ACKNOWLEDGEMENT

This self-study report is the culmination of more than 12 months of concerted effort by faculty and staff members with input from University administration, students, alumni, and preceptors. The diligence, attention to detail, and collegiality of the faculty and staff are a testament to their commitment to achieve the School's goal of being a national leader in pharmacy education. They assured that the School met the spirit and the letter of every element of Standards 2007.

The Self-Study Steering Committee and the subcommittee members contributed countless hours to the data collection and analysis, writing, review, editing, and formatting of text, tables, and figures so that the resultant report is clear and concise. Their expertise and commitment were invaluable. They produced a document that presents a fair, honest, and accurate appraisal of the School's current status relative to Standards 2007.

The School found value in the process. The thoughtful comments, input, and discussions of the faculty at large, students, preceptors, and alumni were critical to the integrity of the report. The self-study process and resultant report could not have been successful without any of these groups. I am grateful for the broad-based participation and input.

Susan M. Meyer, Chair
Self-Study Steering Committee

SCHOOL OF PHARMACY
SELF-STUDY STEERING COMMITTEE

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I. Summary of the Self-Study Process

The self-study planning process began in fall 2007 in anticipation of an on-site review in fall 2008. A steering committee and subcommittees organized according to the six major sections of Standards 2007 were established. In March 2008, ACPE staff notified the School that the ACPE Board of Directors had extended the School's accreditation status for one year and an on-site review would take place in fall 2009, at which point, the self-study process was suspended.

In September 2008, Dean Patricia D. Kroboth appointed Dr. Susan M. Meyer to chair the Self-Study Steering Committee. In consultation with the department chairs, they identified faculty and staff who would become critical to the data collection, analysis, and report generation process. In choosing the Steering Committee and subcommittee members, consideration was given to the balance of rank, experience, discipline, and committee and departmental representation. With the exception of the standards on students, no subcommittee was chaired by the dean or an associate or assistant dean.

Of the 55 faculty members that participate in the PharmD program, 41 (74.5%) actively participated as a member of the Steering Committee and/or one of the subcommittees. Additionally, nine staff members participated as members of these committees. The Steering Committee comprised the chairs of the subcommittees, members of the School Leadership Team, staff leaders, and an at-large member from the faculty who had participated in on-site evaluations at other institutions.

The dean charged the Steering Committee to take responsibility for the School's self-study process, to accurately assess the extent to which the School meets each of the standards, to keep colleagues informed of the process and findings, to assure the integrity of the self-study report, and to assure integration of the self-study with Long-Range Plan 2006–2012. Chairs of the subcommittees were charged to engage subcommittee members and analyze current data, prepare the narrative for the component standards, and assemble relevant appendices.

The Steering Committee met monthly between November 2008 and February 2009, twice monthly from March through May 2009, and weekly from June through August 2009. To facilitate communication and sharing of documents, a shared space on the School's server was

established for the self-study, with folders for the Steering Committee, each subcommittee, and surveys. Several staff members assisted with data collection, graph and table construction, preparation of electronic documents, and processes for electronic review of document drafts.

Peer schools for benchmarking survey data were selected from schools of similar size, mission, scope of programs, and geographic region (Appendix 0-A). The 2009 AACP Faculty Survey, 2009 AACP Graduating Student Survey, 2008 AACP Alumni Survey, and 2008 AACP Preceptor Survey served as the sources of data used in comparative analysis. For ease of comparison, survey data are combined in Appendix 0-B. ACPE Standards 2007 Pharmacy Degree Program Evaluation Form for Site Teams (v2.1, December 2008) guided the analysis of the School's status relative to each standard, and the ACPE Standards 2007 Self-Study Template for Colleges and Schools (v2.1, December 2008) guided the formatting of the self-study report.

The Steering Committee chair and the dean met with preceptors and with the Alumni Society Board early in 2009 to recognize them for their input through the 2008 AACP Surveys, to provide an update on the self-study findings, and to invite continued input into the process.

A faculty retreat was held in December 2008 organized around key elements of the Self-Study and Long-Range Plan 2006–2012. In June 2009, Drs. John A. Pieper and S. William Zito conducted a two-day mock site visit using the draft self-study report. At the all-School retreat the next day, the mock evaluators provided their analyses of the extent to which the School meets Standards 2007, provided feedback on the on-going self-study process, and responded to questions from faculty and staff.

Chairs of the subcommittees led a review and discussion of the major findings of the self-study at the August 19, 2009, faculty meeting. A second draft of the report was provided electronically to faculty and staff on August 22, 2009, to provide adequate time for thorough review and final comments. A third draft was posted on September 4, 2009. Faculty members who are directly engaged in the PharmD program were asked to agree or disagree with the statement "The self-study report accurately reflects the status of the School relative to the ACPE standards for accreditation." The report was approved by the faculty on September 11, 2009. The final formatting and revisions were completed in mid-September.

II. Overall Organization of the Self-Study Report

	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, Commend ☐	The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff and administrators. Meets ■	The self-study report was written by a small number who did not seek broad input from students, faculty, preceptors, staff, and administrators. Needs Improvement ☐
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. Commend ☐	Students, faculty, preceptors, and staff are aware of the report and its contents. Meets ■	Students, faculty, preceptors, and staff have little or no knowledge of the content of the self-study report or its impact on the program. Needs Improvement ☐
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. Commend ■	All narratives and supporting documentation are present. The content is organized and logical. Meets ☐	Information is missing or written in a dismissive, uninformative or disorganized manner. Portions of the content appear biased or deceptive. Needs Improvement ☐
Relevance of Supporting Documentation	Supporting documentation of activities is informative and used judiciously. Commend ■	Supporting documentation is present when needed. Meets ☐	Additional documentation is missing, irrelevant, redundant, or uninformative. Needs Improvement ☐
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. Commend ■	The program proactively presents plans to address areas where the program is in need of improvement. Meets ☐	No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. Needs Improvement ☐
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. Commend ■	The reviewer is able to locate a response for each standard and the supporting documentation with minimal difficulty. Meets ☐	Information appears to be missing or is difficult to find. Sections are not well labeled. Needs Improvement ☐

III. Summary of the Evaluation of All Standards

Standards	Meets	Partially Meets	Does Not Meet
MISSION, PLANNING, AND EVALUATION			
1. College or school Mission and Goals	●	○	○
2. Strategic Plan	●	○	○
3. Evaluation of Achievement of Mission and Goals	●	○	○
ORGANIZATION AND ADMINISTRATION			
4. Institutional Accreditation	●	○	○
5. College or school and University Relationship	●	○	○
6. College or school and other Administrative Relationships	●	○	○
7. College or school Organization and Governance	●	○	○
8. Qualifications and Responsibilities of the Dean	●	○	○
CURRICULUM			
9. The Goal of the Curriculum	●	○	○
10. Curricular Development, Delivery, and Improvement	●	○	○
11. Teaching and Learning Methods	●	○	○
12. Professional Competencies and Outcome Expectations	●	○	○
13. Curricular Core—Knowledge, Skills, Attitudes, and Values	●	○	○
14. Curricular Core—Pharmacy Practice Experiences	●	○	○
15. Assessment and Evaluation of Student Learning and Curricular Effectiveness	●	○	○
STUDENTS			
16. Organization of Student Services	●	○	○
17. Admission Criteria, Policies, and Procedures	●	○	○
18. Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing	●	○	○
19. Progression of Students	●	○	○
20. Student Complaints Policy	●	○	○
21. Program Information	●	○	○
22. Student Representation and Perspectives	●	○	○
23. Professional Behavior and Harmonious Relationships	●	○	○
FACULTY AND STAFF			
24. Faculty and Staff—Quantitative Factors	●	○	○
25. Faculty and Staff—Qualitative Factors	●	○	○
26. Faculty and Staff Continuing Professional Development and Performance Review	●	○	○
FACILITIES AND RESOURCES			
27. Physical Facilities	●	○	○
28. Practice Facilities	●	○	○
29. Library and Educational Resources	●	○	○
30. Financial Resources	●	○	○

IV. Progress and Changes

	S	N.I.
The college or school has progressed in each area since ACPE's last comprehensive visit.	●	○
The college or school has addressed any concerns previously raised by ACPE.	●	○
The college or school has adhered to the reporting guidelines, limiting the total summary to no more than 6 pages of double-spaced, 12-point text.	●	○

Chartered in 1878, the University of Pittsburgh School of Pharmacy has a long tradition of excellence. The School has spawned leaders of national organizations, nine deans, and countless innovators who have pioneered changes in pharmacy to better care for the communities of patients we serve. The past year seven years have been no exception.

MISSION AND PLANNING. Since 2001, the School of Pharmacy has followed a consistent structure and process for assessing achievement of goals, revising goals, and developing new goals. The School's plan is mission and vision driven, highly participative, outcome oriented, and aligned with the goals of the University. In spring 2009, the faculty approved updated goals within Long-Range Plan 2006–2012. The School also developed and implemented PAGE (Progress At a GlancE), a tool that tracks longitudinal progress for each measurable outcome.

In the pattern of periodically revisiting its mission, vision, and values, the School revised those statements in 2006, with further modifications of the mission in 2009. Faculty, staff, and others discussed the nuances of the changes, with one FYII (For Your Information and Input) session devoted to the mission statements of the School and PharmD program. FYII sessions are single-topic, highly interactive sessions that are open to all stakeholders. Since 2002, the School has enhanced, simplified, and systematized its process for evaluating all aspects of School progress through implementation of specific tools for curriculum and programmatic assessment.

ORGANIZATION AND ADMINISTRATION. The University of Pittsburgh has enjoyed remarkable stability in its extremely talented upper-level administrative team under the leadership of a highly respected and forward-thinking chancellor, Chancellor Mark Nordenberg. Senior Vice Chancellor of the Health Sciences Arthur Levine is the most recently appointed member of that team, joining the University in 1998. The University and Health Sciences have experienced unprecedented growth in resources and stature under the current administrative team.

Today, Patricia Kroboth, who served as interim dean at the time of the last ACPE visit, leads the School of Pharmacy as its seventh dean. Chair of the Department of Pharmaceutical Sciences Barry Gold and Associate Dean for Education Susan M. Meyer joined the School in 2005 and 2006, respectively. Drs. Randall B. Smith, Denise L. Howrie, and Sharon E. Corey have assumed responsibilities as senior associate dean, assistant dean for academic affairs, and assistant dean of students, respectively. Former Associate Dean Gary P. Stoehr is now the founding dean of D'Youville College School of Pharmacy in Buffalo, N.Y.

The School of Pharmacy has a culture of congeniality and collegiality that has been supported by a history of making decisions by consensus. The faculty developed the School's first bylaws through a series of discussions that began at a 2008 retreat, and continued at a faculty meeting and at an FYII session. Bylaws were finalized with a formal vote in 2009.

The partnership with UPMC, which has been sustained for over two decades, is an exemplary model of the synergy between an academic health center and a school of pharmacy. UPMC is the School's primary institutional partner. The School partnered with Rite Aid in 2004 for the purpose of implementing a sustainable and reproducible medication therapy management program in the community. The School invested in an additional faculty position to support the

Grace Lamsam Pharmacy Program for the Underserved, which provides medications and medication therapy management through partnerships with community agencies. The excellence of the program has been recognized by AACP as one of the finalists for the Transformative Community Service Award.

The School led the development of the seven-school Coalition of Pennsylvania Colleges and Schools of Pharmacy that shares a common preceptor development program. In addition, the Coalition participates in "The Pennsylvania Project: Preparing Pharmacists for Patient-Centered Care," established through a foundation grant to the University of Pittsburgh School of Pharmacy. This project has developed and is now implementing a single approach to teaching the practice of medication therapy management to students and preceptors across the Commonwealth of Pennsylvania.

