciences
  - Division of Radiation Health
- Department of Pharmacy Practice
  - Division of Pharmaceutical Evaluation and Policy
  - Division of the Northwest Regional Campus
  - Center for Implementation Research
- Service units
  - Arkansas Poison and Drug Information Center
  - Evidence-based Prescription Drug Program
  - Nuclear Education Online Program

Note to reviewers regarding self-study preparation
- Curriculum Quality Survey data included for years 2017-2020
- Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.
- Regarding AACP standardized survey data, "strongly agree" and "agree" percentages were combined for reporting.
- Comments related to AACP survey data have been included in the narrative.
- All appendices are linked to files in Box and will require internet access for direct links to work. If access is not available, appendices may be referenced from the provided USB drive (organized by standard).
- Use the *Table of Contents* link at the bottom right of each page to navigate back.

Abbreviation key
- **AACP**, American Association of Colleges of Pharmacy
- **ADAA**, Associate Dean of Academic Affairs
- **ADAdmin**, Assistant Dean of Administration
- **ADEE**, Associate Dean of Experiential Education
- **ADHSP**, Assistant Dean of Health-System Pharmacy
- **ADNW**, Associate Dean of NW Campus
- **ADResearch**, Associate Dean of Research
- **ADSA**, Assistant Dean of Student Affairs
- **APDIC**, Arkansas Poison & Drug Information Center
- **APPE**, Advanced Pharmacy Practice Experience
- **ARSBOP**, Arkansas State Board of Pharmacy

- **CAP**, Comprehensive Assessment Plan
- **COM**, College of Medicine (UAMS)
- **CON**, College of Nursing (UAMS)
- **COP**, College of Pharmacy (UAMS)
- **COPH**, College of Public Health (UAMS)
- **CORE® ELMS**, CORE® Experiential Learning Management System
- **CPD**, Continuous Professional Development
- **DOA**, Director of Assessment
- **DOAdmis**, Director of Admissions
- **EAC**, Experiential Advisory Committee
- **EBM**, Evidence Based Medicine, Biostatistics, & Pharmacoeconomics (PHPR 7303)
- **EBRx**, Evidence-Based Prescription Drug Program
- **GS**, Graduate School (UAMS)
- **IEP**, Individual Education Plan
- **IPPE**, Introductory Pharmacy Practice Experience
- **NABP**, National Association of Boards of Pharmacy
- **NAPLEX**, North American Pharmacist Licensure Examination
- **NEO**, Nuclear Education Online Program
- **OAA**, Office of Academic Affairs
- **OEE**, Office of Experiential Education
- **OIPE**, Office of Interprofessional Education (UAMS)
- **ONW**, Office of Northwest Campus
- **OSA**, Office of Student Affairs
- **OSCE**, Objective Structured Clinical Examination
- **P1s**, Professional Year 1 student
- **P2s**, Professional Year 2 student
- **P3s**, Professional Year 3 student
- **P4s**, Professional Year 4 student
- **PCAM**, Pharmacognosy Complementary & Alternative Medicine (PHSC 7302)
- **PCOA**, Pharmacy Curriculum Outcomes Assessment
- **PEP**, Pharmaceutical Evaluation and Policy
- **PS, PHSC, PharmSci**, Pharmaceutical Sciences
- **PP, PHPR**, Pharmacy Practice
- **PPAS**, Pharmacy Practice Assessment & Skills (PHPR 7308)
- **PPCP**, Pharmacists' Patient Care Process
- **RH**, Radiation Health
- **SE1**, Summative Exam 1
- **SE2**, Summative Exam 2
- **TBL**, Team Based Learning

Summary of the UAMS COP Self-Evaluation of All Standards

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

Site Team Process Evaluation

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. ☐

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

Uploads:

☐ *RD 01-01* Annual performance of students nearing completion of the didactic curriculum on the PCOA outcome data broken down by campus/branch/pathway

☐ *RD 01-02* Performance of graduates (passing rates of first-time candidates on the NAPLEX® for the last 3 years broken down by campus/branch/pathway

☐ *RD 01-03* Performance of graduates (passing rate, Competency Area 1[1] scores, Competency Area 2 scores for first-time candidates) on the NAPLEX® for the last 3 years

☐ *RD 01-04* Performance of graduates (passing rate of first-time candidates) on the MPJE® for the last 3 years

Required Documentation for On-Site Review:
None required for this Standard.

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Students – Questions 4-6, 69

☐ AACP Standardized Survey: Preceptors – Questions 11-13

☐ AACP Standardized Survey: Alumni – Questions 14-16

☐ *DV 01-01* Analysis of student academic performance throughout the program (e.g. progression rates, academic probation rates, attrition rates)

Optional Documentation and Data:

☐ *OA 01-01* IPE curriculum overview

☐ *OA 01-02* Analysis of student academic performance throughout the program

☐ *OA 01-03* Longitudinal OSCE program summary

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	NI	U
1.1. Foundational knowledge – The graduate is able to develop, integrate, and apply knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.	●	○	○

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

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

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

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

Character count: 14,357

The mission of the UAMS COP is to improve the health of a culturally diverse population with the ultimate vision of transforming healthcare throughout Arkansas and beyond. To ensure that our curriculum continues to align with both the accreditation standards and our mission, the COP revised our competency statements in 2015 with both the 2013 Center for the Advancement of Pharmacy Education (CAPE) Outcomes and our core values in mind. These competency statements guide all curricular and assessment choices in the educational program and ensure that our students have the breadth and depth of foundational knowledge—as well as the skills, attitudes, and behaviors—necessary to be successful upon graduation and into the future. Our students' performance on standardized exams (PCOA and NAPLEX) is consistently above the national average, offering evidence of the overall success of our programmatic choices. Through established processes of our educational program and the quality improvement initiatives we have put into practice, we are confident that our graduates are able to join us in our mission.

Our curriculum and assessment strategies increase in levels of complexity as students progress from their P1 year to APPEs. Foundational knowledge is disseminated through didactic courses and applied via complementary activities and assessments, such as hands-on laboratory experiences, OSCEs, recitation, and pharmacy practice experiences. A basic foundation of knowledge is provided by prerequisites and further expanded and integrated within the PharmD curriculum. The biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences are integrated throughout the didactic curriculum (see RD 10-14), and a curriculum overview can be found in RD 10-01. The P1 year focuses on the biomedical and pharmaceutical sciences, with courses covering anatomy and physiology,

biochemistry, pharmaceutics, medicinal chemistry, pharmacology, pharmaceutical calculations, nuclear pharmacy, and basic drug information. This content builds upon prerequisite coursework and provides an opportunity for level-setting related to key foundational knowledge that students have acquired from their pre-pharmacy education. Clinical sciences introduced in P1 courses cover health information retrieval and evaluation. Introductory practice-related concepts are also included in each course to demonstrate applicability of the foundational knowledge. Career Orientation & Communication (PHPR 7103) in the P1 fall semester complements these courses by offering students an immediate point of reference for opportunities within the profession, contextualizing the early science courses within the broader scope of pharmacy as a whole, and introducing components of the Pharmacists' Patient Care Process, such as physical assessment and patient-centered communication. Lastly, social/behavioral/administrative competencies are introduced in several P1 courses that cover patient-centered communication skills (PHPR 7106), the healthcare system (PHPR 7102), and an introduction to drug information and evidence-based medicine (PHPR 7107). The IPE curriculum (interprofessional education; OA 01-01; full details in Standard 11) also begins in the P1 year with an exposure workshop and exposure bridge activity that provide an introduction to the Quadruple Aim and IPE program competencies. The P1 community IPPE in the P1 summer offers an opportunity to apply knowledge and skills gained in this didactic year in the community setting.

Biomedical and pharmaceutical content is extended into the P2 year with courses that continue to build knowledge and skills in medicinal chemistry and pharmacology, as well as biotechnology and the foundational concepts of pharmacokinetics. Significant care is taken to align topics of different courses, as applicable. For example, individual drug classes taught in Pharmacology I (PHSC 7201) and Medicinal Chemistry (PHSC 7203) are aligned wherever possible within the course structure. Clinical knowledge is advanced in the P2 year with courses covering therapeutics and clinical pharmacokinetics, which build upon the pharmacology series. Also in the P2 year, Principles of Pharmacy Practice (PHPR 7201) integrates social/behavioral/administrative sciences with the other areas and builds upon concepts introduced during the P1 year. The IPE curriculum advances skills through an interprofessional simulation, and the P2 institutional IPPE gives students the chance to apply what they have learned in an institutional pharmacy setting.

The P3 year continues the pattern of incorporating all four content areas while building on previous knowledge. Clinical sciences knowledge is extended in the P3 year primarily through courses covering therapeutics (I, II, and III; PHPR 7203, PHPR 7302, and PHPR 7304, respectively), addiction (PHPR 7309), and physical assessment (PHPR 7308). These build upon biomedical and pharmaceutical sciences while adding opportunities to explore integration of material and complexity in patient care via recitation, a one credit-hour component of both Therapeutics I (PHPR 7203) and II (PHPR 7203), and lab experiences in Pharmacy Practice Assessment & Skills (PHPR 7308). Biomedical and pharmaceutical sciences content is integrated with clinical sciences within courses covering alternative medicine (PHSC 7302) and evidence-based medicine and biostatistics (PHPR 7303). Social/behavioral/administrative content is continued and advanced in the P3 year via courses covering law and ethics (PHPR 7301) and management (PHPR 7306), which further prepare students for APPEs.

Students' experience with evaluating scientific literature begins in the P1 year and continues throughout the curriculum. This skill is initially introduced in P1 spring with Drug Information (PHPR 7107), where students learn about the different types of scientific literature and the basics of study design. Other courses build upon this. For example, in Pharmaceutics I (PHSC 7104) all P1 students work in teams to review and evaluate a scientific paper. In the P2 year, Self-Care Therapeutics (PHPR 7204) includes evidence-based decision-making sessions, which give students tools to navigate complex patient cases using evidence in the literature. In the P3 year, students receive further focused training and practice opportunities with literature evaluation in Evidence-Based Medicine, Biostatistics, & Pharmacoeconomics (EBM, PHPR 7303). In this course students build upon previous knowledge to formulate focused clinical questions, develop critical literature appraisal skills, determine the appropriateness of statistical analyses, and interpret research outcomes. Students demonstrate knowledge and skill via journal clubs that cover interpretation of statistics, study design, and economic evaluation. In Therapeutics I (PHPR 7203) and II (PHPR 7203) recitation, students use evidence-based medicine skills and refer to treatment guidelines to justify individualization of pharmacotherapy recommendations.

The fundamental knowledge required to explain drug action is primarily developed in the P1 and P2 years, starting with Anatomy, Physiology, & Pathology (PHSC 7101) and Biological & Cellular Chemistry (PHSC 7102) in the P1 fall semester and continued by Principles of Drug Actions (PHSC 7103), Medicinal Chemistry (PHSC 7203), and Pharmacology I (PHSC 7201) and II (PHSC 7202) in the P1 spring and P2 year. Biological & Cellular Chemistry provides students with a deep exposure to physiological processes at the cellular and molecular levels. Principles of Drug Actions is taught at the interface of medicinal chemistry and pharmacology to pair molecular attributes of a drug with biological effects. This involves the role of chemical structure in drug activity, dose response and time-response relationships governing drug action, and the pharmacodynamic aspects of drug action. Pharmacology I and II cover the effects of drugs including mechanisms, therapeutic indications, interactions, and toxicities. These courses are followed by the Therapeutics course series (PHPR 7203, 7302, and 7304), designed to prepare students to evaluate, develop, and modify individualized therapeutic regimens for patients. Previous content from basic sciences courses is woven into the Therapeutics series to deepen the students' understanding of these topics and clarify the connection to clinical sciences.

Students' abilities to solve therapeutic problems are developed through a sequential program. Recitation, one credit hour in both Therapeutics I (PHPR 7203) and II (PHPR 7203), is designed to guide students to develop patient assessment skills, formulate well-justified therapeutic plans, and present and defend recommendations. Topics are discussed using specific patient case examples, and students work on cases in teams to hone their skills in team-based problem-solving. The previously mentioned evidence-based decision-making sessions in Self-Care Therapeutics (PHPR 7204) promote problem-solving by requiring students to work through complex patient cases, make recommendations, and defend their choices. Pharmacy Practice Assessment & Skills (PPAS, PHPR 7308) contains a weekly Patient Care Laboratory to offer students the opportunity to apply the patient-centered care concepts and physical assessment skills learned in the classroom in a simulated, comprehensive patient care environment. Students work with the same group of virtual patients all semester and are held accountable for skills learned earlier in the curriculum while also acquiring new skills.

Our longitudinal OSCE program (OA 01-03) provides students with opportunities to integrate what they have learned and apply their knowledge in a patient-centered way to solve therapeutic problems. It starts with a 3-station OSCE in Principles of Pharmacy Practice (PHPR 7201) in the P2 fall focused on patient-centered communication and medication therapy management. Complexity and stakes are advanced with OSCEs throughout Therapeutics II and III (PHPR 7302 and PHPR 7304) and PPAS (PHPR 7308). The OSCE series culminates in a 10-station OSCE as part of Summative Exam 2 at the midpoint of the APPE year. Students apply what they have learned in a real-world setting on IPPEs and APPEs (see Standards 12 and 13).

Students are introduced to population health in the P1 year by completing the APhA Immunization Training Program. US Healthcare Systems (PHPR 7102) introduces the role of public health and population health management and how these relate to the practice of pharmacy. The relationship between clinical trials and population health is intentionally explored in Self-Care Therapeutics (PHPR 7204) and Evidence-Based Medicine, Biostatistics, & Pharmacoeconomics (PHPR 7303). Here, students learn how to apply medical literature with recognition of the distinction between population-level data and application at an individual level. Research and elective opportunities provide additional venues for some students to pursue development of these skills prior to APPEs. This helps students to see where and how they contribute to population health.

Annual performance of students on the PCOA has consistently remained above the national average since 2016 (RD 01-01). In 2016, the average total PCOA scaled score of our rising P4 students was 367 (358 national average), 371 in 2017 (353 national average), 381 in 2018 (352 national average), 367 in 2019 (348 national average), 372 in 2020 (344 national average) and 359 in 2021 (345 national average). This above-average performance has also been consistent across all four PCOA domains. Students on both campuses (Little Rock and Northwest) performed similarly.

The NAPLEX first-time pass rate has been above the national average for the past three years: 93.7% (2018), 94.4% (2019), and 93.8% (2020) compared to national rates of 89.5%, 88.3%, and 88.4%, respectively (RD 01-02 and RD 01-03). The annual first-time pass rates were similar between students from the two campuses. Area 1 scores averaged 12.9, 13.0, and 12.7 in 2018, 2019, and 2020, respectively. Area 2 scores averaged 12.9, 13.2, and 12.9 in 2018, 2019, and 2020, respectively. No difference in these competency areas was observed between the two campuses. The state of Arkansas does not require the Multistate Pharmacy Jurisprudence Exam, so these data are not reported (RD 01-04).

Progression of our student cohorts admitted 2013–2017 show that we had an average on-time graduation rate of 90.4% (Classes of 2017–2021) and a projected average overall graduation rate of 94.6%. These 2013–2017 cohorts had an average new student enrollment of 121 (SD=1) compared to 85 (SD=7) for the cohorts admitted between 2018 and 2021. Of the cohorts admitted 2013–2017 there are no threshold alert values for dismissals, withdrawals, delays, or attrition. For the cohorts admitted between 2018 and 2020, the best projected average on-time graduation rate is 91.4% and there is one threshold value, the withdrawal rate, above the 6% threshold for the Class of 2024. We believe this was

a direct effect of the pandemic and its effects on students, faculty, and staff. These data are presented in OA 01-02.

The AACP survey items related to Standard 1 ask graduating students, alumni, and preceptors about their level of preparation upon graduation to apply knowledge to practice. There was a similar pattern of responses from all groups, with general agreement that new graduates are well-prepared. For example, the most recent survey results demonstrated that all three groups agreed that graduates could "apply knowledge from the foundational pharmaceutical and biomedical sciences" to patient care [99.1% seniors (2020), 94.8% alumni (2020), and 95.6% preceptors (2019)]. There were similar rates of agreement that they could "apply knowledge from the clinical sciences" to patient care [(100% seniors (2020), 94.9% alumni (2020), and 94.5% preceptors (2019)] and that they could evaluate scientific literature [96.3% seniors (2020), 93.4% preceptors (2019), 89.6% alumni (2020)]. Finally, in response to the prompt "I am prepared to enter pharmacy practice," graduating students consistently agreed at very high rates, at or near 100% in 2019 and 2020. Our performance was consistent with peer and national comparisons.

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

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 02-01* Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework.

☐ *RD 02-02* Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE).

☐ *RD 02-03* Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE).

Required Documentation for On-Site Review:
None required for this Standard.

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Students – Questions 7-11

☐ AACP Standardized Survey: Preceptors – Questions 14-18

☐ AACP Standardized Survey: Alumni – Questions 17-21

Optional Documentation and Data: (Uploads)

☐ *OA 02-01* Description of curricular and degree requirements

1) **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	NI	U
2.1. Patient-centered care – The graduate is able to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).	●	○	○
2.2. Medication use systems management – The graduate is able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.	●	○	○
2.3. Health and wellness – The graduate is able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.	●	○	○
2.4. Population-based care – The graduate is able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices.	●	○	○

2) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check ☑ to indicate that the topic has been

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

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

Character count: 14,272

Our core curriculum is guided by the four domains of our competency statements and our College's curricular map. These four domains include: (1) patient care, ensuring appropriate pharmacotherapy and therapeutic outcomes; (2) dispensing and pharmacy resource management; (3) health improvement, wellness, and disease prevention; and (4) personal and professional development. The curriculum is structured with a focus on basic pharmaceutical sciences (see Standard 1) first, in order to create the foundation for introduction and incorporation of the clinical sciences as students progress through the curriculum (see OA 02-01).

Developing patient-centered care skills
Pearls of patient-centered care are incorporated across all components of our didactic and experiential curriculum. P1 students take Pharmaceutical Calculations (PHPR 7101) during their first semester of pharmacy school, which immediately introduces principles of patient-centered care related to reading and interpreting medication orders, calculating amounts of ingredients for pharmaceutical compounds, and solving patient-care problems involving consideration of factors such as weight and renal function. P1 students also take the Drug Information (PHPR 7107) course in the spring semester, which introduces key content related to drug information resources, literature review, clinical trial design, medication safety, and principles of evidence-based medicine. Active learning modalities are frequently utilized for student engagement and application. Multiple assignments in the Drug Information (PHPR 7107) course instill principles related to patient-centered care early in the curriculum. Students write up clinical

questions using the PICO (patient, intervention, comparator, and outcome) format from a unique case scenario and then must find primary literature to answer their questions. Another P1 course, Introduction to Patient-Centered Communication (PHPR 7106), covers motivational interviewing, formulation of responses to patient concerns, and addressing of nonadherence. Patient-centered communication is frequently revisited throughout the second and third years of the didactic curriculum. This content informs all of the elements of the Pharmacists' Patient Care Process (PPCP), allowing for a solid foundation for future learning activities.

In the P2 year, Principles of Pharmacy Practice (PHPR 7201) advances skills for prescription processing and IV preparation and reinforces communication principles. Students fill and process prescriptions for unique patient scenarios. Our students are frequently exposed to the PPCP in several courses, including Principles of Pharmacy Practice (PHPR 7201), Self-Care Therapeutics (PHPR 7204), the Therapeutics course series (I, II, and III; PHPR 7203, PHPR 7302, and PHPR 7304, respectively), and Pharmacy Practice Assessment & Skills (PPAS, PHPR 7308). Many modules in these courses provide descriptive details of each phase of the PPCP when presenting new information. In Self-Care Therapeutics (PHPR 7204) the PPCP is introduced in the first class period and then, with the first clinical topic of the course, immediately applied to information and patient cases. Specific feedback on performance related to the PPCP is also provided in summary form for each OSCE throughout the curriculum. See OA 01-03 for examples.

Students are held responsible for providing patient-centered care recommendations. The Therapeutics course series (I, II, and III; PHPR 7203, PHPR 7302, and PHPR 7304, respectively) covers drug therapy used for treatment of chronic disease states and acute care. Students are prepared to develop patient-specific therapeutic plans that incorporate personalized goals for therapy, medication regimens, therapeutic alternatives, and monitoring plans in conjunction with their recommendations.

Students are also prepared to evaluate and modify their therapeutic plans when necessary. In recitation associated with Therapeutics I and II (PHPR 7203 and PHPR 7302), students evaluate complex patient cases, develop prioritized problem lists, and assess pertinent subjective and objective information to formulate their recommendations. They present their recommendations verbally in a small-group setting to their peers and recitation instructors in a simulated practice setting. New cases are assigned each week to align with course lectures, and some cases challenge the students to elicit additional information from the patient or provider prior to formulating their final plan. Cases that require the student to collect information from their recitation leader provide opportunities for practice of the "collect" phase of the PPCP in a progressive disclosure case format. These skills are emphasized in the course series since students must achieve a passing score in recitation in order to pass the associated Therapeutics I and II courses.

All P3 students take the required Pharmacy Practice Assessment & Skills (PPAS, PHPR 7308) course in the spring semester to further develop their assessment skills before beginning P4 APPEs. This course emphasizes physical exam, medical record review, interviewing, and counseling skills necessary to assess conditions and disease states in order to optimize drug therapy. The lab associated with PPAS allows students to apply new information (and previous knowledge from the didactic curriculum) to complex

patient cases. PPAS uniquely incorporates a multi-cultural, multi-generational family throughout the course, which provides our students with "real-life" scenarios and the opportunity to practice continuity of care in assessing and treating the same patients over time. This model, which is a notable improvement implemented in spring 2016, provides opportunities for our students to monitor and adjust therapeutic plans as the acute care needs and/or new chronic disease states of multiple family members are diagnosed throughout the semester. Students practice documentation of their assessments and recommendations through composing SOAP notes in multiple required courses, including the recitation component of the Therapeutics I and II (PHPR 7203 and PHPR 7302, respectively) and PPAS (PHPR 7308). PPAS also requires patient-friendly documentation as the students complete a medication-therapy management session and document patients' medication lists and action plans.

Other required courses expose our students to aspects of patient-centered care in unique practice settings. Clinical Pharmacokinetics (PHPR 7205) reviews clinical pearls associated with therapeutic drug monitoring, highlights care for special populations, and incorporates unique team-based learning activities to provide more hands-on activities for the students. Molecular Biology & Biotechnology (PHSC 7204) provides an introduction to pharmacogenomics topics for common medication classes including anticoagulants, antiplatelets, antihypertensives, and psychiatric medications. As a part of normal quality assurance processes, this course recently underwent significant revisions with guidance from the Curriculum Committee to align more course content directly to individualized, patient-centered care. Additional details about our curricular review process are available in [Standard 10](#).

Developing medication use systems management skills
A variety of curricular requirements expose our students to the skills necessary for an understanding of medication use systems management. Pharmacy Management (PHPR 7306); US Healthcare Systems for Pharmacists (PHPR 7102); Evidence-Based Medicine, Biostatistics, & Pharmacoeconomics (EBM, PHPR 7303); and Pharmacy Law & Ethics (PHPR 7301) provide information on core topics including major healthcare delivery platforms/payors, management for medication distribution and control, health care economics, medication safety, and continuous quality improvement. Students are required to create a disease state management protocol in Pharmacy Management (PHPR 7306). The experiential education curriculum includes several learning experiences that expose the students to medication use systems management topics. Specifically, the community and institutional IPPEs provide opportunities for observation and application of these principles in a practice setting. In these IPPEs students are evaluated on their ability to accurately produce prescription labels, select and prepare medications, and fill prescriptions. Students are also exposed to workflow, record-keeping, and computer system skills necessary for practice in institutional and community settings. All P4s are required to complete at least one APPE in health-systems management.

Developing health and wellness promotion skills
Principles related to health and wellness are incorporated into multiple courses throughout the didactic curriculum. Many disease state topics in the Therapeutics series include a review of pertinent lifestyle changes related to diet and physical activity, the implementation of which are crucial for achieving treatment goals related to chronic disease state management. Pharmacognosy and Complementary & Alternative Medicine (PCAM, PHSC 7302) provides information on natural products and complementary

medicine approaches. There are multiple electives a student may select on topics such as culinary medicine, health and wellness, and pharmacy-based point-of-care testing. See OA 02-01 for a list of all elective offerings.

Several activities in the experiential curriculum expose our students to pertinent health and wellness topics. IPPEs such as brown bag medication events and health screenings allow our students to provide medication and disease state education to the general public. Students regularly volunteer at interprofessional clinics on both the Little Rock and Northwest campuses, where they assist with public health efforts, acute care outpatient concerns, and management of chronic disease states as part of a health care team with students from other disciplines (medicine, nursing, physical therapy, etc.). UAMS students complete the APhA's Pharmacy-Based Immunization Delivery certificate training program during the P1 spring semester, thus meeting the Arkansas State Board of Pharmacy requirement for the authority to administer. Our students are assisting with statewide health and wellness and population-based care through the administration of vaccines in a supervised setting via both IPPEs and APPEs. In addition, co-curricular experiences with health screenings, awareness campaigns, and activities through professional student organizations provide unique opportunities for students to engage with patient care in their diverse communities.

Developing population-based care skills

Population-based care topics are covered throughout the didactic and experiential curriculum. US Health Care Systems (PHPR 7102) introduces care delivery platforms, continuous quality improvement measures, population health best practices, and health care economics. P1 students are introduced to drug information and evidence-based medicine pearls during Drug Information (PHPR 7107), which are further expanded upon during the P3 Evidence-Based Medicine, Biostatistics, & Pharmacoeconomics (EBM, PHPR 7303) course. In this course, P3s strengthen their literature and biostatistical critical appraisal skills for application to inform drug product selections and treatment recommendations. Students complete several journal club activities in small groups to work through literature interpretation for a variety of different trial designs. Components of the IPE curriculum also highlight population-based care initiatives for our students. IPE exposure workshops include topics such as educating the state legislature on the importance of immunizations and considering social determinants of health in the setting of a unique family case to provide optimal patient-centered care (see Standard 11).

A variety of assessments are used to demonstrate student performance related to the key elements of this standard. Longitudinal ExamSoft reporting allows aggregation of student performance across all exam items mapped to our UAMS COP Competency statements and cross-walked to the CAPE outcomes. RD 02-01 summarizes these data. Additionally, our longitudinal OSCE program allows for repeated assessment of students with regard to the PPCP in the P2, P3, and P4 years. These data are summarized in RD 02-01 and demonstrate high levels of achievement in all PPCP domains, with the exception of monitoring & follow-up. Although we believe that planning for monitoring and follow-up is a higher-level skill that develops later in the curriculum and continues in practice, we have identified this as an area for improvement, and the 2021–2022 Curriculum Committee is facilitating an action-planning process to improve development of this skill in our students. Experiential data in RD 02-02 (IPPE) and RD

02-03 (APPE) also demonstrate high levels of achievement of our students in rubric items mapped to this standard. The Office of Experiential Education utilizes a monitoring process for APPEs, specifically, that ensures that every student earns a rating of *meets expectations* across all APPE competencies before graduation. Students who have not achieved this outcome for any given competency by certain monitoring checkpoints trigger an intervention that results in the development of individualized action plans (see Standard 13).

AACP survey data supports our self-evaluation of this standard. In the most recent administrations to alumni (2020), preceptors (2019), and graduating students (2020), the vast majority of respondents agreed with statements related to this standard. Alumni data from 2020 showed that 93–98% of respondents agreed with these statements, which met or exceeded peer and national comparisons for each item except for item #21 on evidence-based practices (93%, compared to 95.4 and 96.4%, peer and national, respectively). Graduating student data from 2020 showed that 99.1–100% of respondents agreed with these statements, which met or exceeded peer and national comparisons for each item. Similarly, 2019 preceptor data demonstrated agreement ranging from 91–96% with each item and met or exceeded each peer and national comparison.

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

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 03-01* Examples of student participation in IPE activities (e.g. didactic, simulation, experiential)

☐ *RD 03-02* Outcome assessment data summarizing overall student achievement of learning objectives for didactic course work

☐ *RD 03-03* Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences

☐ *RD 03-04* Outcome assessment data summarizing overall student achievement of learning objectives for advanced pharmacy practice experiences

☐ *RD 03-05* Outcome assessment data summarizing overall student participation in IPE activities

☐ *RD 03-06* Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3

☐ *RD 03-07* Outcome assessment data of student achievement of problem-solving and critical thinking

☐ *RD 03-08* Outcome assessment data of student ability to communicate professionally

☐ *RD 03-09* Outcome assessment data of student ability to advocate for patients

☐ *RD 03-10* Outcome assessment data of student ability to educate others

☐ *RD 03-11* Outcome assessment data of student demonstration of cultural awareness and sensitivity

Required Documentation for On-Site Review:
None required for this Standard.

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Students – Questions 12-18

☐ AACP Standardized Survey: Preceptors – Questions 19-25

☐ AACP Standardized Survey: Alumni – Questions 22-28

Optional Documentation and Data: (Uploads)

☐ No additional documentation or data

1) **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	NI	U
3.1. Problem solving – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	●	○	○
3.2. Education – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.	●	○	○

3.3. Patient advocacy – The graduate is able to represent the patient's best interests.	●	○	○
3.4. Interprofessional collaboration – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	●	○	○
3.5. Cultural sensitivity – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.	●	○	○
3.6. Communication – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.	●	○	○

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

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

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

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

   ☐ How assessments have resulted in improvements in professional communication.

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

   ☐ Innovations and best practices implemented by the college or school

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

   ☐ Any other notable achievements, innovations or quality improvements

Character count: 13,355

The COP curriculum, along with co-curricular activities, is purposefully designed to teach students the concepts and skills of problem solving, education, patient advocacy, interprofessional collaboration, cultural sensitivity, and communication. Students receive instruction with laboratory reinforcement in the P1 through P3 year, practice under direct supervision in IPPEs, and apply these skills in APPEs. Prior to graduation documentation of outcome achievement occurs in didactic course exams and OSCEs; IPPE, APPE, and IPE evaluations; and various program-level assessments. A summary of curricular and co-curricular experiences related to this standard may be found in RD 03-06.

Problem-Solving

P1s are taught fundamental pharmacy practice skills in Career Orientation & Communication (PHPR 7103), Drug Information (PHPR 7107), Introduction to Patient-Centered Communication (PHPR 7106), and US Healthcare System for Pharmacists (PHPR 7102). In the P1 fall semester students are required to use foundational science concepts in Biological & Cellular Chemistry (PHSC 7102) to explain changes in metabolism in clinical scenarios. P1s put problem-solving skills into practice through community IPPEs.

The P2 curriculum prepares students to identify and evaluate patient problems, implement changes, monitor, and follow up for the achievement of desired outcomes. Demonstration of progression of problem-solving skills occurs in both discrete assessments in the Therapeutics I lecture and associated recitation (PHPR 7203) patient case presentations, Self-Care Therapeutics (PHPR 7204), and in the institutional IPPE. Recitation provides weekly opportunities for students to apply therapeutic knowledge to a series of patient cases. Students are provided real-world scenarios in which they are required to solve problems using the PPCP and to provide an oral presentation in a group setting. A rubric is used to evaluate therapeutic management, presentation skills, and ability to answer questions.

The P3 year continues the development of skills needed for pharmacy practice and patient management with the introduction of the following skills: critical thinking and problem solving related to physical assessment in Pharmacy Practice Assessment & Skills (PPAS; PHPR 7308); medical literature evaluation in Evidence-Based Medicine, Biostatistics, & Pharmacoeconomics (EBM; PHPR 7303); and ethical considerations in Pharmacy Law & Ethics (PHPR 7301). Problem solving is a frequent component of the Continuous Professional Development plan (see Standard 4) through a variety of self-selected co-curricular experiences such as research initiatives (e.g., scholarly presentations and publications), services or process development (e.g., YouTube counseling videos), student organization activities, and entrepreneurship and ownership-focused meetings. This program spans the P1–P3 years.

Evidence of students' ability to solve problems is collected through course-level exams, recitation rubrics, OSCE checklists, IPPE and APPE rubrics, and AACP surveys. A summary of relevant data may be found in RD 03-07. Longitudinal OSCE data and Summative Exam 2 (SE2) data demonstrate high levels of achievement on items mapped to collecting, assessing, and making recommendations (score range 74%–85% [longitudinal] and 77%-85% [SE2]). Class of 2021 IPPE and APPE evaluations (see RD 03-03 and 03-04) reflect high levels of achievement, with the average scores related to items mapped to the key elements of this standard ranging from 4.39 to 4.47 (IPPE) and 4.44 to 4.56 (APPE) out of a 5-point scale. In the 2019 AACP Preceptor Survey 90.1% of respondents agreed that students were prepared to "design, implement, and evaluate viable solutions to patient care problems." This was similar to national (88.3%) and peer (90.8%) results. Graduating students in 2020 also agreed they were adequately prepared in this area (100%), which was higher than national (98.0%) and peer (97.1%) data.

Education & Advocacy

Introduction to Patient-Centered Communication (PHPR 7106) in the P1 spring develops education and advocacy skills through several mock patient encounters over the semester. Assessment of these skills continues via OSCEs administered throughout P2, P3, and P4 years. Patient education and advocacy

skills are also incorporated throughout IPE experiences and IPPEs and APPEs. The recitation series associated with Therapeutics I and II (PHPR 7203 and PHPR 7302) provides assessments of the students' ability to educate patients and includes cases specifically designed for students to provide mock counseling sessions. In these scenarios the instructor first acts as a patient with a new prescription or one who seeks information regarding a medication, and then evaluates student performance with a rubric. In recitation students practice advocacy by justifying their treatment recommendations as being in the patient's best interest.

Skills related to literature evaluation are critical to effective patient advocacy in that these skills are required to inform accurate patient recommendations. These skills are introduced in the P1 spring in Drug Information (PHPR 7107) and continue in the P3 course Evidence-Based Medicine, Biostatistics, & Pharmacoeconomics (PHPR 7303). Students demonstrate literature evaluation skills both in a series of journal club presentations in this course and during APPEs.

Students' abilities to educate and advocate are assessed in a variety of ways (see RD 03-10 and RD 03-09). Each OSCE assesses the students' abilities to educate effectively. APPE evaluations (5-point scale) for the class of 2021 averaged 4.54 on the rubric item "Performs individually tailored patient education based on understanding of patient needs" and 4.49 on "Engages with the interprofessional team in shared decision making for therapy" (RD 03-04). According to the 2020 AACP Graduating Student Survey 97.2% of students indicated they were able to advocate for the best interest of a patient, which was similar to peer (97.8%) and national (97.8%) averages. In the 2019 Preceptor Survey 94.5% of respondents agreed students were able to advocate for the patient's best interest, which was higher than peer (90.2%) and national (92.8%) averages.

Communication & Collaboration

Introduction to Patient-Centered Communication (PHPR 7106), Principles of Pharmacy Practice (PHPR 7201), and recitation associated with Therapeutics I and II (PHPR 7203 and PHPR 7302) are courses that provide an introduction to and reinforcement of the fundamentals of communication and collaboration. In the Introduction to Patient-Centered Communication course students are required to demonstrate the ability to use motivational interviewing skills to promote treatment adherence. OSCEs, IPPEs, and APPEs assess communication skills (see RD 03-08). APPE evaluations (5-point scale) for the class of 2021 averaged 4.48 on the rubric item "Demonstrates effective presentation skills" and 4.47 on "Demonstrates appropriate conflict resolution techniques (with patients, families, health care professionals, and interprofessional teams" (RD 03-04). The 2019 Preceptor Survey demonstrated that 95.6% of respondents agreed that our students were able to effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups and organizations, which was slightly above peer (93.9%) and national (94.5%) averages. Graduating students from 2016 to 2020 agreed at rates of 93.2% to 98.2% over those years, with only 2019 graduating students responding below the national average.

Interprofessional collaboration is a strength of our curriculum. As part of an academic health center, we have the benefit of a university-wide IPE program that includes students from the Colleges of Medicine, Nursing, and Health Professions (see Standard 11). The program consists of seven core activities that

must be completed before graduation and that have been developed to promote achievement of the Interprofessional Education Collaborative (IPEC) competencies (RD 03-01). In addition to the IPE program requirements, students participate in the interprofessional 12th Street (Little Rock) and North Street (Northwest) clinics, which provide real-world opportunities for our students to learn about, from, and with other professional students and clinicians. Students spend a minimum of 4 hours in one of the clinics during their P3 year. Students may also volunteer during their P1 and P2 years, and many students participate in an APPE at one of these interprofessional sites.

The participation of our students in IPE activities is summarized in RD 03-05. Notably, all students complete 7 of 10 APPEs in a direct patient care setting where they interact with other health care providers, and there are opportunities for students to complete up to 9 of 10 APPEs in an interprofessional environment. Evidence of students' ability to collaborate is provided through course-level exams, IPPE and APPE rubrics, and AACP surveys (see RD 03-02, RD 03-03, and RD 03-04). APPE evaluations (5-point scale) for the class of 2021 averaged 4.46 on the rubric item "Communicates clear drug therapy recommendations, follow-up, and monitoring with patients and interprofessional healthcare team" (RD 03-04). In the 2019 AACP Preceptor Survey, 96.7% agreed that students had the ability to engage as a member of an interprofessional healthcare team, which was higher than peer (92.1%) and national (94.2%) averages. Notably, 99.1% of respondents to the 2020 AACP Graduating Student Survey agreed they could engage as a member of an interprofessional healthcare team.