THE CURRICULUM. In 2002, the School had a progressive curriculum, with experiential learning extending from the P1 through the P4 years. Students were using portfolios; rudiments of curriculum assessment were apparent; group work was an integral part of the curriculum; and some multi-media technology had been introduced to classrooms.

Since 2002, the School has adopted new outcome statements and a mission statement for the PharmD program. Assessment has moved to a new level and is now a part of the culture that drives curricular change. The Curriculum Committee developed and implemented a systematic course review process as well as periodic thematic reviews of specific curricular themes. Curricular maps, which were developed in 2009, facilitate continuous quality improvements. As a result of these processes, the faculty have been able to make deliberate thoughtful analyses that have strengthened and enhanced the curriculum.

To engage students in different learning modalities, human patient simulators, standardized patients, and interactions with real patients have been incorporated into courses. Students in the program now have their own remotes for the personal audience response system so as to facilitate classroom engagement and to provide additional active learning in large classrooms.

In 2002, students were required to complete a professional portfolio. The portfolio is now fully implemented as a required component of each of the years of the curriculum. The philosophy is to promote student reflection of their progress toward mastery of the curricular outcomes as well as to provide faculty with an additional mechanism of assessment.

A hallmark of the School's curriculum is the extensive integration of classroom teaching with experiential learning and the planned growth of student mastery through the purposefully designed progression of introductory and advanced pharmacy practice experiences. Advances in the experiential program have included the development of community sites where medication therapy management is provided. The School has continued to increase the capacity and range of rotation opportunities, including elective international experiences.

Today, professional year coordinators enhance the horizontal integration within the program. Interprofessional education experiences are now present. The School has developed a culture of scholarship in teaching. Blackboard™ technology has been universally adopted as the comprehensive course management tool. Capstone cases have been introduced. Problem-based learning has been introduced to selected therapeutic modules.

The faculty has adopted a mastery scale for assessing student progression through specific stages of development and student achievement of curricular outcomes throughout the PharmD program.

The process for developing specialized tracks within the curriculum has been established. The University has officially approved the Area of Concentration in Pharmacy Business Administration. A research track allows students to enter the combined PharmD–PhD program.

STUDENTS. In 2002, the students of the School were highly academically qualified, passed the licensing exams at a rate greater than 95%, and were engaged with the profession. Students of today continue in that tradition of excellence. To better support students, the School created the Curran Center for Pharmacy Students, which is the central location for all staff providing support for admissions and financial aid, registration, student organizations, and experiential learning.

The School piloted the student interview process for admissions, and then instituted the standardized closed-file, behavioral interview process in 2007. The paired interviewers, who include all faculty as well as selected alumni and staff, receive training on the interview style and the scoring rubric. In a collaborative effort with students, the School created the student portal to facilitate communications; the portal also serves as the repository of the PharmD Student Handbook, created this past year.

FACULTY AND STAFF. Since 2002, the School has made a concerted effort to increase the focus on faculty development. In addition to longstanding programs of the University, the School has held development programs at faculty retreats, and has created the Faculty ACES (Advancing Careers through Education and Scholarship). School administration has provided financial support to allow individual faculty members to participate in national programs including the AACP Academic Leadership Fellowship Program, and to earn certificates from the ACCP Academy of Teaching and Learning and the ACCP Academy Leadership and Management. In addition, the School has provided support for faculty members to earn the MS in clinical research

and a Certificate in Medical Education through the Clinical and Translational Science Institute at the University. In an effort to streamline the promotion process, the Appointment, Promotion, and Tenure Committee was created as a standing committee of the School in 2007.

The outcome has been timely promotion of faculty. Between 1997 and 2002, only five faculty members had been promoted to the next academic rank. From July 2002 through March 2009, 18 faculty members had been promoted. Promotions have been equally distributed between the two departments. The result is improved distribution by faculty rank. In 2002, 57 % were assistant professors; today, only 32% are assistant professors.

FACILITIES AND RESOURCES. Between 1996 and 2002, the School experienced an increase in numbers of faculty, with particular growth in the research program. The number of faculty has remained stable, though the resources to support the School's programs have increased. Space allocated to the School has increased from 58,000 to 84,229 sq ft through lease and acquisition of additional areas in buildings outside of Salk Hall. With the addition of the new research facility to be built, the School will occupy approximately 108,000 sq ft. The University's facilities plan also includes plans for renovations to Salk Hall that will be staged once most research laboratories move to the new facility. Since 2002, the University has upgraded all classrooms to multimedia facilities complete with projection and audio technology.

Students now spend more hours at experiential learning sites. More than seven weeks have been added between introductory and advanced professional experiences. In spite of the added weeks, capacity exceeds placements, with approximately 100 more sites available than in 2002.

The School's total budget has more than doubled in the past decade and has increased 1.4-fold since 2002. To be consistent with evolving University policies, the School disbanded the practice

plan, University of Pittsburgh Pharmacy Associates, in 2005. The University established a tuition incentive plan based on enrollment targets, such that the School receives 65% of tuition in excess of the preset goal, a plan that provides additional financial resources to the School. The endowment has more than doubled since 2002, with a current book value of $13,841,444.

Mission, Planning, and Evaluation

For Standards 1-3:

Use a check ☑ to indicate the information evaluated to assess the standards in this section:

- ☑ The current mission statement, goals, objectives, and core values for the college or school of pharmacy. (1)[1]
- ☑ The Institutional Mission Statement and Goals. (1)
- ☑ Descriptions of how the college or school's mission is aligned with the mission of the institution. (1)
- ☑ Description of how the mission and associated goals in education, research/scholarship, service and practice are developed and approved by all stakeholders. (e.g., Committee meeting minutes, Faculty meeting minutes). (1)
- ☑ Description of how the mission is being assessed and followed. (1)
- ☑ Description of how and where the mission statement is published. (1)
- ☑ The college or school's strategic plan for achieving its mission and goals. Plan should include: (2)
  - timelines for action scheduled at appropriate intervals (e. g., quarterly, semi-annually, etc.); (2)
  - person(s) identified as accountable for management and/or action for the stated events; (2)
  - identification of resources (not limited to time and finances) for the relevant items; (2) and
  - yearly review of the entire plan with continuation or proper re-direction dependent on new information and results. (2)
- ☑ The Institutional strategic plan to achieve its mission and goals. **(To be made available on-site.)** (2)
- ☑ Description of how the strategic plan was developed (including evidence of stakeholder input). (2)
- ☑ Evidence of support and cooperation of University administration for the college or school plan (e.g., letters of support from the university administration, administrative actions taken in support of the plan, etc.). (2)
- ☑ Evidence documenting that the strategic plan is driving decision-making in the college or school. (2)
- ☑ Copy of the evaluation plan. (3)
- ☑ Examples of instruments used in assessment and evaluation. (3)
- ☑ Evidence of assessment in all components of the program's mission. (3)
- ☑ Evidence that assessments resulted in improvements. (3)
- ☑ Examples of analyses/evaluation findings/reports generated as a result of assessment and evaluation activities. (3)
- ☑ Description of the members of the Assessment Committee (or equivalent) and charges in the last academic year. (3)
- ☑ Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Other documentation or data that provides evidence of meeting the standard.

[1] Standards are noted in parentheses.

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

	S	N.I.
The college or school has a published statement of its mission; its goals in the areas of education, research and other scholarly activities, service, and pharmacy practice, and its values.	●	○
The mission statement is compatible with the mission of the university in which the college or school operates.	●	○
The college or school's goals include fundamental commitments of the program to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, and the assessment and evaluation of desired outcomes.	●	○
For new college or school initiatives and alternate pathways to degree completion, the college or school ensures that: • the initiatives are consistent with the university's and the college or school's missions and goals • the same commitment is demonstrated to all students, irrespective of program pathway or geographic location • resources are allocated in an equitable manner N/A (no alternate pathways, etc.) ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The University of Pittsburgh School of Pharmacy has clear, concise statements of mission, vision, and values, first adopted in 2001. These statements are periodically evaluated to ensure they are consistent with those of the University (Appendix 1-A), the evolving pharmacy profession, and the needs of the faculty of the School's two departments.

Recognizing the value of succinct statements, the School revised its mission, vision, and values statements since the last ACPE accreditation site visit (October 2002). In 2005, the dean charged a task force of faculty and staff to develop even more concise statements relative to those adopted in 2001. With input from faculty and staff at meetings throughout the year, the task force drafted successive versions. The task force consulted the mission of the University of Pittsburgh, the Joint Commission of Pharmacy Practitioners "Future Vision for Pharmacy Practice" published in 2004 and the 2006 ACCP White Paper "The State of Science and Research in Clinical Pharmacy."

The task force presented its drafts on the mission, vision, and values statements at a faculty and staff retreat at the University of Pittsburgh at Johnstown (May 31–June 1, 2006) for further discussion. After revision, the mission, vision, and values statements were circulated for comment and were approved in July 2006. In 2009, the School's mission was reviewed again, and relatively minor wording changes

were made by a working group. The changes were circulated to faculty, staff, graduate students, residents, and the Alumni Society Board for comment and were discussed at a For Your Information and Input (FYII) session before being approved in July 2009. The current statements appear in Figure 1-1 and on the School's Web site www.pharmacy.pitt.edu.

Figure 1-1. Mission, Vision, and Values Statements for the School of Pharmacy

Mission

The School of Pharmacy is committed to improving health through
excellence, innovation, and leadership in
education of pharmacists and pharmaceutical scientists, in research and scholarship,
in care of patients, and in service to our communities.

Adopted July 2006, Modified July 2009

Vision

To be an outstanding school of pharmacy
renowned for excellence in discovery and advancement of science-based use of
medicines and other interventions
to enhance the vitality and quality of life.

Adopted July 2006

Values

Integrity guides our daily work.
We foster:
Passion, commitment, and diligence;
Creativity and personal growth;
Collaboration and teamwork;
A culture of respect for the individual.

Adopted July 2006

Excellence, innovation, and leadership are central to the School's mission—in educating pharmacists and pharmaceutical scientists, in conducting research and scholarship, in caring for patients, and in serving our communities. The words of the School's vision were carefully chosen to refer to the range of basic and applied research with respect not only to medicines, but also to other interventions that impact the vitality and quality of human health. The values repeat the theme with language chosen to express commitment to behaviors that are expected to result in excellence, innovation, and leadership. The values reflect the commitment to fostering "collaboration and teamwork" and "a culture of respect for the individual." The School's commitment to participating with other stakeholders for the purpose of developing new and improved practice models is succinctly and specifically articulated in Long-Range Plan 2006–2012 (Appendix 2-A).

The dean introduces students to the School's mission, vision, and values during their orientation; the discussion occurs again during the P2 and P3 years. For a number of years, the mission of the PharmD program has been printed on the syllabus of every course taught in the curriculum. The mission of the PharmD program, listed in Figure 1-2, underwent revision during the same time frame as the School's mission and used the same process for review and approval.

Figure 1-2. Mission of the PharmD Program

The PharmD Program prepares student pharmacists to be health care practitioners
who optimize the health of patients and society
through the effective use of medicines and other interventions.
The PharmD Program inspires students to advance the profession by fostering
collaboration, lifelong learning, leadership, professionalism, and civic engagement.

Adopted July 2009

The Department of Pharmaceutical Sciences and the Department of Pharmacy and Therapeutics also have mission statements; they appear in Appendix 1-B and on the School's Web site.
http://www.pharmacy.pitt.edu/about/departments/pharmsciences.html
http://www.pharmacy.pitt.edu/about/departments/pharmtherapeutics.html

The School's annual reports provide summaries of selected achievements of faculty and staff toward its mission of education, research and scholarship, patient care, and service for each academic year. The annual reports are available to the public on the School's Web site.
http://www.pharmacy.pitt.edu/about/pubs/default.html

The data in Table 1-1 shows a high rate of positive responses among faculty, preceptors, graduating students, and alumni on the relevant 2008 and 2009 AACP surveys.