One important example of our use of assessment data to improve communication, problem solving, and critical thinking can be found in recent modifications to the format of recitation cases and Therapeutics I (PHPR 7203) exams. Recitation associated with Therapeutics I and II (PHPR 7203 and PHPR 7302) assesses the student's ability to solve problems related to patient care. After instituting a PPCP-based model for patient case presentations, we identified the need to improve students' performance in collecting information. OSCE data provided further evidence of this need. Based on these assessments, we revised a series of recitation cases, beginning with the class of 2021, to initially omit important information and provide it only after students inquire. As a follow-up to this change, we instituted a plan with the class of 2023 to map all exam questions in Therapeutics I to one of the five domains of the PPCP and evaluate student performance. An initial iteration of an exam blueprint encourages the inclusion of at least 2% of exam items reflecting the skill of collection.

Cultural Sensitivity
Patient-Centered Communication (PHPR 7106) in P1 spring introduces motivational interviewing. Motivational interviewing requires respect and openness to accept people as they are, encourages students to explore each individual's unique beliefs that affect behavior, and challenges students to explore possibilities of change. These skills are revisited in the P2 year in Principles of Pharmacy Practice (POPP, PHPR 7201), and students participate in an associated OSCE that assesses these skills in a simulated patient encounter. Beginning in spring 2016 with the class of 2017, the P3 course Pharmacy Practice Assessment & Skills (PHPR 7308) incorporates a semester-long, longitudinal case that focuses on assessment of chronic diseases in a multicultural, multi-racial, multi-generational family. This course incorporates a laboratory series in which students perform physical assessments and practice interviewing and communication skills to provide patient-centered care. Assessment for this course

includes OSCEs to document outcome achievement. As mentioned above, the P3 Longitudinal IPPE (PHPR 7202) requires at least 4 hours of service at either the 12th Street or North Street Clinic, where a substantial portion of the patients are non-English speakers or speak English as a second language.

Our students demonstrate their skills related to cultural sensitivity via course-level exam items mapped to this key element, OSCE performance in both POPP (PHPR 7201) and PPAS (PHPR 7308), and experiential evaluations (see RD 03-11). Our students' achievement related to cultural sensitivity is further demonstrated by AACP survey data. In the Graduating Student Surveys from 2016 to 2020, the overwhelming majority (86.4% to 94.5%) agreed that they were able to identify disparities in health care (range from 4.8% below to 2.3% above the national average). During this same time frame, 86.4%–94.5% of respondents agreed they could identify and recognize/address cultural disparities (all within 5% of peer and national comparisons). Responses in the 2019 Preceptor Survey were similar to those of seniors, with rates of agreement for each item ranging from 86.8% to 96.7%; these responses were similar to peer and national responses in all cases. In 2020, responses to the Alumni Survey were lower than expected on items related to identifying and recognizing/addressing cultural disparities: 74% and 71% agreed, respectively—both more than 10% below national and peer comparisons. The Assessment and Curriculum Committees will continue monitoring these surveys to determine any needs for curricular change.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:
- ☐ *RD 04-01* Outcome assessment data summarizing students' overall achievement of professionalism
- ☐ *RD 04-02* Outcome assessment data summarizing students' overall achievement of leadership
- ☐ *RD 04-03* Outcome assessment data summarizing students' overall achievement of self-awareness
- ☐ *RD 04-04* Outcome assessment data summarizing students' overall achievement of creative thinking
- ☐ *RD 04-05* Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4
- ☐ *RD 04-06* Description of tools utilized to capture students' reflections on personal/professional growth and development
- ☐ *RD 04-07* Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning
- ☐ *RD 04-08* Outcome assessment data summarizing student achievement of learning objectives for didactic course work
- ☐ *RD 04-09* Outcome assessment data summarizing student achievement of learning objectives for introductory pharmacy practice experiences
- ☐ *RD 04-10* Outcome assessment data summarizing student achievement of learning objectives for advanced pharmacy practice experiences

Required Documentation for On-Site Review:
None required for this Standard.

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.
- ☐ AACP Standardized Survey: Students – Questions 19-23, 25
- ☐ AACP Standardized Survey: Preceptors – Questions 26-29
- ☐ AACP Standardized Survey: Alumni – Questions 8, 29-32

Optional Documentation and Data:
- ☐ *OA 04-01* Syllabus for PHPR 7103 Career Orientation & Communication
- ☐ *OA 04-02* National awards to student organizations
- ☐ *OA 04-03* List of student organizations UAMS College of Pharmacy
- ☐ *OA 04-04* Example of aggregated co-curricular participation 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	NI	U
4.1. Self-awareness – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.	●	○	○
4.2. Leadership – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.	●	○	○
4.3. Innovation and entrepreneurship – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.	●	○	○
4.4. Professionalism – The graduate is able to exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	●	○	○

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

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

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

☐ Description of curricular and co-curricular experiences related to professionalism, leadership, self-awareness, and creative thinking.

☐ How assessments have resulted in improvements in professionalism, leadership, self-awareness, and creative thinking.

☐ Innovations and best practices implemented by the college or school

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

☐ Any other notable achievements, innovations or quality improvements

Character count: 10,331

Our Continuous Professional Development (CPD) Plan (outlined in RD 04-07) guides students through a longitudinal development process in the areas of self-awareness, leadership, innovation and entrepreneurship, and professionalism. The plan is introduced in the P1 fall semester and intentionally transitions into a co-curricular approach after the initial content delivery. It includes each of the Standard 4 key elements by requiring each student to define SMART goals related to each key element,

reflect on their progress, and participate in faculty-led, small-group discussions focused on opportunities for improvement and additional ways to meet their goals. After the content related to these key elements and the SMART goal framework are introduced in the P1 fall semester the elements of the CPD Plan are repeated cyclically and include 1) documentation of goals and progress at the end of each spring semester, 2) faculty-led, small-group meetings for feedback and discussion, and 3) continued work toward goals throughout the academic year. This framework was developed to mimic the goal-setting and reflection process in which our residents, post-graduate trainees, and faculty participate during their annual review processes and was specifically chosen to model concrete steps that support self-directed lifelong learning. Although participation in the process is required, it allows for flexibility for the students to create their own goals and develop plans to meet them. We believe it is important to allow students to practice the autonomy they will have in their future professional lives while operating within a structure that offers guidance and support.

The CPD Plan is introduced in Career Orientation & Communication (PHPR 7103) and employs several methods to help students engage in personal and professional growth and development (OA 04-01). A lecture series on self-awareness, leadership, and creative problem-solving (innovation and entrepreneurship) combines pre-assignments and group discussion to introduce concepts related to these key elements. Professionalism is a thread woven throughout the entire course. The SMART goal framework is also introduced in Career Orientation & Communication (PHPR 7103). As part of this initial introduction to the CPD process, a course assignment requires students to submit a SMART goal for each of the four key elements, which is then reviewed by faculty facilitators. Discussion in the small groups covers goal-setting in general, applying the SMART framework, and connecting students to co-curricular activities that support their goals.

As the process transitions into a co-curricular approach, students draft their first formal set of SMART goals at the end of their P1 spring semester. These data are reviewed by faculty facilitators, and then small groups are held at the beginning of the fall semester. The goals of these meetings are to 1) provide feedback on the drafted goals, 2) provide guidance toward co-curricular activities that will contribute to their achievement of these goals, and 3) facilitate reflection on the process. Topics range broadly and include correct formatting of SMART goals, discussion prompted by the reflective process, coaching on ideas to help improve the students' chances of attaining their planned goals, and more.

The CPD documentation (RD 04-06) provides a list of co-curricular activities that have been mapped to the Standard 4 key elements. When completing this annual documentation, students mark those activities in which they have participated in the preceding academic year. This is intended to prime the reflective process. Additionally, it serves as a functional map for continued reference as students select activities that will support progress toward their goals. A more concise list of both required and elective activities related to this standard may be found in RD 04-05. An example of aggregated participation data in these co-curricular activities may be found in OA 04-04.

Our students have many opportunities for participation in co-curricular activities, and many of these are due to the notably robust COP student organization culture. To briefly describe these organizations and some of their activities, we have active chapters for seven professional organizations, two honor

societies, and three fraternities (OA 04-03). These organizations offer opportunities for political advocacy, community outreach, leadership, and networking. They organize numerous health fairs and screenings, promote drug take-back days, and make media appearances. Students are supported to attend targeted national conferences and hold positions on standing committees at the college, state, and national levels. Our most notable student organization example is our APhA-ASP chapter. Over the past several years this chapter has received regional and national recognition in the form of multiple awards (OA 04-02). Elective courses and non-organizational opportunities, such as the Summer Research Program, further expand the options for development in these areas.

Although we believe in the self-directed approach to the CPD process, there are required courses beyond Career Orientation & Communication (PHPR 7103) that expose students to content related to these key elements. Introduction to Patient-Centered Communication (PHPR 7106) encourages self-awareness, as students are required to self-reflect after role-playing a patient case. Another example is Principles of Pharmacy Practice (PHPR 7201), in which students complete a reflection after an OSCE focused on communication skills and medication therapy management. Similar to the structured reflection in Introduction to Patient-Centered Communication, students are asked to reflect on potential biases and improvement strategies. In Pharmacy Law & Ethics (PHPR 7301) students are taught the Pharmacist Code of Ethics, which includes the commitment to maintain competency. This is complemented by the law portion of the course, which reviews the regulations governing continuing education requirements. The required Interprofessional Education curriculum, fully described in Standard 11, also contains activities that support development in each of these areas.

Beginning in the P2 year the CPD process is truly self-directed, as each student remains mindful of the goals they have set for themselves at the end of the P1 year and the feedback provided by their small-group facilitator in the early fall. Students participate in a wide variety of co-curricular activities, many of which are mapped in OA 04-04, as well as unique, individual opportunities in the academic, work, and personal settings. We believe all of these experiences are critical, so we encourage students to find meaningful experiences that support their growth and goals. These "unplanned" opportunities are captured in the CPD documentation as well; incorporating them into the reflective process is the mechanism by which we guide our students to find the value in each experience.

The next documentation step in the process occurs at the end of the P2 spring semester. The CPD documentation is repeated, this time with added reflective prompts about the contributions of their co-curricular choices to goal attainment, as well as self-ratings on growth in each area, Likert scales related to each key element, and an accounting of goals met or unmet. These data are again provided to small group facilitators and discussed in meetings scheduled in the early P3 semester.

Examples of outcomes data generated by the process can be viewed in RD 04-01, RD 04-02, RD 04-03, and RD 04-04. These data demonstrate high levels of student agreement with statements regarding self-perception of their abilities to engage in self-awareness, leadership, innovation and entrepreneurship, and professionalism. Students also consistently report high levels of personal and professional growth in these areas, demonstrating the success of the model we have developed. Finally, as P3s report attainment of goals set for that year, 60–75% of students report achieving them. We feel this is an

appropriate rate, and it highlights the reality of personal and professional growth, in that it requires consistent reflection, analysis, and revision of actions and goals.

As students transition into the P4 year they leave the portion of the CPD plan that involves facilitated goal-setting and reflection and move into the experiential setting. Here, students continue to focus on goals of their choice, but the intent is that the process has been internalized. As part of the APPE evaluation process students self-rate their performance on a broad range of behaviors related to personal and professional development (see IPPE and APPE self-evaluations in RD 12-10 and RD 13-06). During APPEs students are required to self-assess at midpoint and work with their preceptors to identify strengths and weaknesses. These self-assessments and plans are captured in the experiential evaluation rubric. Together with feedback from preceptors these elements guide students to develop habits to support self-directed lifelong learning, specifically related to aspects of practice. RD 04-01, RD 04-02, RD 04-03, and RD 04-04 also include experiential evaluation data with items that map to these key elements. These data further demonstrate our students' success in demonstrating competence in these areas of personal and professional growth. Summary data from didactic, IPPE, and APPE courses are available in RD 04-08, RD 04-09, and RD 04-10.

Further supporting our student assessment data are the data generated from AACP surveys. Notably, in the 2020 AACP Graduating Student Survey, 100% of respondents agreed with the item that reads, "I developed the skills needed to prepare me for continuous professional development and self-directed long-long learning." This was higher than both peer and national comparison groups. Additionally, in items 19–22, which describe various aspects of the key elements of this standard, respondents agreed at rates of 98.2% to 100% and were above peer and national comparison groups in each case. Preceptors had similarly high rates of agreement to items mapped to this standard, and these respondents' ratings also exceeded the peer and national comparison group in each case.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 05-01* University organizational chart depicting the reporting relationship(s) for the Dean of the college or school.

☐ *RD 05-02* Document(s) verifying institutional accreditation.

☐ *RD 05-03* Documents verifying legal authority to offer/award the Doctor of Pharmacy degree

☐ *RD 05-04* Accreditation reports identifying deficiencies (if applicable—*not applicable*)

☐ *RD 05-05* Description of level of autonomy of the college or school

☐ *RD 05-06* 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—*no applicable deficiencies*

Required Documentation for On-Site Review:

☐ *RD 05-07* Complete institutional accreditation report (only if applicable, as above—*not applicable*)

Data Views and Standardized Tables:
None apply to this Standard.

Optional Documentation and Data:

☐ *OA 05-01* Dean's job description

☐ *OA 05-02* Committee assignments for 2021-2022 academic year

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	NI	U
5.1. Autonomy – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations.	●	○	○
5.2. Legal empowerment – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.	●	○	○
5.3. Dean's leadership – The college or school is led by a dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all accreditation requirements of ACPE are met.	●	○	○
5.4. Regional/institutional accreditation – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.	●	○	○
5.5. Regional/institutional accreditation actions – The college or school reports to ACPE within 30 days any issue identified in regional/institutional accreditation actions that may have a	●	○	○

negative impact on the quality of the professional degree program and compliance with ACPE standards.			
5.6. Substantive change – The dean promptly reports substantive changes in organizational structure and/or processes (including financial factors) to ACPE for the purpose of evaluation of their impact on programmatic quality.	●	○	○

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

Character count: 8,399

The UAMS College of Pharmacy (COP) is authorized to offer and award the Doctor of Pharmacy degree by the Arkansas Higher Education Coordinating Board (RD 05-03). This authority has been continuous since the time it was granted initially on April 1, 1989, which coincides with the conversion from the Bachelor of Science in Pharmacy degree to the Doctor of Pharmacy degree (first graduating class 1993). UAMS is accredited by the Higher Learning Commission, with the most recent reaccreditation being granted on August 1, 2017, and the next reaffirmation of accreditation scheduled for 2026–2027 (RD 05-02).

UAMS is the only comprehensive academic health science center in Arkansas and is an institutional member of the University of Arkansas System. The University of Arkansas System is governed by a ten-member board of trustees appointed by the Governor of Arkansas and confirmed by the state Senate to serve ten-year terms, one expiring each year. The University of Arkansas System Board of Trustees has legal control and responsibility for the functions of all University of Arkansas System educational and administrative units, including UAMS. The University of Arkansas System Board of Trustees appoints a system president to manage and execute the policies of the Board and to be responsible for making recommendations to the Board for securing the necessary resources required for the operation of the

System and for making policies, budgets, and regulations applicable to the System and its campuses. Donald R. Bobbitt, PhD, has served as the University of Arkansas System President since November 2011. The University of Arkansas System administrative offices are located in Little Rock. The University of Arkansas System universities and two-year colleges each have a chancellor as chief executive officer. Cam Patterson, MD, MBA, has served as Chancellor of UAMS since June 1, 2018. Prior to Chancellor Patterson's arrival at UAMS, former COP Dean, Stephanie Gardner, PharmD, EdD, served as UAMS interim chancellor for 10 months, following the retirement of Daniel Rahn, MD, who had served as chancellor from 2009 to 2017.

Cindy Stowe, PharmD, serves as Dean of the UAMS COP and reports to the Provost, Chief Academic Officer, and Chief Strategy Officer, Dr. Stephanie Gardner. The Office of the Provost provides leadership to coordinate academic programs in partnership with the Deans and other campus officials. Dean Stowe serves on the Chancellor's Cabinet, which is made up of all senior leaders on campus. See RD 05-01 for the university organizational chart. Dean Stowe is responsible and accountable for ensuring the UAMS COP meets all Accreditation Council for Pharmacy Education requirements, including timely reporting of all substantive changes. In addition, Dean Stowe is responsible for all aspects of the College, including strategic planning, quality assessment, student and faculty recruitment, resource development and allocation, and representation to internal and external entities. See OA 05-01 for the Dean's job description.

UAMS COP administration, faculty, staff, and students collaborate with university offices and administration officials to ensure the College is successful in fulfilling its mission and meeting accreditation standards. The Dean's job description of responsibilities demonstrates the autonomy and governing structure of the College. The faculty bylaws (RD 05-05) delineate and ensure the autonomy of the College is maintained and that it functions as an autonomous unit within the University through the products of self-governance of policies, procedures, active standing committees (OA 05-02), and departmental units.

The College has the autonomy to conduct programmatic assessment; define and deliver the curriculum; develop bylaws, policies, and procedures; develop student admission and progression policies; and conduct faculty and staff recruitment, development, and evaluation. The faculty and staff have been involved in development and implementation of programmatic evaluation and advancement, as demonstrated in the College's faculty-approved Comprehensive Assessment Plan and Strategic Plan. In addition, the faculty originally wrote and has subsequently revised the bylaws on several occasions, as well as the policies and procedures for faculty as shown in the Faculty Handbook, and those for student enrollment, admission, and progression policies as shown in the UAMS Academic Catalog (COP section) and the COP Student Handbook. The faculty members have autonomy and have continuously been involved in definition, design, and refinement of the curriculum. Curricular changes that are proposed in departmental meetings or by individual faculty are vetted by the Curriculum Committee. The Curriculum Committee chair brings proposals to the full faculty for review and consideration for approval.

The College has autonomy in faculty and staff recruitment, development, evaluation, and retention. The University is supportive of the work of the College and creates an environment that facilitates the

success of the College, whose input is actively sought. The administrative structure and governance of UAMS is facilitated and implemented by a variety of University committees, the House of Delegates, and Faculty Senate. COP faculty and staff hold memberships on numerous institution-level and campus-specific committees on the Little Rock campus and the regional campus at UAMS Northwest. Additionally, COP faculty are actively involved with University faculty governance with designated elected representative membership positions on the campus Academic Senate. The COP faculty elect representatives to fill two designated positions on the Academic Senate Council and have unrestricted opportunity to run for election by the full campus faculty to fill one of five officer or three member-at-large positions on the Academic Senate. Dr. Brad Martin, Professor in the Department of Pharmacy Practice and Division of Pharmaceutical Evaluation and Policy, is serving as President-Elect for the 2021–2022 academic year. The COP has been well represented, with faculty and staff serving on these campus committees and in leadership positions. Service and leadership by College faculty and staff on these committees have been consistent since the last accreditation cycle, with supporting documentation presented for the 2021–2022 academic year (OA 05-02) The level of service is consistent with previous years and serves as a representative snapshot of the College's involvement on the campus level.

The COP Assistant Dean for Administration is part of the institution-level Administrative Council, which is led by the Associate Vice Chancellor for Finance. The Administrative Council meets monthly and provides a mechanism for the chief fiscal and administrative officers of the organization to discuss emerging financial and administrative management initiatives and issues, review and define policy for the UAMS administrative guide, discuss and engage in critical communication efforts, and organize project-based subcommittees as needed. Additionally, the Dean serves on the UAMS Council of Deans. This Council meets monthly and serves many purposes for input and to inform and advance strategic initiatives with Vision 2029, the UAMS strategic plan (discussed in more detail in Standards 6 and 7). The Senior Vice Chancellor of Finance and Administration/Chief Finance Officer attends this meeting at least quarterly to engage with the deans with regard to the financial outlook of the campus.

An annual budget hearing on projected revenue and expenses for unrestricted, restricted, and plant funds; capital; IT; space; and staffing needs is held between January and March of each year. Participants include each division leader and dean as well as the Provost, Assistant Provost for Finance and Administration, and Associate Vice Chancellor for Finance and Administration/Chief Financial Officer. Based on discussions within the meeting and action required, adjustments may occur within departments and/or division requests. The COP Assistant Dean for Administration manually enters the COP budget information for campus review. In May of each year UAMS presents the budget to the University of Arkansas System Board of Trustees for approval. The fiscal year budget is loaded in July of the new fiscal year (July 1 to June 30).

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 06-01* Vision, mission and goal statements (college/school, parent institution, and department/division, if applicable)

☐ *RD 06-02* Outcome assessment data summarizing the extent to which the college or school is achieving its vision, mission, and goals

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:

☐ *OA 06-01* Vision 2029 COP Participants

☐ *OA 06-02* EBRx Prescription Drug Trend Analysis

☐ *OA 06-03* APA District Meeting Attendance

☐ *OA 06-04* Graduate Programs Capacity and Enrollment

☐ *OA 06-05* UAMS COP Residency Matched 2018-2021

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

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

Character count: 13,153

In 2019 the University of Arkansas for Medical Sciences (UAMS) developed a bold vision: by 2029 we will lead Arkansas to be the healthiest state in the region through synergies of education, clinical care, research, and purposeful leadership (Vision 2029). This aspirational vision reflects the urgent need to improve the care of Arkansans, where the health of our citizens often lags behind other states across many indicators (RD 06-01). Vision 2029, the campus' 10-year strategic planning document, was developed under the direction of Provost Stephanie Gardner, PharmD, EdD. An ad hoc strategic planning committee was formed to solicit input from faculty and campus leaders (OA 06-01). More than 60 executive leaders from each area of the mission, as well as 700 frontline workers, 20 community stakeholders, and more than 700 employees participated in semi-structured interviews and/or surveys to guide Vision 2029.

In alignment with and in commitment to the overall vision of UAMS, the College of Pharmacy has a vision of transforming healthcare throughout Arkansas and beyond. In concert with the University's mission, the College's mission, published on the College website, focuses on improving health across

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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.

culturally diverse populations by educating pharmacy leaders, advancing scientific discovery, and fostering progressive pharmacy practice models (RD 06-01). The mission areas are accomplished by embracing our College's core values of integrity, respect, teamwork, creativity, and excellence and are complemented by the UAMS core values, which include the added values of diversity & healthy equity and safety.

To facilitate goal-planning throughout the campus, College, and departments, Dean Stowe serves on the Chancellor's Cabinet and the Provost's Deans' Council. These committees serve as key conduits to align policies, procedures, and strategic initiatives while enhancing infrastructure. In addition to the Dean, members of the College Executive Committee, along with COP faculty, participate fully in the governance of the University through service on numerous University committees, including the academic senate, where strategic goals are communicated and implemented.

Each department develops its own mission statements and posts them on their respective websites, which can be accessed via the College website. These department and division mission statements support the College's and University's mission statements and are developed and approved by the faculty in each department (RD 06-01).

The Dean and the College leadership use the COP mission statement to guide the development of the strategic plan in which the College's goals are described and assessed. The College's Strategic Plan 2023 is available on our website here. The College's annual budget aims to support all areas of our mission and strategic initiatives. The College's Comprehensive Assessment Plan measures our progress in fulfilling our mission and maintains alignment with our strategic plan. The major goals commit the College to: 1. Providing a quality educational program that prepares graduating pharmacists to provide exceptional patient care; 2. Fostering innovation and creating opportunities to advance research; 3. Transforming pharmacy practice so that pharmacists are best positioned to improve patient and public health; 4. Developing and enhancing a comprehensive assessment plan of professional and graduate programs. This last statement addresses the need to robustly monitor the College's own progress in meeting its goals (RD 06-02).

In service of the realization of our first goal the faculty embraces a culture of continuous quality improvement of our curriculum, led by the Curriculum Committee via the College's curricular review process. More details of this process may be found in Standard 10. In addition, UAMS has a formal interprofessional education (IPE) program led by Kathryn Neill, PharmD, Associate Provost, that utilizes all UAMS colleges plus the Graduate School to provide IPE learning opportunities, capitalizing on resources available in the UAMS Simulation Center and the UAMS learner-led clinics in Little Rock (12th Street Health and Wellness Center) and Fayetteville (North Street Clinic). More information on the IPE program may be found in Standard 11.

Academic outcomes are measured to ensure students at both campuses achieve curricular outcomes at comparable levels. During the P3 year faculty at the Little Rock and Northwest campuses offer instruction across both locations using synchronous virtual technology. Additionally, unique electives are offered at each campus, some of which are open to students located at both campuses and others

(those that are more reliant on in-person learning activities) of which are offered on the campus of the faculty member's residence.

Our mission addresses research and scholarship by fostering innovation and creating opportunities to advance research. Goal 2 of our Strategic Plan 2023 addresses this by increasing and optimizing faculty development and innovation. Our Comprehensive Assessment Plan regularly evaluates scholarship productivity by faculty in the form of grants, contracts, patents, publications, presentations, honors or awards, collaborations, and student summer research fellowships. These data are summarized in the Comprehensive Assessment Report (RD 06-02).

We maintain strong faculty support for student organizations that excel in service activities and professional leadership and advocacy. Our College addresses service to patients—both individuals and populations—through direct roles of Pharmacy Practice Department members and through two unique service units of the College: the Arkansas Poison and Drug Information Center (APDIC) and the Evidence-Based Prescription Drug Program (EBRx). APDIC's nationally-accredited team of pharmacists and nurses serve Arkansans by managing poisoning exposures through immediately assessing poisoning risk, triaging patients to the most appropriate level of care, and providing treatment recommendations to health care providers and the public. APDIC also provides drug and poison information to healthcare professionals and the public and extends the educational arm of our mission by providing clinical toxicology courses and rotations to physicians, pharmacists, and nurses. EBRx successfully links teaching and service missions with an evidence-based approach to improve health care outcomes by managing pharmacy benefits for health payers. Through its contract with the Arkansas Employee Benefits Division and the University of Arkansas System EBRx covers approximately 225,000 lives. The impact of this management can be seen in an analysis of years 2013–2019, during which the EBRx program estimated more than $404 million dollars in prescription drug costs were saved within the Arkansas Employee Benefits Division's plan alone (OA 06-02).

The College systematically and periodically reviews and updates its mission statement as part of the strategic planning process. The process of approval requires faculty input and review, and the faculty must vote to approve the statement before it is adopted. The COP mission statement was last revised by the faculty in 2010. The mission, goals, and strategic plan are available on our website. The College regularly solicits feedback on these documents from all stakeholders through the tripartite relationship with the Arkansas colleges of pharmacy (Harding University and UAMS), Arkansas Pharmacists Association, and Arkansas Board of Pharmacy. In 2020 external stakeholders including alumni and practitioners were formally included to provide the College feedback on the strategic plan and the framework of the accreditation self-study.

The College promotes its programs and initiatives through a variety of means, including our website, social media pages, campus announcements, COP monthly newsletter, targeted outreach for specific groups of stakeholders, town hall communications, and the Dean's State of the College Address, which summarizes the successes of the previous year among students, staff, and faculty. The Arkansas pharmacy community also comes together in a series of well-attended regional meetings, led by the

Arkansas Pharmacists Association, to learn about the initiatives and activities of each tripartite partner organization (OA 06-03).

The COP's connectedness provides us the opportunity for professional advocacy during Arkansas legislative sessions. In this way we can help influence legislation toward our mission of improving the health of Arkansans and allowing pharmacists to deliver a high level of care. Years ago the legislature expanded the Arkansas Pharmacy Practice Act to allow pharmacists to develop and work in partnerships with prescribers according to practice protocols. Since that time Arkansas pharmacists have gained the authority to administer immunizations, developed the Arkansas Community Pharmacy Enhanced Services Network, and have worked on legislation to bring transparency to the activities of pharmacy benefits managers. The pharmacy profession in Arkansas has recently been widely credited with providing extensive access to COVID-19 vaccinations. During the Spring 2021 session legislation was signed into law to allow pharmacists to prescribe and administer vaccinations down to age 3 years (expanded from age 7, Act 408); to test (CLIA-waived) and treat flu, strep, and other health conditions (Act 503); and, with proper training, to initiate therapy and administer or dispense oral contraceptives (Act 408).

Since the last self-study, the College has made great strides to fulfill its mission and vision through a maturing graduate program that has solidified a strong foundation for the research missions of both Pharmaceutical Sciences and Pharmaceutical Evaluation and Policy. A vibrant graduate program provides advanced opportunities for student pharmacists and College faculty to succeed in advancing the research mission of the College and University and attracting talent around our strengths in drug discovery, mitigation of adverse effects to cancer treatment, implementation science, and pharmaceutical evaluation and policy (OA 06-04). Of particular note is the addition of the Center for Implementation Research within the Pharmacy Practice department. This focused area of research is critical to advancing pharmacy practice across a range of settings and positions the COP to have long-lasting influence on patient health and wellness. It is a key driver in supporting the Arkansas Community Pharmacy Enhanced Services Network and the creation of a network of community pharmacies focused on conducting practice-based research.

In an effort to provide research opportunities for students in the professional program, the College supports student research fellowships in which students complete research projects with College faculty. Students often present results at national or regional meetings, and several have won awards for best poster or presentation. These fellowships provide students with stipends of $4,000 and faculty-mentored research experiences. From 2014 to 2021 the program has grown from 9 to 14 fellowships. The faculty has also created a graduation distinction of Honors in Research for the numerous students who have graduated after completing this program.

The College is committed to sustaining and enhancing opportunities for postgraduate training. Postgraduate professional education opportunities are introduced early in the didactic curriculum, starting in the fall semester of the P1 year and continuing throughout all four years. Residencies in the state of Arkansas have almost doubled since the last ACPE self-study, from 29 in academic year 2014 to 48 in academic year 2021. For some new residency programs, the College has agreed at the outset to

financially support expenses, with the expectation that the host site will take over funding once the program is well-established; this is most recently the case with Mercy in NW Arkansas (year 1 of their funding, 2021–2022). The College supports most residency programs in Arkansas in some way, whether through financial support, preceptor development, practice opportunities, Residency Assessment Committee support and oversight of programs, or a strong Teaching Certificate Program. The College's support culminates with an end-of-year graduation and reception for residents from all programs. Successful pursuit of post-graduate training has increased over the past several years, with approximately a fifth to a third of each class matching with a program (OA 06-05).

The College fulfills its mission, vision, and values, which align with those of UAMS and inform all strategic planning initiatives and budget decisions. The College is intertwined with the profession and has strong sustaining relationships within the pharmacy profession in the state of Arkansas and contributes to new discoveries in human health. We believe the College is strongly positioned and well-suited to lead the efforts to transform health care in Arkansas and beyond, both now and into the 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

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 07-01* College or school's strategic planning documents

☐ *RD 07-02* Description of the development process of the strategic plan

☐ *RD 07-03* Outcome assessment data summarizing the implementation of the strategic plan

Required Documentation for On-Site Review:

☐ *RD 07-04* The strategic plan of the parent institution (if applicable)

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ Questions –11-12 from Faculty Survey

Optional Documentation and Data:

☐ No additional documentation or data

1) **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	NI	U
7.1. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.	●	○	○
7.2. Appropriate resources – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.	●	○	○
7.3. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.	●	○	○

2) **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

Character count: 13,337

Over the last seven years, the UAMS College of Pharmacy (COP) has been guided by two strategic plans; Strategic Plan 2017 and Strategic Plan 2023. Strategic Plan 2017 was initially approved by the faculty on February 15, 2013, under the direction of Dean Gardner and following the successful implementation of Strategic Plan 2010. Under Strategic Plan 2017, advancements toward key goals were made:

- Opportunities for students and graduates improved through increased funding of P1 scholarships to enhance recruitment, as well as growth of available PGY1 and PGY2 pharmacy residency positions and additional residency partnerships throughout the state.
- Development of the Center for Implementation Research was jointly funded by the UAMS COP and the College of Medicine, with Director Geoff Curran, PhD, hired in July 2014 and the assignment of a dedicated core faculty.
- Efforts to foster student success through learner-centered teaching were realized through the implementation of a new Interprofessional Education (IPE) Curriculum under the direction of Kathryn Neill, PharmD, Associate Provost of Academics and Director of Interprofessional Administrative and Curricular Affairs, to promote collaboration across department and college boundaries.

The COP Administrative Council, including the executive team, vice-chairs, division directors, and program directors (e.g., Evidence-based Prescription Drug Program (EBRx), Arkansas Poison & Drug Information Center, Nuclear Pharmacy Program) met quarterly to monitor progress of the Strategic Plan 2017. The Administrative Council was convened in late January 2017 to begin the process of developing what would become Strategic Plan 2023. Prior to the Administrative Council retreat, each participant was asked to complete a SWOT (strength/weakness/opportunity/threat) analysis of the College, discuss strategic initiatives at the department and division level, and submit potential items for inclusion. At the retreat, participants were initially divided into interest-based groups with a designated leader. Each participant was allowed to float among other groups throughout the process. The groups were divided in a similar manner to the strategic plan and included advancing research; pharmacy education;

graduate education; outreach, community, and global engagement; people and diversity; pharmacy practice; alumni affairs; leadership development transition; and resources (RD 07-02).

After the initial draft, numerous iterations of the strategic plan were developed at COP Executive and Administrative Council meetings. Finally, a small group led by Nicki Hilliard, Carrie McAdam-Marx, and Dean Olsen reformatted the proposed plan into a draft document to present to the College. A draft of the strategic plan was sent to the departments for feedback in the fall of 2017. At that time, both the College of Pharmacy and the University were facing unprecedented financial constraints and leadership transition (Chancellor Dan Rahn departed 7/31/2017, and Provost Gardner acted as Interim Chancellor 8/1/2017–5/31/2018). Faculty input on the COP Strategic Plan draft was received in early January 2018, and Dean Olsen temporarily suspended further action until more concrete budget information was available at the campus and College levels. With an improving fiscal outlook for June 2018 the updated Strategic Plan 2023 was distributed to faculty for revisions, and those comments and suggestions were incorporated prior to the draft for presentation at the August 2018 faculty meeting. Following discussion there, a ballot was sent to all voting faculty for approval.

Strategic Plan 2023 was finalized and adopted on August 8, 2018. It describes strategic goals and objectives for the five-year period of 2018 to 2023:
1) Provide a quality educational program that prepares graduating pharmacists to provide exceptional patient care;
2) Foster innovation and create opportunities to advance research;
3) Transform pharmacy practice so that pharmacists are best positioned to improve patient and public health;
4) Develop and enhance a comprehensive assessment plan of professional and graduate programs.
A full copy of Strategic Plan 2023 is available on the College website (RD 07-01).

The first leadership transition within this accreditation cycle occurred in July 2015 when Dean Stephanie Gardner, PharmD, EdD, became the new UAMS Provost and Chief Academic Officer upon the retirement of Provost Jeanne Heard, MD, PhD. Keith Olsen, PharmD, was named to succeed Dean Gardner, and Dean Olsen began his tenure in November of 2015, with Kathryn Neill, PharmD serving as interim dean during the transition. Following faculty approval of Strategic Plan 2023 the College entered a second leadership transition period when Dean Olsen left the College in January 2019 to become Dean at the University of Nebraska. Schwanda Flowers, PharmD, acted as Interim Dean from January 7 to July 28, 2019. Following a national search, Cindy Stowe, PharmD, was installed as dean of the UAMS College of Pharmacy on July 29, 2019. During the seven years since the last site visit, the COP has had three deans and two interim deans, with various individuals in executive level leadership positions holding dual leadership roles until recruitment was conducted to fill vacancies.

The College continued to follow the strategic plan, using it to guide decision-making in the budget process and to direct standing committees and the executive committee. In October 2020, stakeholders consisting of preceptors and alumni were invited to give input on the strategic plan, and discussions were held regarding practice-readiness of student pharmacists. In 2021 the Bylaws were revised to formalize a committee charged with monitoring the strategic plan. The Strategic Planning & Program

Assessment Committee was seated in July 2021. Moreover, given the unique set of challenges confronting the educational realm in light of the COVID-19 pandemic beginning in March 2020, rapid and unanticipated adaptation was required for the College to achieve its mission, vision, and strategic initiatives.

Despite these challenges and transitions, community and stakeholder engagement has remained consistent. Quarterly tripartite meetings between John Kirtley, PharmD, Executive Director of the Arkansas State Board of Pharmacy; John Vinson, PharmD, CEO of the Arkansas Pharmacists Association; and the UAMS and Harding University deans have continued to ensure engagement of the larger professional community within Arkansas. These meetings facilitate collaborative communication with a focus on initiatives to advance the profession of pharmacy in the state. The Arkansas Pharmacists Association regional meetings occur throughout the state every fall and serve as a key point for dissemination of information to stakeholders in the community via an interactive segment that allows the deans of the colleges of pharmacy in Arkansas to share initiatives and progress taking place as well as foster an environment for pharmacists to ask questions and provide direct input to pharmacy leaders. Student pharmacists engage via the annual State of the College Address presented by the Dean during the spring semester and through regular town halls and student advisory group meetings within each class.

The process of reviewing Strategic Plan 2023 began under her tenure Dean Stowe, including mapping current initiatives and identifying their anchor points within the strategic plan as well as strategies for strengthening stakeholder involvement. Revision of the bylaws, promotion and tenure guidelines, and comprehensive assessment plan has also been underway to allow for continued growth and development of these frameworks, as well as a more robust monitoring structure. The foundational goals and objectives of the strategic plan remain the guiding points as we have made efforts to clarify responsible parties and resources needed as well as modify and update key performance indicators (RD 07-03).