Table 1-1. Pitt Survey Data: Strongly Agree plus Agree

	Faculty (2009)	Preceptors (2008)	Graduating Students (2009)	Alumni (2008)
Students are encouraged to assume responsibility for their own learning.	94.4%	93.4%	96.9%	100%
The curriculum is taught at a depth that supports understanding of central concepts and principles.	96.2%	–	–	–
Student is prepared to enter pharmacy practice.	–	–	95.8%	95.1%
Rate quality of experience very good.	–	–	–	96.7%

Note: A – indicates that the question was not asked of the specific group of survey respondents.

Comments

Taken as a whole, the missions of the School of Pharmacy and the PharmD program as well as the School's vision, values, and Long-Range Plan clearly address this standard and related guidelines. The School has a longstanding tradition of articulating its mission, vision, and values and periodically reviewing them with faculty and other stakeholders. It is commendable that the School articulates the mission of the PharmD program on the syllabus for every course in the PharmD program and has done so for many years.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
1-A	Mission of the University of Pittsburgh
1-B	Missions of the Department of Pharmaceutical Sciences and the Department of Pharmacy and Therapeutics

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

	S	N.I.
The program is in the process of or has developed, implemented, and regularly revises a strategic plan to advance its mission and goals.	●	○
The strategic planning process is inclusive, soliciting input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, has the support of the university administration, and is disseminated in summary form to key stakeholders.	●	○
Substantive changes are addressed through its strategic planning process, taking into consideration all resources (including financial, human, and physical) required to implement the change and the impact of the change on the existing program.	●	○
The college or school monitors, evaluates and documents progress toward achievement of strategic goals, objectives, and the overall efficacy of the strategic plan.	●	○
The program notifies ACPE in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring. N/A (no changes) ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The School of Pharmacy's Long-Range Plan 2006–2012 (Appendix 2-A) is an extension of Long-Range Plan 2001–2006. The Plan was developed and has evolved over time in a highly participative fashion: the Plan has been, and is, mission- and vision-driven, outcomes-oriented, and aligned with the University's five strategic outcome areas outlined by Chancellor Mark A. Nordenberg in 2001 http://www.chancellor.pitt.edu/publications/CR2001.pdf. The School's Plan was developed with input from stakeholders, including the entire faculty and administrative staff in consultation with Joseph Baim, PhD, of Baim Associates Consulting. The process of revising goals for Long-Range Plan 2006–2012 began in 2005 and used the same process for input and the same structure of the Plan as in 2001. Revisions are made periodically as a result of input from stakeholders. For example, revised or new measures for the objectives in Long-Range Plan 2006–2012 were approved in 2009 and communicated to all stakeholders http://www.pharmacy.pitt.edu/ about/pubs/default.html. Senior Vice Chancellor for the Health Sciences Arthur S. Levine has approved the Long-Range Plan (Appendix 2-B).

The history of School retreats for development and evolution of the Long-Range Plan appears in Appendix 2-C. Since 2001, the systematic planning process has been a part of how the School conducts its business. Tables 2-1 and 2-2 summarize the input, review, and monitoring functions of various stakeholder groups.

Table 2-1. Long-Range Plan Strategic Planning Sessions		
What	**Who**	**When**
• Review progress, define new goals, sunset goals, identify opportunities. • Make substantive changes to the Plan, taking into consideration the resources required to implement the change and consider the impact on the existing program.	Dean, Leadership Team, key stakeholders	Once or more each year

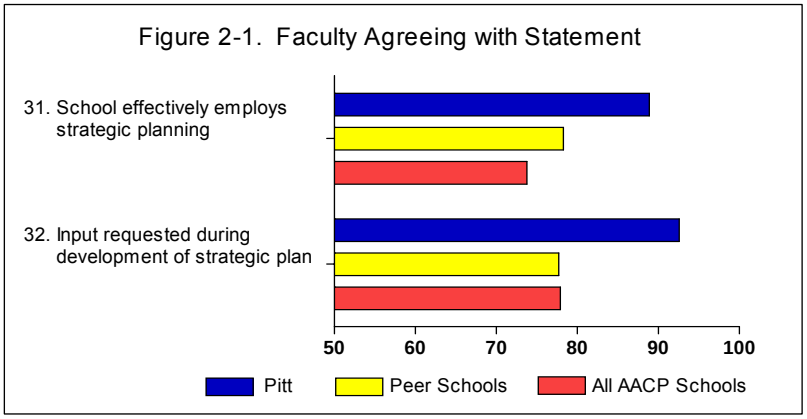
Table 2-2. Long-Range Plan Monitoring, Evaluation, and Documentation of Progress		
What	**Who**	**When**
• Assure the timely achievement of goals • Allocate resources • Guide consensus development around revision of goals	Dean Leadership Team	Meetings once each month
• Identify opportunities for efficiency and effectiveness • Provide input and feedback on Long-Range Plan	Staff Leadership Team	Meetings once each month
• Provide input on Plan and strategies • Identify opportunities • Review progress and provide feedback	Faculty, staff, and advanced trainees	• Faculty meetings (School and departmental) • Meetings (retreats) at least once a year • FYII (For Your Information and Input) targeted issue sessions
	Board of Visitors (Appendix 2-D)	Two-day on-site meetings every 18 months
• Provide input on Plan and strategies	Students	Dean's Advisory Board (elected students) at one meeting each year Selected student leadership retreats
• Achieve goals • Develop tactics for achieving goals • Track progress and share information	Councils (membership includes faculty, students, and staff)	Meetings once each month
	Committees and task forces	Meetings as needed
	Staff Leadership Team	Meetings once each month
• Provide input and feedback	Alumni Society Board	Annually at a Board meeting
	Alumni and friends	Web page communication
	Preceptors and partners in health care and education	Annually at a meeting of preceptors; focus on specific strategies
• Align the School's Long-Range Plan with the University goals	University administration	Senior Vice Chancellor staff meetings Provost's Council of Deans meetings

Long-Range Plan 2006–2012 clearly addresses all four major elements of the School's mission within its five major outcome areas:

- Educating the Next Generation of Practitioners and Scientists (education mission)
- Advancing Human Health through Research (research mission)
- Enhancing the Health of the Community through Partnerships (patient care and service missions)
- Enhancing our Capabilities through Increased Efficiency and Effectiveness
- Securing an Adequate Resource Base

Because the faculty is one of the School's greatest resources, service goals of the mission are addressed in the resource base outcome area in the faculty section of the Long-Range Plan. Goals within each outcome area are divided by the mission of excellence (organizational goals) and innovation and leadership (strategic goals).

Figure 2-1 provides data from the 2009 AACP Faculty Survey for Pitt, peer schools, and all schools. The figure illustrates that the School's faculty had input in the planning process, that the School effectively uses strategic planning, and that the School outperformed peer schools and all AACP schools. Appendix 2-E provides a list of peer schools and rationale for selection.



The School's annual reports http://www.pharmacy.pitt.edu/about/pubs/default.html document the outcomes aligned with each area of the Long-Range Plan. In addition, the "Making Medicines Work for People" booklet http://www.pharmacy.pitt.edu/about/pubs/default.html highlights key accomplishments and is published and distributed annually to all stakeholders.

The School recently developed a "dashboard" called Progress At a GlancE (PAGE) that corresponds to specific measures in the Long-Range Plan. More details regarding the PAGE database, including timelines, individuals responsible, and resources, can be found in the narrative and appendices of Standard 3.

Comments

The School's history and experience in establishing the Long-Range Plan and consistently re-evaluating the Plan to achieve the desired outcomes is commendable. Faculty and other stakeholder input to the Long-Range Plan is extensive. The entirety of the School's accomplishments since 2001 is evidence of the effective use and value of the Long-Range Plan. It is notable that the School merged the self-study findings in 2002 with the Long-Range Plan, a process that continues today, as demonstrated visually in the figure in Appendix 2-F. The accreditation self-study has proven to be a valuable in-depth assessment of how the Long-Range Plan guides the School to meet or exceed accreditation standards. While numerous examples of the impact of the School's Long-Range Plan could be provided, only a few are mentioned below.

When the School adopted the outcome that "by 2012, the School of Pharmacy will have become a leader in pharmacy education," the faculty was energized. The statement conveyed the importance of the scholarship of education, and the number of publications on the scholarship of teaching, learning, and assessment increased from one in 2002 to five or more each year from 2006, 2007, and 2008. The details regarding these publications are provided in the narrative of Standard 11. Administration provided funding for faculty development that focused on the scholarship of education, including funding for attendance at courses and for research support. Faculty members have competed successfully for several educational grants each year. Faculty established guidelines for the development of areas of concentration (ARCOs) that will allow students to develop a practice or research interest area within the professional curriculum. Today, the School has one ARCO recognized by the University, pharmacy business administration. See the narrative of Standard 10 for more details.

When the School adopted the statement that "by 2012, the School will have become a research school of distinction," faculty and administration built on the history and longevity of the Clinical Pharmaceutical Scientist PhD program. They established new collaborations with the Clinical and Translational Science Institute, hired three PharmD–PhD scientists, and created a combined PharmD–PhD program to address measurable outcomes.

The statement that "by 2012, the School of Pharmacy will have become a leader in standardizing the elements of practice so that pharmacists enhance the care of patients in the community, in institutions, and during transitions of care" also focused the attention of faculty and administration. Publications and

scholarship in this area increased; the School created community pharmacy residencies and a research fellowship, and led the development of a coalition of schools of pharmacy within Pennsylvania to standardize training and establish a new standard of care. Resources were also focused on the Grace Lamsam Pharmacy Program for the Underserved, which has been one of three finalists for the AACP Transformative Community Service Award for the past two award cycles. By hiring an additional full-time pharmacist faculty member to work in the Lamsam Program, the School provided additional service and learning experiences for students and increased patient care in the community.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
2-A	Long-Range Plan 2006–2012
2-B	Letter of Support for the Strategic Plan from the Senior Vice Chancellor of the Health Sciences
2-C	History and Calendar of Meetings for Developing the Long-Range Plan
2-D	Board of Visitors 2008–09
2-E	Peer Schools for Comparison of AACP Survey Data
2-F	Visual Depiction of the Interface between the Long-Range Planning Process and the ACPE Self-Study Process and Report

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

	S	N.I.
The evaluation plan describes a continuous and systematic process of evaluation covering all aspects of the college or school and the accreditation standards. The plan is evidence-based and embraces the principles and methodologies of continuous quality improvement.	●	○
The evaluation plan includes assessments to compare and establish comparability of alternative program pathways to degree completion, including geographically dispersed campuses and distance-learning activities. N/A (no distance activities) ■	○	○
The program assesses achievement of the mission and goals.	●	○
The analysis of process and outcome measures are used for continuous development and improvement of the professional degree program.	●	○
The program measures the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved.	●	○
The program measures the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

"However beautiful the strategy, you should occasionally look at the results."

—Winston Churchill

Since the initial Long-Range Plan was developed and implemented in 2001, the School has continually collected data for programmatic review and determination of specific progress toward achieving its mission and goals. Programmatic assessment includes measurable outcomes tracked by the responsible working groups and councils. Measurable outcomes for goals are reported to the dean and Leadership Team yearly; progress toward goals and commitment to reach the goals are reviewed, discussed, and reaffirmed at least once each year at a retreat. In addition, the School's annual report summarizes progress by strategic outcome and is available to all stakeholders and the public on the Web site.

Programmatic assessment of the School also includes evaluative measures of the effectiveness of the PharmD program (progression of students, NAPLEX pass rates and placement after graduation), which are routinely addressed at faculty meetings and at Leadership Team meetings. The Curriculum Assessment Committee provides feedback and input to the Curriculum Committee and to the PharmD Program Council. Feedback is one of the drivers for curricular change. A detailed description of how the School specifically assesses the curriculum, including the role of the School's Curriculum Assessment

Committee, can be found in the narrative of Standard 15. Additionally, evidence that the School educates students to become generalist practitioners is found in the narrative and appendices of Standard 9.