Dean Stowe committed to improving the strategic plan's ongoing monitoring and reporting to the faculty. The strategic plan objectives, responsible parties, resources needed, key performance indicators, timeline, and outcomes were re-introduced at a faculty and staff town hall in April 2021. This information was distributed as a living document (Strategic Plan Monitoring Document, RD 07-03) that the faculty can access at any time via the online Faculty Handbook. To ensure ongoing feedback the Dean has been meeting with the aforementioned research-focused stakeholders regarding key performance measures that will be submitted to the faculty for approval in Fall 2021. The Dean's plan provides for quarterly updates through faculty and staff town halls and faculty meetings, to ensure all plan goals are addressed at least annually. Additionally, the Executive and Standing Committees are requested to communicate the influence of the strategic plan on their ongoing work. The newest College bylaws revision includes the Strategic Planning & Program Assessment Committee, which is charged with leading the development, implementation, and monitoring of the strategic plan and professional program-level assessment. This committee takes the place of the previously used COP Administrative Council and gives clarity of its role within the College bylaws. The committee

membership includes, at minimum, the Executive Committee members; directors of the COP service units, Graduate Program, and Center for Implementation Research; and the secretary of the faculty.

Alignment between the College and University strategic plans ensures that UAMS provides ongoing support to the College's strategic initiatives. A series of meetings with College leadership was conducted in 2019 to accomplish this. The College Strategic Plan 2023 is rooted in four overarching goals that are closely associated with the College's mission and are ultimately aligned with the UAMS institution-level strategic plan, titled Vision 2029 (RD 07-04). This alignment is highlighted in our strategic planning monitoring document (RD 07-03). University support has also been demonstrated through ongoing discussions involving the Dean at the Council of Deans, Cabinet meetings, and budget meetings. The University Provost participates in these meetings, and as a former dean of the College who retains a faculty appointment within the COP (and remains on COP faculty & employee email lists) she is aware of ongoing resource needs. Dean Stowe engages in one-on-one monthly meetings with Provost Gardner.

Despite the challenges faced—including transitions in leadership within and above the COP and those brought about by a pandemic—great strides toward achievement of the goals outlined and established under Strategic Plan 2023 have occurred through an engaged faculty, a robust profession of pharmacy in Arkansas, and support from the University. The College's strategic plan has successfully led to achievements related to its mission-based goals, which include educating pharmacy leaders to address community health needs. The College has demonstrated improvement in NAPLEX first-time pass rates over the last five years (2016–2020, 81% to 94%) even as it works on curriculum transformation to better prepare its students for the future of the profession. The addition of the PharmD/PhD program, increases in pharmacy residency positions within the state, and establishment of the Pharmacy Ownership and Leadership Academy validate the College's efforts to improve postgraduate opportunities. The Department of Pharmacy Practice Postgraduate Training Committee has also provided additional resources to help students compete for postgraduate positions, and UAMS has seen a larger number of graduates pursuing postgraduate training, increasing to an average of 24% over the last three years (2019, 2020, and 2021) from an average of 15% for the graduating classes of 2013–2018. Our students have a strong match rate for those pursuing PGY1 programs (2020, 72% UAMS versus 63% national match rate).

The overarching goals of Strategic Plan 2023 also have their foundation in the other two mission areas of the College, including advancing scientific discovery to produce innovations in health care and fostering progressive pharmacy practice through service to the profession. Cultivating research skills in junior faculty and graduate students has occurred through the establishment of the mentoring program for junior faculty within the Centers of Biomedical Research Excellence (COBRE) funded training grant, in addition to the Arkansas Center for Health Disparities T32 pre-doctoral research training program. Pharmacy Practice faculty have demonstrated commitment to increasing knowledge and service to the profession through increased numbers with national board certification (24 in 2019 versus 14 in 2015), engagement within national organizations (e.g., APhA president, ASHP fellow), and support of the AR Community Pharmacy Enhanced Services Network.

The results of the 2015, 2018, 2019, and 2020 AACP Faculty Surveys associated with Standard 7 show COP faculty agreed that the COP employs strategic planning with ratings consistently above national averages. Faculty members also widely agreed their input was sought during the strategic planning process, with ratings that are near national averages and in 2020 was 6% higher 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

5) **Recommended Monitoring:**

Strategic Plan 2023 is benefiting from a reinvestment of formal efforts (transparent tracking), structural anchoring (bylaws revision and creation of Strategic Planning & Program Assessment committee) and structural stabilization (primarily the Dean and members of the Office of Academic Affairs). We will reinstitute monitoring of the COP Strategic Plan on a rolling quarterly basis with all elements being updated annually. Monitoring is now more structured with transparency and clarity of responsible parties, resource needs, timelines, and outcomes tracking. The outcomes tracking methodology has been adopted from that of UAMS Vision 2029 to ensure continuity and alignment across COP and University initiatives. The tracking of Vision 2029 elements assigned to the COP has been ongoing since 2019. The COP identified Vision 2029 initiatives that align with the COP Strategic Plan, and updates have been completed quarterly since that time.

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

Uploads:
- ☐ *RD 08-01* College or school organizational chart
- ☐ *RD 08-02* Job descriptions and responsibilities for college or school Dean and other administrative leadership team members
- ☐ *RD 08-03* List of committees with their members and designated charges
- ☐ *RD 08-04* College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning
- ☐ *RD 08-05* Curriculum Vitae of the Dean and other administrative leadership team members
- ☐ *RD 08-06* Evidence of faculty participation in university governance

Required Documentation for On-Site Review:
- ☐ *RD 08-07* Written bylaws and policies and procedures of college or school
- ☐ *RD 08-08* Faculty Handbook

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.
- ☐ AACP Standardized Survey: Faculty – Questions 1, 2, 5, 10
- ☐ AACP Standardized Survey: Alumni – Question 2
- ☐ *DV 08-01* Table: Distribution of Full-Time faculty by Department and Rank

Optional Documentation and Data:
- ☐ *RD 25-01* Comprehensive Assessment Plan

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	NI	U
8.1. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program.	●	○	○
8.2. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.	●	○	○
8.3. Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program.	●	○	○
8.4. Dean's other substantial administrative responsibilities – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.	●	○	○

8.5. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.	●	○	○
8.6. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.	●	○	○
8.7. Faculty participation in college or school governance – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school.	●	○	○
8.8. Systems failures – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.	●	○	○
8.9. Alternate pathway equitability* – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation.	●	○	○

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

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

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

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

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

☐ How the college or school's administrative leaders are developing and evaluating interprofessional education and practice opportunities

☐ How the credentials and experience of college or school administrative leaders working with the dean have prepared them for their respective roles.

☐ Any other notable achievements, innovations or quality improvements

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

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

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

- ☐ How the dean interacts with and is supported by the other administrative leaders in the college or school
- ☐ How the dean is providing leadership to the academy at large, and advancing the pharmacy education enterprise on local, regional, and national levels.
- ☐ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☐ Any other notable achievements, innovations or quality improvements
- ☐ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Character count: 12,902

The College's Organizational Chart (RD 08-01) describes the infrastructure to meet its educational, research, and service missions. The Dean, as the chief administrative and academic officer, serves as overall lead for the College's two departments and three service units. The Dean leads the administrative activities of the college in coordination with assistant and associate deans who hold administrative offices as defined in the bylaws of the faculty (RD 08-07). The assistant and associate deans are responsible for broad areas including academic and student affairs, experiential education, finance, and research. The Executive Committee serves as the leadership team of the College. The Executive Committee works collaboratively to advance the mission of the College and meets regularly and fosters communication within the College. The membership of the Executive Committee is at minimum the deans, department chairs, and division directors. Appointments to the Executive Committee are made by the Dean.

The Comprehensive Assessment Plan (RD 25-01) outlines the process for assessing outcomes of the educational, research, and service missions of the College and uses a cyclic process model of structure and plan development; collection of data and analysis; and monitoring, action planning, and reporting (informing the next cycle). The COP Strategic Plan (RD 07-01) was approved in August 2018; this document guides decisions and funding priorities for positions and programs. Continuous assessment of progress toward Strategic Plan outcomes occurs throughout the year during faculty, department, standing committee, and Executive Committee meetings.

The primary organizational units of the College are the departments of Pharmaceutical Sciences and Pharmacy Practice. The Department of Pharmaceutical Sciences houses the Division of Radiation Health, and the Department of Pharmacy Practice houses the Division of the Northwest Regional Campus, the Division of Pharmaceutical Evaluation and Policy, and the Center for Implementation Research. The College also houses three service units: Arkansas Poison and Drug Information Center, Evidence-Based Prescription Drug Program, and Nuclear Education Online. The division and service unit directors are members of their respective departments and provide leadership in their areas while working collaboratively with their department chairs. The department chairs report directly to the Dean and are operationally responsible for budgeting, human resource allocation, faculty development, and postgraduate/graduate education. Department chairs, division directors, and service unit directors play central roles in faculty development by mentoring and assessing faculty progress.

Established communication routes between College administration, faculty, and staff include faculty meetings, bimonthly department meetings, ad hoc Town Halls (e.g., weekly during times of rapid change), and email when information requires rapid dissemination. During the pandemic faculty meetings were held via Zoom to facilitate attendance, and voting occurred via REDCap. This approach will continue post-COVID to provide greater convenience for faculty. Standing committee (RD 08-03) meetings are held in accordance with the bylaws.

The Dean meets with student organization leaders and class presidents monthly and presents an annual State of the College Address to students, faculty, and staff. Communication with pharmacists, preceptors, and alumni is facilitated by the Office of Experiential Education and the alumni newsletter. The Dean or her designee briefs pharmacists on the College's progress and future plans at Arkansas Pharmacists Association (APA) regional meetings. These meetings are held each fall and serve to maintain and enhance relationships with practicing pharmacists. The Dean is a member of the APA and the Arkansas Association of Health-System Pharmacists Boards of Directors. The Dean routinely attends board meetings and annual conventions and provides a regular article in the APA's journal publication.

The COP Faculty Bylaws (RD 08-07) were developed and are updated by the faculty. The purpose of the bylaws is to define academic governance, foster an active and informed faculty, and promote open communication among the faculty, staff, students, and College administration. The bylaws describe faculty membership and administrative organization, including voting privileges, faculty due process, rules for committee meetings, and the authority and responsibility of the faculty. As delegated by the University of Arkansas Board of Trustees, the responsibility and authority to recommend academic policy within the College rests with the faculty. Amendments to the bylaws may be proposed by the Dean, by the committees of the College—whose members include many students, practitioners, and staff—by the departments, or by written petition of ten faculty members. The most recent revision of the bylaws occurred during the 2020–2021 academic year.

The Dean and administrative officers meet regularly and work collaboratively to review performance metrics and ensure compliance with accreditation requirements. Comprehensive policies and procedures that address potential systems failure are in place (RD 08-04) and plain language notifications for facility, weather, medical, and security systems are utilized. In March of 2020 these processes were challenged with the COVID-19 pandemic, during which the College transitioned from largely live instruction to remote learning over the course of a single week. The Dean charged committees to develop policies to alter course grade reporting and admissions requirements in the face of these unprecedented challenges. The Dean held numerous town halls to disseminate information to students, faculty, and staff and receive feedback from these groups. The Dean is a member of the UAMS Chancellor's cabinet, which meets regularly to promote communication and collaboration between the College and UAMS leadership. The Dean holds no substantial administrative responsibilities outside of the College, permitting her to focus on leading efforts to fulfill the College's mission. The COP faculty actively participate in many aspects of University governance in an environment of open dialogue across the campus (RD 08-06).

Teamwork is a core value of UAMS. In 2015, the College and University incorporated interprofessional educational (IPE) opportunities into the required curriculum. The Quadruple Aim IPE curriculum requirements are coordinated by the UAMS Office of IPE. Evaluation of IPE competencies occurs through the Comprehensive Assessment Plan (RD 25-01), which incorporates interprofessional patient-centered care competencies. The Office of IPE provides faculty development opportunities, and College leadership collaborates with health-system and community pharmacists to expand IPE opportunities for students. The 12th Street Health and Wellness Center (HWC) in Little Rock and the North Street Clinic in Fayetteville each serve as IPPE and APPE sites and provide extensive IPE activities. Both clinics are student-led, interprofessional centers providing services from the UAMS Colleges of Health Professions, Medicine, Nursing, Pharmacy, Public Health, and the Graduate School. Drs. Lanita White and Jonell Hudson from the College of Pharmacy were founding directors of these clinics. Both clinics have been recognized for providing access to affordable health care for medically underserved populations. In 2020 the National Association of Free and Charitable Clinics awarded the North Street Clinic a Gold Rating and the 12th Street HWC a Silver Rating.

The College is guided by a highly qualified Dean and leadership team, who oversee the College's educational, scholarly, professional, and community activities. Dean Cindy Stowe has substantial professional and leadership experience. Upon graduating from the University of Kentucky COP she completed post-graduate training in pediatrics. She then joined UAMS, where she reached the rank of professor with tenure. Subsequently, she was promoted to Associate Dean for Administrative & Academic Affairs and Associate Dean for Professional Education at the UAMS COP. She gained experience from a breadth of opportunities including fulfilling the responsibilities of the Dean when then-Dean Stephanie Gardner completed an offsite leadership fellowship. During this time Dr. Stowe guided continuous quality improvement of the professional curriculum and advancement of student-centered learning. She led the planning and implementation of the expansion of the UAMS COP onto the Northwest Campus and two ACPE self-study reports. In 2014 Dr. Stowe was appointed Dean at Sullivan University College of Pharmacy (SUCOP). In that position she built a highly competent team that advanced faculty leadership abilities, re-deployed resources, emphasized IPE, and achieved successful accreditation under the 2016 ACPE Standards. In January 2018 she was named Associate Provost in addition to Dean.

During Dr. Stowe's tenure as Dean at SUCOP, the UAMS COP Dean Stephanie Gardner was promoted to Associate Provost for Society and Health and then to Provost of UAMS, her current position. In 2015 Dr. Keith Olsen was named Dean of the UAMS COP, where he began curricular revision and scholarship initiatives. In 2018 he was named Dean of the University of Nebraska College of Pharmacy. In 2019, Dr. Stowe returned to the UAMS COP as Dean following a comprehensive, nationwide search. Dean Stowe has worked with multiple professional organizations throughout her career, including ACPE as a site evaluator and AACP as a member of the 2012-2013 Academic Affairs Committee, which created the 2013 CAPE Outcomes. She received the AACP Award for Excellence in Assessment in 2015. She also co-founded the AACP Assessment Special Interest Group and served as a member of the Institutional Research and Assessment Committee.

Recently Dr. Stowe worked with three other colleges of pharmacy (Sullivan University, the University of Minnesota, and the University of North Carolina) to establish a four-college faculty-wide book club series designed to address common challenges in teaching, especially the process of converting to remote coursework. In 2020, she received the Paul F. Parker Award from the University of Kentucky, which recognizes a past resident who has displayed a sustained contribution to the profession, a commitment to high ideals and excellence in their chosen field, leadership and innovation, and a passion for encouraging personal and professional growth in others. Dean Stowe's educational scholarship has received funding from AACP and the Arkansas Department of Higher Education. Work stemming from these projects has been published nationally as outlined in her curriculum vitae (RD 08-05). She has published more than 40 papers in peer-reviewed journals and has presented or published more than 50 abstracts, letters, and presentations at national or regional scientific, clinical, and educational meetings. Her scholarly activity has been supported by more than 20 grants and contracts.

Dean Stowe's responsibilities as the chief executive officer of the College are listed in the Dean's job description (RD 08-02). All administrative officers of the College have professional degrees, advanced degrees, or postgraduate training consistent with their roles (RD 08-05). Members of the Executive Committee have experience in their positions ranging between 1 and 12 years. The Dean meets regularly with the Executive Committee as a whole, and individually with members, to discuss their areas of supervision.

The results of the 2020 AACP Faculty Survey associated with Standard 8 showed universal and extensive improvements over results seen in 2019. All results exceeded those from national and peer comparators. When surveyed in 2020, 95% of faculty agreed that College administrators have clearly defined responsibilities; 88% agreed that College administrators function as a unified team; 97% agreed the dean is an effective leader of the college; and 95% agreed that the College provides opportunities for faculty participation in governance. Unfortunately, the results from the relevant item of the 2020 AACP Alumni Survey were not similarly positive. A substantial decrease was seen in the percentage of alumni that agreed that the Dean is providing leadership in pharmacy (51% to 36%). While this result is troubling, we believe it reflects the accumulated sentiment related to a period of significant change for the College. These changes include job market declines within the state, a transition to a new Dean, and the COVID-19 pandemic. Moreover, the measure is not a valid reflection of the current Dean's performance, as at the time of the 2020 survey Dean Stowe had only been in her position for six months.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 09-01* College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors

☐ *RD 09-02* Examples of intra/interprofessional and intra/interdisciplinary collaboration

☐ *RD 09-03* Examples of affiliation agreements for practice or service relationships (other than experiential education agreements)

☐ *RD 09-04* Examples of affiliation agreements for the purposes of research collaboration (if applicable)

☐ *RD 09-05* Examples of affiliation agreements for academic or teaching collaboration (if applicable)

Required Documentation for On-Site Review:
None required for this standard.

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Questions 3, 4, 6, 35, 37

☐ AACP Standardized Survey: Student – Questions 46, 51-53, 55

☐ AACP Standardized Survey: Alumni – Questions 1, 3-5

☐ AACP Standardized Survey: Preceptor – Question 30

Optional Documentation and Data:

☐ *OA 09-01* Academic research activity, partnerships, and collaborations outside the college

1) **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	NI	U
9.1. Leadership and professionalism – The college or school demonstrates a commitment to developing professionalism and to fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students.	●	○	○
9.2. Behaviors – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors.	●	○	○
9.3. Culture of collaboration – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and goals, and to support the profession.	●	○	○

2) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check ☑ to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy,

innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Character count: 14,616

Starting with admissions, the UAMS COP holds students to high standards of professionalism. The Multiple Mini Interview, which includes ethical scenarios, has been used for more than 15 years to vet applicants for admission. As further detailed in the narrative for Standard 14, at the beginning of the P1 year students participate in New Student Orientation, a joint effort between current students and faculty to provide informational sessions, campus tours, social activities, and a review of the Student Handbook, which contains the College's policies on professionalism and behavioral expectations (RD 09-01). Students are introduced to the non-cognitive performance evaluation, where both outstanding and unsatisfactory conduct may be reported, and the Scholastic Standing Committee, which reviews student progression through the curriculum. Finally, the P1 White Coat Ceremony incorporates the Student Pledge of Professionalism with the presentation of the white coat, signifying transition into the profession as a trainee. Throughout the academic journey, students are required to participate in the Comprehensive Professional Development (CPD) Program, which includes reflections on their development in professionalism and leadership. Finally, the Student Honor Code was developed by the student body and adopted by the faculty. The Code furnishes information regarding UAMS and the College's policies and procedures in professionalism. The Code also establishes the Honor Council, which functions to investigate and hear the cases involving violations of the Honor Code, act as a judicial body, and recommend disciplinary actions. The Convocation and graduation ceremonies serve as important markers of transition from students to pharmacists as the Oath of the Pharmacist is recited and students receive their diplomas.

Twelve student organizations are supported by College administration, and a majority of the students are involved in at least one. For example, over the past few years 58–65% of the student body held membership in APhA-ASP. Each organization provides students with activities to model professionalism at their meetings or special functions. Required orientations prior to IPPEs and APPEs also review professionalism expectations and assessments associated with those experiences. If any issues of professionalism arise, the Office of Experiential Education and Office of Student Affairs respond, following guidance in the Student Handbook.

Student organizations, honor societies, and professional fraternities provide many opportunities for both personal and professional interactions. Our College has traditionally held many social events at which students interact with administrators, faculty, preceptors, residents, and staff, including our Welcome Back Fall Picnic, bowling tournament, volleyball tournament, chili cook-off, and trivia night. The COVID-19 pandemic has restricted many in-person activities over the past year and a half, but many virtual events were held to facilitate and further a sense of community as much as possible despite the limitations imposed.

During this time of social distancing morale has been bolstered through frequent communications, whether they be with Town Hall meetings, Facebook postings, Twitter threads, or quick phone calls. A new monthly electronic newsletter for the College was initiated in 2020 to help keep faculty and staff connected. In January 2020 the Administrative Staff Recognition Program began, recognizing an administrative employee each quarter who has exhibited exemplary citizenship, outstanding skills, and strong work qualities. This program has shown immediate results in terms of improving awareness of staff activities and increasing appreciation and morale.

The College has multiple strategies to provide mentoring and leadership development for students. Entering students are provided with the opportunity to participate in our New Student Pharmacist Mentoring Program supported by APhA-ASP, which pairs upper-class student-volunteers with an incoming student pharmacist. All P1 students are assigned an upper-level student mentor, and more than 80% of P2 students serve as mentors, providing study tips and/or class materials. During Career Orientation & Communication (PHPR 7103) in the P1 fall, groups of 8–10 pharmacy students are placed in small groups and assigned 2–3 faculty members who facilitate discussions on professional development, ethics, resume/CV preparation, communications, and postgraduate opportunities. Each cohort elects its own officers, and students may be elected to offices or committees within the 12 student organizations, COP standing committees, or the campus' Associated Student Government. The COP standing committees with student members include Assessment, Curriculum, Education and Technology, and Scholastic Standing. Students can also be elected as a member of the student Honor Council.

Another opportunity for mentoring and leadership development is the summer research program, in which faculty members mentor a student through the research process. Interested students complete an application, and, upon acceptance, each student is paired with a research mentor. College faculty are also encouraged to informally mentor students, and students are encouraged to seek out a faculty mentor within their area of interest.

Mentoring for the pursuit of residency training is well-developed at the College. Within the Department of Pharmacy Practice, the Postgraduate Education Committee develops materials and activities to aid students in evaluating career choices, such as residency or postgraduate degrees. During the P3 year, students may take the elective Preparation for Postgraduate Residency Training (PHPR 7450). Over the course of this one-semester elective, students are given feedback on their CVs, interview skills, and professionalism with the goal of making the student a more competitive applicant.

The College provides an elective aptly named Leadership (PHPR 7371) to grow these skills. This course is designed to develop foundational leadership skills by providing students with an opportunity to grow in self-assessment, individual development, effective teamwork, and public speaking. In 2018, students were queried about their leadership skills pre- and post-course. On the pre-elective survey, students scored the lowest on "I consider myself a leader among my classmates" and "I am good at networking with others in my profession" with a 3.4 and 3.3 average out of a five-point Likert scale. At the end of the elective, students' average for "I can better identify leadership skills within myself" and "This elective has taught me strategies to build collaborative relationships" were 4.4. In 2019, the College of Pharmacy began hosting the NCPA Foundation-UAMS Pharmacy Ownership and Leadership Academy (POLA), a week-long academy focused on the fundamentals of pharmacy ownership and leadership. The POLA curriculum is specifically designed to help prepare students and equip them with the tools and leadership skills they need to be successful independent pharmacy owners. POLA is open to students from any accredited PharmD program. Finally, student organizations showcase leadership development of students at both the local and national levels. UAMS students have held multiple national leadership positions with APhA-ASP, received national scholarships, reached the quarter-finals in the ACCP Clinical Pharmacy Challenge in 2020, and won the NCPA Business Plan competition four times over the past eight years. A UAMS student is president of the Student Leadership Council of NCPA for 2021–2022.

Placement of Pharmacy Practice faculty in facilities within institutions beyond UAMS occurs regularly, as do partnerships to advance pharmacy residency development and APPEs. Four examples of partner institutions for faculty are Arkansas Children's Hospital (Little Rock), St. Bernard's Healthcare (Jonesboro), Veterans Health Care System of the Ozarks (Fayetteville), and Mercy Medical Center (Rogers). Examples of affiliation agreements for practice, service, and teaching may be found in RD 09-03 and RD 09-05.

Faculty from the College are engaged in research involving a wide variety of collaborations across UAMS colleges as well as with other academic institutions nationally and internationally. The size and scope of these collaborations are extensive and include collaborative grants, publications, patent submissions, symposia, and mentoring/training. In terms of research funding collaborations across colleges within UAMS, the Pharmaceutical Sciences faculty have extramurally funded grants with more than five department collaborators from the UAMS College of Medicine. External to UAMS, the Department of Pharmaceutical Sciences has funded collaborations within 12 states and national and international organizations. Faculty from Pharmacy Practice, including the Division of Pharmaceutical Evaluation and Policy and Center for Implementation Research (CIR), have funded research collaborations with the four other colleges at UAMS, the Arkansas Children's Research Institute, and the Arkansas Center for Health

Improvement. External to UAMS, Pharmacy Practice faculty have extramurally funded collaborations within 13 states and national and international organizations. In addition, CIR faculty are involved in numerous national and international training programs in implementation science and serve as mentor or co-mentor on six career-awards (e.g., K23), including one international award. The Translational Research Institute (CTSA Program grant funded) has a team science component in which Dr. Brad Martin is a core faculty member. RD 09-04 and OA 09-01 provide example affiliation agreements for research and additional examples of academic research activity, partnerships, and collaborations outside the college.

The College of Medicine and the COP have an excellent working relationship for interprofessional education (IPE) programs at all sites and campuses. More information on the IPE program may be found in Standard 11. Faculty members serve on pillar teams that design, deliver, and evaluate IPE activities throughout the campus. Several pharmacy faculty have submitted Quadruple Aim Project topics for IPE student teams and served as facilitators and judges. Faculty member Dr. Kat Neil received the Best Practice Exemplar from the Institute for Patients and Families, Merit of Excellence Award from Association of Schools Advancing Health Professions for IPE, and has given national presentations at Collaborating Across Borders and NEXUS. The 12th Street Health and Wellness Center (HWC) is a student-run free clinic in Little Rock which provides UAMS students interprofessional opportunities with all of the academic health programs on campus. IPE is also well-established on the NW Campus where medicine and pharmacy work in close concert with each other in the North Street Clinic. The 12th St. HWC and the North Street Clinics provide leadership opportunities for pharmacy students to serve on the board of directors, and pharmacy students have delivered podium presentations and posters at the Society of Student-Run Free Clinics annual meeting. Additional examples of inter- and intra-professional collaboration can be found in RD 09-02.

There are six COP clinical faculty members based at the UAMS Regional Centers (previously known as Area Health Education Centers), where the focus is to decentralize health care throughout the state. These centers provide excellent educational environments for professional students from all the colleges at UAMS. These centers house practitioners who have clinical faculty appointments within their respective professional academic units. The UAMS regional programs provide excellent practice settings based on the tenets of interprofessional collaboration and excellent learning environments for all UAMS students (RD 09-03).

Notable faculty achievements include national leadership roles. Our emeritus faculty member, Dr. Nicki Hilliard, served as president of APhA in 2018–2019. Dr. Lanita White was named to the 2020 ASHP Task Force on Racial Diversity, Equity, and Inclusion, and she serves on the Arkansas Pharmacist Association Board of Directors (in her second term in 2021). Dr. Megan Smith, along with partners across the state, successfully initiated the Arkansas Community Pharmacy Enhanced Services Network, which integrates enhanced services to optimize coordination of health care services to patients and populations. In the area of research, Dr. Marjan Boerma and colleagues successfully renewed a five-year, 11.4 million dollar grant from the Centers for Biomedical Research Excellence grant to continue research into the side effects of cancer therapies. Dr. Brad Martin and colleagues achieved national attention in the research literature and the popular press for research on opioid misuse. Lastly, Dr. Geoffrey Curran and

colleagues received extramural funding from the Eschelman institute to initiate an implementation research network of more than 100 rural pharmacies across five southern states, the first of its kind in the US.

AACP Survey responses applicable to Standard 9 from graduating students, faculty, and preceptors were highly positive and met or exceeded the agreement rates from peer and national comparators with one exception. Only 53% of faculty agree that they are given an opportunity to provide evaluative feedback to administrators; however, scores have been improving since 2018 and did so markedly in 2020 with Dean Stowe in place. The Assessment Committee is currently developing a tool for faculty to provide evaluative feedback to COP administration. The 2020 AACP Alumni Survey results indicate that respondents agreed faculty display respect for their colleagues (93.1%, similar to peer and national comparison) and serve as positive role models for students (89.6%, slightly lower than peer and national comparisons). These respondents reported significantly lower rates of agreement than peer and national comparisons regarding effective communication between the college and alumni (45% agreed) and encouragement by the Dean for alumni to stay involved (24% agreed), which are concerning results (Classes of 2017, 2018, & 2019). We believe these results need to be interpreted in the context of significant COP leadership transition. Moreover, these measures are not a valid reflection of the current Dean's performance, as at the time of the 2020 survey, Dean Stowe had only been in her position for six months.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

- ☐ *RD 10-01* Description of curricular and degree requirements, including elective didactic and experiential expectations
- ☐ *RD 10-02* A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program
- ☐ *RD 10-03* A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards
- ☐ *RD 10-04* Curriculum vitae of faculty teaching within the curriculum
- ☐ *RD 10-05* Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments
- ☐ *RD 10-06* List of the professional competencies and outcome expectations for the professional program in pharmacy
- ☐ *RD 10-07* A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school
- ☐ *RD 10-08* A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years
- ☐ *RD 10-09* Examples of instructional tools, such as portfolios, used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development
- ☐ *RD 10-10* Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback
- ☐ *RD 10-11* Policies related to academic integrity
- ☐ *RD 10-12* Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development)
- ☐ *RD 10-13* Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners
- ☐ *RD 10-14* Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum
- ☐ *RD 10-15* Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills
- ☐ *RD 10-16* Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program
- ☐ *RD 10-17* Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills
- ☐ *RD 10-18* Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes
- ☐ *RD 10-19* Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles
- ☐ *RD 10-20* Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities

Required Documentation for On-Site Review:

☐ *RD 10-21* All course syllabi (didactic and experiential)

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Questions –9, 32-36

☐ AACP Standardized Survey: Student – Questions 23-28, 55, 60

☐ AACP Standardized Survey: Alumni – Questions 7, 8, 12

☐ AACP Standardized Survey: Preceptor – Questions 2, 9

Optional Documentation and Data:

☐ *OA 10-01* UAMS curricular philosophy

☐ *OA 10-02* Electives offered during 2020-2021

☐ *OA 10-03* UAMS COP curricular review documentation

☐ *OA 10-04* Student handbook

☐ *OA 10-05* Syllabus requirements

☐ *OA 10-06* Suggested guidance for course coordinators regarding online exams

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	NI	U
10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.	●	○	○
10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.	●	○	○
10.3. Knowledge application – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.	●	○	○
10.4. Skill development – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.	●	○	○
10.5. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.	●	○	○
10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.	●	○	○

10.7. Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).	●	○	○
10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.	●	○	○
10.9. Electives – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest.	●	○	○
10.10. Feedback – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.	●	○	○
10.11. Curriculum review and quality assurance – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations.	●	○	○
10.12. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based).	●	○	○
10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.	●	○	○
10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.	●	○	○
10.15. Experiential quality assurance – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.	●	○	○
10.16. Remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed.[3]	●	○	○
10.17. Academic integrity* – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.	●	○	○

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

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

☐ A description of the professional competencies of the curriculum

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

☐ The curricular structure and content of all curricular pathways

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

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

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

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

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

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

☐ How the results of curricular assessments are used to improve the curriculum

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

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

☐ A description of the college or school's curricular philosophy

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

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

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

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

Character count: 14,719

Curricular Philosophy and Development

The curriculum at the UAMS COP has been designed to ensure graduates are practice-ready, with an emphasis on making a difference through their leadership. The curricular philosophy (OA 10-01) of the COP extends naturally from our mission, vision, and core values, which focus on educating pharmacy leaders to address community health needs. Extending from our curricular philosophy, the COP's Competency Statements (RD 10-06) drive the content and delivery of our curriculum. These competencies define the knowledge, skills, and abilities of a UAMS pharmacy graduate, and are reviewed and updated in response to the evolving health care system and pharmacy practice.

Curriculum Overview

The PharmD curriculum is a minimum of four years, using an annual two-semester academic calendar (RD 10-01). Didactic coursework totals 96 credit hours, 88 of which are required courses and 8 of which are electives occurring in the first three years. In the summers of the P1 and P2 years students complete a 3 credit-hour (120 contact hours) community IPPE and a 4 credit-hour (160 contact hours) institutional IPPE, respectively. P3 students complete a 1 credit-hour (40 contact hours) longitudinal IPPE. P4 students complete 10 month-long APPEs to provide extensive exposure to and practice in a variety of settings and a series of two 1 credit-hour longitudinal courses focused on NAPLEX preparation.

Academic integrity, which is addressed through policies and codes in the COP Student Handbook (OA 10-04 and RD 10-11), is of the utmost importance in our curriculum. All exams are administered through ExamSoft, which requires login with student-specific credentials. Remote exam administration was implemented in spring 2020 and is monitored with ExamMonitor, which includes a facial recognition step and continuous monitoring of the student during the exam with artificial intelligence technology. Suggested guidance for course coordinators regarding online exams may be found in OA 10-06.

Knowledge Acquisition and Skill Development

The curriculum is designed to challenge our students to go beyond information recall and to practice knowledge application and skills as they progress through the didactic and experiential coursework building into direct patient care (RD 10-14, RD 10-15). Coursework transitions from basic biomedical and pharmaceutical sciences in the P1 and P2 years to the social, behavioral, administrative, and clinical sciences in the P2 and P3 years. The didactic and experiential portions of the curriculum are integrated to develop foundational knowledge that will inform practice application in IPPEs. P1 courses, such as

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Career Orientation & Communication (PHPR 7103), Drug Information (PHPR 7107), Introduction to Patient-Centered Communication (PHPR 7106), and US Healthcare System for Pharmacists (PHPR 7102) intentionally prepare students for the P1 community IPPE. In the P2 year, Basic and Clinical Pharmacokinetics (PHSC 7205 and PHPR 7205), Principles of Pharmacy Practice (PHPR 7201), and Therapeutics I (PHPR 7203) do the same for the institutional IPPE. IPPEs begin with development of technical and distributive practice functions and progress to early understanding of direct patient care.

In the P2 year Self-Care Therapeutics (PHPR 7204) and Therapeutics I (PHPR 7203) introduce students to more formal patient workups and is followed by the rest of the Therapeutics course series (II, PHPR 7302 and III, PHPR 7304). Students apply and integrate knowledge through MyDispense simulations in Self-Care Therapeutics and through recitation cases in the Therapeutics I. MyDispense offers an environment where students practice collecting and assessing information and making recommendations at their own pace without having to focus on the delivery of that information to patients and care teams. In Therapeutics recitation students collect information, work up patient cases, and present to peers and evaluators. See Standard 2 for more information on recitation.

The much more practice-focused P3 year prepares students for the variety of practice experiences to be encountered in APPEs. Recitation continues in Therapeutics II (PHPR 7302). Pharmacy Practice Assessment & Skills (PPAS, PHPR 7308) requires students to recall and apply knowledge from the Therapeutics series and integrate with new skills, such as physical assessment, to complete cases framed around a multi-generational family used longitudinally throughout the course. As PPAS progresses the patient cases increase in complexity. Finally, advanced practical application of knowledge and skills occurs in a variety of settings in the APPE year.

Professional Attitudes & Behavior Development
Operating within the Pre-APPE didactic curriculum are the co-curriculum and IPPE courses. The COP's required Continuous Professional Development (CPD) Program was developed to promote our students' commitment to life-long learning, specifically related to the key elements of Standard 4 (more in RD 10-18 and Standard 4 narrative). The CPD program is introduced didactically in the first semester and transitions to a co-curricular model after that. The program facilitates a spiraling process of goal-setting and reflection to guide students through self-selected co-curricular activities that promote development of self-awareness, leadership, innovation and entrepreneurship, and professionalism. These key elements, as well as the process of CPD itself, are critical to developing future leaders and change agents capable of building on the knowledge, skills, and abilities developed in our program to effect positive change in pharmacy practice, healthcare delivery, and our communities. Examples of tools and methods used to facilitate CPD growth are found in RD 10-09. Recognition events that mark professional transition (P1 White Coat Ceremony, P3 Pinning Ceremony, P4 Residency Match Ceremony, and Graduating Student Convocation) provide additional opportunities to emphasize the professional attitudes and behaviors that give rise to personal and professional maturity.

PPCP and other curriculum themes
Elements of the PPCP such as communication and collaboration are introduced in the P1 fall in Career Orientation & Communication (PHPR 7103). The process is introduced formally in Principles of Pharmacy

Practice (PHPR 7201) and is integrated and reinforced throughout subsequent didactic and experiential coursework. The Therapeutics series (I, II, and III; PHPR 7203, PHPR 7302, and PHPR 7304) and others frame their learning materials and activities around the PPCP. In the longitudinal OSCE program (OA 01-03) students receive PPCP report cards generated from their performance beginning in the P2 Fall through Summative Exam 2 in the P4 year. IPPE and APPE rubrics are mapped to the PPCP, and the framework is used to provide student feedback (RD 10-16). The curricular review process (described below) ensures that the PPCP is integrated with inclusion of PPCP explicitly addressed in the course review rubric and pre-review coordinator questionnaire.

Other themes integrated throughout the curriculum include patient-centered communication, collaboration as part of the healthcare team (see Standard 11), and evidence-based medicine. As an example, patient-centered communication is introduced in the P1 year during Introduction to Patient-Centered Communication (PHPR 7106), and students practice and reflect on these skills during their P1 IPPE. P2s participate in more advanced cases and are assessed in an OSCE in Principles of Pharmacy Practice (PHPR 7201). The material is further advanced and reinforced during P3 PPAS (PHPR 7308), practiced throughout APPEs, and ultimately assessed in the P4 Summative Exam 2.

Electives
Electives are offered in both didactic and experiential coursework. Students are required to complete a minimum of 8 credit hours of didactic electives and may choose two elective APPEs (Standard 13). In the 2020-2021 academic year, 19 didactic electives were offered, representing a wide variety of topics and practice areas (OA 10-02). In addition to traditional didactic electives, special problem electives are offered, allowing students to work with a faculty member, and may lead to a research presentation or publication. 96% of respondents to the 2020 AACP Graduating Student Survey agreed that they had opportunities to participate in research with UAMS faculty, which was more than 10% higher than national and peer comparisons.