Beginning in 2002, the School used templates that included milestones and timelines for tracking progress. Because a template was used to track each of the individual goals, the manual process of updating templates was cumbersome. In 2009, Progress At a GlancE (PAGE) was created to facilitate data update and review of the status of each goal under the five major outcome areas of Long-Range Plan 2006–2012. Table 3-1 shows a segment of PAGE that demonstrates change in status or progress over time. The full document is provided in Appendix 3-A.

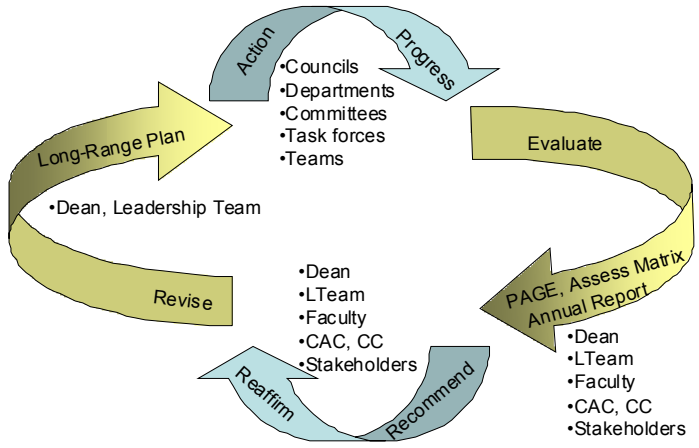
Table 3-1. Example Measure from Progress At a GlancE (PAGE)

Measure	Target	FY02	FY06	FY07	FY08	Status Indicator
National leader in pharmacy education						
PharmD Program						
Excellence						
NAPLEX pass rate first attempt (%)	>95%	96.4%	90.1%	96.7%	99.0%	■

A second component of PAGE that enhances efficiency is the School's development of software that allows capture of achievements of individual faculty members through their electronically submitted annual achievement reports. Data from councils, departments, and administrative staff directors are captured manually. An associated table of PAGE (Appendix 3-B) provides responsibility center, individual responsible, and resources required for each goal in the Plan. The assistant dean for academic affairs has assumed the responsibility for managing the update process for PAGE.

Figure 3-1 provides a visual summary of the School's process for planning and evaluation. Greater detail for the process is included in Table 2-1 in the narrative of Standard 2.

Figure 3-1. Plan and Evaluation Process



CAC: Curriculum Assessment Committee
CC: Curriculum Committee

Long-Range Plan 2006–2012 is used to define resource allocations, to develop specific action plans, and to guide institutional development activities. Tracking progress and review of Long-Range Plan goals is systematically integrated in the management process of the School as shown in Table 2-1 and is ultimately the responsibility of the dean and Leadership Team.

A specific example of the link between Long-Range Plan goals, assessment, and improvement is the goal to increase publications on the scholarship of teaching as part of becoming a leader in education. The School implemented several ways to assist faculty in learning about educational research including personal mentors, paying for faculty to attend courses, and providing research support. The growth in number of publications is shown in Table 3-2. A list of these publications and grants is provided in Appendix 11-E.

Table 3-2. Example Measure from Progress At a GlancE (PAGE)

Measure	Target	FY02	FY06	FY07	FY08	Status Indicator
National leader in pharmacy education						
Innovation and Leadership						
Peer Review Publications regarding teaching/assessment per year (# per year)	5	1	5	5	7	■

Comments

The School's sustained use of measures and tracking of progress to achieve the Long-Range Plan is commendable. The recent implementation of PAGE facilitates managing the numerous and complex achievements toward goals. PAGE provides a visual representation of longitudinal progress toward each goal and enables formative assessments regarding whether a goal is on track or if reassessment/refocus is needed.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
3-A	Progress At a GlancE (PAGE) for Long-Range Plan 2012
3-B	Long-Range Plan Responsibilities and Resources

Organization and Administration

For Standards 4-8:

Use a check ☑ to indicate the information evaluated to assess the standards in this section:

- ☑ Document(s) verifying institutional accreditation. (4)
- ☑ Report of any deficiencies from institutional accreditation. (4)
- ☑ University and college or school organizational charts. (5, 7)
- ☑ Description of number and nature of affiliations external to the college or school. (6)
- ☑ Example of affiliation agreements for the purposes of experiential education and professional services. (6)
- ☑ Evidence of contract for each affiliation. **(To be made available on-site.)** (6)
- ☑ Description of academic research activity outside the college or school. (6)
- ☑ Description of alliances that will produce interprofessional education. (6)
- ☑ Written bylaws and policies and procedures of college or school (e.g., copy of Faculty Handbook, **to be made available on site**). (7)
- ☑ Job Descriptions for Administrators. (7)
- ☑ List of committees with their members and designated charges. (7)
- ☑ List of support staff within each department/division. (7)
- ☑ Desired qualifications and responsibilities of the Dean (from job description or position announcement). (8)
- ☑ Synopsis of Curriculum Vitae of the Dean. (8)
- ☑ Evaluations of the Dean's performance (e.g., annual review, 5-year review, 360-evaluations). (8)
- ☑ Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Other documentation or data that provides evidence of meeting the standard.

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

	S	N.I.
The institution housing the program, or the independent college or school, has full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education or it is in the process of seeking accreditation within the prescribed timeframe	●	○
The program reports to ACPE, as soon as possible, any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards. Not Applicable ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The University of Pittsburgh has been accredited by the Middle States Commission on Higher Education since 1921. The last team visit was in November 2001, and the Commission on Higher Education reaffirmed accreditation in March 2002 (Appendix 4-A). The visiting team commended the University for progress made under the Chancellor Nordenberg's leadership over the previous six years (Appendix 4-B). In particular, the visiting team was impressed with the institutional focus on the stated mission and goals and the record of achievement. They commented on the extraordinary collegial relationships among faculty, staff, administration, students, alumni, and the Board of Trustees (Appendix 4-C). The University's financial soundness was also recognized. The team found that the University met or exceeded all prescribed standards. The next campus visit by a team representing the Commission on Higher Education is planned for spring 2012.

Comments

The University of Pittsburgh is a well-run, fiscally sound academic institution as recognized by the Middle States Commission. The University has an extremely strong, visionary, and cohesive team of leaders that have worked together for more than a decade. The vision and commitment of the leadership, supported by the Board of Trustees, have brought the University to its present place among the top cluster of seven universities in the nation according to the Top American Research Universities Annual Report issued by the Center for Measuring University Performance (University of Arizona). The University ranks fifth among all universities nationwide in funding received from the National Institutes of Health.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
4-A	Statement of Accreditation for the University of Pittsburgh by the Middle States Commission Available online at http://www.msche.org/documents/SAS/511/Statement%20of%20Accreditation%20Status.htm
4-B	Report to the Faculty, Administration, Trustees, Students of the University of Pittsburgh by an Evaluation Team Representing the Middle States Commission on Higher Education Prepared after study of the institution's self-study report and a visit to the campus on November 11-14, 2001 Available online at http://www.pitt.edu/~provost/middlestatesreport.html
4-C	Improvement of the Undergraduate Student Experience: Setting a Course for the Future A Decennial Self-Study prepared for the Commission on Higher Education of the Middle States Association of Colleges and Schools by the University of Pittsburgh Available online at http://www.pitt.edu/~jdl1/selfstudy.html

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

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

Description

Dean Patricia D. Kroboth is chief executive and academic officer of the School of Pharmacy, an autonomous unit within the University of Pittsburgh. The Board of Trustees has formally delegated both the academic and managerial responsibilities through the chain of command to the academic unit level (School and/or department).

> *The University is organized by campuses, colleges/schools, and centers. Each school is administered by a dean. …In other areas, including budget operation, personnel management, and salary practice, authority is specifically delegated from the Trustees through an administrative chain including the Chancellor and Chief Executive Officer, the Provost, or Senior Vice Chancellor for Health Sciences, Executive Vice Chancellor, Vice Chancellor for Budget and Controller, deans and regional campus presidents, and chairs of the academic departments. In summary, the pattern of governance in the University is one of shared responsibilities and authority, with the ultimate legal authority residing in the Board of Trustees.*
>
> University of Pittsburgh Faculty Handbook I.3.2
> http://www.provost.pitt.edu/handbook/handbook.html

The dean is responsible for all aspects of the School, including strategic planning, quality assessment, student and faculty recruitment, resource development and allocation, and representation to external entities. The dean's responsibilities are fully articulated in Article II, Section C, of the School's bylaws (Appendix 7-C-1).

While the dean works on a regular basis with the Office of the Senior Vice Chancellor for the Health Sciences on academic, financial, physical, technological, and human resources, she also works on specific academic matters with the Office of the Provost. The dean participates in the monthly Senior Vice Chancellor Staff meetings and in the bi-monthly Council of Deans meetings chaired by the provost. Topics include a range of academic and other health sciences and University matters, progress toward health sciences and University goals, best practices, institutional advancement, budget, and planning.

The dean also works collaboratively with a broad network of other individuals within the University and the University of Pittsburgh Medical Center (UPMC) who have access to or oversight of resources vital to the School, including Associate Vice Chancellor for Facilities Management Joseph Fink, Vice Chancellor for Budget and Controller Arthur Ramicone, President of UPMC Presbyterian Shadyside John Innocenti, and Vice Chancellor for Health Sciences Development and President of the Medical Health Sciences Foundation Clyde Jones. A noticeable result of these interactions is the high priority of a new research facility and renovations of Salk Hall within the University of Pittsburgh Facilities Plan 2007–2018. More detail is provided in the narrative of Standard 27.

The organizational chart for the University (Appendix 5-A) shows that the School of Pharmacy, along with the other five schools of the health sciences, reports to the senior vice chancellor for the health sciences and has a dotted-line reporting relationship to the provost. This reflects the role of the provost in reviewing and approving all academic programs and faculty actions. The nine other schools of the University report directly to the provost.

The School, through its delegated responsibilities, has developed its Long-Range Plan 2006–2012 (Appendix 2-A) and its own form of programmatic evaluation for School-wide goals (Appendix 3-A) and curricular assessment (Appendix 15-C). The School has autonomously written and adopted bylaws, policies, and procedures, and has established the criteria for admission and progression of students, as well as faculty and staff recruitment. The faculty designed the curriculum and methods of delivery. Details of each are provided within the narrative and appendices of the relevant standards.

As stated in the quote from the Faculty Handbook, "the pattern of governance in the University is one of shared responsibilities and authority." A total of 35 School faculty members serve on at least one University committee and many serve on multiple committees (Appendix 5-B). Faculty share in governance through the University Senate, which provides communication channels with administrative officers of the University and the Board of Trustees. Recommendations to the Senate are expressed through two deliberative bodies, the Faculty Assembly and the Senate Council, each of which has faculty representation from the School. Shared governance is also reflected in the University Planning and Budget System http://www.pitt.edu/~jdl1/PBSdoc.htm and in the primary faculty governance committees, which are listed at http://www.provost.pitt.edu/information-on/committees.html.

Because pharmacy expertise is considered essential to human investigation, faculty members in the School provide support and pharmacotherapy expertise to all eight Institutional Review Board subcommittees. The Institutional Review Board Executive Committee reports to Randy P. Juhl, PhD, who, in addition to his role as vice chancellor for research conduct and compliance, retains a faculty appointment in the School.