Teaching & Learning Methods
The diverse learning needs of students are identified and addressed early in the curriculum. In the fall of the P1 year in Career Orientation & Communication (PHPR 7103) students complete the VARK learning style inventory as well as the CliftonStrengths Assessment. These tools raise self-awareness and allow discussion of results in small groups with faculty mentors. A new intervention to better prepare the Class of 2025 for the demands of the PharmD curriculum was the required reading of Make It Stick prior to the new student orientation, with discussion at orientation.

The faculty employ a wide variety of teaching and learning strategies throughout the curriculum (RD 10-13, RD 10-17, RD 10-19). Several courses utilize polling technologies as formative assessment to gauge prior knowledge, practice retrieval, and allow immediate feedback. A variety of learning strategies, including TBL type activities, case-based recitations, IPE patient care simulations, and lab activities (compounding, physical assessment, etc.) are used. In selected courses supplemental instruction is provided for interested students and required for low-performing students. The IPE curriculum provides meaningful opportunities to learn about, from, and with students of other professions (RD 10-20).

Student achievement data discussed in Standards 1–4 affirm the effectiveness of our curriculum and teaching strategies. Recitation, lab activities, and intentionally sequenced IPPEs are excellent examples of methodologies chosen to actively engage students and foster collaborative learning. According to the 2020 AACP Graduating Student Survey 100% of respondents agreed they were provided opportunities to engage in active learning, and 100% also agreed they developed skills needed for self-directed lifelong learning. According to the 2020 AACP Alumni Survey 98.3% of respondents agreed they had opportunities to engage in active learning, and 96.6% agreed that they were encouraged to take responsibility for their own learning.

Feedback

There are many examples of feedback and its use within our curriculum. Students receive course-level feedback after exams via ExamSoft-generated Strengths & Opportunity Reports or via opportunities for exam review. PPCP Report Cards are generated after each OSCE and frame performance in the PPCP domains. Feedback from high-level assessments (e.g., summative exams and PCOA) are also shared (see Standard 24). Didactic instructors and courses are reviewed annually by students; results are shared with department chairs, coordinators, and instructors. Course evaluations are used by the Curriculum Committee in the curricular review process. Similarly, students both evaluate and are evaluated in the experiential portion of the program. Results of these evaluations are used to provide feedback to students and to preceptors about their respective performances (RD 10-10).

Curricular Assessment, Oversight, and Revision

The 2021–2022 Curriculum Committee consists of 4 members of each department, 2 practitioners, 4 students, and 2 ex officio members (RD 10-07). The Committee is responsible for preparing recommendations for pre-professional and professional coursework required for completion of the PharmD degree, which require ultimate approval authority by the faculty. The Curriculum Committee employs a continuous curricular review process (OA 10-03) to ensure each course is meeting its intended objectives, is aligned with COP competency statements, and Appendix 1 topic areas are offered at the appropriate breadth and depth and meet other quality assurance standards. The curricular map (RD 10-02 and RD 10-03) is an important tool that informs this process to help identify redundancies and guide decision-making. The standard syllabus template (OA 10-05), developed and approved by the faculty, helps ensure the inclusion of necessary elements for curricular assessment and provides standardized communication to students. A summary of the committee's work may be found in RD 10-08.

Curricular content is delivered by faculty and instructors with academic credentials and expertise that are explicitly linked to their teaching responsibilities (RD 10-04 and RD 10-05).

Data collection directed by the Comprehensive Assessment Plan (see Standard 24) informs the continuous quality improvement process for the curriculum. Curricular assessment data are reported to the Assessment Committee, Curriculum Committee, Strategic Planning & Program Assessment Committee, and faculty on a regular basis as dictated by the Comprehensive Assessment Plan. To ensure communication and collaboration between the Curriculum and Assessment Committees, the Associate Dean for Academic Affairs serves as an *ex officio* member in both groups. The Comprehensive

Assessment Plan also defines assessment elements and timelines for sharing between committees. According to the 2020 AACP Faculty Survey 95% of faculty agreed the college uses programmatic assessment data to improve the curriculum (more than 10% above peer and national comparisons), and 90% agreed the curriculum oversight processes are effective (approximately 10% above peer and national comparisons).

Experiential Quality Assurance

The Office of Experiential Education employs a robust process for ensuring preceptor and site quality, taking action when performance thresholds are not met. The Office of Experiential Education ensures that students do not receive payment for participating in IPPEs and APPEs, nor are students placed in the specific practice area within a pharmacy practice site where they are currently employed. Preceptor and site evaluations for IPPEs and APPEs provide evidence that experiences are of high educational quality. The Experiential Advisory Committee supports and engages preceptors in the quality assurance process (See Standard 20). This Committee meets regularly and facilitates continuous quality improvement efforts in experiential education and incorporates preceptors' perspectives into improvement efforts. The 2020 Graduating Student Survey affirms the effectiveness of our quality assurance processes: 99.1% of respondents agreed that APPEs were of high quality.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 11-01* Vision, mission, and goal statements related to interprofessional education

☐ *RD 11-02* Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs

☐ *RD 11-03* Relevant syllabi for required and elective didactic and experiential education course that incorporate elements of interprofessional education to document that concepts are reinforced throughout the curriculum and that interprofessional education related skills are practiced at appropriate times during pre-APPE

☐ *RD 11-04* Student IPPE and APPE evaluation data documenting the extent of exposure to interprofessional, team-based patient care

☐ *RD 11-05* Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum

Required Documentation for On-Site Review:

None required for this Standard.

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Student – Questions 3, 38

Optional Documentation and Data:

☐ No additional documentation or 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	NI	U
11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.	●	○	○
11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.	●	○	○

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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Character count: 12,720

The UAMS COP is situated in an academic health center that provides a rich environment for interprofessional education (IPE). UAMS has adopted a Quadruple Aim focus for IPE to improve patient outcomes and experience of care, improve population health, reduce the cost of care, and improve provider satisfaction and professional wellness (RD 11-01). This focus introduces and develops the core interprofessional practice competencies defined by the Interprofessional Education Collaborative (IPEC). Grounding interprofessional activities in the context of the Quadruple Aim also provides alignment with the UAMS vision and mission. UAMS students from all five colleges and the Graduate School are required to complete the IPE Curriculum (RD 11-02). The goals of this curricular framework are to:

1. Improve knowledge, skills, and attitudes necessary for UAMS graduates to contribute toward improving the patient care experience, improving the health of the population, and decreasing the cost of care through a longitudinal interprofessional education and collaborative practice curricular model;

2. Create a patient- and family-centered collaborative practice workforce prepared to impact health-related outcomes;

3. Create and dynamically adapt the content of the quadruple aim curriculum to focus upon and address the local and regional social determinants of health impacting the state of Arkansas;

4. Participate in a quadruple aim curriculum graduation expectation that contributes directly toward the institutional mission within the realms of education, clinical practice, and research;

5. Meet and exceed compliance with relevant professional and accreditation standards.

The three-phase framework (described below) consists of seven core activities required for graduation. These activities are implemented as IPE courses, and each has a course number and specific location within the COP curricular timeline. Placement of these courses can be seen in OA 02-01. Students benefit from completing a curriculum that emphasizes IPE throughout each year of the program with the level of immersion in interprofessional teams increasing as the student approaches graduation (RD 11-03).

- **Exposure Phase** (novice IPEC Domain Competencies)
  - *IPEC 1101—Exposure Workshop:* an introductory three-hour workshop introduces the key concepts of the Quadruple Aim and IPE and practice as well as overarching principles influencing society and health (P1 fall semester)
  - *IPEC 1201—Exposure Bridge:* students choose from a variety of activities including movie night, common book reading, professional seminar and interprofessional discussion, volunteering at the 12th Street Health and Wellness Center/North Street Clinic or other approved interprofessional free or reduced-cost clinic, or shadowing interprofessional rounds/clinic or interdisciplinary research/regulatory team. A reflective essay and verification form accompany this activity (P1 fall or spring semester)

- **Immersion Phase** (intermediate IPEC Domain Competencies)
  - *IPEC 1301—Quadruple Aim Project Proposal:* this four-hour workshop is for interprofessional teams of students to work together to develop an interprofessional project proposal that addresses a problem related to the Quadruple Aim. (P3 fall or spring semester)
  - *IPEC 1401—Immersion Simulation:* interprofessional teams of students work together to evaluate and recommend direct patient care, population- or systems-based, or professional wellness management strategies; topics for 2020-2021 include error disclosure, oral health, mock trial, COVID-19 hotline, COVID-19 contact tracing, culinary medicine (live event), immunization education, immunization advocacy (P2 fall or spring semester)

- **Competence Phase** (advanced IPEC Domain Competencies)
  - *IPEC 1501—Competence Workshop:* a 2.5-hour summative workshop where interprofessional groups of students address Quadruple Aim content through evaluation of patient, population, systems, or professional wellness case content and recommend an action plan; topics for 2020-2021 include pandemic flu/COVID, plain language/health communication, and professional wellness (P3 fall or spring year)
  - *IPEC 1601—Practice Activity:* practical application of knowledge, skills, and behaviors accrued during professional training are utilized in interprofessional team environments in a variety of practice settings, including participation in health fairs/screening events, community education

events, interprofessional rounds/clinic, and interdisciplinary research or regulatory team. A reflective essay and verification form accompany this activity. (P4 fall or spring semester)

- o *IPEC 1701—Student Educator Activity:* an opportunity for the student to share or "teach" information specific to their profession to interprofessional partners. Settings include IPE curriculum events to assist in instruction of early-career students, providing community education during health fairs, delivering an accredited interprofessional APPE CE program, serving as a student advisory board member, providing a seminar on a practice-related topic, or presenting original research. A reflective essay and verification form accompany this activity. (P4 fall or spring semester)

Two Pillar Teams with interprofessional faculty representation maintain the design, delivery, and assessment of IPE events for students and employees. The Interprofessional Curriculum Pillar Team includes faculty from across all five colleges and the graduate school, including two members from the COP. The Faculty Development Pillar Team was created to facilitate professional development opportunities to support faculty training needs with regard to building and instructing student learning events. This team includes representatives from each college, the Graduate School, and several academic affairs divisions, and includes two members from the COP. The Pillar Teams also offer a robust Interprofessional Facilitator Certification Program. As of September 1, 2020, 10 COP faculty have been certified for at least one type of interprofessional activity and 3 have completed master certification status (certified in three or more types of activities).

Activities are available in both in-person and online synchronous formats to support learners in all programs. Additionally, assignments adapted to students in advanced degree or degree completion pathways that incorporate continuing education credits are available. Each college or program's curriculum governance committee defines the completion timeline for students' participation in the campus IPE framework activities. The COP curriculum is closely tied to the University's IPE curriculum. Completion of the IPE curriculum is a requirement for graduation. Total estimated time to complete the IPE curriculum is approximately 20 contact hours.

Evaluation data for each IPE activity are reviewed by the Curriculum Pillar Team, which includes COP representation, to inform continuous quality improvement of curricular offerings. Examples of revisions based on outcome assessment data include:

1. incorporation of a family case discussion in the Exposure Workshop following student feedback,
2. incorporation of fluoride varnish skills training and oral health screening education content in Exposure Bridge and Competence Workshop activities following completion of an Oral Health simulation that identified gaps in this content, and
3. revision of the Quadruple Aim Project Proposal from a longitudinal 5–6 week format to a 4-hour workshop based on outcome data that revealed challenges with team work and process in the longitudinal format.

There are a variety of assessments completed throughout the IPE curriculum. These include reflections, self-assessments, peer evaluations, and others depending on the type of activity students choose to complete. RD 11-05 summarizes assessment data collected for all students. For pre-APPE data, collected

in the UAMS IPE curriculum, a series of self-ratings document students' perceived ability to act in ways that support interprofessional work. Each of the items maps back to an IPEC competency. Our students are gaining competence throughout this program of seven core activities as demonstrated by their changes in self-ratings over time.

While the University has a robust approach for IPE program assessment, the COP complements this approach with internal assessments focused on our experiential curriculum. Experiential education is over one-third of the COP curriculum, and students receive preceptor ratings assessing outcomes related to IPE in P1 and P2 IPPEs and P4 APPEs (RD 11-04 and RD 11-05). For the IPPEs, students are evaluated on multiple criteria related to interprofessional practice including professionalism, communication, providing timely responses, and defending recommendations to healthcare professionals. During the P3 year, students are required to participate in at least 4 hours of IPE at one of two interprofessional clinics: the 12th Street Clinic located in central Arkansas or the North Street Clinic located in northwest Arkansas. The P3 longitudinal IPPE requirement for IPE participation is above and beyond the IPE graduation requirements. All APPE students are evaluated on their ability to participate in interprofessional, patient-centered care as part of an interprofessional team in the practice setting. P4 students are evaluated on their engagement with an interprofessional team in shared decision-making, communication of patient information and specific drug therapy recommendations, and demonstration of appropriate conflict resolution techniques. For P1 and P2 IPPE evaluation items students must be assessed and achieve a 3 out of 5 (i.e. progressing) in order to progress. For the P4 APPE students, they must achieve a 4 out of 5 (i.e. meets expectations) in order to graduate.

Objectives for IPPEs and APPEs and responsibilities of students, preceptors, and sites are defined. Preceptors are represented on college committees and advisory groups to ensure continuing opportunities for practitioner input regarding programmatic outcome expectations and collaborative relationships with the health care community. IPPE and APPE manuals define objectives for experiences and responsibilities of the student, preceptor, and site. Students complete a self-assessment of their performance, and preceptors complete a performance evaluation, as well. These evaluations are discussed in the IPPE/APPE evaluation process. Evaluation items reflecting interprofessional practice skills for IPPEs and APPEs are defined above. Quality assurance documentation completed as new experiential sites are screened identifies competencies that will be covered during the experience and captures information regarding interaction with other healthcare professions.

In Spring of 2020, the UAMS Institutional Assessment and Effectiveness Committee adopted the UAMS Quadruple Aim IPE Curriculum Framework target competencies as institutional learning outcomes shared by all colleges. This was in response to a Higher Learning Commission requirement for institutional-level learning outcomes. These competencies map to each of IPEC domains: Values & Ethics for Interprofessional Practice, Roles & Responsibilities, Interprofessional (Effective) Communication, and Teams and Teamwork. The adoption of competencies mapped to IPEC domains highlights the commitment of both the COP and UAMS as a whole to interprofessional training and practice.

According to the 2020 AACP Graduating Student Survey UAMS respondents reported 16–24% higher rates of interprofessional participation than peer and national comparisons in the following areas: active

engagement with patients (+18%), community projects and service learning (+18%), team skills training (+23%), and IPPE (+16%). UAMS respondents reported working with physician assistants (+32%) and public health professionals (+54%) significantly more than peer and national comparisons and rated working with osteopathic medicine 10% less than peer and national comparisons. Ninety-four percent of respondents agreed that "learning experiences with other professions students helped me gain a better understanding of how to be a part of a multi-disciplinary team to improve patient outcomes." This was similar to peer and national comparisons. All respondents also agreed their pharmacy practice experiences allowed them to collaborate with other health care professionals. This was slightly higher than peer and national comparisons. All respondents have agreed with this item on the last three survey administrations, indicating excellent quality of pharmacy practice experience offering for UAMS students in terms of collaboration with other health care professionals.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 12-01* Description of curricular and degree requirements, including elective didactic and experiential expectations

☐ *RD 12-02* A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments

☐ *RD 12-03* Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum

☐ *RD 12-04* Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4

☐ *RD 12-05* Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies)

☐ *RD 12-06* Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements

☐ *RD 12-07* List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement

☐ *RD 12-08* Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure

☐ *RD 12-09* Introductory pharmacy practice experiences student and preceptor manuals

☐ *RD 12-10* Introductory pharmacy practice experiences student and preceptor assessment tools

☐ *RD 12-11* Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs

☐ *RD 12-12* Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes

Required Documentation for On-Site Review:

☐ *RD 12-13* List of current preceptors with details of credentials (including licensure) and practice site

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Question 34

☐ AACP Standardized Survey: Student – Questions 24, 26-28, 58, 59, 69-71

☐ AACP Standardized Survey: Alumni – Questions 7, 10

Optional Documentation and Data:

☐ No additional documentation or data

1) **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	NI	U
12.1. Didactic curriculum – The didactic portion of the Pre-APPE curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (e.g., blocked, integrated, traditional 'stand-alone' course structure, etc.).	●	○	○
12.2. Development and maturation – The Pre-APPE curriculum allows for the development and maturation of the knowledge, skills, abilities, attitudes, and behaviors that underpin the Educational Outcomes articulated in Standards 1–4 and within Appendices 1 and 2.	●	○	○
12.3. Affective domain elements – Curricular and, if needed, co-curricular activities and experiences are purposely developed and implemented to ensure an array of opportunities for students to document competency in the affective domain-related expectations of Standards 3 and 4. Co-curricular activities complement and advance the learning that occurs within the formal didactic and experiential curriculum.	●	○	○
12.4. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient's lifespan.	●	○	○
12.5. IPPE expectations – IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.	●	○	○
12.6. IPPE duration – IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.	●	○	○
12.7. Simulation for IPPE – Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300 clock hour IPPE requirement.	●	○	○

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

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 14,312

Curriculum Overview

The UAMS College of Pharmacy delivers a comprehensive and challenging curriculum that integrates basic biomedical and pharmaceutical science education with the social/behavioral/administrative and clinical components (RD 12-01). The biomedical sciences portion of the curriculum incorporates the principles of anatomy, physiology, pathology, biochemistry and molecular biology into a study of the mechanism of action and disease correlation, therapeutic indication, dosage, and toxicology of drugs. The pharmaceutical sciences component of the curriculum provides the student with knowledge of dosage systems that deliver medications to sites of action; post-delivery events involved in drug release; absorption, distribution, metabolism, and elimination; and pharmacodynamic interactions. The social, behavioral, and administrative sciences provide students the ability to understand and influence human behavior. These skills are useful in the management of health and disease, pharmacy management services, and in relationships with patients and other healthcare providers. The clinical sciences component of the curriculum teaches students to develop rational approaches to the treatment of disease, patient care, maintenance of patients' wellness, and drug therapy. The curriculum is delivered by experienced and well-qualified instructors (RD 12-02).

In each of the broad science areas, students learn appropriate and meaningful care for patients throughout their entire lifespan using the Pharmacists' Patient Care Process (PPCP). In the Therapeutics series (I, II, and III; PHPR 7203, PHPR 7302, PHPR 7304) students learn about disease states affecting patients. Recitation is associated with Therapeutics I and II and requires students in small groups to work through patient cases and defend recommendations. Basic (PHSC 7205) and Clinical Pharmacokinetics (PHPR 7205) courses emphasize physiological changes that affect therapeutic choices.

Our curriculum map, (RD 12-03) used by the Curriculum Committee and updated routinely through the formal curricular review process, is described more fully in Standard 10. Each course is mapped to the COP Competency Statements and ACPE Standards Appendix 1 topic areas. In the formal curricular review process, the Curriculum Committee considers appropriate breadth and depth of course content and assessments. Recommendations are documented in the course review rubric and shared with the

course coordinator and respective department chair. The continuous quality improvement process ensures that course objectives, content breadth and depth, and assessment stay aligned with program competencies. In the 2020 AACP Faculty Survey, 88% of respondents agreed the curriculum is taught at a depth that supports understanding of central concepts and principles, which was similar to peer and national comparisons.

Development and Maturation

The process of developing knowledge, practice skills, and professional attitudes, behaviors, and values occurs progressively across the curriculum. Didactic course work is complemented by annual practical labs: Pharmaceutics II (PHSC 7105, P1), Principles of Pharmacy Practice (PHPR 7201, P2), and Pharmacy Practice Assessment & Skills (PHPR 7308, P3). Recitation associated with Therapeutics I and II (PHPR 7203, P2 and PHPR 7302, P3) requires knowledge application to complex patient cases and requires students to practice professionalism in presentation and defense of recommendations. IPPEs are in the summers of the P1 and P2 years and longitudinally delivered in the P3 year. This placement allows application and practice of knowledge, skills, and attitudes in real-world settings. The didactic and experiential curricular components work together to promote knowledge acquisition to practice application.

Affective Domain Elements

Students develop in the affective domain through our Continuous Professional Development (CPD) Plan; the goal is to foster life-long habits of self-improvement. The CPD Plan (described more fully in Standard 4) guides students through a longitudinal development process in the areas of self-awareness, leadership, innovation and entrepreneurship, and professionalism. After the key elements of these areas and SMART goal framework are introduced in the P1 fall semester the elements of the CPD Plan are repeated cyclically and include the following:

a. Documentation of goals and progress at the end of each spring semester;
b. Faculty-led, small group meetings for feedback and discussion each fall semester (introduced in P1 fall and formally completed P2 and P3 fall); and
c. Continued work toward goals throughout the academic year.

This framework was developed to mimic the goal-setting and reflection process in which our residents, post-graduate trainees, and faculty participate during their annual review processes and was specifically chosen to model concrete steps that support self-directed lifelong learning. While a required activity, it is a student-directed process that allows students the flexibility to create their own goals and develop plans to meet them. We believe it is important to allow students to practice the autonomy they will have in their future professional lives while operating within a structure that offers guidance and support. A wide variety of co-curricular activities support our students' development in these areas (RD 12-04). Affirming this support, in the 2020 AACP Graduating Student Surveys, 100% of respondents agreed they were supported to attend professional meetings and 99% agreed the college supported student organizations, both of which exceeded peer and national comparisons.

IPPE Curriculum

The experiential portion of the curriculum (IPPEs and APPEs) allows for direct application of knowledge, development of skills, and demonstration of professional attitudes, behaviors, and values. IPPEs focus on engaging students in the care of diverse patients in common pharmacy practice models, including those that emphasize interprofessional practice, professional ethics, and innovative pharmacy practice business strategies. APPEs are distinguished from IPPEs in that they integrate all knowledge gained in the pre-APPE curriculum to provide students with in-depth experiences promoting patient-care services for diverse populations in interprofessional settings. The IPPE curriculum allows the student to integrate the basic and clinical sciences knowledge into a practice setting and build upon entry-level skills necessary for direct patient care, pharmacy management and administration, distribution of drugs, and develop skills critical in communications with patients and healthcare providers. See RD 12-06 for a summary of the IPPE program and its goals, objectives, and time requirements. See RD 12-08 for IPPE syllabi.

IPPE Expectations

The College requires completion of IPPE hours using three types of experiences, totaling 320 hours. The IPPE structure begins with a P1 Community IPPE (120 hours, 3-week summer block experience), a P2 Institutional IPPE (160 hours, 4-week summer block experience), and P3 Longitudinal IPPE (40 hours over 10 months of P3 year). During the P1 and P2 IPPEs students are given the opportunity to actively participate in daily operations that focus on practice in the community (P1) and health-system (P2) settings. The P3 longitudinal IPPE provides an opportunity to integrate, apply, and reinforce previous didactic, experiential, and co-curricular experiences and allows students to explore and develop their professional interests and to broaden their perspective of pharmacy practice. The categories of activities allowed for the P3 IPPE are 1) advanced practice shadowing, 2) medication review/MTM consults, 3) health and wellness screening events, and 4) free clinic/IPE free clinic hours. We do not typically include simulation in IPPE requirements (RD 12-07). Students are immersed in interprofessional practice and direct patient care activities during their IPPEs. According to the 2020 AACP Graduating Student Survey 88% of respondents agreed that both community and institutional IPPEs permitted involvement in direct patient care, which was similar to peer and national comparisons.

Students practice ethical standards, including placing patient welfare above their own interests and maintaining patient confidentiality, as assessed by preceptors. These practice experiences are intentionally placed within the pre-APPE curriculum to build upon the knowledge gained during the didactic portion of the curriculum. The P1 Community IPPE occurs after Drug Information (PHPR 7107), Pharmaceutical Calculations (PHPR 7101), and Pharmaceutics I and II (PHSC 7104 and 7105). The P2 Institutional IPPE occurs after Basic and Clinical Pharmacokinetics (PHSC 7205 and PHPR 7205), Therapeutics I (PHPR 7203), and a sterile compounding checkoff. This allows the interleaving of content application through real-world practice. Students gain a greater appreciation for the profession and develop professional attitudes and behaviors, as well as the judgment and technical skills needed to function in the practice setting. The IPPE manual defines objectives for experiences and responsibilities of the student, preceptor, and site (RD 12-09).

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Assessment

A variety of assessments demonstrate achievement of the pre-APPE outcomes and readiness to progress to the APPE curriculum. Didactic course-level achievement of outcomes is documented via exam items mapped to the COP Competency Statements and cross-walked to the key elements of Standards 1–4. Examples of additional application assessments include labs, recitation, roleplay, and reflection. Objective Structured Clinical Exams (OSCEs) provide a method of assessment more suited to measure skill acquisition and abilities, and OSCEs generate student performance data that measures performance in the PPCP process (OA 01-03).

Preceptor evaluation of students on IPPEs occurs via the midpoint (P2) and final (P1 and P2) assessments (RD 12-10). These are discussed with students to identify strengths and areas for improvement. Because the evaluation items are structured around the PPCP, preceptors provide feedback on areas for improvement related to these domains. Competency outcomes on IPPE rubrics are grouped into domains, and evaluations are conducted on drug referencing, communication (lay and professional), prescription competency, pharmacy operations, and professionalism. In order to complete program requirements students must achieve a minimum proficiency score of 3 (progressing) for each competency. Evaluations are reviewed by the Office of Experiential Education, and, if needed, individualized plans for student development of competency are coordinated through processes outlined in the College's scholastic rules (RD 17-01).

Program-level assessments provide additional evidence of student achievement of program outcomes. Two examples from the pre-APPE curriculum include the Summative Exam 1, which represents content from P1 and P2 courses, and the PCOA, which represents content from P1, P2, and P3 courses. Our Comprehensive Assessment Plan defines APPE-readiness for our students, and a complete description can be found in Standard 24. RD 12-05 summarizes the APPE-readiness assessment outcome data for the Class of 2021.

Site Quality

Practice sites and preceptors are selected to carry out curriculum goals by the Office of Experiential Education. Quality sites are selected, and sites with valued quality indicators are used when possible. Examples of these types of practice sites are community pharmacies that are members of the Community Pharmacy Enhanced Service Network and those that have ASHP-accredited PGY1 and/or PGY2 residencies. In addition to a site visit and preceptor orientation, quality assurance documentation is completed that reflects the competencies a student will achieve in the experience and captures information regarding interactions with healthcare professionals, types of patients, disease states, and interventions in which students will participate (RD 12-11).

The student-to-preceptor ratio goal is 2:1 for health-system IPPEs and 1:1 for community IPPEs. Practice sites and preceptors are monitored for quality by conducting site visits and via student evaluations of preceptors and site (RD 12-10). The Office of Experiential Education receives automated alerts when preceptors do not meet the evaluation threshold expectation as assessed by students. All evaluations triggering an alert are immediately reviewed to determine if an intervention is warranted. If an intervention is warranted then a representative from the Office of Experiential Education meets with the

preceptor and develops a plan to address concerns raised by students, or the preceptor may be removed from the active list. Preceptors receive de-identified access to their evaluations at the end of the academic year. Formal preceptor and site evaluations for block pharmacy practice experiences show that experiences are of high quality and validate diversity of patient and health care professional exposures in practice sites. In the 2020 AACP Graduating Student Survey 92% of respondents agreed their IPPE experiences were of high quality, which was above both peer and national averages.

The design of the Pre-APPE curriculum lays a solid foundation for student pharmacists to learn and excel in APPEs. We have a rigorous and mature curriculum, which we continue to improve through the formal curricular review process. We intentionally order coursework, both didactic and experiential, so we can build upon students' knowledge progressively throughout the curriculum. Course and peer reviews, surveys, and student assessments are intentionally placed to allow for both student and curriculum success. Our assessment plan is thorough, and we have structured continuous professional development to facilitate lifelong learning. We have checkpoints throughout the curriculum to reassess student knowledge and intervene as needed. Our graduates are successful practitioners, many of whom are leaders in practice and professional organizations. We are confident the quality improvement and assessment mechanisms we have in place will continue to serve our students and program well for years to come.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 13-01* The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable

☐ *RD 13-02* A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. *(Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.)*

☐ *RD 13-03* Overview of APPE curriculum (duration, types of required and elective rotations, etc.)

☐ *RD 13-04* Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives

☐ *RD 13-05* Advanced pharmacy practice experience student and preceptor manuals

☐ *RD 13-06* Advanced pharmacy practice experience student and preceptor assessment tools

☐ *RD 13-07* Preceptor recruitment and training manuals and/or programs

☐ *RD 13-08* Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care

☐ *RD 13-09* Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes

Required Documentation for On-Site Review:

☐ *RD 13-10* List of current preceptors with details of credentials (including licensure) and practice site

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Student – Questions 29-38

☐ AACP Standardized Survey: Alumni – Questions 9, 13

Optional Documentation and Data:

☐ No additional documentation or data

1) **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	NI	U
13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings.	●	○	○

13.2. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states	●	○	○
13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.	●	○	○
13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care.	●	○	○
13.5. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE.	●	○	○
13.6. Required APPE – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.	●	○	○
13.7. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.	●	○	○
13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.	●	○	○

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

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

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

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

☐ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team

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- ☐ How the college or school provides students with elective advances practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors
- ☐ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- ☐ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- ☐ How quality improvements are made based on assessment data from practice sites
- ☐ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities
- ☐ How the college or school is applying the guidelines for this standard, **and the additional guidance provided in Appendix 2**, in order to comply with the intent and expectation of the standard
- ☐ Any other notable achievements, innovations or quality improvements
- ☐ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Character count:14,439

APPE Duration and Timing

The Advanced Pharmacy Practice Experience (APPE) curriculum is composed of 10 one-month (minimum of 160 hours each) block experiences for a total of 40 weeks (totaling minimum of 1600 hours). All required APPEs are located within the United States, and international elective experiences are available. An overview of the curriculum is contained in RD 13-03. During these experiences the overarching goal is to provide quality practice learning opportunities for students to continue to develop the professional skills and attitudes necessary to become competent general practitioners responsible for patient care and interprofessional practice. IPPE objectives focus on observation, discussion, and participation in daily operations and patient care in order to promote a greater appreciation for the profession of pharmacy and to develop professional attitudes, judgment, and technical skills. The APPE objectives are designed to build upon these skills, with a focus on active participation in higher-level activities that involve critical thinking and problem-solving, most often in the context of direct patient care. Specific objectives for both IPPE and APPE coursework can be found in RD 13-01.

Students begin the APPE curriculum only after satisfactory completion of the Pre-APPE curriculum. The APPEs build upon the IPPEs and the didactic coursework, ensuring that when students begin the APPE curriculum they are prepared to perform patient-centered care activities. In addition to successful completion of IPPEs and the didactic coursework, students must demonstrate APPE-readiness. Our Comprehensive Assessment Plan defines APPE-readiness for our students, and a complete description can be found in Standard 24. RD 12-05 summarizes the APPE-readiness assessment outcome data for the Class of 2021.

Both students and new preceptors complete orientation sessions that include a review of the APPE Manual (RD 13-05). The 2020 AACP Alumni Survey demonstrated that 94.8% of respondents agreed they were academically prepared for APPEs, which was similar to peer and national averages. Similarly, in the 2020 Graduating Student Survey the majority of respondents agreed they were academically prepared for APPEs (97.2%), also similar to peer and national comparisons.

APPE Requirements and Characteristics

Standardized syllabus templates for each APPE type (acute care, ambulatory care, community enhanced pharmacy services, direct patient care selective, health-system management, and pharmacy practice elective) ensure that each type is mapped to COP Competency Statements and ACPE Standards Appendix 2 (RD 13-04). The COP graduation requirements include successful completion of 10 month-long APPEs. Seven APPEs are required to be direct patient care experiences. Three of these must be one each of acute care, ambulatory care, and community enhanced pharmacy services, and the remaining four must be a mix of these same categories (called direct patient care selectives). The three remaining APPEs include a required health-system management APPE and two electives. The elective APPEs can be of any type, including direct patient care experiences and indirect patient care experiences such as poison and drug information, nuclear pharmacy, advanced compounding, research, pharmacy professional organization, managed care, informatics, academia, etc. Due to COVID-related changes in site availability, the faculty approved a Curriculum Committee recommendation that the Class of 2021 complete a minimum of nine APPEs (1440 hours) with at least one each of the following: acute care, ambulatory care, community enhanced pharmacy services, and health-system management. This cohort also completed a longitudinal P4 course containing primarily NAPLEX prep, along with educational modules on COVID-19 and telehealth.

Recognizing and understanding that interprofessional education (IPE) is critical to developing competence in interprofessional practice, the College requires all students document IPE experiences in both an IPE practice activity (IPEC 1601) and an IPE student-educator activity (IPEC 1701) during the APPE year. These complementary IPE experiences are part of the UAMS IPE curriculum and are managed as courses that students enroll in alongside the APPE curriculum. See Standard 11 narrative for more details on the IPE curriculum. Students are exposed to a wide variety of healthcare team members over the course of their APPEs. See RD 13-08 for a summary of the extent of exposure to interprofessional team-based care by required APPE type. According to the 2020 Graduating Student Survey, 100% of respondents agreed that their pharmacy practice experiences allowed them to collaborate with other health care professionals, which was similar to peer and national comparisons.

All required APPEs have assigned goals and activities that map to the learning activities listed in Appendix 2. As summarized in RD 13-02, there is overlap in activities between different APPE experience types to ensure students complete all Appendix 2 activities. Of the four required APPE types (acute care, ambulatory care, community enhanced pharmacy services, and health-system management) direct patient care is performed in 3 experience types, interprofessional interaction and practice in 3, professional development in 5, medication dispensing in 3, medication administration in 3, medication systems management in 2, and medication distribution in 2.

Careful attention is given to ensure all students meet the COP graduation requirements as described above. Students "preference" or rank all APPE types by preceptor electronically in CORE ELMS and are assigned preceptors/APPEs via a combination of the SmartMatch optimization algorithm and Office of Experiential Education manual-slotting. Students interested in PGY1 residencies based in health-system settings receive a minimum of four direct patient care APPEs prior to December to adequately prepare them for residency interviews. For the 2021–2022 APPE year, for the SmartMatch optimization placements, 69.4% of placements were with preceptors ranked in the students' top 3 preferences, and 86.1% of placements were with preceptors in the students' top 5 rankings.

Diverse Populations

An advantage of the college's location at the only academic health center in Arkansas is robust acute, ambulatory, and health-system management APPEs precepted by highly qualified pharmacists who practice on interprofessional teams across the University in a diversity of settings and disease states. This partnership allows students exposure to a wide variety of patient populations who are representative of our state's demographic diversity. See RD 13-08 for summary data documenting the types of patient population exposure by required APPE type. For students at the Northwest campus, the Office of Experiential Education utilizes strong partnerships with regional hospital partners and local pharmacies to offer robust experiences. To ensure all students are exposed to a high level of practice, students are required to have at least one UAMS-employed preceptor during the APPE year. According to the 2020 Graduating Student Survey, 100% of respondents agreed their pharmacy practice experiences allowed them to interact with diverse patient populations, which was similar to peer and national comparisons.

Beyond the UAMS academic health center, direct patient care APPEs are based in settings ranging from partner health-systems, federal institutions, private hospitals, home care settings, and independent rural pharmacies. Students are exposed to various levels of patient acuity and interact directly with other healthcare professionals. Indirect patient care experiences expose students to management principles for hospital, community, and non-traditional pharmacy settings. Examples of electives that represent indirect patient care settings include experiences in legislative or regulatory settings or those with a national organization. APPEs provide opportunities to gain experience in diverse practice settings and exposure to a variety of patient populations and practice philosophies. The variety in APPEs allows students to experience and provide care across the continuum, from acute to chronic to preventive. APPEs are available at more than 500 sites in more than 100 cities across Arkansas. A list of preceptors and sites is available in RD 13-10.

Assessments

APPE student performance is tracked via the CORE ELMS. APPE competency outcomes are grouped into domains and include assessments of patient care, interprofessional collaboration, communication, medication use management, public health, and personal and professional development. Preceptors assess their students using the rubrics in CORE ELMS. For each APPE, students are assessed by the preceptor on the APPE competencies (mapped to the College's Competency Statements), ACPE Standards 1–4 (CAPE 2013), and the Pharmacist's Patient Care Process (PPCP) (RD 13-06). Students must achieve a minimum proficiency score of 4 (meets expectations) on each APPE competency to complete

program requirements for graduation. Student performance on each APPE is monitored by the Associate Dean of Experiential Education and intervention is taken, if needed, as outlined in the COP scholastic rules for experiential education. RD 13-09 provides average student scores for each competency. With this process we can ensure each student has the opportunity to mature professionally and meet the educational outcomes articulated in Standards 1–4 while exploring a variety of practice settings.

Reminder emails are sent to each preceptor to complete midpoint and final APPE evaluations. Preceptors review midpoint and final student self-evaluations (RD 13-06) for comparison with their own preceptor assessments and are instructed to discuss student strengths and areas for improvement. Preceptors are asked to review both midpoint and final evaluations with students to provide feedback during the APPE. Preceptors specifically discuss areas for improvement on the PPCP for each APPE as a result of APPE rubric item mapping to these domains. At the end of the midpoint and final evaluations students are assessed globally with categories of clear pass, borderline pass, and clear failure. Students who perform strongly in APPE experiences may receive the graduation distinction of Honors in Experiential Education.