Comments

The School has outstanding relationships with administration and with schools and departments throughout the University. The School's progress in maintaining and growing the financial and physical resources of the School is evidence of the strong working relationship of the dean with senior University officials. The extensive representation of School of Pharmacy faculty, including the dean, on the committees and councils of the University and the health sciences is commendable.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
5-A	University Organization Charts
5-B	School of Pharmacy Faculty Representation on University Committees

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

	S	N.I.
The college or school, with the full support of the university, develops suitable academic, research, and other scholarly activity; practice and service relationships; collaborations; and partnerships, within and outside the university, to support and advance its mission and goals.	●	○
The relationships, collaborations, and partnerships advance the desired outcomes of the professional degree program, research and other scholarly activities, service and pharmacy practice programs.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The School, with the full support of the University, has developed partnerships and collaborations that advance its mission and goals and that are grounded in its excellence, innovation, and leadership. The School's partnerships facilitate patient care and professional experiences along with scholarly endeavors.

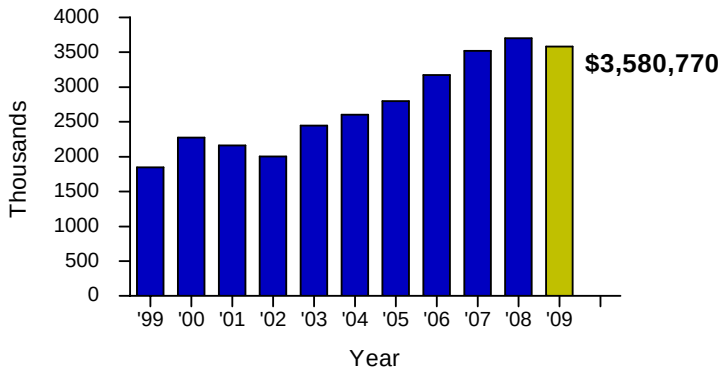
The School formally recognized the importance of partnerships in 2001 when it identified "Enhancing the Health of the Community through Partnerships" as one of its five outcome areas in the first Long-Range Plan. That commitment continues and is articulated in Long-Range Plan 2006–2012. The partnerships also provide opportunities for interprofessional practice development, education of students and trainees, research, and service to the community that would not otherwise be available.

The School's primary partner is UPMC, which provides care through the region's largest network of tertiary, specialty, and community hospitals. Along with the five other University of Pittsburgh schools of the health sciences, the School is affiliated with and geographically adjacent to the UPMC Oakland hospitals. The University of Pittsburgh and UPMC are parties to an Academic Affiliation Agreement dated July 1, 1998, which was renewed and extended on July 1, 2006. The synergies between UPMC and the School of Medicine were documented in an Academic Medicine 2008 publication authored by Senior Vice Chancellor Levine and others (Appendix 6-A). Those same synergies exist in the longstanding partnership between the School and UPMC and have been key to the advancement of our professional program. UPMC is the School's primary partner; the School and the faculty are integral to UPMC.

As evidence of the School's partnership with UPMC, Robert J. Weber, MS, holds the title of chair of the Department of Pharmacy and Therapeutics in the School of Pharmacy and simultaneously holds the title

as chief pharmacy officer for UPMC. By the duality of his roles, Mr. Weber serves as the primary organizational link between the two entities. Faculty members of the Department of Pharmacy and Therapeutics oversee clinical pharmacy services for the academic medical center and serve as administrative leaders within UPMC. Faculty members are well-positioned to develop successful clinical practices, provide student rotations, and conduct research and scholarly work. UPMC has consistently supported School faculty for more than two decades. The two-fold increase in financial support over the past 10 years (Figure 6-1) is evidence of the strength of that relationship. The School benefits by having state-of-the-art practices for faculty and state-of-the-art practice experiences for students.

Figure 6-1. Faculty Support from UPMC



The School meets the community's needs for pharmaceutical care through its extraordinary Grace Lamsam Pharmacy Program for the Underserved (Lamsam Program). Established in 1995 and now directed by faculty member Sharon Connor, PharmD, the Lamsam Program provides access to medications and pharmaceutical care to the homeless, working poor, and underinsured or uninsured at free primary care and drop-in clinics in the Pittsburgh area. The Lamsam Program engages 120 students in patient care experiences (IPPE and APPE) each year. Integrating patient care, service to the community, education, and scholarship, the Lamsam Program has been selected as a finalist for the 2010 AACP Transformative Community Service Award. The extensive list of partners appears in the nomination for the award in Appendix 6-B.

The School of Pharmacy/Rite Aid partnership was created as an initiative to advance the School's Long-Range Plan 2006–2012 goal to "become a leader in standardizing the elements of practice so that pharmacists enhance the care of patients in the community, in institutions, and during transitions of care." By 2003, the School had defined a model for comprehensive medication therapy management; through the partnership, both parties benefited. Rite Aid created Rite Care Centers for delivery of medication therapy management in four Rite Aid stores in the Pittsburgh area, and the School gained access to opportunities for students to experience medication therapy management in the community. In addition to the opportunity to help standardize care, the partnership provides opportunities for interprofessional patient care with family medicine residents, scholarship regarding patient-pharmacist-physician relationships, and advanced professional practice experiences for student pharmacists. The School also now has an ASHP-accredited pharmacy practice residency with an emphasis in community practice.

A second initiative to achieve the goal to "become a leader in standardizing the elements of practice…" is "The Pennsylvania Project: Preparing Pharmacists for Patient-Centered Care." With funding from a foundation to the School, faculty partnered with other Pennsylvania colleges and schools of pharmacy to create a standard of care across the Commonwealth. The group developed shared electronic continuing education resources and a train-the-trainer program for medication therapy management. Preceptors from all seven schools and pharmacists across the Commonwealth now learn the same process of care. Funds have been obtained to develop parallel educational resources for implementation in the PharmD programs.

The School has established hundreds of external affiliations with entities that provide experiential opportunities in a wide variety of practice and research settings. For each, the nature of the affiliation is codified in an agreement that has been signed by authorized representatives. The director of experiential education and the dean sign the agreements on behalf of the School.

Within the University, collaborations are too numerous to mention. Interprofessional education is a priority in the health sciences. The Department of Family Medicine and the School partnered to offer every P2 student an interprofessional patient care experience working with medical residents, attending physicians, and nurses in two UPMC St. Margaret family health centers. Likewise, faculty members have collaborated with faculty across the schools of the health sciences to compete successfully grants

that support interprofessional education, including a grant from the Josiah Macy Jr. Foundation. As an expression of genuine commitment, the six schools hosted an interprofessional forum to promote team-based patient care. On September 19, 2008, more than 500 first-year students across the schools of the health sciences participated in the afternoon-long event that will be repeated in 2009.

"By 2012, the School of Pharmacy will have become a research school of distinction" is the School's articulated goal for research. The School has consistently ranked among the top fifteen schools of pharmacy in National Institutes of Health (NIH) funding and for six of those years has been in the top ten. The University of Pittsburgh was one of the original twelve institutions to be awarded a Clinical and Translational Science Award by NIH. School faculty members were integral to the application. Once funded, the School became a critical partner in the Clinical and Translational Science Institute (CTSI) that was established in 2006. Leadership Team and faculty members sit on advisory, steering, and core committees. Faculty members, graduate students, and PharmD students benefit from the educational programs offered through CTSI. School faculty member Samuel M. Poloyac, PharmD, PhD, directs the CTSI's Small Molecular Biomarker Core, which is housed in Salk Hall. The core is a benefit to researchers across the University and to faculty within the School.

Comments

The School's sustained and successful partnerships that facilitate education, scholarship and research, patient care, and service are commendable. These partnerships provide opportunities for faculty and students that would not otherwise be available. The partnership with UPMC is an exemplary model of the synergy between an academic health center and a school of pharmacy.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
6-A	Article by Arthur S. Levine, MD et al. The Relationship Between the University of Pittsburgh School of Medicine and the University of Pittsburgh Medical Center—A Profile in Synergy, *Academic Medicine* 2008
6-B	University of Pittsburgh Grace Lamsam Pharmacy Program for the Underserved: AACP Transformative Community Service Award Nomination

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

	S	N.I.
The college or school is organized and staffed to facilitate the accomplishment of its mission and goals.	●	○
The college or school administration has defined lines of authority and responsibility, fosters organizational unit development and collegiality, and allocates resources appropriately.	●	○
The college or school has published, updated governance documents, such as bylaws and policies and procedures, which have been generated by faculty consensus under the leadership of the dean in accordance with university regulations.	●	○
If the college or school organizes its faculty into subunits, such as departments or divisions, subunit goals and objectives align with the mission and goals of the college or school. N/A (no subunits) ☐	●	○
The effectiveness of each organizational unit is evaluated on the basis of its goals and objectives and its contribution to the professional program.	●	○
Faculty meetings and committees established to address key components of the mission and goals are part of the system of governance of the college or school.	●	○
Where appropriate, faculty committees include staff, students, preceptors, alumni, and pharmacy practitioners.	●	○
Minutes of faculty meetings and committee actions are maintained and communicated to appropriate parties.	●	○
The college or school has policies and procedures that address potential systems failures, whether such failures are technical, administrative, or curricular.	●	○
Contingency planning includes creating secure backups of critical applications and systems data, providing mechanisms for making up lost course work and academic credit, securing alternate means for communication and information delivery, and creating exit strategies to protect students if part or all of a program loses viability.	●	○
The college or school's administration is aware of problems and issues of the student body.	●	○
A clear process exists for students to follow to raise issues with the college or school administration.	●	○
The college or school administration responds to problems and issues of concern to the student body.	●	○
The administration is aware of faculty needs/problems.	●	○
The administration is responsive to faculty needs/problems.	●	○
Alternate program pathways are integrated into the college or school's regular administrative structures, policies, and procedures (including planning, oversight, and evaluation), and are supervised by an administrator who is part of the college or school. N/A (no alt. pathways) ■	○	○
The college or school ensures that workflow and communication among administration, faculty, staff, preceptors, and students engaged in distance-learning activities are maintained. N/A (no alt. pathways) ■	○	○
The college or school retains ultimate responsibility for the academic quality and integrity of distance-learning activities and the achievement of expected and unexpected outcomes, regardless of any contractual arrangements, partnerships, or consortia for educational or technical services. N/A (no alt. pathways) ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

"The way a team plays as a whole determines its success."

— Babe Ruth

Description

The School is organized to facilitate the successful accomplishment of its mission and goals while ensuring that "departmental faculties determine curriculum design, instructional practice, grading, and admissions, and effectively propose faculty appointments and promotions." University Faculty Handbook I.3.2 http://www.provost.pitt.edu/handbook/handbook.html

The School has a published organizational chart that clearly delineates the chain of command within the School including the direct and indirect reporting structure (Appendix 7-A). The School's Leadership Team is led by the dean and includes two department chairs, four assistant deans, two associate deans, the senior associate dean, and the chair of the Staff Leadership Team. The Leadership Team members all have defined responsibilities and the authority to carry out these responsibilities (Appendix 7-B).

The School adopted bylaws by a vote of the faculty in 2009 (Appendix 7-C-1). The bylaws formalized the procedures that guide consensus and that are depicted visually in Appendix 7-C-2. During the course of a full year, the faculty drafted and discussed the bylaws under the leadership of the dean; when ready for the vote, the Office of the Provost and the Office of General Counsel reviewed the bylaws for consistency with University policies and procedures and approved them. The bylaws of the School are available at http://www.pharmacy.pitt.edu/about/bylaws.

The educational programs of the School are managed through councils, which are responsible for achieving goals identified in Long-Range Plan 2006–2012, developing tactics for achieving goals, tracking progress, and sharing information. Each council is an integrating forum composed of faculty, staff, and students/trainees (Table 2-2). Councils facilitate and monitor strategic initiatives within each specific programmatic area and generally meet once each month. Standing committees of the School address key components of the mission and goals; committees are chaired by faculty and are a recognized part of the system of governance of the School as described in the bylaws. A listing of the standing committees and councils of the School relevant to faculty and to the PharmD program is provided in Appendix 7-D and at http://www.pharmacy.pitt.edu/about/policies. Faculty may also suggest changes to or development of new policies or guidelines; the School follows the consensus process as indicated in Appendix 7-C-2.