Site Quality

Like student evaluations, preceptors are evaluated by students using CORE ELMS (RD 13-06). Practice sites and preceptors are monitored for quality through student evaluations and Office of Experiential Education site visits. See RD 13-07 for preceptor recruitment and training materials. Students provide site-specific information monthly, and the Office of Experiential Education has automated alerts in place for administrators if the quality threshold for student evaluations of preceptors is not met. This evaluation collects student reported data on the numbers and types of patients seen, disease states managed, and pharmacologic recommendations made. When a preceptor or practice site receives frequent negative responses, a representative of the Office of Experiential Education meets with the preceptor and develops a plan to address concerns. Preceptors receive de-identified copies of student evaluations at the end of the academic year. Unsatisfactory evaluations of preceptors may result in targeted preceptor development or removal of the preceptor from the experiential program. For more information on this process, please see Standard 20.

Preceptor and site evaluations provide evidence that experiences are of high quality and provide diverse patient and health care professional exposures. In 2019, a confidential comments box was added to the student evaluation of preceptor and site, which can be used to inform preceptor interventions by the Office of Experiential Education. The Experiential Advisory Committee was created in 2020 to facilitate quality assurance efforts and engage preceptors more broadly. The Experiential Advisory Committee meets regularly and assesses de-identified student evaluations of preceptors. For preceptors scoring less than the average, the committee gives input into actions identified for quality improvement. According to the 2020 Graduating Student Survey 99.1% of respondents agreed their APPEs were of high quality.

Direct Patient Care Emphasis

The student evaluation of preceptor and site includes an estimate of percent time spent in direct patient care, indirect patient care, and technical functions. Students also identify interprofessional team member types with whom they interacted during the experience. Each student documents these items

for each APPE. A summary of the Class of 2021 data is provided in <u>RD 13-08</u> and demonstrates a diversity of patient care exposure. In the 2020 AACP Graduating Student Survey respondents affirmed they engaged in direct patient care in community, ambulatory care, health system, and acute care settings. Rates of agreement ranged from 91.7% to 99.1% and were all similar to or better than peer and national comparisons.

Electives

The two elective APPEs further allow students to individualize their learning based on practice interests. APPE variety is extensive and encompasses virtually all practice settings in Arkansas. National and international sites are available as well. In the 2020 AACP Graduating Student Survey 94.4% of respondents agreed APPE elective experiences met their needs, which was similar to national and peer comparisons.

One example of a significant quality improvement is our creation of competitive extended (back-to-back and/or multiple month) placements at individual health systems based on preceptor and site recommendations. This model allows students to spend back-to-back or multiple months at one health system, reducing the time necessary for site-specific training and leading to more productivity for the site and more practice activities for the student. Another noteworthy achievement is the 2017 creation of the Interprofessional APPE Student-Led Continuing Education (CE) Program. All CE programs are developed and delivered by students under preceptor supervision. This interprofessional program offers accredited CE to physicians, nurses, pharmacists, and pharmacy technicians. The Class of 2021 delivered more than 1507 hours of CE.

3) **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**

4) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 14-01* Synopsis of the Curriculum Vitae of the student affairs administrative officer

☐ *RD 14-02* An organizational chart depicting student services and the corresponding responsible person(s)

☐ *RD 14-03* Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.)

☐ *RD 14-04* Copies of policies that ensure nondiscrimination and access to allowed disability accommodations

☐ *RD 14-05* Student feedback on the college/school's self-study

Required Documentation for On-Site Review:

☐ *RD 14-06* The Student Handbook

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Student – Questions 39-43, 45, 49, 50

☐ AACP Standardized Survey: Alumni – Question 11

☐ AACP Standardized Survey: Preceptor – Question 5

Optional Documentation and Data:

☐ No additional documentation or data

1) **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	NI	U
14.1. FERPA – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices.	●	○	○
14.2. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel.	●	○	○
14.3. Healthcare – The college or school offers students access to adequate health and counseling services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied.	●	○	○
14.4. Advising – The college or school provides academic advising, curricular and career-pathway counseling, and information on post-graduate education and training opportunities adequate to meet the needs of its students.	●	○	○
14.5. Nondiscrimination – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.	●	○	○

14.6. Disability accommodation – The college or school provides accommodations to students with documented disabilities that are determined by the university Disability Office (or equivalent) to be reasonable, and provides support to faculty in accommodating disabled students.	●	○	○
14.7. Student services access* – The college or school offering multiple professional degree programs (e.g., PharmD/MPH) or pathways (campus and distance pathways) ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.).	●	○	○

2) **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

Character count: 14,982

Overview of Student Services

In the UAMS College of Pharmacy (COP) student services are managed by the Office of Student Affairs. The Office of Student Affairs includes the Assistant Dean for Student Affairs (ADSA; RD 14-01), the Director of Recruitment (DOR), and the Director of Admissions (DOA). See RD 14-02 for an organizational chart of this office. Student services include recruitment, admissions, student organizations, student events, student wellness, student success, student accommodations under the Americans with Disabilities Act (ADA), maintenance of the Student Handbook and Student Activities Handbook, management of archived student records, and management of student concerns and grievances.

Providing and maintaining such a diverse set of services is accomplished through collaboration between offices, departments, and faculty as we all strive to provide a proactive student-centered approach to foster personal and professional success.

When students matriculate into the College they begin with a three-day orientation for new students prior to the start of classes. This orientation, managed by the DOA, is a formal introduction to student services, the College, and the University. During New Student Orientation, the Student Handbook and the UAMS Academic Catalog are reviewed (RD 14-03). These documents contain College-specific and university-level policies and procedures. After review as a group, new students are asked to review the documents on their own and sign an acknowledgement of review. The COP Student Handbook is updated annually by the ADSA and is available on the College website. The UAMS Academic Catalog is updated annually by the Office of the University Registrar (OUR) in consultation with the College (managed by the Associate Dean of Academic Affairs) and is available on the OUR website. During orientation, new students are also introduced to student organizations and the roles they serve in the program.

The faculty, staff, and students work to build a cohesive culture through social activities, professional events, and professional service. Multiple events are sponsored by various student organizations early in the academic year to help the P1 students get to know each other. These events include a Back-to-School picnic hosted by the APhA-ASP chapter and study skills sessions hosted by Rho Chi. As part of our ongoing systematic support for developing student professionalism the College also holds three major professional milestone events: the White Coat Ceremony (P1), Pinning Ceremony (P3), and Honors Convocation (P4). The College supports student organizations through the faculty advisors, professional supervision at community events, financial support, and provision of facilities such as meeting rooms and storage spaces. Student organizations are an area of active engagement between the Arkansas pharmacy profession, our faculty and staff, and student body. Our student professional organizations are very active in community-based patient care events including health screenings, patient education, and immunization administration. Student chapters of various organizations have won awards from their national organizations for involvement in community patient care activities.

Advising, Career Planning, and Academic Support
Career planning starts with the first semester of the P1 year, in which students are required to take Career Orientation & Communications (PHPR 7103). The course focuses on introducing students to various practice settings and establishing faculty relationships. It provides exposure to residency and postgraduate training opportunities. There are also small group sessions where 2–3 faculty are assigned to groups of 10–15 students. Within these groups faculty are assigned specific students, to whom they provide individualized feedback on assignments such as CV building and maintenance of professional social media accounts.

As students progress through the curriculum, additional opportunities for career planning are provided. For example, the annual career fair exposes students to career and professional networking opportunities. Held in Little Rock, it is tailored for graduating students but is open to students in the P3 year to begin networking and gathering information. Students are notified at the beginning of the

academic year, in order to allow the students on the Northwest campus time to plan for this event. Student organizations also help to familiarize students with the profession by inviting speakers who discuss career options. The P3 longitudinal IPPE shadowing experiences are intended to expose students to career pathways.

Information sessions are held for all students interested in pursuing postgraduate opportunities during the year. Through a formal workshop series faculty mentors provide CV reviews; guidance with regard to ASHP Midyear, the residency showcase, and personnel placement services; and match assistance to any students interested in applying to residencies. These sessions are available via synchronous virtual delivery and include faculty, residents, and students on either campus and on APPEs. Local residency programs participate in the career fair, and the Arkansas Association of Health-System Pharmacists sponsors a residency showcase annually at their fall seminar. In addition, residents facilitate P2 and P3 recitation at both campuses, providing students frequent exposure to and direct interaction with residents. In 2021, 35 College graduates pursued postgraduate training in 14 different states. According to the 2020 AACP Alumni survey 95% of respondents agreed they were provided with information about additional educational opportunities, which exceeded peer and national comparisons. According to the 2020 Graduating Student Survey 79% (peer 82%; national 82%) of respondents agreed they had access to guidance on career planning and 87% (peer 90%; national 90%) agreed they had access to academic advising, which are similar to but slightly lower than peer and national comparisons.

The College works hard to identify students who might be struggling academically and ensures students on both campuses have access to student services. The ADSA, Associate Dean for Academic Affairs (ADAA), and the Associate Dean for the Northwest Campus (ADNW) meet weekly to review students who might be candidates for academic early intervention. This includes a review of exams, analysis of individual student or course trends, and communication regarding a plan of action for individual student follow-up. The ADNW has been included in these weekly meetings beginning in academic year 2020–2021 in order to better foster communication between the two campuses and to provide familiarity with the students that are assigned and will move to the NW campus in the P3 year. During these meetings liaisons from the campus Student Success Center and the campus Student Wellness Center are invited to discuss students of concern and action plans to support individual student needs. The Student Success Center focuses on academic content, tutoring, and study skills support. The Student Wellness Center focuses on mental health services through counseling, psychiatry services, and medication therapy. These are campus centers with services available on both campuses. The plan for the weekly meeting of the ADSA, ADAA, and ADNW for academic year 2021–2022 is to add participation of the Vice Chair of Professional Curriculum for the Department of Pharmaceutical Sciences and the Director of Assessment. The addition of these individuals will help facilitate communication between students, course coordinators, and course instructors.

For students who need Student Success Center services, one of the three Assistant/Associate Deans will connect the student to the learning specialist assigned to the College. The learning specialist will perform an assessment to determine needs such as study skills, time management, life skills, or tutoring. They will work directly with the student on all areas except for tutoring and will serve as a conduit to connect students to additional services such as tutoring or Student Wellness for mental health support.

Regular check-ins are performed by the learning specialist to ensure the student is benefiting from the services. If tutoring is needed, the learning specialist will pair the student with a pre-approved tutor for the course. Peer tutors are pharmacy students and are trained by the learning specialist in learning principles, common reasons for academic difficulty, and preparing for and conducting tutoring sessions. Tutors also complete a peer tutoring self-paced training module in Blackboard. The learning specialist will match peer tutors to students requesting this service, send all necessary introductory emails, and arrange initial tutoring sessions. Peer tutors are paid for their work. The numbers of COP student utilization hours for Student Success Center services have been as follows for the past three calendar years: 221 hours in 2020, 304 hours in 2019, and 121 hours in 2018.

Financial Aid and Health Services

The Financial Aid Office provides guidance to students on financial resources to fund educational expenses. The College connects students during the admission process to potential financial resources such as scholarships, awards, and other pharmacy-specific aid opportunities. An emergency loan program (up to $1000/event) is available to resolve acute financial needs for those who have exhausted other resources. Students requesting loans complete a brief application and discuss their needs with either the ADSA or ADNW. All students have equal access to contacts, applications, and website information. Financial needs of students may be supplemented through achievement and needs-based scholarships offered by the College. The College Awards Committee manages the scholarship process and reviews and selects scholarship and award recipients. Consideration requires completion of a standardized biosketch and in some instances an application and essay. In the 2021–2022 academic year current students will receive about $250,000 in awards, scholarships, and summer research fellowships. According to the 2020 AACP Graduating Student Survey 85% of respondents agreed the College provided access to financial aid advising, which was similar to peer (84%) and national comparisons (81%).

The UAMS Student Wellness Program offers services including short-term treatment and counseling for depression, grief, relationship conflicts, academic difficulties, and other issues. These wellness services are supported by student fees and campus funds with no cost to students seeking care. For students requiring more intensive or longer-term treatment, referrals can be made to the UAMS Psychiatric Clinic or other providers with associated costs billed to the student's health insurance. A Student Health Clinic (SHC) for common acute illnesses/injuries, some laboratory services, and men's/women's health is available on each campus. The SHC serves only students and does not bill insurance or accept payments for services. If students require services beyond the scope of the clinic, information and referrals are provided. Students typically contact and schedule an appointment with the Student Wellness Program; however, the ADSA can facilitate this process when necessary, such as in the case of acute distress or if the student requires emergent care. Once the contact information and instructions are given to the student the ADSA will alert the treating staff to expect a student referral. Students can sign a release to allow information to be shared with the ADSA. Because of the nature of the Student Wellness services, the COP does not track encounters of students seeking these services. However, the Student Wellness Program does provide an annual report that aggregates utilization of services provided to COP students. Over the past three years the number of COP student utilization hours for the Student Wellness Program has been as follows by academic year: 60 hours in 2021, 67 hours in 2020, and 60 hours in 2019.

The UA Board of Trustees policy requires all students to be covered by health insurance. Students verify coverage online. For those without health insurance a policy is offered at registration for single or family coverage. Student pre-enrollment health requirements are established at the campus level. Student and Employee Health Service (SEHS) provides required immunizations at no charge to students, but their insurance may be billed depending on the type and scope of service. SEHS has offices on both campuses. Contact information for help and online access to a list of providers facilitate access and understanding of the policy. The UAMS Family Medical Centers in Little Rock and Fayetteville (Northwest campus) offer a full range of medical care to students and their families and bill insurance for care provided.

Student Records

The College, in conjunction with the Registrar's Office, maintains an ordered, accurate, and secure system of student records. Students enroll for classes using the student information portal, referred to as GUS. Student records are maintained in locked storage in the Office of the Registrar and via secure electronic server. The College has contracted with a company to securely convert all paper records to an electronic format with an expected completion date of December 2021. A duplicate set of reserve records for graduates resides on an external hard drive in a fire-safe cabinet at the College, as well as on the College's secure online server. UAMS observes the Family Educational Rights and Privacy Act (FERPA), and the rights afforded students are described on the registrar's website. Students' rights of confidentiality, access, and appeal with regard to personal records are additionally described in the Student Handbook.

Nondiscrimination and Accommodations

The College supports and complies with all state and federal laws and regulations ensuring non-discrimination (RD 14-04). Complaints concerning any policy, procedure, or practice prohibited by these laws and regulations are addressed by the ADSA, Human Resources, and the ADA Office. The campus policy that ensures nondiscrimination is stated in the Student Handbook along with various other campus policies that ensure nondiscrimination that are listed in the UAMS Academic Catalog. According to the 2020 AACP Graduating Student Survey and 2019 AACP Preceptor Survey, a significant majority of respondents (94% and 87%, respectively) agreed they knew how to utilize the College's policies dealing with harassment and discrimination, both of which exceeded peer and national comparisons. In addition, the 2020 AACP Graduating Student Survey demonstrated that 72% of respondents agreed the College provided access to accommodation services as defined by the ADA, which was similar to peer and national comparisons.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

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

Uploads:

☐ *RD 15-01* URL or link to program information on the college or school's website
☐ *RD 15-02* Copy of student complaint policy related to college or school adherence to ACPE standards
☐ *RD 15-03* Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits)
☐ *RD 15-04* List of committees involving students with names and professional years of current student members
☐ *RD 15-05* College or school's code of conduct (or equivalent) addressing professional behavior

Required Documentation for On-Site Review:

☐ *RD 15-06* College or school's Catalog
☐ *RD 15-07* Recruitment brochures
☐ *RD 15-08* Student Handbook
☐ *RD 15-09* The Student Complaints File

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Question 38, 39
☐ AACP Standardized Survey: Student – Questions 44, 47-48, 50, 56-57, 60
☐ AACP Standardized Survey: Preceptor – Questions 3-4

Optional Documentation and Data

☐ *OA 15-01* Student Organizations
☐ *OA 15-02* Formal Complaint Resolution Policy

1) **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	NI	U
15.1. Student information – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, academic calendars, handbooks, and catalogs.	●	○	○
15.2. Complaints policy – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved.	●	○	○
15.3. Student misconduct – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved.	●	○	○

15.4. Student representation – The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.	●	○	○
15.5. Distance learning policies* – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance.	●	○	○

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

☐ The participation and contribution of students on college or school committees

☐ The organization, empowerment, and implementation of a student government association or council

☐ The other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) used to gather student perspectives

☐ Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives

☐ How the complaint policy is communicated to students

☐ How the college or school handles student misconduct

☐ How the college or school provides information regarding distance education opportunities (if applicable)

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

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 13,956

In keeping with the strategic plan of the UAMS College of Pharmacy, our goal is to provide an educational environment that meets the diverse learning needs of each student as they progress through the curriculum, and, ultimately, to prepare successful practitioners and leaders. In the classroom, emphasis is placed on learner-centered teaching involving critical thinking and problem-solving skills. Students are provided with opportunities for enrichment beyond the classroom through involvement in college committees, student organizations, and campus student government. College administrators and faculty have open-door policies and solicit student input through formal governance

structures; through intermittent methods such as surveys, email, and class officer meetings; and—beginning during the pandemic—through class advisory and town hall meetings.

Student Information

The College annually publishes the Student Handbook and contributes to the UAMS Catalog. Collectively, these documents contain all policies and procedures that govern and guide enrolled students. During New Student Orientation the COP Student Handbook, UAMS Academic Catalog, and Honor Code (RD 15-05) are reviewed, after which each student signs an acknowledgement of review. The COP Student Handbook and the UAMS Academic Catalog are updated annually and both are available online, along with a variety of other program information (RD 15-01).

Student Involvement in Committees

Our students have a variety of avenues through which they can express opinions and offer suggestions directed toward program improvement. The faculty-led College standing committees and their respective student delegations serve at the forefront for gathering student perspectives. These committees act as a parliamentary body that allows student representatives to bring changes or challenges to the current status quo. Our College recognizes the need for engaged student membership on College committees as they provide valuable and contemporary input about matters directly pertaining to their academic careers. Students currently serve on the following College committees: Assessment, Curriculum, Education and Technology Support Advisory, Honor Council, and Scholastic Standing (RD 15-04).

In 2021 the College underwent a bylaws revision that affected student membership on our college committees. To better accommodate a culture of inclusiveness within the committees for students and the student perspective, a delegation model replaced a student-specific appointment model, allowing for better engagement and participation. Each committee with student membership now has a student delegation. These students will discuss and work together to cast their collective vote, similar to the structure we see in the organization of the Houses of Delegates. We also transitioned to one-year student terms across all committees, allowing more students an opportunity to serve. Student membership on Committees occurs through class election in the spring and places each class in charge of their own representation, as opposed to an appointment process.

Students do not serve on the Student Research Committee, Promotion & Tenure Committee, Awards Committee, or the Admissions Committee. Although students are not members of the Admissions Committee they do provide valuable service in this area by serving as student ambassadors for the College. Their responsibilities include greeting applicants upon arrival at UAMS, conducting campus tours for applicants and their families, arranging for applicants to meet faculty, serving as a resource to answer applicant questions, and appearing in College promotional materials. In addition, each cohort of students elects a set of officers to represent and lead their class. These officers meet regularly with the Assistant Dean of Student Affairs.

Student Government and Organizations

Students are represented in student governance and leadership at the campus level through the UAMS Associated Student Government (ASG). The UAMS ASG is an organization whose purpose is to serve as a liaison between students and faculty/administration. It is expected that ASG representatives will lead by example, setting high standards of conduct, spirit, and achievement. The ASG also supports student welfare by promoting a harmonious and effective learning environment; a forum for expression; and social and cultural advancement, allowing students to better themselves alongside their communities. ASG officers and class representatives gain leadership experience by working with University administrators to shape the University's responses to challenges/issues as they arise. ASG officers and class representatives also give valuable input concerning academic standards, diversity/inclusion, and student services. Funded by activity fees paid by students, the ASG represents all UAMS students. Students are encouraged to become acquainted with ASG officers and class representatives and communicate matters that warrant ASG consideration. All students are encouraged to run for an ASG officer or class representative positions and to participate in conversations that directly influence University policies and services.

In addition to college and campus governance, students are highly engaged in our student professional organizations, fraternities, and honor societies. Our student organizations (7 professional organizations, 3 professional fraternities, and 2 honor societies) are a strength of the College (OA 15-01). The College encourages our student organizations to partner with us in creation of an inclusive, positive, student-centered, and student-empowered environment. Students are exposed to opportunities for leadership development, mentorship and mentoring, community service, public presentations, and networking. Our organizations also give back to the student body through peer tutoring and exam preparation sessions, the hosting of cultural and social events, and by offering events that allow P3 students to connect directly with the curriculum by earning IPPE hours through service to the community. Several of our student organizations have been recognized nationally for various service projects, innovative ideas, and outstanding performance in targeted initiatives such as immunizations, chronic disease management, and advocacy.

Other Student Input Mechanisms

Prior to COVID the Dean engaged in monthly breakfast meetings with the president of each class and each student organization. These meetings were placed on hold due to remote learning but will resume as soon as students return to campus and a safe setting can be provided. The challenges to our traditional face-to-face communication led to the creation of monthly student cohort-targeted town hall meetings and student advisory group meetings. Student town halls, led by Dean Stowe, were also attended by Assistant/Associate Deans representing Academic Affairs, Experiential Education, Northwest, and Student Affairs. These forums allowed consistent communication and a mechanism for students to contribute to solutions for emerging problems. As the pandemic continued, we combined the P1, P2, and P3 town halls, and we plan to continue these after normal activities resume.

Student advisory groups for each didactic cohort volunteer to represent their respective class, some as class officers. As a result of the pandemic we are continuing the monthly student advisory group check-ins with meetings scheduled as needed. The Assistant Dean for Student Affairs leads meetings with the

P1 class; the Associate Dean for Academic Affairs leads meetings with the P2 class; and the Associate Dean for the Northwest Campus leads meetings with the P3 class. The Associate Dean for Experiential Education leads the P4 class town hall meetings. The Dean also attends most student advisory group meetings. The purpose of these meetings is not only to provide timely communication and updates but also to anticipate challenges and address student concerns as they arise. The use of these methods allowed bi-directional communication between students and the college administration and faculty, allowing the administration to keep a pulse on each cohort while strategizing for the College as a whole.

Caring about each other has always been a cultural aspect of the College, and it became even more evident during the pandemic. Our student leaders immediately voiced concern about their ability to maintain student engagement and connection to the College; after several meetings, which included faculty members and the APhA-ASP Patient Care Committee, the decision was made to focus efforts on overall student health and wellness. The students created a "Student Pharmacists For Healthy Living" Facebook Group, offering a platform for students to offer encouragement to each other while also providing an outlet for managing the stress of a challenging curriculum. The group currently has 169 members: this includes administration, faculty, staff, students, and alumni. Group members support student wellness by posting lifestyle content such as healthy recipes, stress management techniques, and exercise routines. This accountability group also provides a safe space for students to share their daily struggles and successes during a time in which social interaction remains limited. For one week each student who posted about their physical activities were entered into a prize drawing. Some of the most popular posts contained healthy food recipes, such as a zero-calorie "skinny syrup" designed for use in a salted dark chocolate espresso snow cone. Our College is extremely proud of our students' efforts to stay engaged and encourage healthy lifestyles. This Facebook group is one notable achievement that demonstrated the College's student-led efforts to create a positive, empowering environment.

Student Misconduct
Policies related to harassment or discrimination exist at the campus level and are represented in the UAMS Academic Catalog. These include policies related to Title IX, sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment, and retaliation. In addition, the campus has instituted the i-Safe system, which is readily available on our campus website. i-Safe is an all-inclusive incident reporting system that provides a confidential, safe way to report sexual harassment or gender discrimination, discrimination or discriminatory harassment, and professional misconduct. i-Safe also provides information regarding the student complaint process, UAMS Police Department, and the Employee Assistance Program (EAP). Incidences related to Title IX are handled by the campus Title IX coordinator and the appropriate Title IX investigator (appointed within each college). The COP Title IX investigator is the Assistant Dean for Student Affairs. The investigators may be called upon to investigate incidents outside of their college and to provide information for incidents within their respective colleges.

The College takes allegations and findings of student misconduct seriously. Students are expected to be mature adults whose attitudes, conduct, and ethics are compatible with the mission of UAMS and with the ethical standards of the profession of pharmacy. Each student is expected to comply with requests

of University officials in the performance of their duties; to obey the laws of the city, state, and nation; and to refrain from conduct that would demean the ethics and integrity of the profession of pharmacy. Dishonest work is not tolerated. Infractions are referred to the Honor Council for review and recommendation and then referred to the Scholastic Standing Committee for final judgement. This policy can be found in the Student Handbook.

Complaints or findings of misconduct are handled through the Office of Student Affairs and the Assistant Dean for Student Affairs. Issues related to academics and non-cognitive performances are sent to the Scholastic Standing Committee. Investigations and cases involving students accused of violating the College's Honor Code are referred to the Honor Council. All recommendations of the Honor Council are referred to the Scholastic Standing Committee for action to confirm, amend, or rescind. According to the 2020 AACP Faculty Survey 86% of respondents agreed the College has effective processes for handling both academic and professional misconduct, which was similar to peer and national comparisons. Results from the 2020 Graduating Student Survey also indicated that an overwhelming majority of respondents agreed with these statements.

Student Complaints Policy

All policies are covered in New Student Orientation and are available on the campus and college websites. Students are made aware of the Student Grievance Nondiscriminatory Policy and its location in the Student Handbook during New Student Orientation. This policy applies to academic grievances, including issues such as grade challenges. Students are also made aware of their right to bring complaints to the College administration or to the Provost's office during New Student Orientation. See RD 15-02 for the COP Complaint Policy and OA 15-02 for the UAMS Formal Complaint Resolution Policy. A summary of student complaints for the past three years may be found in RD 15-03.

The College has not received any accreditation (ACPE) related student complaints during this review period. Administrators are aware of the need to retain these complaints, if received, for accreditation purposes, and the Assistant Dean for Student Affairs submits an annual formal complaint log to the Associate Provost for Students and Administration in the UAMS Division of Academic Affairs. According to the 2020 Graduating Student Survey 94% of respondents agreed that they were aware of processes for raising issues with College administration, which was above both peer and national comparisons.

3) **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**

4) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 16: Admissions: The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

Uploads:

☐ *RD 16-01* The list of preprofessional requirements for admission into the professional degree program

☐ *RD 16-02* Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable)

☐ *RD 16-03* Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway)

☐ *RD 16-04* Organizational chart depicting Admissions unit and responsible administrator(s)

☐ *RD 16-05* PCAT scores (mean, maximum, and minimum), if required, for the past three admitted classes (not applicable)

☐ *RD 16-06* GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes (not applicable)

☐ *RD 16-07* GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes (not applicable)

☐ *RD 16-08* Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (not applicable)

☐ *RD 16-09* List of admission committee members with name and affiliation

☐ *RD 16-10* Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies

☐ *RD 16-11* Professional and technical standards for school, college, and/or university (if applicable)

☐ *RD 16-12* Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication

☐ *RD 16-13* Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions

☐ *RD 16-14* Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

Required Documentation for On-Site Review:
None required for this standard.

Data Views and Standardized Tables:

☐ *DV 16-01* Application and admissions/enrollments for the past three years

☐ *DV 16-02* Enrollment data for the past three years by year and gender

☐ *DV 16-03* Enrollment data for the past three years by year and race/ethnicity

☐ *DV 16-04* PCAT Scores (mean, maximum, and minimum) for past 3 admitted classes

☐ *DV 16-05* GPA (mean, maximum, and minimum) for past 3 admitted classes

☐ *DV 16-06* Science GPA (mean, maximum, and minimum) for past 3 admitted classes

Optional Documentation and Data:

☐ *OA 16-01* Mean PCAT scores for admitted class for past 3 years compared to peer schools

☐ *OA 16-02* Mean GPA for admitted class for past 3 years compared to peer schools

☐ *OA 16-03* Mean science GPA for admitted class for past 3 years compared to peer schools

☐ *OA 16-04* COP recruitment plan

1) **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	NI	U
16.1. Enrollment management – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources.	●	○	○
16.2. Admission procedures – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool.	●	○	○
16.3. Program description and quality indicators – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the professional degree program; (2) the program's current accreditation status; and (3) ACPE-required program performance information including on-time graduation rates and most recent NAPLEX first-attempt pass rates.	●	○	○
16.4. Admission criteria – The college or school sets performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession. Applicant performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.	●	○	○
16.5. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.	●	○	○
16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.	●	○	○
16.7. Candidate interviews – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4).	●	○	○
16.8. Transfer and waiver policies – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another.	●	○	○

2) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check ☑ to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and

its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Character count: 11,209

Admissions Overview

The admissions process is managed by the Office of Student Affairs. The team includes the Assistant Dean for Student Affairs (ADSA), the Director of Admissions (DOA), and the Director of Recruitment (DOR) (RD 16-04). The Admissions Committee makes admissions decisions for the College of Pharmacy professional program. It is chaired by the ADSA and consists of 15 voting members and 3 non-voting ex-officio members. Five faculty members are elected from each of the two departments of the college to serve on the committee. Five practitioners, who are actively engaged in the practice and who represent a cross-section of the state—including geographic, cultural, and practice site diversity—are appointed by the Dean. The composition of the committee may be found in RD 16-09. In order to review applications in a timely manner, the Admissions Committee meets regularly and makes admission decisions on an ongoing basis throughout the year. In addition, the committee meets during the summer to discuss the previous year's process and refine the policies and processes as needed.

The College employs a full-time DOR who reports to the ADSA. The DOR's responsibility is to enhance the number, quality, and diversity of the applicant pool. Information for prospective students can be found on the College website, and the UAMS Academic Catalog and is reviewed with prospective

students before, during, and/or after on-campus visits and interviews. The College's recruitment plan (OA 16-04) targets enhanced visibility and the building of relationships and includes an annual Pharmacy Summer Camp for high school students, visits/presentations to undergraduate pre-professional groups, College of Pharmacy tours, and visits to undergraduate colleges and universities both within and outside of Arkansas. The College uses WebAdmit to review and process applications and to identify prospective students so the DOR can make contact and connect them to current students and faculty.

The DOR is responsible for the following key recruiting events for the fiscal year:

- UAMS Pharmacy Summer Camp: Campers participate in pharmacy-related activities in the classroom, laboratory, and practice sites over a one-week period.
- UAMS Diversity Day/Inclusive Excellence Pre-Health Summit (sponsored by the Division for Diversity, Equity, and Inclusion [DDEI]): The College of Pharmacy assists with planning and recruiting URM students to attend this annual event, which is a collaboration between the DDEI and all UAMS colleges. Undergraduate students from across the state receive a personal introduction to UAMS and the variety of career options available in health care. Participants are exposed to break-out groups for more in-depth discussions about programs offered at UAMS, including the PharmD program.
- The UAMS Division for Diversity, Equity, and Inclusion (DDEI K-16) pathway and pipeline program
- Junior STEM Academy (Kindergarten–5th grade)
- Senior STEM Academy (6th–8th grade)
- Academy of Pre-Health Scholars (9th–11th grade)
- Summer Research Internship (12th grade–college sophomore)
- UAMS Day: a recruitment day held on campus for surrounding high school and undergraduate students, offering the opportunity to speak with representatives from all UAMS programs.
- UAMS COP Advisor Day: a recruitment day focused on updating college advisors and department chairs with COP program updates and enrollment opportunities for students.

Admission Criteria
The Admissions Committee utilizes a multifaceted, holistic admissions process. Application requirements include 61 semester credit hours of prerequisite coursework, a minimum cumulative GPA of 2.5, a multiple mini interview (MMI), three letters of recommendation, a personal statement, and a UAMS College of Pharmacy supplemental application (RD 16-01, RD 16-13). The professional and technical standards of the College may be found in RD 16-11. The Pharmacy College Admissions Test (PCAT) was required prior to March 13, 2020, for applicants whose cumulative GPA was below 3.3, but this was temporarily eliminated due to national test center closures and uncertainty of test dates as a result of the COVID-19 pandemic. This temporary suspension of the PCAT requirement applied to the remainder of the 2019–2020 admissions cycle and the 2020–2021 admission cycle. Prerequisite coursework must be completed with a grade of C or better.

Admission Procedures

Applicants apply online through the Pharmacy College Application Service (PharmCAS). Applicants who complete the PharmCAS application, the UAMS COP supplemental application, and meet the minimum requirements are invited for interviews; here, communication evaluations are completed via multiple mini interviews (MMI) (RD 16-12). The college's application deadline is early May. Applicants also complete a written personal statement explaining their selection of pharmacy as a career and detailing how the Doctor of Pharmacy degree relates to their immediate and long-term professional goals. These personal statements are evaluated by collegiate English/writing professors and judged with a standardized rubric for content, coherence, grammar, and sentence structure. All admission documents are archived in the WebAdmit system. Students are chosen for admission on a competitive basis from a pool of applicants who have applied through PharmCAS.

The College has used the MMI since 2007 to interview applicants. The MMI consists of 7 short encounters (4 during the COVID-19 pandemic remote interviews) modeled after the objective structured clinical examination methodology, with standardized interviewers. The MMI evaluates 1) how individuals think about right and wrong and how they acquire and apply moral rules and guidelines; 2) ability to speak appropriately while maintaining good eye contact and demonstrating a varied vocabulary tailored to the audience while listening effectively and presenting their ideas appropriately; and 3) ability to recognize personal emotions, understand what patients are explaining, and recognize how personal emotions affect people around them.

For MMIs, standardized interviewers are trained on interview cases or scenarios focusing on sociobehavioral skills such as empathy, ethics, communication, critical thinking, conflict resolution, and collaboration. Standardized participants are members of the general public who are contracted by the Center for Clinical Skills Education and trained by the College to deliver the MMI to applicants. When scoring applicants, standardized participants use a rubric to mitigate bias and ensure that each applicant is assessed consistently. Up to 42 applicants may be interviewed in one day, but during the COVID-19 pandemic and remote delivery of interviews a maximum of 24 applicants in one day was possible. Interviews occur about every two weeks from August until June of each admissions cycle. For quality improvement purposes, the Director of Admissions communicates with staff from the Center for Clinical Skills Education throughout the admissions cycle to adjust cases, as needed, for clarity. Additionally, standardized interviewer training occurs on an annual basis, prior to the beginning of the application cycle, for all interview cases or as needed if additional standardized interviewers are needed.

Our supplemental application tracks questions about drug and alcohol-related behaviors or convictions prior to program entry for all admitted students. Background checks are completed by the Arkansas State Board of Pharmacy, which issues student intern licenses. Admission evaluations of students are documented and maintained in PharmCAS, and applicant data is downloaded into the UAMS student information system, GUS. Students who are admitted to the program must submit final official transcripts to the College. The Director of Assessment maintains all admissions records. Student applications and data are maintained in student files on the college's secure server.

The College analyzes the correlation between curricular outcomes data and admission data as one approach to ensure the success of admitted students. Analysis of admissions variables and academic performance indicate that our admissions criteria are sound for guiding the admission of students who are capable of academic success in our program (RD 17-03). For the past four graduating classes (2017–2020) a large positive correlation (r=.57) exists between admissions GPA and cumulative GPA during the third year of pharmacy college, but admissions interview scores (MMI) indicated a smaller correlation (r=.15). PCAT standardized test scores also indicate moderate positive correlations with performance on the Summative Exam 1 (r=.32) and PCOA (r=.42). In an analysis from 2018–2020 the college's mean PCAT scores were comparable to our peer schools (OA 16-01), while the College's mean entry GPAs (3.50) were slightly higher than that of our peer schools (3.42) and the national mean GPA (OA 16-02).

Enrollment Management

The College manages student enrollment in alignment with available physical, practice site, financial, faculty, staff, administrative, and preceptor resources. During the past 3 years the number of applications has significantly decreased. In order to accommodate a shifting supply of pharmacy applications the executive team has been planning for a contingency budget that would operate with a smaller matriculating class size. For the previous two admissions cycles, 75 students matriculated into the Class of 2023 and 89 students matriculated into the Class of 2024. The 2021–2022 budget was based on 75 students, but the goal was to admit 90 new students (91 were admitted).

The College has significantly increased the number of underrepresented minority students from 10% in the class of 2023 to 19% in the class of 2024, which more closely reflects the state's population (RD 16-03, RD 16-14). The College also monitors the capacity necessary to sustain our experiential program. The Office of Experiential Education maintains preceptor capacity at 20% in excess of the minimum needed for current student enrollment to ensure adequate placement options.

Transfer and waiver policies

The transfer and waiver policy can be found in the COP section of the UAMS Academic Catalog (RD 16-10). Requests from students transferring from another ACPE Accredited College of Pharmacy are considered on a space-available basis for students in good standing with another ACPE accredited college or school of pharmacy. While the COP does accept transfer students from other pharmacy programs, no currently enrolled students have transferred from another college or school of pharmacy.

Program description and quality indicators

A complete and accurate description of the professional degree program is maintained on the COP website and updated annually (RD 16-14). Accreditation information is also maintained on the College's website, here. This page also includes student performance information in the forms of on-time graduation rates, NAPLEX first-attempt pass rates, and aggregate outcomes assessment data generated from the Summative Exams 1 and 2 (see Standard 24 for details) and APPE performance.

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

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 17: Progression: The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

Uploads:

☐ _RD 17-01_ Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals

☐ _RD 17-02_ Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression

☐ _RD 17-03_ Correlation analysis of admission variables and academic performance

Required Documentation for On-Site Review:

None required for this standard.

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Question 40

☐ _DV 17-01_ On-time graduation rates for the last three admitted classes (compared to national rate)

☐ _DV 17-02_ Percentage total attrition rate for the last three admitted classes (compared to national rate)

☐ _DV 17-03_ Percentage academic dismissals for the last three admitted classes (compared to national rate)

Optional Documentation and Data:

☐ OA 01-02 Analysis of student academic performance throughout the program (e.g., progression rates, academic probation rates, attrition rates)

1) **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	NI	U
17.1. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:	●	○	○
• Academic progression	●	○	○
• Remediation	●	○	○
• Missed course work or credit	●	○	○
• Academic probation	●	○	○
• Academic dismissal	●	○	○

• Dismissal for reasons of misconduct	●	○	○
• Readmission	●	○	○
• Leaves of absence	●	○	○
• Rights to due process	●	○	○
• Appeal mechanisms (including grade appeals)	●	○	○
17.2. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.	●	○	○

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

☐ How student matriculation, progression and graduation rates correlate to admission and transfer policies

☐ How academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively they are utilized

☐ How early intervention and remediation rates correlate to progression

☐ How academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates correlate to progression

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 13,896

The college's early intervention and progression policies are designed to support student success throughout the PharmD program. Historically, the College's approach to student progression was focused more on monitoring performance in course grades, summative exams, and the PCOA with

ensuing interventions. In recent years, however, our approach has shifted to become more intentional, adaptive, and responsive in real-time.

The Admissions Committee (see Standard 16 for more information on this committee) is the first step in supporting student progression. Sound criteria allow for admission of students who can successfully progress through the PharmD program. Applicants to our program must have a minimum cumulative GPA of 2.5 and 61 semester credit hours of prerequisite coursework. They must also participate in the multiple mini-interview process. The College requires the PCAT of all students with a GPA of 3.3 or lower (starting in 2019–2020). However, the PCAT requirement was suspended for the 2020–2021 admissions cycle due to test center closures and uncertainty of test dates during the pandemic. Analysis of admissions variables and academic performance indicate that our admissions criteria are sound for making admissions decisions regarding student academic success. For the past four graduating classes (2017-2020), a large positive correlation (r=.57) exists between admissions GPA and cumulative GPA at the end of P3 year, and the admissions multiple mini-interview scores indicated a smaller correlation to success (r=.15). The PCAT test scores indicate a moderate positive correlation with performance on the PCOA (r=.42) and Summative Exam 1 scores (r=.32) (RD 17-03).

Resources are allocated to support early intervention. The Assistant Dean of Student Affairs (ADSA), Associate Dean of Academic Affairs (ADAA), and Associate Dean of the Northwest Campus (ADNW) meet weekly to monitor and discuss student progress after any exams that were held during the prior week. These meetings provide an opportunity to review student performance across all courses, which allows for identification of students who are struggling more broadly, beyond one particular content area. This group also plans interventions for students who are in jeopardy for progression and meets with individual students for academic counseling.

These meetings serve as the central coordinating mechanism through which college and campus-level student services such as the Student Success Center and Student Wellness are coordinated in real-time (see Standard 14 for more information on these services). A representative from the Student Success Center attends these meetings weekly to discuss students requiring tutoring, study skills, or workload management. The numbers of COP student utilization hours for Student Success Center services have been as follows for the past three calendar years: 221 hours in 2020, 304 hours in 2019, and 121 hours in 2018. A Student Wellness Program representative attends monthly to discuss students who may need mental health service or support. Over the past three years the number of COP student utilization hours for the Student Wellness Program has been as follows by academic year: 60 hours in 2021, 67 hours in 2020, and 60 hours in 2019.

The ADSA may also refer students who need accommodations for disabilities to the UAMS Americans with Disabilities Act (ADA) Coordinator and make other early referrals to Student Wellness or the Student Success Center, as needed. The plan for the weekly meeting of the ADSA, ADAA, and ADNW for academic year 2021–2022 is to add the Vice Chair of Professional Curriculum for the Department of Pharmaceutical Sciences and the Director of Assessment to these sessions. The addition of these individuals will help facilitate communication between students, course coordinators, and course instructors.

Members of this student success group had one or more meetings with 24 students in the fall 2020 semester and with 20 students in the spring 2021 semester. In the fall 2020 semester, the intervention and success rates were as follows: P1s: 10 of 17 (59%); P2s: 5 of 6 (83%); and P3s: 0 of 1 (0%). In the spring 2021 semester the intervention and success rates were as follows: P1s: 12 of 12 (100%); P2s: 2 of 4 (50%); P3s: 3 of 4 (75%).

Additional structural elements are in place to support students who underperform in the didactic curriculum, and the College also has several remediation efforts in place. Supplemental instruction (SI) is available for selected courses and is facilitated by student, resident, and/or faculty instructors. Course coordinators and course instructors are available during published office hours and, by request, for individual meetings in which to clarify material and review exams. Summer school may be available for students who need remediation and who are eligible to progress to the next academic year upon successful completion of one course during summer school, which may be offered at the discretion of the appropriate department chair and the dean. See RD 17-01 for an excerpt from the COP Student Handbook regarding scholastic rules related to summer school. During the summers of the 2017–2018, 2018–2019, and 2019–2020 academic years 10 students remediated during summer school and 100% successfully completed summer school and progressed to the next professional year. During this same period 90% of students who participated in summer school graduated on time.

To support early intervention in the experiential curriculum, the Office of Experiential Education monitors student progression at the midpoint and end of each month-long experience. If a student receives a "Borderline Pass" at the end of an experience, they may be required to meet with the Associate Dean of Experiential Education. Students who have multiple borderline passes for the same type of experience may be required to complete an individualized education plan to improve their skills in the identified competency area or domain. Preceptors are trained and encouraged to intervene and report any student issues to the Office of Experiential Education as early in the experience as possible. Other efforts to support early intervention and retention include training during new preceptor orientation; clearly outlined processes in the APPE manual; and an annual, off-site weekend preceptor conference that allows preceptors to focus on their development in this role.

To further evaluate success in the program and provide opportunities for intervention, high-stakes progression exams occur at the end of the P2 year (Summative Exam 1, SE1) and in January of the P4 year (Summative Exam 2, SE2). The PCOA is also used as a medium-stakes exam at the end of the P3 year, meaning underperformance is used to guide remediation assignments to be completed in the fall semester of the P4 year. See Standard 24 for a complete description of these exams. A representative of the Office of Academic Affairs meets with students who underperform in any of these summative exams as another mechanism to provide intervention as students progress through the program. These meetings consist of interviews regarding experiences in various courses, the program overall, and the exam itself, as well as academic coaching, discussion of assigned remediation plans, and referral to other support services as needed.

The college's Scholastic Standing committee is another significant group that supports student progression. The committee is responsible for reviewing policies related to scholastic rules and student progression and makes policy change recommendations to the faculty as appropriate. The committee meets at least once per semester to review grades but may meet several times throughout the year to address scholastic issues as they arise. The ADNW is an ex officio member on the committee and may contact the committee chair with any agenda items in addition to those that come from the faculty through the ADSA and ADAA or the Honor Council.

Progression rules are in place to clearly define expectations for students. These scholastic rules are introduced during new student orientation through the Student Handbook (RD 17-02). General policies for progression through the didactic curriculum include 1) no credit hours with a grade of "F"; 2) a GPA of 2.0 or better; 3) all courses in one professional year must be completed within two calendar years; 4) no course may be attempted more than two times, and only courses with a grade of "D" or "F" may be repeated; and 5) a student on the first attempt of any professional year must enroll in all required coursework. Students who do not meet the criteria for progression will be reviewed by the Scholastic Standing committee at the end of each semester after grades have been posted. In response to COVID-19, the Scholastic Standing committee reviewed the progression rules and recommended to the faculty that students be allowed to retroactively opt in to a credit/no credit grading scale for the following terms: Spring 2020, Fall 2020, and Spring 2021.

In addition to the general rules for progression through the didactic curriculum, rules for the experiential curriculum include 1) mandatory orientation to experiential courses and how progress will be monitored and 2) performance assessments at the midpoint and end of each experience. Students must achieve a target competency score of 3 (progressing) out of 5 (exceeds expectations) for each item on the IPPE achievement-based assessments and a score of 4 (meets expectations) out of 5 (exceeds expectations) for each item on the APPE achievement-based assessment. Students also receive an overall evaluation of "Clear Pass," "Borderline Pass," or "Clear Failure" for each experience. After receiving a "Clear Failure" students may be required to complete an individualized education plan (IEP) that is developed by the Associate Dean for Experiential Education (ADEE) for remediation. The ADEE forwards the IEP to the Scholastic Standing Committee for review. The student may address the Scholastic Standing committee regarding the IEP. The student must successfully pass the IEP as well as repeat and pass another IPPE or APPE of that experience type before moving forward in the curriculum, and no experience may be attempted more than twice.

The College has clear policies related to academic progression, leaves of absence, dismissal, readmission, due process, and appeals. Leaves of absence are governed by UAMS Academic Affairs Policy 2.2.1. Dismissals are covered in the Scholastic Rules and Regulations section in the COP Student Handbook. Readmission is described in Academic Performance, Assessment, & Graduation Requirements found in the COP section of the UAMS Academic Catalog. The Student Grievance Procedure and Appeals Process is outlined in the COP Student Handbook and is used as due process by a student who believes that a rule or ruling, procedure, or policy has not been followed or has been applied in an unfair or inequitable manner. Students are guided through the application and use of these policies and procedures by the ADSA as circumstances arise, and implications for progression are

discussed in the context of each policy. The Scholastic Standing Committee also provides students with documentation of progression changes in the form of a letter at the close of each academic year. The policies mentioned here are available in RD 17-01.

Progression of our student cohorts admitted 2013–2017 show that we had an average on-time graduation rate of 90% (Classes of 2017-2021) and a projected average overall graduation rate of 95%. These 2013–2017 cohorts had an average new student enrollment of 121 (SD=1) compared to 85 (SD=7) for the cohorts admitted between 2018 and 2021. Of the cohorts admitted 2013–2017 there are no threshold alert values for dismissals, withdrawals, delays, or attrition. For the cohorts admitted between 2018 and 2020 the best projected average on-time graduation rate is 91% and there is one threshold value, the withdrawal rate, above the 6% threshold for the Class of 2024. We believe this was a direct effect of the pandemic upon students, faculty, and staff. These data are presented in OA 01-02.

Our on-time graduation rates and high first-time NAPLEX pass rates demonstrate the success of our policies and procedures related to progression and early intervention. Comparison of on-time graduation rates between UAMS, peer groups, and national benchmarks indicate that UAMS on-time graduation rates were above or very similar to both peer and national rates for all three years reported. During 2018, 2019, and 2020 UAMS's percentage rates were 95%, 89%, and 90%, respectively, compared to peer (89%, 90%, 89%) and national rates (88%, 87%, 88%).

As the College has shifted to a more intentional approach with academic counseling, support, and remediation, greater campus-wide and intercampus coordination of resources have become available as well. The key adaptations we have made are weekly academic progression/counseling meetings and regular consultation with campus student support offices, increased coordination and communication between the Scholastic Standing committee and the Assistant/Associate Deans, clearly defined progression policies for both didactic and experiential curriculum, and early identification and coordination of support for students at the admissions phase. Our self-assessment in these areas is supported by responses to the 2020 AACP Faculty Survey, in which 95% of respondents agreed the college has an effective process to manage poor academic performance of students. This was more than 10% above the peer and national comparisons. This represented an improvement in this rating over 2018 and 2019 (86 and 90, respectively), and those years still compared favorably to the peer and national comparisons.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 18: Faculty and Staff—Quantitive Factors: The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

Uploads:

- ☐ *RD 18-01* Organizational chart depicting all full-time faculty by department/division
- ☐ *RD 18-02* ACPE Faculty Resource Report related to number of full-time and part-time faculty. Template available for download.
- ☐ *RD 18-03* List of faculty turnover for the last 5 years, by department/division, with reasons for departure
- ☐ *RD 18-04* Description of coursework mapped to full-time and part-time faculty teaching in each course

Required Documentation for On-Site Review:

- ☐ *RD 18-05* List of voluntary faculty, with academic title/status and practice site; specify IPPE and/or APPE

Data Views and Standardized Tables:

Reviewers are welcome to use the [UAMS COP dashboard of AACP survey data](#). The filters allow views organized by standard.

- ☐ AACP Standardized Survey: Faculty – Questions –25, 30
- ☐ *DV 18-01* List of key university and college or school administrators, and full-time and part-time (≥ 0.5 FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable)
- ☐ *DV 18-02* Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5 FTE)
- ☐ *DV 18-03* Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank

Optional Documentation and Data

- ☐ No additional documentation or data

1) **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	NI	U
18.1. Sufficient faculty – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs:	●	○	○
• Teaching (didactic, simulation, and experiential)	●	○	○
• Professional development	●	○	○
• Research and other scholarly activities	●	○	○
• Assessment activities	●	○	○
• College/school and/or university service	●	○	○
• Intraprofessional and interprofessional collaboration	●	○	○
• Student advising and career counseling	●	○	○

• Faculty mentoring	●	○	○
• Professional service	●	○	○
• Community service	●	○	○
• Pharmacy practice	●	○	○
• Responsibilities in other academic programs (if applicable)	●	○	○
• Support of distance students and campus(es) (if applicable)*	●	○	○
18.2. Sufficient staff – The college or school has a sufficient number of staff to effectively address the following programmatic needs:	●	○	○
• Student and academic affairs-related services, including recruitment and admission	●	○	○
• Experiential education	●	○	○
• Assessment activities	●	○	○
• Research administration	○	●	○
• Laboratory maintenance	●	○	○
• Information technology infrastructure	●	○	○
• Pedagogical and educational technology support	●	○	○
• Teaching assistance	●	○	○
• General faculty and administration clerical support	○	●	○
• Support of distance students and campus(es) (if applicable)*	●	○	○

2) **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.

Character count: 14,176

The UAMS College of Pharmacy is organized into two departments: Pharmacy Practice and Pharmaceutical Sciences (RD 18-01). The Department of Pharmacy Practice includes the Division of Pharmaceutical Evaluation & Policy (PEP), Division of the Northwest (NW) Campus, and the Center for Implementation Research (CIR). The Department of Pharmaceutical Sciences includes the Division of Radiation Health (DRH). The College employs 52 full-time and 3 part-time faculty members (0.1 FTE for Chief Pharmacy Officer; 0.5 FTE for two formerly full-time faculty who wished to reduce effort; total FTE 53.1) (RD 18-02). There is an appropriate balance of academic ranks and experience, as demonstrated by our College's 13 assistant professors, 25 associate professors, and 17 professors. Additionally, faculty members with secondary or modified appointments contribute specialized expertise to the professional curriculum (e.g., law, psychiatry, personal finance, specialty pharmacy, critical care, and emergency medicine). Contracts for these faculty holding modified appointments are evaluated and renewed annually as needed.

In 2013 there were 66 full-time faculty members. Two primary contributors to the decrease in faculty number since 2013 were the recent reorganization of UAMS Regional Programs (5 FTEs) and retirements/departure (7.9 FTEs) (RD 18-03). There are two faculty positions currently being recruited (PEP and DRH) and 5.9 FTEs unfunded. Five Pharmacy Practice faculty members who previously held non-modified faculty titles were moved to the UAMS Pharmacy Department as a result of the Regional Programs reorganization. These faculty now hold modified (clinical) academic titles but function on a day-to-day basis in much the same way as they did prior to the reorganization. The 5.9 FTEs that are unfunded are as follows: 1 faculty position with future plans to replace (acute care, Pharmacy Practice) and 5 faculty positions unfunded. The greatest contributors to the lack of funding to replace these faculty positions are the University's financial difficulties and the College's decreased professional student enrollment (25–30% decrease in student body size). Despite these challenges we have been able to replace essential positions, divert funding toward critical salary market adjustments, and hire a new dean and 18 new faculty members across the COP since July 1, 2016.

The COP has an appropriate number of qualified faculty, with a student:faculty ratio of 6.5:1 (345 students/53.1 faculty). This number is sufficient 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. On the NW campus there are 5 faculty members including the

Associate Dean and 1 administrative staff member, and approximately 20% of each cohort is assigned to the NW campus for their P3 and P4 years. The student to preceptor ratio at practice sites for experiential education are rigorously set at 2:1 or 1:1 for direct patient care activities.

During a formal annual evaluation process, faculty are asked to complete a detailed self-assessment form that documents their workload and accomplishments for the previous year (teaching, scholarly activity, service, and clinical practice, if applicable). The Department Chairs review these self-assessments to evaluate productivity and determine work assignments. Department chairs, together with division and center directors when applicable, meet and share these evaluation reports with each faculty member in order to discuss their scholarly activities, student evaluations, and teaching and service loads. The Dean conducts a similar annual self-assessment and evaluation process for members of the Executive Team and Service Unit Directors.

The annual evaluation process provides a comprehensive picture of the overall career path progress of the faculty and the College leadership. Importantly, this process informs the department chairs' assignment of each faculty member's distribution of effort (DOE) among the College's primary mission areas. Depending on the faculty member's expertise and the department's and College's needs, assignments are made to the didactic and experiential curricula and other mission areas of the College. Adjustments in DOE assignments can also be made throughout the year when there is a need driven by the College or an individual. The department chairs and dean use these data to evaluate collective faculty workload and teaching needs in the professional curriculum (RD 18-04), taking into account planned retirements and the need for sufficient back-ups. The process is transparently communicated between the department chair and faculty members. In the 2020 AACP Faculty Survey 87% of respondents agreed their allocation of effort is clearly stated, which modestly exceeded national and peer comparisons and represents a significant improvement from the previous year's survey data (74% agreed in 2019).

As described in the Faculty Profile AAMS Effort Report, our faculty reported the following collective DOE: teaching 23.01%, precepting 7.84%, research/scholarship 25.97%, service/committee 16.06%, practice 7.08%, administration 9.31%, profession/personal development 3.74%, student advising 1.98%, teaching in other school program (post-graduate) 3.59%, and faculty mentoring 0.79%. Since our last ACPE site visit, our graduate program has matured and produced a steady stream of graduates annually. The establishment of the PhD program on the foundation of a Master of Sciences curriculum has allowed a smooth transition. The benefits have been significant in the research areas and are allowing PharmD students to explore interests more robustly in research. This exploration is evidenced by increased PharmD graduates with Honors in Research and the establishment of the PharmD/PhD in the Pharmaceutical Sciences Track. Workload to manage both the graduate and professional curriculum is an area of focus for both departments.

The process to fulfill the experiential curriculum and balance the teaching load of members of the pharmacy practice department is a collaborative effort between the Associate Dean for Experiential Education and Pharmacy Practice Department Chair. The Associate Dean of Experiential Education and Assistant Dean for Health-System Pharmacy (Chief Pharmacy Officer) have developed a process to

maximize student opportunities for IPPEs and APPEs at UAMS and its Regional Clinics. These efforts are leading to an increased number of IPPEs and APPEs occurring at UAMS, with a more than doubling of the number of APPEs scheduled in 2021–2022, as compared to 2019–2020.

The College implements a mission-driven strategic hiring procedure that reflects a focus on succession planning. For example, when a senior faculty member within the Pharmaceutical Sciences Department announced his plans to retire a few years ago a faculty member was hired to assume his medicinal chemistry focused teaching load. We are currently in similar planning stages with the Associate Dean of Research and the Pharmaceutical Sciences Department Chair, as both of these current position holders are planning retirement. We filled the vacant positions of Associate Dean of Academic Affairs and Director of the PEP Division in late 2020. Over the summer we welcomed the following faculty members: Director of Assessment, Vice Chair of Pharmaceutical Sciences, one faculty member in the PEP Division, and two Pharmacy Practice ambulatory care faculty members (one in Little Rock and one on the NW campus).

The College's staff members support across or within narrowly defined mission areas. The research staff primarily support the research mission and collaborate with faculty and graduate students. Several professional staff members hold specialized skills that support our service and education missions. Finally, the administrative staff supports all operations of the College, extends and supports the faculty in meeting all mission areas, and many have student support roles, as well. The College has a lean number of administrative staff, with an overall faculty to administrative staff ratio of 4.4:1 (53.1 faculty/12 admin staff). The following faculty to administrative staff ratios reflect current support for faculty within each organizational unit: Dean's office 1.3:1 (4 staff members); EBRx 2:1 (1 staff member); Experiential Education 2:1 (1 staff member); NW campus 5:1 (1 staff member); PEP, Nuclear Education Online (NEO), and CIR 9:1 (1 staff member); Pharmaceutical Sciences 5.5:1 (2 staff members); Pharmacy Practice 15.5:1 (1 staff member); DRH 4.5:1 (1 staff member).

The College also relies on many central support functions that are offered by the UAMS campus. A noteworthy change since the last site visit is the development of more robust central services, including a new electronic student information system, two active learning facilities, an expanded faculty development center, an IPE centralized office, expanded student counseling and wellness center, expanded research administration and support, and a new student academic success center. UAMS continues to provide central support for information technology, classroom/audiovisual infrastructure, and student laboratory services. The COP continues to utilize services of individual staff within the Office of Educational Development and through the UAMS Educational and Technology Committee. Similar to Provost Gardner, the current Vice Chancellor of Research and Innovation has taken a proactive approach to building stronger infrastructure to support faculty scholarship. The scholarly activities of the faculty are supported by the UAMS Science Communication Group, who help faculty produce clear and concise writing to increase their chances of obtaining extramural research funding and publication in peer-reviewed journals. Faculty are also supported by the UAMS Office of Sponsored Programs Administrative Network during grant submissions and while conducting sponsored research grants and contracts.

The administrative offices of the COP help coordinate and connect with these campus centralized services and are adequately resourced. The Office of Student Affairs is responsible for student recruitment and admissions, and the size and expertise of this team has increased since the last site visit to include both a Director of Admissions and a Director of Recruitment. These individuals, in concert with the college's admission committee, have increased the number of qualified entering students during the last two years after an admissions low of 75 students in Fall 2019. The Office of Academic Affairs has undergone an almost complete rebuild, with only one member of the team remaining (Karen Irons, e-Learning Specialist) from the time of our last ACPE site visit. A new Associate Dean of Academic Affairs (David Caldwell, 9/1/2020 transitioned from Director of Assessment), Director of Assessment (Ashok Philip, 6/28/2021 start), and the second e-Learning Specialist (Jayne Pyle, 11/1/2020) positions have been filled. The Office of Experiential Education has experienced stable staffing, with the exception of the replacement of the Education Program Coordinator (Leighsan Harrod, 2/17/2020 start). Student workers (part-time employees) support various offices and the Pharmacy Practice Department. Of particular note, the Office of Experiential Education employs two workers and, for a short time, employed a graduate pharmacist to help resolve challenges associated with smoothly transitioning the Class of 2021 to APPEs during a pandemic.

Our conduit to the Vice Chancellor of Research and Innovation includes the Associate Dean of Research, Department Chairs, and Division and Center Directors, who all work to build and enhance relationships across the colleges, Graduate School, and institutes. With growing research initiatives and a maturing graduate program, the Associate Dean of Research, Graduate Program Director, and Graduate Program Track Directors are even more important as we advance our research and scholarship initiatives. Since the last ACPE site visit, the role of the Assistant Dean of Finance has been expanded and renamed Assistant Dean of Administration. This position mentors and develops administrative staff, streamlines operations across the COP, and leads the budgeting process within and external to the COP. Finally, in an effort to improve the culture and bring the COP and the UAMS Pharmacy and Therapeutics Department (UAMS Pharmacy Department) closer together, the COP supports a part of the Chief Pharmacy Officer's salary (0.08 FTE). The Chief Pharmacy Officer holds a COP leadership position as Assistant Dean for Health-System Pharmacy and serves on the Executive Committee. The Dean, Pharmacy Practice Department Chair, and Associate Dean of Experiential Education serve on the Chief Pharmacy Officer's leadership committee. The impact of building strong, trusting relationships is paying off in numerous ways.

Questions 25 and 30 on the AACP Faculty Survey both address whether there is sufficient number of faculty and staff to support the didactic teaching and research missions of the College. Fewer respondents to the 2020 AACP Faculty Survey agreed that the College has a sufficient number of staff (53%) than agreed in 2015 (73%). The 2020 responses were below national and peer comparisons, which were 68% and 76%, respectively. Faculty responses demonstrated a similar trend related to sufficient faculty numbers, with 87% and 60% of faculty agreeing in 2015 and 2020, respectively. The 2020 responses were also below national and peer comparisons of 65% and 70%. The rightsizing of the COP faculty and staff has not been an easy process and occurred concurrently with a significant leadership transition. Despite these challenges, we believe our strategic faculty and staff hiring and effective use of

resources have put us in an excellent position to carry out our mission while striving to meet our strategic plan initiatives and our vision of improving the health of Arkansans and beyond.

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

5) **Recommended Monitoring:**

Given the dynamics in funding and COP enrollment, we assess our needs for staff (administrative, professional, etc.) on an ongoing basis both within the COP and University. Recently, we have successfully completed some strategic reorganizations as individual administrative staff members have left the COP. We reclassified three positions that have resulted in increased salary and expansion of job responsibilities (Administrative Analyst upgraded to Executive Assistant II in the Dean's Office and two Executive Assistant I positions upgraded to Education Coordinators in Pharmaceutical Sciences and Pharmacy Practice NW). In anticipation of future needs, we disclosed a budget request for FY23 of two additional administrative staff members, a Finance Manager, and Project Specialist. Through the self-study process we have collected more information regarding needs across the COP. We will continue to advocate for increased staff capacity and function to support the needs of our program.

Standard No. 19: Faculty and Staff—Qualitative Factors: Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

Uploads:

☐ *RD 19-01* List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.

☐ *RD 19-02* Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty

☐ *RD 19-03* Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention

Required Documentation for On-Site Review:

☐ *RD 19-04* Copy of the Faculty Handbook

☐ *RD 19-05* CVs of administrators, faculty and staff

☐ *RD 19-06* If utilized, examples of faculty portfolios, documenting teaching, research and service activities—not applicable

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Questions 7, 13-24

☐ *DV 19-01* Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity

☐ *DV 19-02* Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned

☐ *DV 19-03* Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status

☐ *DV 19-04* Table: Distribution of Full-Time Pharmacy Faculty by Department and Tenure Status

☐ *DV 19-05* Table: Research and Scholarly Activity of Full-Time Faculty by Department

Optional Documentation and Data

☐ *OA 19-01* Faculty credentials, assessment & AAMS survey results, spring 2021

☐ *OA 19-02* Faculty teaching and service, AAMS survey results, spring 2021

☐ *OA 19-03* Faculty research productivity and DOE, AAMS survey results, spring 2021

☐ *OA 19-04* COP Faculty & Staff Composite 2021-2022

1) **College or School's Self-Assessment**

	S	NI	U
19.1. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.	●	○	○
19.2. Scholarly productivity – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.	●	○	○

19.3. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.	●	○	○
19.4. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.	●	○	○
19.5. Faculty/staff development – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership.	●	○	○
19.6. Policy application – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner.	●	○	○

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

☐ The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities

☐ How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement

☐ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences

☐ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings

☐ A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty

☐ Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching

☐ A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning

☐ A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff

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

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

□ Any other notable achievements, innovations or quality improvements

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

Character count: 14,156

The UAMS College of Pharmacy faculty composition ensures availability of the expertise needed to meet our mission and accomplish our strategic plan. To ensure teaching needs are met by faculty members with expertise in any given area, the College's recruitment and retention efforts focus first on meeting the needs of the curriculum. The procedures for initial faculty appointments, reappointments, and terminations are outlined in the University of Arkansas System Board of Trustee policy 405.1 (RD 19-03). To be eligible for employment as a faculty member, persons must hold a terminal degree in their field relevant to the College's mission. Faculty searches involve the appointment of a search committee composed of faculty members whose expertise and experience allow them to assess each applicant's potential for successfully contributing to the educational, scholarly, and service requirements of the position. Verification of candidates' education and training credentials is performed via reference checks during the search process. Faculty with a pharmacy practice component to their responsibilities must obtain and maintain pharmacist licensure with the Arkansas State Board of Pharmacy. The Board of Pharmacy process ensures eligibility for pharmacist licensure, including a background check.

Faculty educational credentials are summarized in DV 19-03. The majority of faculty (69%) hold a degree in pharmacy (BS or PharmD), and 82% of these are licensed Arkansas pharmacists. Many faculty (45%) hold PhD degrees. Teaching assignments are made according to expertise gained by professional or graduate degrees, post-graduate experiences, and real-life practice experiences. Faculty credentials and teaching responsibilities of faculty are in OA 19-01 and OA 19-02, respectively. Although faculty effort in teaching varies considerably, all but four faculty members report contributing some effort toward the professional curriculum.

A strong and comprehensive orientation is key to faculty and staff retention. New employees receive human resources orientation focused on the benefits package. Onboarding processes for new faculty and staff are designed to orient these individuals to the College and its mission. Department Chairs and/or Division Heads also meet regularly with each new faculty member to mentor and coach them for successful engagement in the College. The Pharmacy Practice Department also assigns a mentor team to help guide new faculty members as they learn the UAMS systems. An ad hoc committee for the COP is currently charged to further expand this onboarding into a longitudinal plan for career mentoring of all new and junior faculty in the COP. To improve faculty retention, the Provost's Office was expanded to include an Associate Provost for Faculty Affairs in 2017, and the Faculty Center was created. The name was changed in 2020 to the Center for Faculty Excellence. The Center offers faculty development activities, seminars, and mentoring programs, including programs targeted throughout the faculty

lifecycle. The Center conducts surveys of faculty after they have recently departed, and these survey results help inform recommendations to develop strategies to improve faculty retention.

As discussed in Standard 18, in preparation for their annual evaluation each faculty member submits a self-assessment to summarize productivity in teaching, service, and scholarly activities and to set goals for the upcoming calendar year. Beginning with annual reviews in 2020 (for calendar year 2019) the campus policy required each faculty member to submit evidence of peer review of at least one element of their work as part of this self-assessment process (UAMS Policy 2.3.3, RD 19-03). The Department Chair (and Division Director when applicable) meets with each faculty member to review their performance and self-assessment and to identify areas for improvement. The Department Chairs and Division Directors help to identify available resources to improve performance and/or support achievement of their annual goals.

Scholarship is expected of all faculty members, and the College's Promotion & Tenure (P&T) Guidelines emphasize regular presentation and publication of scholarly work. Specific areas of research are driven by the strategic planning process. Indicators of research productivity include grant/contract submissions and funding, peer-reviewed publications, podium and poster presentations at professional and scientific conferences, and US patent submissions. These indicators are documented in the faculty member's annual self-assessment. Moreover, faculty members seeking promotion and/or tenure must document evidence of scholarship with specific benchmarks for research productivity described in the P&T Guidelines rubric format (RD 19-03).

The College's faculty demonstrates strong productivity in research and scholarly activity, resulting in continual increases in the College's national ranking. The College's Sponsored Programs Incentive Plan (SPIP) is a significant driver that encourages faculty to seek grant and contract funding to support scholarly efforts (RD 19-03). Faculty productivity in peer-reviewed publications also remains strong: in 2020, the Pharmaceutical Sciences faculty published 57 peer reviewed manuscripts, and Pharmacy Practice faculty published 75 peer-reviewed manuscripts (RD 19-01). College faculty members report publishing an average of 9 manuscripts per faculty member over the last 3 years and have presented approximately 3–4 presentations per person in the last year (OA 19-03).

Areas of excellence in the College's research program include drug discovery, radiation health, pharmaceutical evaluation and policy, implementation science, and the scholarship of teaching and learning. The Center for Implementation Research (CIR) is a notable new research center since our previous accreditation visit. The CIR fosters research that supports pharmacy practice advancement with an emphasis in community and ambulatory care pharmacy. CIR has secured multi-year funding from the NIH NCATS-funded Clinical and Translational Science Award (UAMS Translational Research Institute) to provide training to faculty, residents, and students in the implementation strategies of evidence-based practices and innovative healthcare delivery models in community pharmacy settings.

Faculty and staff expertise in the delivery of distance education is markedly enhanced as a result of the pandemic. Out of necessity, at the outset of the pandemic, nearly all faculty achieved proficiency in using Blackboard Collaborate Ultra and Zoom. The College chose to adopt a synchronous class model as

its primary mechanism to deliver distance education. This method actively engages students, giving them the opportunity to ask questions and discuss topics with instructors in real time. To bring faculty up to speed with contemporary distance education pedagogy, COP faculty participated in a virtual book club with three other pharmacy programs that focused on the book Small Teaching Online: Applying Learning Science in Online Classes. Prior to the pandemic, the College had extensive and successful experience in employing connected classroom techniques to synchronously deliver the required P3 curriculum across two campuses (Little Rock main campus and Northwest campus in Fayetteville) using interactive video network and Blackboard.

The College supports its faculty and preceptors in their development as educators, scholars, and practitioners. Opportunities for development abound across the UAMS campus. The Library, Creative Services, the Office of Educational Development (OED), and Information Technology (IT) are notable examples of campus entities that offer faculty development services and support. These offerings include programming related to areas such as teaching and learning, leadership and management, software, and career advancement planning. Opportunities such as weekly grand rounds, the longitudinal UAMS Leadership Institute, and the Teaching with Technology Annual Symposium are regularly available. OED offers the Teaching Scholars program, an intensive study of the scholarship of teaching, learning, and assessment through seminars and workshops. The annual Teaching with Technology and Teach the Teacher seminars are campus-wide events for faculty and staff development. The Office of Continuing Education offers interprofessional continuing education opportunities for faculty and preceptors. The College's two full-time eLearning specialist staff members are also well versed in instructional IT and provide on-demand assistance for faculty, which was especially beneficial during the abrupt pivot to remote synchronous learning that occurred at the onset of the COVID-19 pandemic. Finally, full-time UAMS employees are also eligible for up to a 50% tuition discount for courses at any University of Arkansas campus (discount varies and some programs of study excluded).

The careful selection and oversight of our experiential preceptors, who facilitate a significant portion of the professional curriculum, is important to ensuring the College's educational mission is successful. Preceptor credentials and performance are regularly reviewed by the Office of Experiential Education. Concerns about preceptor performance are discussed during meetings of the Experiential Advisory Committee, and committee members provide suggestions for and feedback regarding needed professional development. Preceptors receive regular opportunities for professional development through frequent continuing education offerings, engagement in College committees, and recurring events such as the Preceptor Development Conference and the Teaching Certificate Program. Some preceptors request volunteer faculty appointments and/or access to the UAMS Library's online resources. More detail about preceptor development is provided in Standard 20.

The College employs a wide range of activities to ensure faculty maintain a contemporary understanding of pharmacy and these are described in RD 19-02. The College provides time for faculty development with an average self-reported % EFT of 3.74% (OA 19-03). Faculty can take advantage of a wide range of training offered on the UAMS campus and UA system or seek development opportunities through external organizations. Professional membership, certifications, advanced credentialing, and travel expenses to attend professional society conferences may be supported through departmental resources

or faculty start-up accounts. The College also utilizes several curricular strategies including open access to all course syllabi, broad participation of faculty from both departments in the P1 offering of Career Orientation and Communication (PHPRD 7103) and, notably, a formal curricular review process facilitated by the COP Curriculum Committee. The curriculum committee reviews all required PharmD courses to ensure the course content is meeting contemporary educational outcomes on a regular basis (see Standard 10 for more details). Lastly, the College embarked on a curriculum transformation effort in 2017 that required faculty to carefully evaluate learning competencies to ensure they reflect the practice of pharmacy now and into the future.

All staff members are evaluated using an annual process similar to that of the faculty. Staff performance evaluation and goal setting are based on the responsibilities outlined for each position. Additionally, staff are assessed on their contribution to UAMS core values. The staff evaluation follows a standardized format and is delivered electronically. The College and University also provide staff development opportunities that include web-based and on-campus training for software; customer service, management, and leadership training; and campus committee participation. Most of these trainings can be accessed and documented using the My Compass online training management tool. Staff are also eligible to participate in the UA system tuition discount program. All staff are expected to receive training annually and be given release time for development. Staff are cross-trained to maximize workplace flexibility. Administrative staff development at the College level is supported through monthly staff meetings. To support work in busy areas, student workers have been hired (10 hours/week) to assist faculty and staff.

In the 2020 AACP Faculty Survey respondents consistently reported they have access to relevant policy information (93% agreed v. 91% national and 92% peer); performance assessment criteria are explicit, clear, and consistent with responsibilities (88% agreed v. 82% national and 83% peer); receive career guidance (67% v. 68% national and 68% peer); and are aware of programs to facilitate teaching (92% v. 90% national and 90% peer) and competence in research (83% v. 76% national and 77% peer). Seventy-seven percent of respondents agreed they receive regular feedback compared to 83% and 89% for national and peer groups. Similarly, 80% of respondents agreed that they receive constructive feedback compared to 82% and 84% in national and peer groups. Both feedback measures have improved from past years and are a direct result of improved evaluation and feedback processes in the College. One area rated lower than peers and national data is the lack of a formal program to orient non-practice faculty to pharmacy education and the profession. In 2020, 42% of respondents agreed with this item, compared to 52% and 53% for national and peer groups. This is due to the informal nature of activities around this type of orientation as well as the relatively low number of faculty without a degree in pharmacy (25%) or medicine or having received their PhD from a college or school of pharmacy.

In summary, the college has a well-qualified faculty that is committed to achieving the mission of the College with regard to teaching, scholarship, and service. Many opportunities exist for faculty and staff to support these critical areas and formal evaluation processes are in place to ensure personnel are contributing to the mission.