As identified in Table 2-2, meetings that engage faculty in the governance of the School include FYII (For Your Information and Input) sessions, retreats, and faculty meetings. FYII sessions are differentiated from meetings and retreats, as they are the forum for discussion of a single topic and are held on an as-needed basis. Examples of FYII topics in the past year include specific language for bylaws, considerations regarding a potential collaboration with a university in Saudi Arabia, and review of the mission statements for the School and PharmD program. School-wide faculty meetings are held at least three times a year and are structured around the five outcome areas of the Long-Range Plan. The annual and semi-annual retreats are formatted for more in-depth review of matters relating to the Long-Range Plan and for skill development of the participants. The format of retreats includes large group discussion and breakout groups; the retreats generally end with a large group session and multi-voting where participants indicate their priorities using colored dot stickers so that the priority of the group becomes visual.

Contingency plans are in place in the event of technical failures; secure backups of critical applications and systems data occur daily. The School follows the safety measures and disaster plans of the University. In addition to the existing means of emergency communications (voicemail, Web site postings, fire alarms), the University established the Emergency Notification System to alert students, faculty, and staff via cell phone, or other mobile device within a matter of minutes; messages can be customized depending on the nature and location of the emergency.

The Staff Leadership Team was established to create a sense of shared responsibility and community among staff of the departments, centers, and dean's office. The team, which meets monthly, is chaired by the director of finance and administration and focuses on assuring optimal efficiency and effectiveness across all units of the School. The team strives to ensure that all faculty members have adequate support staff and resources needed to perform their responsibilities efficiently. The team manages the staff assignments, reviews training requirements for staff, implements programs as needed, and hosts a bi-annual off-campus retreat for the staff.

The faculty of the School are organized into two departments: the Department of Pharmaceutical Sciences and the Department of Pharmacy and Therapeutics; each department is led by a chair. Department chairs have budget authority and are responsible for hiring, supporting, developing, evaluating faculty, and ensuring the quality of participation of faculty members in delivering the

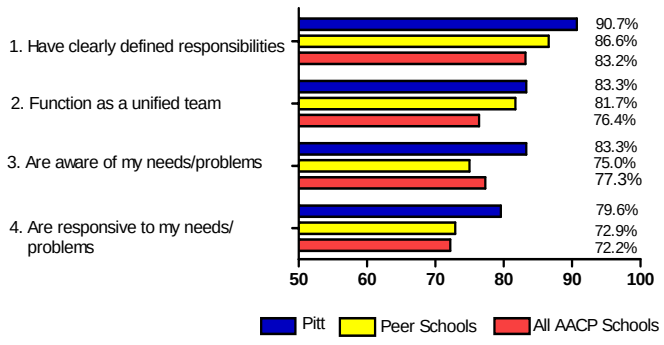
educational programs of the School. Department chairs meet with each faculty member on an annual basis in order to assess their professional development and progress in the previous year. Feedback is presented at those meetings and is conveyed in written form to the faculty member.

Each department has a long-range plan (Appendices 7-E-1, 7-E-2) that aligns with the School's Long-Range Plan 2006–2012. The chairs convene meetings of their faculty each month or more frequently if needed. Meeting agendas and minutes are maintained on the shared network drive and are available for review by faculty. The dean meets with the two department chairs once each month to discuss interdepartmental and faculty development matters. Department chairs are evaluated annually by the dean on the basis of the department achieving the strategic goals and objectives of the School.

At the monthly Dean's Advisory Board meetings, the dean and assistant dean for students meet with the elected class presidents and two class representatives from each class along with the elected officers of the Academy of Students of Pharmacy. As stated by the students during the election process, "the class representatives are, in a sense, the voice of the class, in that they relay any questions, problems, concerns, and suggestions for improvements to the dean. The Dean's Advisory Board meetings are also opportunities for information exchange."

Figure 7-1 provides data from the 2009 AACP Faculty Survey that illustrate the overall satisfaction with the School's administration. The School outperformed peer schools and all AACP schools on these measures.

Figure 7-1. Percent Faculty Surveyed Agreeing with Statements on School Administration



The School has a multi-modal communication plan that facilitates information exchange with stakeholders. The Web site is the communication hub where the latest School, faculty, student, and staff news appears on the School's home page. To assure timely and accurate capture of information about stakeholders, the School developed an Event Notification Form in 2002. Faculty members, students, staff, and alumni report grant awards, honors, publications, appointments to national committees and panels, major invited presentations, and special community involvement; those data are used to develop news on the School's home page, in printed materials, and for press releases for the media.

In addition to the in-person opportunities for communication already described, the School hosts the Alumni Society Board meetings, Pharmacy Grand Rounds continuing education sessions, and Pharmacy Career Roundtable discussion (for alumni-student interactions).

Comments

The School has an organization and governance structure that facilitates accomplishment of its mission and goals, and it supports the School's culture of collegiality, congeniality, and achievement. The School's consensus development process is predicated on opportunities for open dialogue among stakeholders. The guidance provided by the Staff Leadership Team and the inclusion of staff in long-range planning retreats exemplify the School's articulated values of collaboration and teamwork. The School's organization and governance are commendable.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
7-A	School of Pharmacy Functional Organizational Structure
7-B	Descriptions of Responsibilities for Leadership Team Members
7-C-1 7-C-2	School of Pharmacy Bylaws Visual Depiction of the Development of Consensus
7-D	Membership of the Councils and the Standing Committees of the School Relevant to Faculty and to the PharmD Program
7-E-1 7-E-2	Long-Range Plan for the Department of Pharmaceutical Sciences Long-Range Plan for the Department of Pharmacy and Therapeutics

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

	S	N.I.
The dean is qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service.	●	○
The dean is the chief administrative and academic officer and has direct access to the university president or other university officials delegated with final responsibility for the college or school.	●	○
The dean unites and inspires administrators, faculty, staff, preceptors, and students to achieve the mission and goals.	●	○
The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and plans for substantive changes.	●	○
The dean has the assistance and full support of the administrative leaders of the college or school's organizational units and adequate staff support. In instances where the dean is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the dean are made to ensure effective administration of the affairs of the college or school.	●	○
The dean is responsible for compliance with ACPE's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the college or school into compliance, the dean takes the necessary steps to ensure compliance in a timely and efficient manner.	●	○
Faculty receive adequate support from the dean.	●	○
The qualifications and characteristics of the dean relate well to those called for in the standards (i.e., • a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems • a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy practice, in particular • publications in pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school • appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors • strong written and interpersonal communication skills • a commitment to systematic planning, assessment, and continuous programmatic improvement • a commitment to teaching and student learning, including pedagogy • a commitment to the advancement of research and scholarship • the ability and willingness to provide assertive advocacy on behalf of the college or school to the university administration • the ability and willingness to provide assertive advocacy on behalf of the college or school and the profession of pharmacy in community, state, and national health care initiatives • a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies).	●	○
The dean is responsible for directly or indirectly ensuring:		
• development, articulation, and implementation of the mission and goals	●	○
• acceptance of the mission and goals by the stakeholders	●	○
• development, implementation, evaluation, and enhancement of the educational, research, service, and pharmacy practice programs	●	○
• development and progress of the strategic plan and the evaluation plan, including assessment of outcomes	●	○
• recruitment, development, and retention of competent faculty and staff	●	○
• initiation, implementation, and management of programs for the recruitment and admission of qualified students	●	○
• establishment and implementation of standards for academic performance and progression	●	○
• resource acquisition and mission-based allocation	●	○
• continuous enhancement of the visibility of the college or school on campus and to external stakeholders	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

Patricia D. Kroboth, PhD, was uniquely qualified to be dean when she was appointed interim dean in July 2002 and as dean in 2004 because she had sequentially served as chair of each department in the School. She had hands-on experience with all aspects of academic pharmacy: teaching professional and graduate students; research, including obtaining NIH funding and the scholarship of teaching; direct patient care through a practice in general internal medicine; extensive service to the School, the University, and professional and scientific organizations; and academic leadership.

Just prior to her appointment as interim dean, she held the titles of professor and chair of pharmaceutical sciences and associate dean of academic planning. In the latter position, she had engaged a consultant and became the chief architect of the School's Long-Range Plan. She had held elected positions in the American Association of Colleges of Pharmacy and the American Association of Pharmaceutical Scientists. She is an elected fellow in both the American College of Clinical Pharmacy and American Association of Pharmaceutical Scientists. Her curriculum vitae is found in Appendix 8-A.

Dean Kroboth received her BS in pharmacy from the University at Buffalo SUNY in 1971. After graduation, she completed what would later be called a residency at SUNY Upstate. Through work at that institution, she earned an appointment as instructor in the School of Medicine and became the first pharmacist nationally to work as a part of the NIH-funded Boston Collaborative Drug Surveillance Program. She earned her MS in pharmacy at the University of Pittsburgh in 1980 and joined the faculty that same year. She worked concurrently to complete her PhD degree in 1983. She initiated an extremely successful research program and became director of the Pharmacodynamic Research Center, principal investigator on an R01 NIH grant and numerous grants from industry, and author of more than 100 publications. The Center hosted five international conferences on pharmacodynamics attended annually by more than 100 international scientists. Proceedings of the conferences were published as three books and one journal supplement.

Dean Kroboth directed the Clinical Pharmaceutical Scientist PhD program, which was one of the first in the country and continues today as an essential part of the School's post-graduate training. She mentored ten PhD students as a major advisor. She sustained continuous funding for research and for the graduate program for more than 20 years until she became dean in 2004.

In 1989, as chair of the Department of Pharmacy and Therapeutics, Dean Kroboth was the driving force for the development of the residency program in partnership with UPMC. The program has prospered and grown from one resident in 1989 to 31 residents in 2009. Under her leadership, the faculty planned and implemented the post-baccalaureate PharmD program, which graduated its first students in 1994. Because of the success of her research program and the opportunity within the School, she was appointed chair of the Department of Pharmaceutical Sciences in 1996. In her capacity as chair of each department, she increased the number of faculty and resources.

Dean Kroboth has participated in ACPE accreditation visits and is the School's champion for the daily application of the ACPE standards.

The Board of Trustees has formally delegated both the academic and managerial responsibilities through the chain of command to the academic unit level (School and/or department).

> *The University is organized by campuses, colleges/schools, and centers. Each school is administered by a dean. …In other areas, including budget operation, personnel management, and salary practice, authority is specifically delegated from the Trustees through an administrative chain including the Chancellor and Chief Executive Officer, the Provost, or Senior Vice Chancellor for Health Sciences, Executive Vice Chancellor, Vice Chancellor for Budget and Controller, deans and regional campus presidents, and chairs of the academic departments.*
>
> University of Pittsburgh Faculty Handbook I.3.2
> http://www.provost.pitt.edu/handbook/handbook.html

A formal expression of the expectations of the dean of the School of Pharmacy is in the position announcement that was posted in 2003 by the search committee as part of the national search (Appendix 8-B).

> *The dean, who reports to the senior vice chancellor for the health sciences, serves as the chief academic and executive officer of the school. The dean is a member of both the Senior Vice Chancellor's Staff and the Provost's Council of Deans.*

Responsibilities of the dean are also defined in the School's bylaws (Appendix 7-C-1).

Dean Kroboth reports to the senior vice chancellor for the health sciences for operational, budgetary, and personnel issues for both faculty and staff. Academic appointments, promotions, and tenure decisions are vetted by both the senior vice chancellor and the provost, and in some cases by the chancellor as per University policy.

She enjoys the respect and support of faculty, staff, students, and alumni. In the 2009 AACP Faculty Survey, 88.9% agreed or strongly agreed with the statement, "The dean is an effective leader of the School." She has been an effective advocate for the School; has the support of the University administration, including the senior vice chancellor and the provost; and has access to the administration of the University. She has advocated for the School to administration and to UPMC and has led all stakeholders to a shared vision that is synchronous with the goals of the University, resulting in:

- Sustained ranking in top 15 schools of pharmacy based on NIH funded research
- Doubling the space allocated to the School
- Increased financial support from both the University and UPMC
- Doubling of the School's endowment
- Number one ranking in alumni engagement among all University of Pittsburgh schools

Comments

The experience, academic strength, and leadership of Dean Kroboth are commendable. The dean has a unique and extensive portfolio of academic experiences that inform her decision making. Her vision and leadership are built on a strong and broad-based academic foundation. Her interactions with alumni, faculty, students, and all stakeholders in the School are fueled by her passion for students and commitment to the profession and to scholarship.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
8-A	Curriculum Vitae of Dean Patricia D. Kroboth
8-B	Position Announcement: School of Pharmacy Dean, University of Pittsburgh, July 2003

Curriculum

For Standards 9-15:

Use a check ☑ to indicate the information evaluated to assess the standards in this section:

- ☑ Description of the professional competencies of the Curriculum. (9)
- ☑ Licensing statistics of graduates (e.g., North American Pharmacist Licensure Examination™ (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®)) for the last 5 years including first-time pass rates and competency area scores. (9, 15)
- ☑ Description of the curricular structure. (10)
- ☑ Demonstrate how both the didactic and experiential components meet the Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length. (10)
- ☑ Description of how the results of curricular assessments are used to improve the curriculum. (10)
- ☑ Demonstrate how the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping or other techniques. (10)
- ☐ Description of any nontraditional pathway(s) leading to the Doctor of Pharmacy degree. **(If Applicable**)(10)
- ☑ Description of the members of the Curriculum Committee (or equivalent) and charges in the last academic year. (10)
- ☑ Description of teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable). (11)
- ☑ Description of efforts to address the diverse learning needs of students. (11)
- ☑ Data that link teaching-and-learning methods with curricular outcomes (Standards 3, 10 and 15). (11)
- ☑ Examples of instructional tools, such as portfolios (**to be made available on-site**), used by students to assist them in assuming responsibility for their own learning and for measuring their achievement. (11, 15)
- ☑ Description of both 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)** (Standards 3, 10 and 15). (11)
- ☑ List of the professional competencies and outcome expectations for the professional program in pharmacy. (12)
- ☑ Examples of didactic and experiential course syllabi, including stated outcomes related to desired competencies (**to be made available on-site**). (12, 13)
- ☑ 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 (Standards 3, 9, 10 and 15). (12)
- ☑ Description of the curricular structure and content of all curricular pathways. (13)
- ☑ Description of how the curricular content for all curricular pathways is linked to Appendix B of Standards 2007 through mapping or other techniques. (13)
- ☑ Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values (Standards 3, 9, 10 and 15). (13)
- ☑ Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the curriculum, including the pharmacy practice experiences. (13)
- ☑ Introductory and advanced pharmacy practice experience manuals, including assessment forms (**to be made available on-site**). (14)
- ☑ List of introductory and advanced pharmacy practice experience sites and locations offered in the previous academic year, with sites affording student interactions with other health care professionals designated. (14)
- ☑ The objectives for each required pharmacy practice experience and the responsibilities of the student, preceptor, and site. (14)
- ☑ Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes (Standards 3, 9, 10 and 15). (14)
- ☑ List of current preceptors with details of credentials (including licensure) and practice site. (14)
- ☑ Description of how the aggregate experiential programs address students having direct interactions with diverse patient populations in a variety of health care settings. (14)
- ☑ Aggregate data from students about the type (diverse) and number of patients, problems encountered, and interventions. (14)
- ☑ Evidence of assuring, measuring, and maintaining quality of the site. (14)
- ☑ Examples of quality improvement as a result of the practice site assessments. (14)
- ☑ Description of assessment measures used to evaluate student learning and curricular effectiveness. (15)

- ☑ Examples of assessment instruments and activities employed, including comparisons with national data and, if desired, selected peer-group programs (include a description of the basis for the peer-group selection) and trends over time (Standard 3, 9 and 10). (15)
- ☑ Examples of how assessment data has been used to improve student learning and curricular effectiveness (Standards 3,9 and 10). (15)
- ☑ Assessments of teaching-and-learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable) Standards 3, 9, and 10). (15)
- ☑ Assessment measures and methods to evaluate achievement of professional competencies and outcomes (Standards 3, 9, 10 and 12). (15)
- ☑ Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Other documentation or data that provides evidence of meeting the standard.

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

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

	S	N.I.
The college or school's professional degree program curriculum prepares graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfies the educational requirements for licensure as a pharmacist, and meets the requirements of the university for the degree. Including: • The ability to provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health-care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes. • The ability to manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use. • The ability to promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.	●	○
The curriculum develops in graduates knowledge that meets the criteria of good science; professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession.	●	○
Graduates are able to identify and implement needed changes in pharmacy practice and health care delivery.	●	○
In developing knowledge, skills, attitudes, and values in students, the school ensures that the curriculum fosters the development of professional judgment and a commitment to uphold ethical standards and abide by practice regulations.	●	○
The college or school ensures that the curriculum addresses patient safety, cultural competence, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team.	●	○
The curriculum encompasses content, instructional processes, course delivery, and experiential education.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

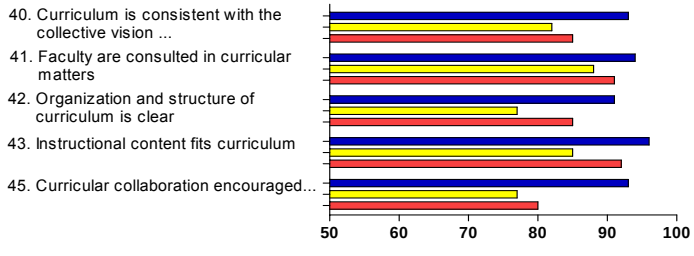
The goal of the curriculum is to achieve the mission of the PharmD program. A mission statement was developed and endorsed by the faculty in 2006. The faculty voted on and adopted a revised statement in 2009.

> *The PharmD program prepares student pharmacists to be health care practitioners who optimize the health of patients and society through the effective use of medicines and other interventions. The PharmD program inspires students to advance the profession by fostering collaboration, lifelong learning, leadership, professionalism, and civic engagement.*

The mission statement appears in each course syllabus as shown in the syllabus template in Appendix 9-A, reinforcing the mission to the students, faculty, and preceptors, all of whom are conversant with the goal of the curriculum. Graduates of the curriculum meet all of the requirements of the University for conferring the PharmD degree.

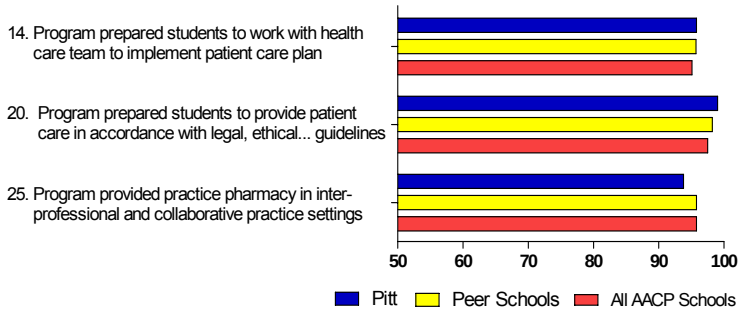
The curriculum ensures that graduates are prepared to practice in diverse patient care settings through the integration of the biomedical, pharmaceutical, behavioral, and the social and administrative sciences with pharmacy practice and professional experience. Design and delivery of the curriculum is targeted toward 13 curricular outcomes, which are provided in Appendix 12-A. These outcomes align with the professional competencies required to meet Standard 9. The narrative of Standard 12 addresses these outcomes in more detail.

Figure 9-1. Percent of Faculty Surveyed Agreeing with Statements



The curriculum achieves the objectives stated in the mission statement; data from the 2009 AACP Faculty and Graduating Student Surveys, shown in Figures 9-1 and 9-2, provide the supporting evidence. The proactive involvement of the faculty in the development of the curriculum is supported by the data. Students experience a broad range of practice settings through the vertical sequencing of Profession of Pharmacy and Experiential Learning courses (IPPEs and APPEs), which are described in the narrative of Standard 14.

Figure 9-2. Percentage Graduating Students Agreeing with Statement



Further evidence that the curriculum achieves the objectives stated in the mission statement is supported by the success of our graduates in passing the licensing and law examinations. Graduates consistently exceed the state and national pass rates on the North American Pharmacist Licensure Examination

(NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) examinations. In five of the seven most recent NAPLEX test periods, 100% of first-time test takers from the School passed the exam. In 11 of the 12 most recent test periods, the School's pass rates exceeded state and national pass rates for first-time test takers. For every MJPE test window in the last five years, the School's graduates have exceeded state and national pass rates for first-time test takers. A summary of the School's NAPLEX and MJPE pass rates since 2004 is provided in Appendix 9-B.

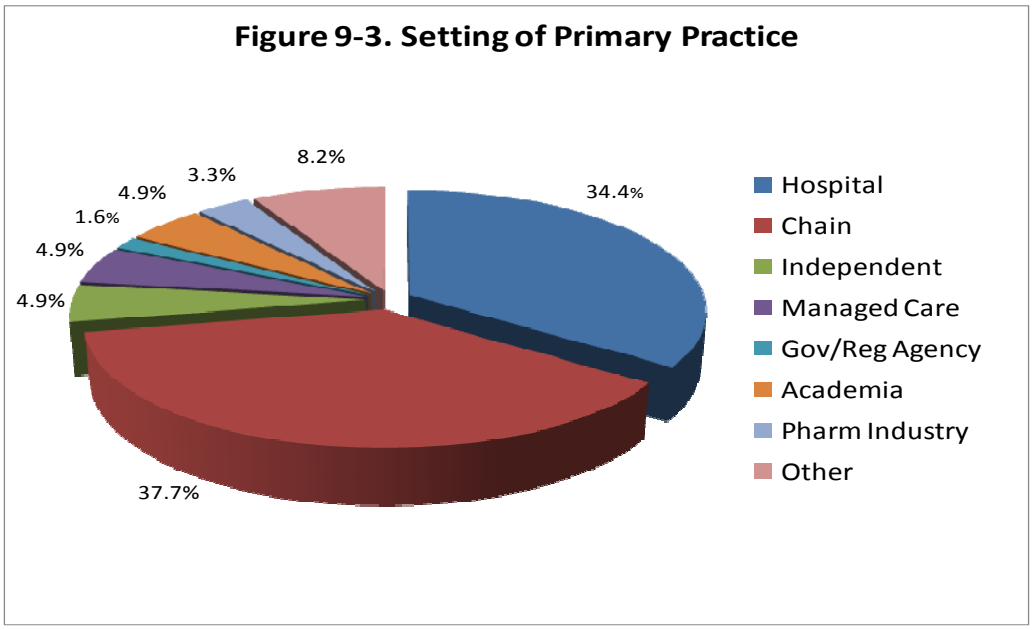
Data from the 2009 AACP Graduating Student Survey (n=96) shown in Table 9-1 indicate that the majority seek employment in chain community pharmacy immediately after graduation. The School also expects some of its graduates to pursue career opportunities that require post-graduate education. A total of 25% of the class of 2009 pursued advanced education opportunities, with 20% of the class seeking post-graduate residency positions.