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

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 20: Preceptors: The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

Uploads:

☐ *RD 20-01* List of active preceptors with credentials and practice site

☐ *RD 20-02* Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience.

☐ *RD 20-03* Description of practice sites (location, type of practice, student/preceptor ratios)

☐ *RD 20-04* Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention

☐ *RD 20-05* Examples of instruments used by preceptors to assess student performance

☐ *RD 20-06* Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum

☐ *RD 20-07* Description of the structure, organization and administrative support of the Experiential Education office (or equivalent)

Required Documentation for On-Site Review:
None required for this Standard.

Data Views and Standardized Tables:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Student – Questions 53-54

☐ AACP Standardized Survey: Preceptor – Questions 1, 6-10, 30-33

Optional Documentation and Data:

☐ No additional documentation or data

1) **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	NI	U
20.1. Preceptor criteria – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.	●	○	○
20.2. Student-to-preceptor ratio – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.	●	○	○
20.3. Preceptor education and development – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.	●	○	○

20.4. Preceptor engagement – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component.	●	○	○
20.5. Experiential education administration – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.	●	○	○

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

☐ How the college or school applies quality criteria for preceptor recruitment, orientation, performance, and evaluation

☐ A discussion of the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners

☐ How the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program

☐ How the college or school solicits active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 13,157

The UAMS COP Office of Experiential Education ensures a sufficient number of exceptionally-trained preceptors from a variety of practice settings deliver quality experiential educational opportunities to our students. See RD 20-01 for a list of preceptors, their sites, and credentials. The COP and Office of Experiential Education places great emphasis on establishing and maintaining meaningful relationships in the pharmacy community, and the office has policies in place for preceptor recruitment, orientation, retention, development, performance review, and promotion (RD 20-04 and described below). These relationships are key to identifying new sites, maintaining current sites, and continuously improving preceptor recruitment, orientation, performance, and evaluation. All potential preceptors go through an approval process with the Office of Experiential Education to determine if the preceptor and site are of

high quality. The potential preceptor for required APPEs must hold an active pharmacist license and be in good standing in the state in which they practice (see RD 20-02). The Office of Experiential Education requires preceptors to have at least one year of practice experience in their current setting, recommends that preceptors are members in a professional organization, and encourages annual completion of one-hour of CE focused on preceptor development.

When the Office of Experiential Education receives an application for a new site and preceptor, a site visit and evaluation along with a preceptor interview are conducted prior to student participation in a learning experience, in order to ensure a quality learning experience can be provided. Once the site visit and preceptor interview are complete and the site is deemed appropriate for student learning, an experiential learning affiliation agreement is formed between the College and the site. See RD 20-03 for a list of current experiential sites.

CORE ELMS is the College's online experiential learning management system for student, preceptor, and site reporting. New preceptor orientation includes familiarizing preceptors with CORE ELMS and the experiential manual. The manual contains the preceptor handbook (available in the CORE ELMS preceptor portal). New preceptors receive information for orienting students, utilizing assessment rubrics, providing meaningful feedback, and addressing student issues. The preceptor handbook also includes useful preceptor resources, curriculum description, and programmatic outcomes.

The Office of Experiential Education continually monitors student and preceptor performance. This monitoring supports swift intervention when necessary and is utilized for programmatic quality improvements. At the end of each experience students complete an evaluation of both the site and preceptor. The deidentified results are released to preceptors annually. Students may provide confidential feedback about the preceptor and site to OEE using the rating system and comment box at the end of each site/preceptor evaluation. OEE is alerted to low scores that may signify potential concerns about preceptors.

Identifying quality experiential sites for learners is a priority for the Office of Experiential Education. The Office of Experiential Education makes a conscious effort to promote the availability of practice sites with affiliated residency programs (PGY1 and/or PGY2) for APPE placements. In the 2020–2021 academic year 53% of all required APPEs occurred at sites with affiliated residency programs: 75% ambulatory care (129 of 171), 73% acute care (231 of 315), 55% health-system management (56 of 101), and 9% of community enhanced pharmacy services (21 of 242). As expected, the number of community pharmacy experiences with affiliated residency programs is lower than in other practice areas. Of the community enhanced pharmacy services APPEs approximately 20% were AR Community Pharmacy Enhanced Services Network (CPESN) members. In the 2020–2021 academic year there were two community residency programs in Arkansas that had a total of 10 resident spots.

Student-to-preceptor ratios have been designed to allow for the time and attention necessary for individualized mentoring and targeted professional development of our students. The Office of Experiential Education maintains a student-to-preceptor ratio of 1:1 for community pharmacy based APPEs. Some larger practice sites may host IPPE and APPE students at the same time, with the APPE

students participating in the education of the IPPE students. In acute care, ambulatory care, health-system management, and non-community pharmacy electives the student-to-preceptor ratio is up to 2:1. The 1:1 or 2:1 ratios allow for appropriate supervision, individualized instruction, targeted professional development, and meaningful assessment. The 2019 AACP Preceptor Survey data supports this with 98.8% having agreed that the student-to-preceptor ratios are appropriate to maximize learning, which was above the national and peer comparator averages. This is also supported by the 2020 AACP Graduating Student Survey, in which 99% of students agreed that preceptors provided individualized instructions, guidance, and evaluation, which outperformed national and peer data.

Within the Office of Experiential Education, the Associate Dean and Director are residency-trained pharmacists with experience precepting students, providing experiential education, managing curricular development, and facilitating preceptor development (CVs available in RD 20-06). The Associate Dean primarily oversees the APPE curriculum, while the Director oversees the IPPE curriculum. Because many preceptors and sites serve as both IPPEs and APPEs, the Associate Dean and Director jointly oversee preceptor recruitment, development, and quality assurance initiatives. The Program Coordinator is responsible for assisting with IPPE and APPE scheduling, preceptor availability, student schedule preferencing, scheduling of preceptor development events, and maintenance of the Office of Experiential Education databases. See RD 20-07 for more details on the structure of the office.

In 2017, the Office of Experiential Education launched the student-led APPE CE program. This program provides live, interprofessionally accredited CE to healthcare professionals (RNs, MDs, DOs, PDs, and Pharmacy Technicians). APPE students, under the direction of their preceptors, develop and deliver live CE at/near the end of the APPE. The UAMS CE office supports these initiatives. During calendar year 2020 APPE students provided 1507 person-hours of live accredited CE to pharmacists (1246 hours), physicians (26 hours), nurses (52 hours), pharmacy technicians (60 hours), and other healthcare professionals (103 hours).

The Office of Experiential Education also coordinates the annual Preceptor Development Conference hosted at the Winthrop Rockefeller Institute on Petit Jean Mountain. This conference comprises an evening social for networking and informal feedback, followed the next day by a four-hour seminar that consists of ACPE-accredited continuing pharmacy education tailored to enhance skills needed in precepting students. The conference is well-attended, typically hosting about 70 preceptors from both health-system and community pharmacy settings.

The College also provides preceptor development CE opportunities free of charge through the Collaborative Education Institute (CEI), an online accredited continuing education service specifically focused on teaching, assessment, and preceptor development. All preceptors have access to CEImpact, which offers six hours of ACPE accredited preceptor development CE annually via CORE ELMS. In addition, the Office of Experiential Education offers preceptor development CE at several state meetings annually. Other preceptor benefits include access to the UAMS library resources, formal volunteer faculty appointments, and a number of Lexicomp mobile codes that are offered to preceptors who take a significant number of students annually.

Preceptor engagement and feedback are essential to the Office of Experiential Education's continuous quality improvement initiatives. Since the last self-study, quality improvement initiatives have resulted in improved student and preceptor experiences with greater preceptor engagement with the Office of Experiential Education. Examples of improvements resulting directly from preceptor feedback include simplifying the IPPE and APPE evaluation rubrics (RD 20-05), implementing time-saving measures for completing competency assessments, enabling students to preference individual preceptors instead of preferencing experiences by city, and launching several extended-placement APPEs (multiple and/or back-to-back placements at the same site) at individual health system partners. Other examples of quality improvement initiatives include implementing a clear pass/borderline pass/clear failure grading system, developing a graduation with honors in experiential education distinction, incorporating and mapping all experiential assessments to the Pharmacists' Patient Care Process, and expanding the personal and professional development competencies to align with the expectations of Standard 4.

Another notable achievement that increases preceptor engagement and impact within the Office of Experiential Education is the launch of the Experiential Advisory Committee in 2020. This committee provides input on programmatic improvements, determines which students graduate with honors in experiential education, and suggests content for targeted preceptor development. The committee also facilitates continuous quality improvement efforts in experiential education by incorporating the preceptors' perspectives into these improvement efforts. Members include a variety of health-system and community partners who are highly involved with the experiential training and assessment of students. The committee plays an integral role in the Office of Experiential Education's continuous quality improvement by maximizing student success and guiding overall and targeted preceptor development. To further enhance preceptor input and engagement selected preceptors were also invited to participate in the College's Self-Study Planning Retreat.

Student feedback is also used to inform quality improvement efforts and is housed in CORE ELMS as both site-level combined data and individual preceptor reports. When a site hosts multiple preceptors, their supervisor may wish to include preceptor evaluations in their routine performance evaluations. In this instance an administrator scorecard is developed that contains a student confidential rating and comments from students. This allows site coordinators to "close the loop" and provide institutional-level feedback for the department or individuals.

According to the 2019 AACP Preceptor Survey 91.3% of respondents agreed they have ongoing contact with the Office of Experiential Education. Most preceptors (90.2%) agreed they receive the needed support from the Office of Experiential Education. Further, 95.6% of preceptors agreed assessment tools were suitable, and 98.9% agreed they knew how to use them. The survey also showed all (100%) preceptors agreed they know the process for documenting and addressing student performance, and 92.3% agreed they were aware of the process to provide feedback, including that all specific learning expectations for students were clearly defined for their experiences (94.6%). Preceptors also agreed the criteria for evaluating their performance was clear (85.6%). When considering preceptor development, 91.3% agreed the College had an effective preceptor development program. These data were all consistent with or higher than national and peer data.

Based on student feedback, the quality of UAMS preceptors is excellent and compares favorably to national ratings. According to the 2020 AACP Graduating Student Survey, nearly all (99%) students agreed preceptors modeled professional attributes and behaviors, and 99% agreed preceptors provided individualized instruction, guidance, and evaluation. Rates of agreement were also at or above both national and peer comparisons for the following survey questions: my APPE experiences were of high quality (99.1%), my experiences allowed me to have direct interaction with diverse patient populations (100%), and my experiences allowed me to collaborate with other health care professionals (100%).

The Office of Experiential Education is committed to providing exceptional experiential educational opportunities for our student pharmacists. High-quality preceptors are key to this process. Ongoing and intentional preceptor recruitment, development, and retention lead to high-quality experiences for our students. Through the utilization of our Experiential Advisory Committee and preceptor feedback, our annual Preceptor Development Conference focuses on content and topics most relevant to preceptors. Ultimately, continuous professional development for preceptors is the most effective tool to ensure our student pharmacists have exceptional experiential learning opportunities.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 21: Physical Facilities and Educational Resources: The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

Uploads:

☐ *RD 21-01* Floor plans for college or school's facilities and descriptions of the use(s) of available space

☐ *RD 21-02* Description of shared space and how such space promotes interprofessional interaction

☐ *RD 21-03* Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies.

☐ *RD 21-04* Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable

☐ *RD 21-05* Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.)

☐ *RD 21-06* CV of the librarian(s) who act as primary contacts for the pharmacy program

Required Documentation for On-Site Review:

☐ *RD 21-07* Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report)—see RD 21-01

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Questions 26-29, 31

☐ AACP Standardized Survey: Student – Questions 60-68

☐ AACP Standardized Survey: Preceptor – Questions 34-35

Optional Documentation and Data:

☐ No additional documentation or data

1) **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	NI	U
21.1. Physical facilities – The college or school's physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained.	●	○	○
21.2. Physical facilities' attributes – The college or school's physical facilities also include adequate:	●	○	○
• Faculty office space with sufficient privacy to permit accomplishment of responsibilities	●	○	○
• Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators	●	○	○
• Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology	●	○	○
• Laboratories suitable for skills practice, demonstration, and competency evaluation	●	○	○

• Access to educational simulation capabilities	●	○	○
• Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university	●	○	○
• Animal facilities that meet care regulations (if applicable)	●	○	○
• Individual and group student study space and student meeting facilities	●	○	○
21.3. Educational resource access – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors.	●	○	○
21.4 Librarian expertise access – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies.	●	○	○

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

☐ A description of how the college or school's physical facilities (or access to other facilities) utilize current educational technology

☐ A description of how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors

☐ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.

☐ A description of the equipment for the facilities for educational activities, including classroom and simulation areas

☐ A description of the equipment for the facilities for research activities

☐ A description of facility resources available for student organizations

☐ A description of facilities available for individual or group student studying and meetings

☐ How the facilities encourage and support interprofessional interactions

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 14,629

The UAMS College of Pharmacy has campuses in Little Rock (LR) and Fayetteville (Northwest Arkansas, NW). Plans and drawings of physical facilities and a description of facilities and resources are described in RD 21-01. The College in LR and most of its faculty and staff are housed in the buildings titled Education II (EDII), Daniel W. Rahn Interprofessional Education (RAHN), Biomedical Research Center (BRC) I and II, and Winthrop Rockefeller Cancer Institute. Faculty offices are also housed in other campus buildings and in other LR facilities, such as Arkansas Children's Hospital. The UAMS Northwest Regional Campus building houses NW COP faculty, who may also have office space at their practice sites.

P1 and P2 teaching activities are conducted in LR using dedicated and shared spaces in EDII, RAHN, the I. Dodd Wilson Education Building (IDW), the Library Resource Center (LRC), the Active Learning Center (ALC), and Simulation Center. The P3 teaching activities are split between the LR and NW campuses using distance learning technology.

Most of the core didactic instruction on the LR campus occurs in two 160 fixed-seat auditoriums of the RAHN building, which are equipped with presentation, recording, and audience response technology and are used for synchronous distance learning for P3 classes. Spaces were remodeled or built to meet the physical and technological requirements to facilitate synchronous delivery, active team–based, and interprofessional learning.

IDW has 2 auditoriums (seating 225) and 14 classrooms (seating 25–40) that are used for classes, discussion groups, and student organizations.

The 196-seat ALC and the 7,800 sq. ft. Simulation Center are designed for active learning and IPE activities utilizing team training. The Simulation Center is equipped with 7 simulation theaters that can be made to resemble trauma rooms, hospital rooms, and non-medical settings. The Simulation Center is fully equipped with 4 lifelike, high-fidelity manikins that can simulate many medical conditions and respond to treatment. The Simulation Center also includes five debriefing rooms where participants and instructors watch and analyze video playback of performances.

RAHN also houses the Center for Clinical Skills Education, where teaching and graded OSCEs occur. This center includes 14 fully equipped patient exam rooms with video and audio capabilities and a 15-person conference room for debriefing.

In 2020, the ALC, located on the first floor of the library, was upgraded with new AV systems and fixtures to enhance video conferencing capabilities, allowing interaction with a planned ALC on the NW campus.

In 2012 the College opened the 12th Street Health and Wellness Center (HWC) in LR, which is a student-run interprofessional free clinic. The HWC provides all UAMS students an avenue to learn about, from, and with each other. The 4400 sq. ft. clinic has six exam rooms, a dental clinic, laboratory, audiology booth, conference room, office space, and student work areas.

In addition to the library, several study areas are available in EDII, RAHN, and at the NW campus. For instance, each of the four corners of the common areas of the sixth floor of the EDII building, where many faculty offices are located, were renovated in 2021 with 8-seat study stations equipped with 2 dry erase boards and power supplies. The newly remodeled LRC also has computers and printing capabilities for student use.

The UAMS programs on the NW campus share class and conference room space to support 20–30 students during the P3 year. The College area has a large (58 seats) and small classroom (20 seats). There is also a large conference room for meetings and a large multipurpose room for student, faculty, and staff use. Outside the College area are 4 more distance learning-equipped rooms that can be reserved. Completed in fall of 2013, The Pat and Willard Walker Student Education Center is an 8,000 sq. ft. facility that includes a Student Clinical Education Center (SCEC) and the North Street Clinic. The SCEC has 6 exam rooms fully equipped with AV technologies, which can accommodate one-on-one learner-patient encounters as well as telemedicine cases; a central observation room for monitoring; and a debriefing room. These shared learning spaces encourage and support interprofessional interactions and serve as spaces for students and faculty from all disciplines to jointly learn to provide patient care (RD 21-02).

Use of common space is governed by a policy that all spaces are available for curricular use and other campus events by all of the five UAMS Colleges, the Graduate School, and other campus entities. Curricular events are given priority over non-curricular events and all spaces are available for interprofessional events. The Office of Academic Services coordinates scheduling of these spaces and support services to students, faculty, and staff. Support services are also coordinated with IT Campus Technologies and Teleconference services from the Institute of Digital Health and Innovation. Space available for educational use is located throughout the campus, with the educational corridor of EDII, RAHN, and IDW buildings serving as the primary areas for pharmacy courses.

Specific classrooms are equipped with a complement of computer, projection, audio equipment, and internet/network connectivity and recording capability. Many classrooms also have distance learning capability using interactive video network and internet based technologies (Blackboard Collaborate Ultra, Zoom). Multiple classrooms also have 2-panel X-ray view boxes and examination tables. Teaching facilities are also available via distance technology at the NW campus and each of the Regional Program sites located throughout Arkansas.

There are a total of 8 teaching laboratories on the 8th and 9th floors of the EDII building. At approximately 2,800 sq. ft. per lab, they can be configured to seat any size group up to 200 per floor. The labs are outfitted with 200 networked computers, 4 data projectors, and 4 instructor stations. These labs can be reserved by the College for student exams as well as wet and dry lab experiences. The NW campus has two 20-station computer labs available for testing and teaching. In 2015 the mock cleanroom lab was remodeled and increased in size to 410 sq. ft. This increase allowed for two additional laminar workbenches, one compounding isolator, and three incubators, which allowed expanded lab activities in sterile compounding and associated training and validation.

The UAMS Library's location is central to the educational, research, and clinical activities of the campus and provides resources and services to all UAMS faculty, staff, and students. The Library's 44,000 sq. ft. facility includes a variety of student study areas, the ALC, the Learning and Teaching Resource Centers, a classroom, online testing rooms, a teleconferencing facility, lounge with vending machines, 24/7 study areas, 24/7 computer lab, and the Historical Research Center and archives. The Library has a total seating capacity of more than 600, with more than 60 computers available for faculty, staff, students, and visitors.

The UAMS Library catalog and eJournal & eBook portal provide access to 59,000+ electronic journal titles; 40,000 books in all formats, including 16,000+ in electronic format and 24,000+ in print format; 118 databases; and various electronic resources. The library's website serves as the gateway to its online resources and services. Students, faculty, and staff can access bibliographic databases, Lexicomp, AccessPharmacy, UpToDate, evidence-based medicine and clinical summary tools, and electronic-books. UAMS employees, students, and registered preceptors use their UAMS accounts to access the Library's licensed electronic resources from off campus ([RD 21-05](#)). The Interlibrary Loan department obtains materials not available through the UAMS Library holdings free of charge, unless additional copyright fees or other document delivery charges apply. The COP is assigned a liaison and reference librarian, Shelia Thomas ([RD 21-06](#)).

The Student Success Center (SSC), located on the library's third floor, underwent a major expansion in 2020. The SSC provides facilities and services free of charge to students. These include peer tutoring, a writing center, a presentation studio, technical support, and access to a learning specialist to develop academic skills such as note- and test-taking. The SSC also facilitates student testing in a secure environment when testing accommodations are required. Laptops are also available for use within the Library.

Educational technologies, equipment, and methodologies are continuously maintained and upgraded by the Office of Educational Development (OED). OED eLearning provides system administration for multiple educational tools including the Blackboard Learning Management System, Respondus Lockdown Browser, Respondus Monitor, StudyMate, GoSignMeUp, and Turning Point. In addition to system administration, OED develops workshops and provides assistance to individual faculty to effectively use eLearning tools. OED also provides seminars and workshops on topics related to effective teaching and learning and provides consultative instructional design for courses and media development for learning used in face to face, hybrid, and online environments.

Classrooms on both campuses are connected by a combination of web-based and interactive video networks. These systems are supported by the eLearning team in conjunction with OED. In addition to the technical, design, and production services that OED provides, the Library, the Academic Computing Department, and the Teaching and Technology Resource Center provide computer technology and equipment resources that support College initiatives. The UAMS Information Technology department maintains policies and procedures for offsite data backup, security planning, and disaster recovery that address contingencies to handle computer system failures.

In 2020 the COP student computer lab was converted to a space that can accommodate small-group teaching, connected conferencing, and after-hours study for students. It was further modified during the pandemic with a presentation lectern, interactive computer monitors, document camera, and high-definition video displays and camera, all of which allowed faculty to deliver remote lectures with a setup that mimicked traditional auditorium environments.

In 2009, to support both human and animal research, the College remodeled 2,200 sq. ft. of bioanalytical lab space in EDII. In 2010, the creation of the Division of Radiation Health and expansion of Pharmaceutical Sciences space created an additional 14,000 sq. ft. of total lab space between BRC I and II, the Winthrop Rockefeller Cancer Institute, and Central Arkansas Veteran's Healthcare System. In 2015, 1347 sq. ft. of additional lab space was obtained and remodeled in BRC I as an expansion to the Drug Discovery Group's faculty.

UAMS supports research via many services, including the Institutional Animal Care and Use Committee (IACUC) and the Institutional Review Board (IRB). Animal facilities are maintained in a secure campus facility in accordance with IACUC requirements (RD 21-04). The IRB is registered with the federal government, is fully accredited, and meets legal standards (IRB Protection Plan). Faculty have ample resources and space available to engage in human research. In 2009 UAMS received a Clinical and Translational Science Award from NIH, which was granted its most recent 5-year renewal in 2019. This award and a significant UAMS commitment led to the creation of the Translational Research Institute (TRI). As part of TRI, the Clinical Research Services Core (CRSC) provides infrastructure for faculty conducting human research.

The twelve formal student organizations at the College have dedicated use space on the sixth floor of the EDII building. This includes dedicated space for each organization, in addition to common shared space that can be reserved using an online system. During the COVID-19 pandemic the College made virtual meeting space available to the organizations via Zoom. The Zoom meeting space is coordinated through the office of the Assistant Dean for Student Affairs.

To provide a safe environment for teaching, learning, and scholarly activities, the UAMS Police Department (PD) is officially recognized as the Law Enforcement Agency of jurisdiction for UAMS, while the University of Arkansas PD has jurisdiction at the NW campus. The UAMS PD operates 24 hours daily, 7 days a week to provide comprehensive security for patients, visitors, and staff. It is staffed by 46 full-time, certified law enforcement professionals as well as 12 civilian staff. Officers have full police powers while on property owned or leased by UAMS. The UAMS PD uses an extensive closed circuit video system, a comprehensive controlled access system to monitor and regulate entry to the facilities, and 24-hour foot patrols.

The faculty, student, and preceptor responses to the AACP survey questions associated with Standard 21 indicate the College has adequate and appropriate physical facilities to achieve its mission and goals (RD 21-03). The most recent survey of faculty in 2020 shows that more than 90% of respondents agreed they have adequate office space as well as physical facilities to support academic needs, and that the environment is safe; these results are all similar to or more favorably rated than peer or national

comparisons. Respondents rated the resources for research and scholarship less favorably (73% agreed; however, this reflects improvements over previous surveys and is only slightly lower than peer ratings (77%). Faculty occasionally have IT/AV issues in the classroom and this is also demonstrated in the survey responses slightly below our peer comparison. Students rate the physical resources favorably, and more than 90% of respondents indicated the IT resources, access to library e-resources, classrooms, labs, study areas, and common space meet their needs and are conducive to learning. According to the 2020 Graduating Student Survey 96% of respondents agreed they were aware of research activities available to them, which was more than 10% higher than peer and national comparisons. Respondents to the 2019 AACP Preceptor Survey indicated the facilities and resources are adequate to precept students (97% agreed) and that the College provides access to library and educational resources (87% agreed), which are both similar to peer and national comparisons.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 22: Practice Facilities: The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

Uploads:

☐ *RD 22-01* Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)

☐ *RD 22-02* Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both

☐ *RD 22-03* Policies and procedures related to site selection, recruitment, and assessment

☐ *RD 22-04* Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment

☐ *RD 22-05* ACPE IPPE Capacity Chart

☐ *RD 22-06* ACPE APPE Capacity Chart

Required Documentation for On-Site Review:

☐ *RD 22-07* 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 have been identified in column G)

Data Views and Standardized Tables:

None required for this Standard.

Optional Documentation and Data:

☐ *OA 22-01* APPE Manual 2021-2022

☐ *OA 22-02* IPPE Manual 2021-2022

☐ OA 22-03 IPPE/APPE student and preceptor assessment tools

1) **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	NI	U
22.1. Quality criteria – The college or school employs quality criteria for practice facility recruitment and selection, as well as setting forth expectations and evaluation based on student opportunity to achieve the required Educational Outcomes as articulated in Standards 1–4.	●	○	○
22.2. Affiliation agreements – The college or school secures and maintains signed affiliation agreements with the practice facilities it utilizes for the experiential component of the curriculum. At a minimum, each affiliation agreement ensures that all experiences are conducted in accordance with state and federal laws.	●	○	○
22.3. Evaluation – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.	●	○	○

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

☐ Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment

☐ Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements

☐ How the college or school employs quality criteria for practice facility recruitment and selection

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

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 14,033

The College's Office of Experiential Education has meaningful partnerships with its preceptors and practice sites and works to ensure diverse, exceptional practice experiences. Capacity needs have changed in recent years: admitted cohorts from 2013–2017 had an average new student enrollment of 121 (SD=1), and this average was 85 (SD=7) for the cohorts admitted 2018–2021. Considering these changing needs, our experiential sites continue to demonstrate the capacity, diversity, and breadth of experiences needed for the experiential education curriculum. The increase in capacity relative to cohort size allows students to be matched with sites based on individual preferences.

All students are required to complete 320 hours in the IPPE curriculum (P1 Community IPPE—120 hours, P2 Institutional IPPE—160 hours, and P3 Longitudinal IPPE—40 hours) and 1600 hours in the APPE curriculum. The APPE curriculum is divided into ten month-long experiences (minimum of 160 hours) consisting of four required experiences (acute care, ambulatory care, community enhanced pharmacy services, and health-system management), four direct patient care selectives (choosing between acute care, ambulatory care, and community enhanced pharmacy services), and two elective APPEs. Students do not receive payment for participating in practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed. Due to COVID-related changes in site availability, in the 2020–2021 academic year the faculty approved a Curriculum

Committee recommendation that the Class of 2021 complete a minimum of nine APPEs (1440 hours) with at least one each of the following: acute care, ambulatory care, community enhanced pharmacy services, and health-system management.

Preceptors and practice sites are surveyed annually to determine availability for the coming year. As supported by the capacity charts (RD 22-05, RD 22-06), a sufficient number of sites and preceptors are available to meet the needs of our program. The Office of Experiential Education strives to maintain 20% excess capacity for all experience types. Currently, excess capacity is more than adequate for anticipated future enrollment for IPPEs and APPEs. While APPE availability varies by month and type of experience, historically and for 2021–2022 there has been and is now more than 25% excess capacity for all experience types. Even with this level of excess capacity the Office of Experiential Education works diligently to foster and develop relationships with current and prospective practice sites. Our administration and faculty are actively involved in local, state, and national professional organizations, and this involvement allows many opportunities to identify new practice sites, strengthen relationships with current practice sites, and deliver preceptor development continuing educational programs.

For the 2020–2021 academic year IPPE practice sites are composed of 179 P1 community pharmacy sites and 86 P2 hospital/health system sites. For the P3 longitudinal IPPE, diversity of experiences is ensured with requirements that each student participates in a minimum of 3 out of 4 core experiences (shadowing, health screening/fair, medication therapy management/medication reviews, free clinics). Additionally, at least 4 hours of experience are required at one of the UAMS Interprofessional Education Clinics: either the UAMS 12th Street Health and Wellness Center (Little Rock) or the UAMS North Street Clinic (North St., Northwest Arkansas). The Health and Wellness Center and North St. Clinic are student-run free clinics that provide services from the UAMS Colleges of Health Professions, Medicine, Nursing, and Pharmacy. These interprofessional clinics provide student-led, no-cost, medical services to the community. North St. serves uninsured Marshallese patients, and in 2020 was awarded a 2020 Gold Rating from the National Association of Free and Charitable Clinics (NAFC) for its work to ensure the medically underserved have access to affordable health care.

UAMS COP APPEs support a broad range of experiences including the following: community enhanced pharmacy services (222 sites), ambulatory care (73 sites), acute care (167 sites), health-system management (87 sites), and electives (165 sites). Several sites offer competitive, multi-block (2-5 APPEs) experiences within the same health system that expose students to the continuum of distributional and patient care services in various practice settings. The College also has a broad offering of APPE electives that involve indirect patient care, such as experiences with Arkansas Blue Cross Blue Shield, Arkansas Medicaid, UAMS Investigational Drug Services, UAMS College of Pharmacy academia-focused experiences, hospital informatics (UAMS and St. Bernard's Medical Center), Arkansas Poison and Drug Information Center, US Food and Drug Administration, Arkansas State Board of Pharmacy, and Arkansas Pharmacists Association.

To ensure quality, the Office of Experiential Education evaluates all practice facilities during the recruitment, selection, and site visit orientation phases of preceptor enrollment. Guidelines for conduct on experiences are provided in the College's IPPE and APPE manuals (OA 22-01 and OA 22-02) and are

reviewed with new preceptors during orientation. These guidelines mirror the site/preceptor requirements in the Arkansas State Board of Pharmacy regulations, and they provide specific guidance on criteria and responsibilities for practice sites and preceptors. All sites complete IPPE/APPE Quality Assurance documentation (RD 22-03) that collects specific activities of the proposed experience, extent of patient interactions, patient populations, and disease states encountered. Other types of healthcare professionals (e.g., physicians, nurses, respiratory therapists, etc.) with whom students will interact are also identified. This document also identifies the experiential competencies evaluated for the experience, which then map back to the College competency statements. Experiential competencies are also mapped to components of the Pharmacists' Patient Care Process (PPCP) and Standards 1-4 (CAPE 2013) (OA 22-03).

Once a site is approved, the College and site sign an affiliation agreement. See RD 22-01 for examples. For smaller businesses (e.g. independent pharmacies with a single owner), the Office of Experiential Education utilizes a preceptor affiliation agreement form that must be acknowledged and signed electronically as a condition of becoming a preceptor and taking students on educational practice experiences.

To ensure ongoing quality of affiliated practice sites, the Office of Experiential Education conducts annual in-person (or video call during the pandemic) quality assurance visits for all in-state sites that are assigned IPPE or APPE students. An APPE quality assurance form is completed electronically by all preceptors for out-of-state sites. Additionally, the College collects student feedback on sites and preceptors. Using CORE ELMS, students complete site/preceptor evaluations that allow the student to assess various aspects of the experience (see IPPE/APPE evaluation rubrics in OA 22-03). An improvement to this evaluation was made in 2019 when a section was added that allows students to share concerns they would like to be kept confidential from preceptors. In this section, students are asked to provide an overall rating of their site/preceptor on a scale of 0 to 10 (with 10 being outstanding) and state whether they would recommend this experience to another student. There is also space to provide confidential comments about their experience. This confidential section helps the Office of Experiential Education identify quality improvement measures and informs with de-identified data (student and preceptor) the work of the Experiential Advisory Committee (see Standard 20).

The Office of Experiential Education provides preceptors with an annual summary of de-identified student feedback (excluding confidential feedback) that enables the preceptors and their facilities to identify areas for improvement. If a preceptor receives a confidential rating score of six or below (two standard deviations below the mean preceptor rating), the Office of Experiential Education immediately reviews the student's evaluation and confidential comments and may contact the student to discuss their experience. If an immediate intervention is warranted, the Office of Experiential Education will contact the preceptor to gather more information and potentially formulate a performance improvement plan. The intervention may range from collecting more information and discussing performance to determining whether the pharmacist should continue as a preceptor.

Upon annual review of all data, the Office of Experiential Education also identifies high and low performing sites and preceptors. For sites/preceptors who consistently receive poor evaluations, the

Office of Experiential Education formulates an intervention plan for discussion and approval by the Experiential Advisory Committee. These site/preceptor evaluations also aid the Office of Experiential Education in identifying topics for the College's annual Preceptor Development Conference and identify themes to utilize for individual and personalized preceptor development. Issues of concern regarding professional interactions between site personnel and students or site compliance with legal and/or regulatory requirements may require discontinuation of the site and/or preceptor.

To ensure preceptors are well informed of the experiential education requirements and processes, complete preceptor criteria and responsibilities are published in the IPPE and APPE manuals that are accessible to preceptors at the Office of Experiential Education website and in CORE ELMS. In the most recent 2019 AACP Preceptor Survey 90.2% of respondents agreed they received needed support from the Office of Experiential Education and 96.7% of respondents agreed there were adequate facilities and resources at their practice sites to precept students. Rates of agreement with both items were similar to or higher than peer and national comparisons. Results from the 2020 AACP Graduating Student Survey also demonstrated student satisfaction with practice sites. Of all respondents, 92% and 99% agreed available IPPE and APPE sites were of high quality, respectively. These results compared favorably with peer (IPPE 86%; APPE 96%) and national (IPPE 87%; APPE 97%) comparisons.

A specific quality indicator of our practice sites is the presence of accredited pharmacy residency training programs. The Office of Experiential Education considers sites that offer residency training, with their additional educational oversight, to be a key component that maximizes the potential for an exemplary student experience. The ASHP training and accreditation standards for residency programs include specific criteria and guidance for residency sites. In the 2020–2021 APPE year, about 42% of all experiential placements were at sites with ASHP-accredited residency programs. Furthermore, 75% of ambulatory care APPEs, 73% of acute care APPEs, 55% of health-system management APPEs, and 9% of community enhanced pharmacy services APPEs occurred at sites with an ASHP PGY1 and/or PGY2 residency. Of the community enhanced pharmacy services APPEs, approximately 20% were members of the Arkansas Community Pharmacy Enhanced Services Network (CPESN).

Many quality improvement initiatives and collaborations have resulted in improvements to the preceptor and student experience. In 2017 a more student-centered process was implemented for experiential preferencing, allowing students to rank preceptors rather than practice site locations. Our quality improvement processes also led to other changes, as follows: minimization of preceptor assessment burden with various improved efficiencies; institution of a "Clear Pass", "Borderline Pass", "Clear Failure" global score to clarify final grade delivery for all experiences; implementation of a mechanism to identify approximately 20% of APPE students to graduate with Honors in Experiential Education; mapping of all experiential competencies to the PPCP; and launching of a competitive multi-APPE or back-to-back APPE model at partner health-system institutions with benefits for students and the practice site.

In addition to these quality improvements, UAMS COP's collaboration with other institutions and colleagues benefit both students and preceptors. Our collaboration with Harding University College of Pharmacy has benefitted and streamlined the experience of preceptors. It is common for many of our

practice sites to be shared by both institutions. For this reason, our Office of Experiential Education collaborates with Harding to coordinate in several areas that are designed to benefit preceptors and the profession at large. For example, the UAMS and Harding COPs partner to offer annual preceptor development opportunities at local and state meetings. Also, the colleges coordinated the adoption of the CORE ELMS and launched the program in the same year. Finally, the colleges have unified IPPE and APPE rubrics to minimize the evaluation burdens preceptors often face when taking students from multiple colleges or schools of pharmacy.

The Office of Experiential Education strives to provide the highest quality experiential education for our students. The structure and diversity of practice sites provides excellent foundational experiences while accommodating specific student needs and interests. Our recruitment processes, quality assurance and improvement initiatives, and strategic relationships with institutional and community partners enable us to provide experiences of the highest quality for our students. We will continue to assess our progress and adapt our structure and processes so students are provided the highest quality experiences possible.

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**

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 23: Financial Resources: The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

Uploads:

☐ *RD 23-01* Detailed budget plan or proforma (previous, current, and subsequent years)
☐ *RD 23-02* Description of college or school's budgetary processes
☐ *RD 23-03* In-state and out-of-state tuition compared to peer schools

Required Documentation for On-Site Review:

None required for this Standard.

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Faculty – Questions 27, 28
☐ AACP Standardized Survey: Preceptor – Question 34
☐ *DV 23-01* In-state tuition for past five years compared to national data
☐ *DV 23-02* Out-of-state tuition for past five years compared to national data
☐ *DV 23-03* Grant funding for past five years compared to national data

Optional Documentation and Data:

☐ *OA 23-01* In-state tuition for past five years, with peer school comparisons
☐ *OA 23-02* Out-of-state tuition for past five years, with peer school comparisons
☐ *OA 23-03* Total grant funding for past five years, with peer school comparisons
☐ *OA 23-04* NIH funding for past five years, with peer school comparisons
☐ *OA 23-05* Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools

1) **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	NI	U
23.1. Enrollment support – The college or school ensures that student enrollment is commensurate with resources.	●	○	○
23.2. Budgetary input – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices.	●	○	○
23.3. Revenue allocation – Tuition and fees for pharmacy students are not increased to support other educational programs if it compromises the quality of the professional program.	●	○	○
23.4. Equitable allocation – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways.	●	○	○

2) **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

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Character count: 14,796

UAMS employs a continuous budgeting process linked to the mission, vision, values, and strategic plans at the university and college levels. The process is supported by the institution with management and oversight by the Senior Vice Chancellor for Finance and Administration and Chief Financial Officer, who reports directly to the Chancellor. Within the COP, leadership of administrative activities, including the budgeting and planning process, is led by the Assistant Dean for Administration, who is responsible for all financial and human resource activities and business operations for the COP. The Assistant Dean for Administration reports directly to the Dean and has an indirect reporting relationship to the UAMS Senior Vice Chancellor for Finance and Administration and Chief Financial Officer for all financial accounting, reporting, and budgeting matters.

The formal budgeting process for the fiscal year (July 1–June 30) budget begins in the fall (October) and continues through the spring (May) annually. The College begins the process in October with assessment of enrollment (tuition and fees) to determine any modifications needed to support student success and enrollment management. In November through December the COP holds budget discussions with

department chairs; directors of divisions, centers, and service units; and principal investigators in order to project revenue and expenses. The Office of the Provost sets the COP budget hearing (February) with the Provost, Assistant Provost for Finance, Associate Vice Chancellor for Finance and Administration, Dean, and Assistant Dean for Administration. At this hearing the Dean provides an overview of projected revenue and expenses for unrestricted, restricted, and plant funds, capital, IT, space, and staffing. This presentation is built from the COP's internal budget hearings and stakeholder discussions and is anchored in and defended by the COP's Strategic Plan and the UAMS Vision 2029 initiatives and key performance indicators. In May, UAMS campus administration presents the budget for approval to the University of Arkansas Board of Trustees (RD 23-02).

The COP receives some direct state appropriations and generates revenue from three general sources: tuition and fees, research grants, and service contracts. As with most colleges or schools of pharmacy, the greatest expense relates to the employment of faculty and staff. Budget proforma is detailed in RD 23-01. We strive to fulfill our mission, vision, and strategic plan while diversifying revenue streams and efficiently managing expenses. In general, our revenue is approximately 15% state, 40% tuition and fees, 25% service contracts, and 20% research grants. In the 2020 AACP Financial Survey, the UAMS COP revenue is below the median for peer and public national comparisons.

- Revenue: UAMS $21,794,422; peer $30,804,138; and public $28,104,596
- Operational & business expenses: UAMS $16,417,538; peer $25,250,830; and public $18,685,193
- Total resources-expenditure balance: UAMS $5,376,884; peer $7,646,018; and public $7,397,223 (more comparable but still lower than peer and public national comparisons)

Our goal is to maintain our in-state tuition and fee rate in the bottom third (AY21: #11 of 15 in peer group and #125 of 142). This is essential to maintain the competitiveness of our professional program and incentivizing Arkansans to pursue PharmD education within their home state. The College implemented a regional tuition rate of 1.25 times in-state tuition for residents of contiguous states starting in AY21. This created a 2-tier out-of-state tuition system for the PharmD program (1.25 and 2 times the in-state tuition rate). Detailed descriptions are in RD 23-03 and OA 23-01 and OA 23-02.

The COP experienced a significant transition in leadership during a time (FY16-FY20) in which the campus encountered substantial budget shortfalls, a reduction in force, and a prolonged period of limited raises/market adjustments (FY16-FY19). In FY20 the campus showed steady financial improvement that culminated with one of the best third quarters in the preceding five years. This positive campus financial trend occurred when the COP was experiencing a diminishing applicant pool that started about 5 years ago. The COP anticipates its admission numbers have stabilized at 75–90 students per admission cohort, resulting in a projected total student body of approximately 320–360.

Right-sizing the faculty requires consideration of the demands of the mission and the goals, the priorities of the strategic plan, and available financial resources. As faculty members leave the College it is necessary to identify the areas of greatest need. Our goal is to replace all vacant positions as soon as possible while anticipating the current and future needs of the College. Right-sizing of faculty numbers

began in FY19 with a planned stabilization of about 52±2 faculty members, resulting in a student-to-faculty ratio of about 6–7:1 based on anticipated study body size and faculty composition. When surveyed in 2020, faculty expressed concern that the College did not have sufficient number of staff and faculty members (AACP Faculty Survey #25 and #30). Just over one-half of faculty reported the COP had a sufficient number of staff (53% agreed) and faculty (60% agreed). These responses were less than the national and peer group responses for both items: sufficient staff, 68% national and 76% peer; sufficient faculty, 65% national and 70% peer.

Within the teaching mission of the College, the didactic teaching workload has been spread out among the faculty in an equitable manner. In the 2020 AACP Faculty Survey, 87% of respondents rated the proportion of their time in teaching as appropriate (81% nationally & 85% peer). The average rating of appropriate across teaching, research, and service was 88% for UAMS, 80% peers, and 75% nationally. In some highly specialized areas the workload is being covered by contracted services within the College of Medicine and other community partners (budgeted approximately $35,000 annually). The experiential education workload is shouldered primarily by volunteer preceptors with a solid core from the COP and the UAMS Integrated Clinical Enterprise (ICE). In addition to the leadership transitions within the COP there has also been a leadership transition within UAMS ICE, resulting in a new Chief Pharmacy Officer, Dr. Jeffrey Cook (9/2019). This change in leadership had a substantial positive impact on APPE offerings across UAMS, with 277 APPEs with UAMS employee preceptors scheduled for the Class of 2022 (COP faculty 123, UAMS ICE clinical faculty preceptors 154). This accounts for 30% of all APPEs for the Class of 2022. With this distribution of APPEs, the UAMS COP leverages its location within an academic health center to advance its teaching mission and mitigate risk secondary to a rapidly changing experiential education environment.

The College has goals of increasing both extramural research funding and service contacts by about 30% over the next five years. Total and NIH grant funding for the past five years with peer and national comparisons can be found in OA 23-03 and OA 23-04. Specifically, the COP's annual goals are to obtain extramural research grants totaling $5–7.5 million and service contracts totaling $6–8.5 million. To accomplish this the College is fortifying and advocating for enhanced research infrastructure within the College and campus. In the 2020 AACP Faculty Survey UAMS faculty expressed concern about the College having resources to effectively address research/scholarship needs (73% agreed). This agreement was similar to national (74%) and slightly lower than peer (77%) responses.

The College's research infrastructure is enhanced by its maturing graduate program. The program has graduated 18 Doctor of Philosophy graduates since 2015, with 12 in the Pharmaceutical Sciences track and 6 in the Pharmaceutical Evaluation and Policy (PEP) track. Further, five major research focus areas exist within the College: drug discovery, host response to cancer therapy, pharmaceutical evaluation and policy, implementation science, and the scholarship of teaching and learning. These focus areas allow us to strategically align with Campus initiatives and benefit from the infrastructure afforded by the various campus Institutes (e.g., start-up packages to attract talented faculty members). A significant contributor to research infrastructure support is the COBRE grant that is currently in Phase 2 (approximately $11.4 million over 5 years). This grant supports the research projects of junior investigators and recruitment of mid-/senior-level investigators to advance collaborative science across campus. In the Department of

Pharmacy Practice, the research infrastructure of the PEP Division was recently augmented with the recruitment of a new Division Director, which resulted in the addition of new Research Program Manager and Biostatistician staff positions. In 2020 a PEP research staff position was converted to a research faculty position. This improvement in research infrastructure will help maximize the research efforts of PEP faculty and better connect the Evidence Based Prescription Drug Program to the research mission of the Department of Pharmacy Practice.

Additionally, the UAMS College of Pharmacy generates revenue from 3 service units: the Nuclear Education Online Program, the Evidence-Based Prescription Drug Program, and the Arkansas Poison and Drug Information Center.

- The UAMS COP is one of a few programs that offer nuclear certification for pharmacy students (11 didactic credit hours and an elective APPE). The emphasis on nuclear education led to a long-standing consortium agreement with the University of New Mexico to offer nuclear education to a wide variety of learners. Beginning in 2020, the Nuclear Education Online program gained new leadership at both UAMS and the University of New Mexico, with the hiring of Brigette Serfaty (UAMS) and transition of leadership within the University of New Mexico to Bryan Grassel. The COP works collaboratively with the UAMS College of Health Professions Nuclear Medicine Imaging Sciences program to develop coursework across Colleges.
- The Evidence-Based Prescription Drug Program (EBRx) has several contracts across the state (e.g., State of Arkansas Employee Benefits Plan) that provides enhanced quality and decreased cost for medications through an evidenced-based approach. EBRx has been successful in managing the prescription drug programs for a number of Arkansas-based self-funded employer groups. This work includes establishing the drug formulary, authoring drug coverage policies, enforcing the coverage policies through the EBRx prior authorization call center, negotiating manufacturer rebate contracts, and providing analytical and consulting support. Additionally, EBRx service contracts generate 25% indirect costs to be used by the COP to invest in program needs. The funds generated by these indirect costs must be used on an ongoing basis with no carry forward to the next fiscal year.
- The Arkansas Poison and Drug Information Center (APDIC) receives direct State appropriations to help maintain the 24-hour/7-day call center. The APDIC also receives funding from the Arkansas Department of Human Services for managing pediatric exposure cases statewide. The APDIC has 4 faculty members with primary or secondary appointments within the COP who teach within the professional program (didactic and experiential) and precept pharmacy residents. Also, the APDIC employs student pharmacists in part-time positions.

Business plans are required to justify new contracts and demonstrate profitability that supports reinvestment in programmatic initiatives. The service units play a vital role within the College by advancing our mission and the profession of pharmacy.

Recruitment and retention of excellent faculty and staff is a constant focus of attention across the College and in all mission areas. In fiscally challenging times (decreasing enrollment and a world-wide pandemic) attention to the needs and desires of our employees is critical. The College has set the goal

for the average pay range to exceed the 25th percentile for established profession norms. The COP derives its goals for promotion and market adjustment salary increase requests from the AACP Faculty Profile and peer group comparisons. College faculty are paid on average at the 25th percentile when compared by discipline, years in rank, and calendar year appointments at public institutions (last reviewed February 2021 salary, AACP 2019–20 Faculty Profile). However, when compared to our peer group (average salaries by rank and dean title) for both FY20 and FY21, we show a trend that has been consistent over the years: the entry salaries at the rank of assistant professor are competitive, yet advanced-rank faculty and deans fall further behind peer comparators (average salaries by rank and dean title). These data are used by the Dean to justify requests for pay increases for individual faculty. Detailed description is in OA 23-05.

Through difficult financial times the COP has retained the ability to incentivize faculty members to obtain salary support from extramural grant and/or contract funding. The COP incentive plan allows for faculty members to receive 30% of salary recovery savings through a quarterly payment for the duration of extramural salary support. In addition, the College currently has one endowed professorship (vacant) and 3 endowed chairs (Drs. Maples, Stowe, and Curran). Three COP faculty members (Drs. Martin Hauer-Jensen, Peter Crooks, & Hong-yu Li) hold chairs that reside within the Chancellor's office and the Winthrop P. Rockefeller Cancer Institute. The total endowment of the COP has had tremendous growth over the last 18 years (2003—$917,723, 2007—$1,713,611, and 2013—$5,716,364) with a total endowment as of April 30, 2021, of $9,596,006. Additionally, efforts are underway to create a more robust teaching/educational incentive program for faculty members actively contributing to the scholarship of teaching and learning while providing significant amounts of high quality scholarly teaching. This new program will be in addition to the faculty excellence awards (Wolfe, Rho Chi, Senior Pharmaceutical Sciences, and Senior Pharmacy Practice).

The UAMS College of Pharmacy is striving to position itself as a top tier pharmacy program that is based on the excellence of faculty, staff, and students for its professional and graduate programs. With efforts directed toward stabilizing PharmD enrollment while enhancing student success and investing in people and infrastructure, the College is poised for success.

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

☐ Compliant	☑ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5) **Recommended Monitoring:**

Given the dynamics that exist within the profession of pharmacy and higher education, it makes sense to monitor the financial resources that support the viability of the COP in terms of maintaining adequate human and physical resources to deliver on all three areas of our mission. Student enrollment is a significant financial driver for the COP. It is critical that the COP's tuition and fee structure continues to make it a high-value option for Arkansans interested in becoming pharmacists and for those non-

residents who are highly qualified. The COP has stabilized enrollment at 75–85 students per cohort (maximum 90/cohort). We believe that this level of enrollment will meet the Arkansas workforce needs. Our budget is the result of diversification of revenue streams, enhancement of efficiencies in daily operations, and right-sized faculty numbers.

Standard No. 24: Assessment Elements for Section I: Educational Outcomes: The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

Uploads:

☐ *RD 24-01* College or school's curriculum assessment plan(s)

☐ *RD 24-02* Description of formative and summative assessments of student learning and professional development used by college or school

☐ *RD 24-03* Description of standardized and comparative assessments of student learning and professional development used by college or school

☐ *RD 24-04* Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

Required Documentation for On-Site Review:

None required for this Standard.

Data Views and Standardized Tables:

Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.

☐ AACP Standardized Survey: Student – Questions 4-22

☐ AACP Standardized Survey: Alumni – Questions 14-32

☐ AACP Standardized Survey: Preceptor – Question 11-29

Optional Documentation and Data:

☐ *No additional documentation or data; but links to various other appendices throughout narrative*

1) **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	NI	U
24.1. Formative and summative assessment – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.	●	○	○
24.2. Standardized and comparative assessments – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons.	●	○	○
24.3. Student achievement and readiness – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:	●	○	○
• Enter advanced pharmacy practice experiences	●	○	○
• Provide direct patient care in a variety of healthcare settings	●	○	○

• Contribute as a member of an interprofessional collaborative patient care team	●	○	○
24.4. Continuous improvement – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.	●	○	○

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

☐ A description of formative and summative assessments of student learning and professional development used by college or school

☐ A description of standardized and comparative assessments of student learning and professional development used by college or school

☐ How the assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level

☐ A description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

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

☐ How the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes

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

☐ Any other notable achievements, innovations or quality improvements

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

Character count: 14,949

The COP utilizes a robust Comprehensive Assessment Plan (CAP, RD 24-01) to direct assessment of student achievement of competencies and evaluate the outcomes of our continuous quality improvement efforts for the PharmD program. The CAP is informed by the COP's vision and mission, and is structured to align with Standards 2016. The CAP is reviewed by the Assessment Committee with input from a variety of stakeholders (e.g., students, faculty, and representatives of the pharmacy profession). A gap analysis in the spring of 2018 revealed the need for more explicit processes and metrics related to assessments of APPE-, team-, and practice-readiness and the co-curriculum, leading

to a revision conceived and vetted by the Assessment Committee and approved by the COP faculty. These revisions ensure continuation of our legacy of robust assessment practices. In the 2020 AACP Faculty Survey, 88.4% agreed that our assessment processes are effective, which was higher than both peer (-12.2%) and national (-8.6%) comparisons. Importantly, 95% of faculty respondents agreed that the COP uses programmatic assessment data to improve the curriculum (greater than 10% above peer and national comparisons).

Formative and summative assessments

The CAP outlines multiple formative and summative assessments that measure students' achievement of COP educational competencies at various points in the curriculum. They also allow for student comparisons between campuses and provide feedback to inform students regarding areas for improvement. Faculty use these assessments to provide timely feedback to students, evaluate teaching effectiveness, and to revise content. The COP employs three high-level assessments: the Summative Exam (SE) 1 at the end of the P2 year, the Pharmacy Curriculum Outcomes Assessment (PCOA) at the end of the P3 year, and the SE2 in the P4 year (see RD 24-02 and RD 24-03).

The SE1 was developed by the Assessment Committee in 2008. The SE1 includes items mapped to the COP Competency Statements, allowing program-level feedback as well as course-level feedback to students via report cards. All questions are pre-tested to ensure each meets the desirable thresholds for inclusion into the SE1. A modified Angoff procedure is performed by the Assessment Committee to determine the SE1's passing standard. For the Class of 2021, performance on items mapped to COP competency statements domains 1-3 were 78%, 79%, and 79%, respectively. Similarly, performance on items mapped to biomedical, pharmaceutical, and clinical sciences areas were 78%, 76%, and 79%, respectively. These trends have been consistent year-to-year, and will continue to be monitored.

The second high-level standardized, comparative assessment utilized by the COP is the PCOA. Because the intent is to gain an accurate assessment of students' retention of knowledge from the didactic pre-APPE curriculum, students are directed not to dedicate specific time to PCOA focused preparation. The PCOA provides another source of data to triangulate assessment of student retention of learning and program performance with national benchmarking. Our students have outperformed the national average performance in all domains for the past five years (RD 01-01). More granular, topic-level data is used to inform the Curriculum Committee's formal curricular review process (see Standard 10).

The SE2 was developed by the Assessment Committee in 2008. It includes both written (NABP Pre-NAPLEX) and performance-based (10-station OSCE) components allowing measurement of students' knowledge retention and application of knowledge via standardized encounters. Each OSCE-station checklist item is mapped to a domain of the PPCP. Individual student SE2 PPCP report cards and program level performance reports are generated. A multi-year trend has demonstrated that our students performed at a lower level (past three-year average of 56%) in the monitoring category as compared to other domains of the PPCP. The faculty have used this data to guide curricular adjustments. One such example is within the Therapeutics course series. Faculty analyzed the ExamSoft question bank, which revealed a low representation of active exam items mapped to the PPCP monitoring category. In the Spring 2021 semester, Therapeutics I (PHPR 7203) implemented an exam

blueprint that promotes regular assessment in the monitoring category and to drive course content and emphasize its importance in patient care. The target in the first iteration of the blueprint was at least 20% of items representing monitoring concepts across all Therapeutics I exams. Although this threshold was not met, after implementation of the blueprint the number of items mapped to monitoring did more than triple from 2.2% to 6.7%.

The final standardized, comparative summative assessment employed by the COP is the NAPLEX. The COP considers this to be an important indicator of program success. Our graduates perform very well, with average first-time pass rates of 93.8%, 94.4%, and 93.7% for the Classes of 2020, 2019, and 2018, respectively. This exceeds both peer (92.2%, 91.3%, 91.9%) and national (88.4%, 88.3%, 89.5%) comparisons. Click here to view our COP NAPLEX Dashboard.

In addition to the high-level assessments described above, the COP employs an assortment of complementary assessments that provide an array of information regarding student learning and curricular performance. The longitudinal OSCE program allows authentic assessment of student ability to apply knowledge in practice-based encounters at various points in the curriculum (OA 01-03). Development and maturation of foundational knowledge, patient-centered care and advocacy, problem solving, professionalism, clinical reasoning, and communication are assessed using standardized participants in various standardized encounters. Through station checklist mapping, students receive feedback on their OSCE performance in each PPCP category. A summary report card is given at the conclusion of the P3 year, which aggregates OSCE performances and guides students' self-directed development as they enter the APPE year (see OA 01-03). Additionally, data from longitudinal OSCEs are used by the Curriculum Committee and OSCE Board (members are course coordinators of OSCE-containing courses) to guide revisions to coursework. One such example, as mentioned above, was the intentional development of more exam questions and OSCE cases that required monitoring plans after performance data demonstrated that students were struggling with skill acquisition and mastery.

The required continuous professional development (CPD)program is a structured, longitudinal program beginning in the P1 fall. Students practice the continuous cycles of CPD focused on goals, activities, and assessment in the areas of self-awareness, leadership, innovation and entrepreneurship, and professionalism (see Standard 4). The CPD program assessment process is purely formative in an acknowledgement of the continuous and self-directed nature of personal and professional development. Student reflection and faculty feedback through facilitated CPD small group sessions are the main mechanisms of co-curricular assessment. The student reflection process is guided by a self-evaluation tool (RD 04-07) that documents student participation in co-curricular activities mapped to Standard 4 key elements; self-ratings on related survey items; and professional development goals (using the SMART goals framework) for each key element. Didactic ExamSoft assessment data mapped to these key elements and experiential rubric data complements the self-rating data for this process. Summaries of each may be found in RD 04-01 (professionalism), RD 04-02 (leadership), RD 04-03 (self-awareness), and RD 04-04 (creative thinking).

Assessments of readiness

The College uses a systems assessment approach to define and determine APPE-, team-, and practice-readiness. The various elements defined within the CAP are interpreted together to define these three types of readiness. All readiness assessments are supported by the natural progression of curricular content and outcomes, but a few key activities and experiences serve as touchstones that, when considered together, demonstrate each student's readiness to progress to APPEs, function in a team, and embark successfully into practice. These intentional assessment systems are described along with a list of their component parts in the CAP, RD 24-01.

The success of the systems assessment approach is affirmed by AACP survey data. In the 2020 Alumni Survey, 95% agreed that they were academically prepared to enter APPEs. In the 2020 Graduating Student Survey, 97% agreed with this item. Regarding team-readiness, in the 2020 AACP Alumni Survey, 93% agreed that they are able to engage as a member of an interprofessional healthcare team. Ninety-nine percent of respondents to the 2020 Graduating Student Survey and 97% of respondents to the 2019 Preceptor Survey agreed with similar statements about team-readiness. Respondents to the 2020 AACP Alumni Survey, the 2019 AACP Preceptor Survey, and the 2020 Graduating Student Survey averaged high levels of agreement with all items related to practice-readiness. All of the rates of agreement for the UAMS COP are similar to or slightly higher than national and peer comparisons.

Measuring student achievement

As students move through the program, performance data is collected and coordinated in the Office of Academic Affairs (Associate Dean of Academic Affairs and Director of Assessment) and shared with the Assessment Committee in aggregate and de-identified individual student forms, depending on committee need. Assessment Committee aggregate data analysis and findings are reported to the faculty during full faculty meetings and summarized in the annual Comprehensive Assessment Report (CAR, RD 24-04). Because of internally designed assessment elements, such as the SE1 & SE2, student achievement of COP outcomes can be easily measured. The SE1 is well-suited to measurement of knowledge retention and application of P1 and P2 coursework. The SE2 measures higher-level practice-focused knowledge, skills, and abilities with both written and performance-based testing. Low levels of performance trigger interventions as described below. The high-stakes SEs, along with the other assessment elements described in our CAP offer sequential opportunities to measure achievement and further support attainment of educational competencies with student and program level interventions.

Improving student outcomes

Data from assessments described here are used to tailor interventions for low performing students. This is a well-developed series of checkpoints, and it is a notable achievement for our program to intervene early. For example, students must pass SE1 (given at the end of P2 year) to progress to the P3 year. Students who are unsuccessful on their first SE1 attempt and additional low-performing students identified by the Assessment Committee are required to meet with a member of the Office of Academic Affairs for academic coaching and assignment of a summer review plan. Similarly, each part of the SE2 must be passed (Pre-NAPLEX and OSCE) before progression to graduation, and a similar process is followed involving the Assessment Committee and Office of Academic Affairs. In each case, unsuccessful completion of assigned remediation or unsuccessful SE2 retake is referred to the Scholastic Standing

Committee for a holistic review of the student's performance in the program and a determination of progression. In these ways, the COP ensures that students, both in the aggregate and at the individual level, have met the expected program educational outcomes at multiple points in the curriculum.

Similarly, APPE student performance is assessed throughout the P4 year and interventions are developed and assigned as needed to promote student achievement. APPE competencies are grouped into domains that include patient care, interprofessional collaboration, communication, medication use management, public health, and personal and professional development. Students must achieve a minimum proficiency score of 4 (meets expectations) on each APPE competency over the P4 year to complete the program requirements for graduation. Evaluations are reviewed by the Office of Experiential Education, and individualized education plans for student competency development are coordinated with the Scholastic Standing Committee (see RD 17-02). See RD 02-03 for aggregate APPE performance data for the Class of 2021.

Advancing program quality

The College evaluates the quality of the curriculum from multiple perspectives. Students submit evaluations of teaching of individual instructors as well as overall course evaluations. The Office of Academic Affairs collects these data, generates reports, and provides those reports to the respective department chairs, who then distribute them to the appropriate faculty members. These data are used by faculty and course coordinators to make improvements in teaching and course delivery. Course evaluation data are also used in the formal curriculum review process (OA 10-03; See Standard 10). In this process, each required course is evaluated at least once every 4 years. Additional reviews are done as follow up to recommended course adjustments. The reviews examine data from student evaluations of courses and instructors, course learning materials and assessments, longitudinal OSCE performance, and mapped data from the summative exams and PCOA, as appropriate. Recommendations for course improvements are based on a holistic evaluation of these measures as well as considerations of changes occurring within pharmacy practice, such as the inclusion of telehealth content for the Classes of 2021 and 2022 in the P4 Longitudinal Course (PHPR 7451 and 7452). This carefully designed process brings together student perceptions and course- and program-level data to improve student learning, outcomes, and curricular effectiveness. We believe this process has resulted in significant improvements (see Standard 10).

Notable achievements

The development of the curriculum review process described here and Standard 10 and the development and implementation of the OSCE Board have been important quality improvement efforts since the last self-study. OSCEs are a significant mechanism by which we assess students' knowledge and skills. Through the efforts of the OSCE Board,, we have implemented a standard model of case development leading to consistency in OSCEs across courses and improved clarity of student expectations. Having the OSCE Board guiding case and blueprint development allows for higher levels of integration of various knowledge and skill assessments as students progress through the curriculum, and this intentionality results in a more robust assessment of students' applied knowledge, skills, and abilities.

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

5) **Recommended Monitoring:** No monitoring is recommended.

Standard No. 25: Assessment Elements for Section II: Structure and Process: The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

Uploads:
- ☐ *RD 25-01* The college or school's assessment plan (or equivalent)
- ☐ *RD 25-02* List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan
- ☐ *RD 25-03* Examples of instruments used in assessment and evaluation (for all mission-related areas)

Complete Data Set from the AACP Standardized Surveys:
Reviewers are welcome to use the UAMS COP dashboard of AACP survey data. The filters allow views organized by standard.
Note to reviewers: The navigation bar at the top of the dashboard allows the viewer to switch to a view that is organized by survey rather than standard.
- ☐ Graduating Student Survey Summary Report (all questions)
- ☐ Faculty Survey Summary Report (all questions)
- ☐ Preceptor Survey Summary Report (all questions)
- ☐ Alumni Survey Summary Report (all questions)

Responses to Open-Ended Questions on AACP Standardized Surveys:
Note: These data will have restricted access. For the open-ended questions, ACPE provides the opportunity for programs to redact (not remove) offensive text, names, and identifying characteristics. In the EXCEL document downloaded from the AACP Survey System with the results from each survey, redaction can be achieved through highlighting in black the specific items listed previously. The document can then be saved as a PDF and emailed directly to ACPE. No comments should be completely removed.
- ☐ Graduating Student Survey: Responses to Open-Ended Question 72
- ☐ Faculty Survey: Responses to Open-Ended Question 45
- ☐ Preceptor Survey: Responses to Open-Ended Question 36
- ☐ Alumni Survey: Responses to Open-Ended Question 36

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:
- ☐ *OA 25-01* Comprehensive Assessment Report
- ☐ *OA 25-02* Summary of student outcomes data, class of 2021
- ☐ *OA 25-03* Summative Exam 2 campus comparison, class of 2021

1) **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	NI	U
25.1. Assessment of organizational effectiveness – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.	●	○	○
25.2. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, preceptors, and alumni.	●	○	○
25.3. Curriculum assessment and improvement – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.	●	○	○
25.4. Faculty productivity assessment – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service.	●	○	○
25.5. Pathway comparability* – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs.	●	○	○
25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.	●	○	○
25.7. Clinical reasoning skills – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient's lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum.	●	○	○
25.8. APPE preparedness – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE.	●	○	○
25.9. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.	●	○	○
25.1. Assessment of organizational effectiveness – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.	●	○	○

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

broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

☐ Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality

☐ How the college or school's assessment plan provides insight into the effectiveness of the organizational structure

☐ A description of how the college or school assesses its curricular structure, content, organization, and outcomes

☐ A description of how the college or school assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service

☐ A description of how the college or school assesses the comparison of alternative program pathways to degree completion

☐ A description of how the college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team

☐ How the college or school assesses clinical reasoning skills throughout the curriculum

☐ How the college or school assesses student competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program prior to the first APPE

☐ A description of how the college or school assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments

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

☐ Any other notable achievements, innovations or quality improvements

Character count: 12,993

The COP Comprehensive Assessment Plan (CAP, RD 25-01) is the document that guides all mission- and vision-related assessment in the College. It contains two sections: (1) a student assessment plan and (2) a programmatic assessment plan. The latter is further subdivided into four areas related to the College's mission (education, scientific discovery, service, and operations) as well as a subsection describing assessment of the College's vision via the strategic plan (RD 07-01). The CAP, revised to align with Standards 2016, highlights assessment elements and tools, their purposes, the governing individuals or groups, and the timeline employed for reporting of each element. Reporting for all elements is brought together in the annual Comprehensive Assessment Report (CAR, OA 25-01), which demonstrates how we use information generated by assessments to advance all areas of program quality

The structure of the plan itself offers a clear picture of the thoughtful planning used to maximize the organizational effectiveness of the College. In the description of each assessment element, the responsibility parties are listed, many of which are College committees. These committees contain diverse representation beyond the faculty members, such as student and practitioner representatives on the Assessment and Curriculum Committees, college leadership on the Executive Committee, and an

expanded group of leaders in the Strategic Planning & Program Assessment Committee. A list of the memberships of each of these committees may be found in RD 08-03. In addition to these committees charged with responsibility for particular assessment elements, the programmatic assessment plan defines additional groups of stakeholders that may be called upon to offer insight and input when needed, such as the Dean's Student Leadership Group, the Dean's Advisory Council, and the Tripartite Committee (Arkansas Pharmacists Association, Arkansas State Board of Pharmacy, and colleges/schools of pharmacy in Arkansas). The inclusion of diverse and external committee representation and intentionally developed advisory groups such as those mentioned here allow for more effective analysis of data, thoughtful problem-solving, and purposeful planning that is critical to the continued success of our program. In the 2020 AACP Faculty Survey, 88% of respondents agreed that our assessment processes are effective, which was substantially higher than both peer and national comparisons.

Our curricular structure, content, organization, and outcomes are assessed by a variety of assessment elements as outlined in both the student and programmatic portions of the Comprehensive Assessment Plan. Key metrics used are summarized in the CAP (RD 25-01) with corresponding data and action plans summarized in the Comprehensive Assessment Report (OA 25-01). These assessment elements include a wide variety of data sources such as the Curriculum Committee's systematic curricular review process (detailed in Standard 10, OA 10-03), student evaluations of instructors and courses, AACP surveys, results of the Summative Exams 1 and 2 and the PCOA, ExamSoft® aggregate performance reports, and first-time pass rates from the Arkansas Board of Pharmacy Law Exam and NAPLEX. The purposes, timelines, governance, and reporting mechanisms for each of these elements is described in the CAP, resulting in a robust holistic evaluation of our curriculum and program.

The College departments each have defined processes that guide evaluations of their faculty with respect to productivity in scholarship, teaching effectiveness, and service as described in Standard 18. Faculty complete a detailed self-assessment form describing their workload and accomplishments for the previous year (teaching, scholarly activity, service and clinical practice [if applicable]). The annual evaluation process provides a comprehensive picture of the overall career path progress of the faculty and the College leadership. Importantly, this process informs the Department Chairs' assignment of each faculty member's distribution of effort among the College's primary mission areas. The Department Chairs and Dean use these data to evaluate collective faculty workload and teaching needs in the professional curriculum, taking into account planned retirements and the need for sufficient back-ups to ensure delivery of the professional curriculum. In 2019, UAMS implemented Academic Affairs Policy 2.3.3 (RD 19-03), which formally instituted required peer evaluation of at least some aspect of the faculty member's duties as part of the annual evaluation process. Though annual reviews typically included peer reviewed elements such as peer reviewed grants and publications prior to this policy, this change required realignment of internal COP evaluation tools, and resulted in an improved method of productivity evaluation by the inclusion of the peer perspective of all faculty within one or two mission areas.

The College has two geographically distinct teaching sites. Campus assignments are made early in the first semester from candidate input during the admissions process, and the student-led Honor Council is responsible for the reassignment of students based on extenuating circumstances. All P1 and P2

students complete their coursework on the Little Rock campus. Approximately 20 percent of the P3 class complete their coursework on the Northwest campus located in Fayetteville. The high-stakes comprehensive P2 assessment, the Summative Exam 1, and GPAs are used as baseline measures of academic performance before students are split across the 2 sites. Subsequent program-level assessments allow comparisons between the two groups after students are split. The differences of PCOA (RD 01-01), SE2 (OA 25-03), and NAPLEX scores (RD 01-02) have been negligible and indicate parity of outcomes between the two groups.

Interprofessional education (IPE) and the development of team-ready pharmacists are notable strengths of our program. All UAMS education programs participate in an IPE curriculum that reflects the IPE Collaborative (IPEC) competencies and is built around the Quadruple Aim Framework (see Standard 11). Our college has chosen to require student participation in seven core IPE activities that span all four years of the curriculum. See RD 03-05 for a list of core activities and brief descriptions. Students must receive credit for each activity in order to graduate, and this is ensured by graduation audits conducted by the Office of the University Registrar. Assessments in the dedicated IPE program consist of retrospective pre/post self-assessments related to the IPEC competencies, reflections, and other assignments tailored to the content of each activity. These institution-level assessments are complemented by assessment of IPE skills and abilities within the PharmD curriculum, specifically in the experiential coursework (RD 11-05). These College-level assessments consist of both self and preceptor-rated items and allow multiple opportunities for assessment, reflection, and professional development. Together, the institutional and college assessments ensure the preparedness of all students to function effectively and professionally on an interprofessional healthcare team. Ninety-nine percent of respondents to the 2020 AACP Graduating Student Survey and 97% of respondents to the 2019 AACP Preceptor Survey agreed that our students are able to engage as members of an interprofessional healthcare team, which were similar to peer and national comparisons. The 2020 AACP Alumni Survey affirms these results, as 93% of respondents agreed, also similar to peer and national comparisons.

The College recognizes that the knowledge gained in the PharmD program is valuable only to the extent that our students can apply it in practice situations. To this end, our curriculum contains multiple mechanisms that allow for the practice and demonstration of competence related to clinical decision making. Key examples include recitation (described in Standard 2) and the longitudinal OSCE program (OA 01-03) in the didactic portion of the curriculum and the SE2 and achievement of competencies in the experiential portion of the program (RD 03-03, RD 03-04, OA 25-02). Recitation is delivered in association with Therapeutics I and II, and it offers weekly opportunities to work through complex patient cases and receive targeted feedback from small group facilitators. Our longitudinal OSCE program spans the P2, P3, and P4 years and requires management of clinical problems in a wide variety of encounters involving patients, caregivers, and healthcare providers. Through mapping of all OSCE case checklist items to domains of the PPCP, students are able to receive formative feedback on their performance and guidance on methods to improve in each of these critical areas. Finally, the achievement of competencies in the APPE year and SE2 performance serve as hard-stop mechanisms that may identify students struggling with clinical reasoning and offer an opportunity for individual coaching and remediation via individualized educational plans and academic coaching with assigned review, respectively.

Readiness for APPEs is supported by the natural progression of curricular content and outcomes, but a few key activities and experiences serve as touchstones that, interpreted together, demonstrate each student's readiness. For example, our high-stakes SE1 measures students' retention of foundational science and clinical content covered in the P1 and P2 years. Students with unsuccessful first attempts meet with a member of the Office of Academic Affairs for academic coaching, assigned review, and a second attempt. If unsuccessful on each of the three available attempts, students are reviewed by the Scholastic Standing Committee for a determination of status and fitness for progression to the P3 year and the APPEs that follow. Similarly, the Arkansas Board of Pharmacy Law Exam is administered at the end of P3 fall semester, and success is required before progression to APPEs. Unsuccessful attempts are followed by remediation, retake, and potentially appearance and interview before the Arkansas Board of Pharmacy during a board meeting. Other aspects of our APPE-readiness program such as IPPE and didactic coursework are documented in the Comprehensive Assessment Plan, with outcomes data for the class of 2021 reported in RD 12-05. Responses to items related to student performance on the AACP Preceptor Survey have been uniformly at or above the national average, supporting our interpretation of the success of this assessment system. In the 2020 Alumni Survey, 95% of respondents agreed that they were academically prepared to enter APPEs. In the 2020 Graduating Student Survey, 97% of respondents agreed with this item. Both the alumni and graduating student responses were similar to peer and national comparisons.

Admissions criteria, policies, and procedures are reviewed by the Admissions Committee on an annual basis. This group consists of 15 members, including five non-faculty practitioners who are actively engaged in practice and represent a cross-section of the state, including geographic, cultural, and practice site diversity. Each spring, the committee discusses potential changes in policies and procedures as may be needed for the next admissions cycle informed by a variety of data. These may include changes to interviews and dates, tuition waiver strategies, prerequisite and admissions requirements, etc. In addition, a summer meeting focusing on professional development for the committee is held annually. In 2020, the training was focused on mitigating unconscious bias in the admissions process and was delivered by our Vice Chancellor for Diversity, Equity, and Inclusion. Through all of its work, the aim of the Admissions Committee is to recruit a qualified student body that represents the diversity of the state of Arkansas. An example of recent change to admissions criteria can be found in our prerequisite changes in 2019. The committee proposed and the faculty approved a cultural humanities requirement to expose applicants to cultural diversity within the prerequisite coursework. This commitment to diversity is also reflected in our establishing of relationships with two HBCUs in Arkansas during the 2019-2020 academic year. This relationship involves our college, the UAMS College of Medicine, and the UAMS Division for Diversity, Equity, and Inclusion.

The College of Pharmacy has adopted a culture of continuous quality improvement (CQI) that relies on analysis of assessment findings to improve student learning and to advance program quality. Our Comprehensive Assessment Plan (CAP) and associated Comprehensive Assessment Report (CAR) guide these efforts and facilitate transparency and achievement of our vision, mission, and goals.

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

5) **Recommended Monitoring:** No monitoring is recommended.