Table 9-1. Employment Plans Upon Graduation

	No. of Respondents*
Hospital	18
Chain community pharmacy	59
Government or regulatory agency	5
Independent community pharmacy	3
Pharmaceutical industry	2
Nursing home/Long-term care facility	1
Other	6
Further education	28
Pharmacy Residency Program	20
MBA Program	3
Dual Pharmacy Residency – Master's Program	1
Pharmacy PhD Program	1
Fellowship	1
Other Professions (MD, DDS, DVM, JD)	2

* some students indicated multiple plans

Graduates from the School are prepared for practice in a variety of settings as evidenced by the wide array of employment positions. The School's alumni practice in a variety of professional settings, as reported in the 2008 AACP Pharmacy Alumni Survey. Figure 9-3 shows the distribution of alumni across practice settings.



Comments

The students are reminded in every course of the faculty's commitment to achieving the mission of the PharmD program, which is incorporated into each course syllabus. The standardized syllabus format that includes the PharmD program mission is commendable. The graduates' sustained exemplary performance on the NAPLEX and MJPE is commendable.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
9-A	Course Syllabus Template
9-B	NAPLEX and MJPE Pass Rate Documentation

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

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

	S	N.I.
The college or school's faculty is responsible for the development, organization, delivery, and improvement of the curriculum.	●	○
The curriculum defines the expected outcomes and is developed with attention to sequencing and integration of content and the selection of teaching and learning methods and assessments.	●	○
All curricular pathways have both *required* and *elective* courses and experiences and effectively facilitate student development and achievement of the professional competencies.	●	○
The curriculum for the professional portion of the degree program is a minimum of four academic years or the equivalent number of hours or credits.	●	○
The didactic course work provides the desired scientific foundation.	●	○
Introductory pharmacy practice experiences are not less than 5% of the curricular length (i.e., 300 hours).	●	○
The advanced pharmacy practice experiences are not less than 25% of the curricular length (i.e., 1440 hours).	●	○
On behalf of the faculty, the Curriculum Committee (or equivalent) manages curricular development, evaluation, and improvement to ensure that the curriculum is consistent with the collective vision of the faculty and administration.	●	○
The curriculum complies with university policies and procedures and the accreditation standards.	●	○
Student representation and feedback are integral parts of curricular development and improvement.	●	○
The Curriculum Committee (or equivalent) has adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The faculty of the School are responsible for the development, organization, delivery, evaluation, and improvement of the curriculum. Proactive oversight is provided by the Curriculum Committee. On matters of policy or major curricular changes, items are brought before the faculty at large for discussion and consensus. The Curriculum Committee is the central body for the management of orderly and systematic review of curricular structure, content, process, and outcomes consistent with the mission of the PharmD program and the mission and vision of the School to meet its strategic outcomes as well as accreditation standards. The Curriculum Committee is also charged with responsibility for reviewing and addressing results of Curriculum Assessment Committee evaluations of curriculum outcomes and student performance. More detail about the Curriculum Assessment Committee is provided in the

narrative of Standard 15. The functions and responsibilities of the Curriculum Committee are included in Appendix 10-A. The activity summaries of the Curriculum Committee for the previous three academic years document the accomplishments of the committee and are provided in Appendix 10-B.

The Curriculum Committee is comprised of eight faculty members elected by the faculty to represent the four professional years in the curriculum and reflect the distribution of faculty between the two departments; other faculty members participate in an ex officio capacity. Two student members from each of the four classes, elected by their classmates, participate on the committee, as does an alumnus. The Curriculum Committee structure is presented in Appendix 10-C. Faculty members who participate in an ex officio capacity include the associate dean for education, the immediate past chair of the Curriculum Committee, and the chairs of the Curriculum Assessment and Experiential Learning Committees. The latter two individuals provide bi-monthly updates to the Curriculum Committee to facilitate ongoing communication and timely action.

The elected faculty members for each professional year serve as professional year coordinators and facilitate communication between the faculty and the Curriculum Committee to enhance teaching-learning experiences, implement curriculum initiatives within and across professional years, and identify specific student issues for resolution. Responsibilities for the professional year coordinators can be found in Appendix 10-D. Before each semester, professional year coordinators meet with all course coordinators within each respective curricular year to review course syllabi, make suggestions to integrate content across courses, coordinate practica and exam schedules, and prepare a curricular grid for each semester to display course content as a week-by-week schedule. A sample weekly grid is provided in Appendix 10-E. Student and alumni members of the Curriculum Committee are expected to communicate relevant information to the respective stakeholders and to seek input and counsel on specific issues when appropriate.

The curriculum is structured and sequenced over nine academic terms as shown in Appendix 10-F. In the first two terms (P1 year), students are provided with a foundation in the basic pharmaceutical sciences and principles of patient care practice. In the third through sixth terms (P2 and P3 years), the science-practice foundation is expanded, and organ system-based therapeutics courses integrate pharmaceutical sciences with therapeutic principles and disease management. Patient assessment skills, therapeutic plan development, and other professional competencies are interwoven throughout these

courses. To ensure that science and practice concepts are integrated within courses, two course coordinators are assigned for most courses—one with science expertise and one with practice expertise. Additionally, science, practice, and professional experiences are integrated within each professional year (horizontal integration) and across years (vertical integration). The P4 year (terms seven through nine) is the culmination of application and integration with the presentation of the PharmD seminar and completion of the APPE rotations.

The determination of course sequencing occurs on two levels. On a broad level, courses are sequenced based on the content and how it prepares students for subsequent courses in the curriculum. When course content lends itself to more difficult material, those courses are placed later in the curriculum to allow students to develop stronger baseline knowledge before advancing to the more challenging content. In 2005, the Curriculum Committee realigned courses to address this need. A summary of curricular changes since 2005–06 is provided in Appendix 10-G.

On a more detailed level, specific themes in the curriculum are periodically evaluated by the Curriculum Committee to ensure that content is threaded and sequenced appropriately. Ad hoc faculty working groups have evaluated professional inquiry, management, and public health themes. For professional inquiry, the working group validated that content was properly threaded and sequenced and no changes were proposed. The proposed changes that were developed by the management and public health working groups are detailed in Appendices 10-H and 10-I.

Course coordinators oversee and are responsible for the content, conduct, and integrity of individual courses. The Curriculum Committee maintains guidelines for course coordinators, which are provided in Appendix 10-J. Course coordinators are responsible for working with course faculty to identify the necessary curricular content, develop specific ability outcomes, and relate the ability outcomes to the curricular outcomes addressed in the course. These are clearly stated in each course syllabus.

Theoretical principles and foundational information are presented to students during lectures. Students develop skills through a variety of simulated experiences, including laboratory activities, computer-assisted learning cases, role play, and experiences with human patient simulators and standardized patients. Skills are further developed and refined when applied to actual practice situations in the experiential learning courses. Mastery of skills develops as students progress through the IPPEs in the first three years of the curriculum to the APPEs in the fourth year. Students provide reflections and self-

assessment of their experiences in their portfolios. Periodic focused debriefing sessions are held with small groups of students in the Experiential Learning courses. The number of IPPE and APPE hours completed by students in each year of the curriculum is summarized in Table 10-1.

Table 10-1. Pharmacy Practice Experience Hours

Curriculum Year	Direct Patient Contact Hours	Total
P1 year	106	312 IPPE Hours
P2 year	115	
P3 year	91	
P4 year	1440	1440 APPE Hours

The Curriculum Committee systematically reviews the content of all courses in the curriculum according to the course review process outlined in Appendix 10-K to ensure vertical and horizontal integration of course content and proper sequencing of courses across years. The process includes a review of teaching and assessment methods. All courses, including elective courses, in the curriculum are reviewed over a four-year rotation. The Curriculum Committee specifically considers an average of 12 courses per year. Multiple sources of data are used for course assessment, including the course syllabus, handouts and lecture notes, assignments, examinations, and student evaluations. A working group is appointed to review data submitted. The group is composed of the following members: two Curriculum Committee members, one from each department; an individual selected from among the associate dean for education, the assistant dean of academic affairs, and the chairs of the Curriculum Committee and Curriculum Assessment Committee; and student members of the Curriculum Committee who have participated in the course. A data-driven rubric guides the course review process. The format of the rubric mimics the ACPE self-study process by establishing specific criteria that meet, need improvement, or do not meet expectations. The rubric is completed independently by course faculty and the working group to assess specific aspects of the course. Comments from the working group are provided to the course coordinator and Curriculum Committee. New courses and courses that have undergone significant changes, either through changes in course coordinators or content distribution, undergo special review both before and after changes are made and must be approved by the Curriculum Committee. These course reviews help to ensure that course content is appropriate, properly sequenced, and integrated across the curriculum.

Students in the second and third professional years must complete a minimum of six elective credits in the professional program to develop areas of personal interest, expand understanding of professional

opportunities, and achieve the outcomes of the curriculum. A wide variety of elective courses is available to the students. All elective courses offered by the School are first approved by the Curriculum Committee. In response to student input, faculty members developed and the Curriculum Committee approved 14 new elective courses over the past three years to add to the diversity of professional electives offered by the School. Students also have the option of selecting electives from a pre-approved list of courses offered by other units of the University. Students seeking to take elective courses within or outside the University that are not pre-approved must obtain Curriculum Committee approval by submitting a request that details how the course relates to their career plans and the curricular outcomes the course is expected to achieve. Appendix 10-L outlines the School's process for student selection of elective courses. Students may earn professional elective credit for scholarly investigations in pharmaceutical sciences, pharmaceutical care, or other professional topic areas through the Special Topics elective. Appendix 10-M outlines the requirements for Special Topics electives. In the P4 year, students select two of their seven experiential learning rotations as electives.

The Curriculum Committee has approved guidelines for the development of areas of concentration (Appendix 10-N), which allow students to develop a practice or research interest area within the professional curriculum. An area of concentration consists of a minimum of 15 credits of coursework earned through selected professional electives and experiential rotations focused in the designated area. The University recognizes completion of an area of concentration with special designation on the student's transcript upon graduation. The proposal to establish the School's first area of concentration, Pharmacy Business Administration (Appendix 10-O), was approved by the Office of the Provost in 2009.

Comments

The twice monthly meetings of the Curriculum Committee are held during a time when no classes are scheduled so that faculty and students are able to attend regularly. Student members of the committee actively participate alongside faculty in curricular development, oversight, and assessment. The Curriculum Committee responds to issues identified by the Curriculum Assessment Committee as part of the curricular assessment process. The PharmD curriculum is not static and, since its inception, has undergone a continuing process of assessment and refinement.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
10-A	Curriculum Committee Charges and Guidance
10-B	Curriculum Committee Activity Summary 2005–2008
10-C	Curriculum Committee Structure
10-D	Responsibilities of Professional Year Coordinators
10-E	Sample Weekly Grid
10-F	PharmD Curriculum Structure
10-G	Summary of Curricular Changes
10-H	Management Task Force Report
10-I	Public Health Task Force Report
10-J	Course Coordinator Responsibilities
10-K	Course Review Process
10-L	Professional Electives
10-M	Special Topics
10-N	Areas of Concentration Guidelines
10-O	Pharmacy Business Administration Proposal

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

	S	N.I.
The college or school, throughout the curriculum and in all program pathways, uses and integrates teaching and learning methods that have been shown through curricular assessments to produce graduates who become competent pharmacists by ensuring the achievement of the stated outcomes, fostering the development and maturation of critical thinking and problem-solving skills, meeting the diverse learning needs of students, and enabling students to transition from dependent to active, self-directed, lifelong learners.	●	○
The college or school evaluates the effectiveness of its curricular innovations through its assessment activities.	●	○
The outcomes of the distance-learning activities are appropriate for the student population and achievable through distance study. N/A ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

"To cope with a challenging world, any entity must develop the capacity of shifting and changing - of developing new skills and attitudes; in short the capacity of learning."

—A. De Guess

Description

The philosophy of the Curriculum Committee is to foster the incorporation of a range of teaching methodologies that engage students in different forms of learning and to foster the adoption of innovative teaching and assessment methods. The University's Center for Instructional Development and Distance Education is available to support faculty as they develop innovations in teaching and assessment techniques.

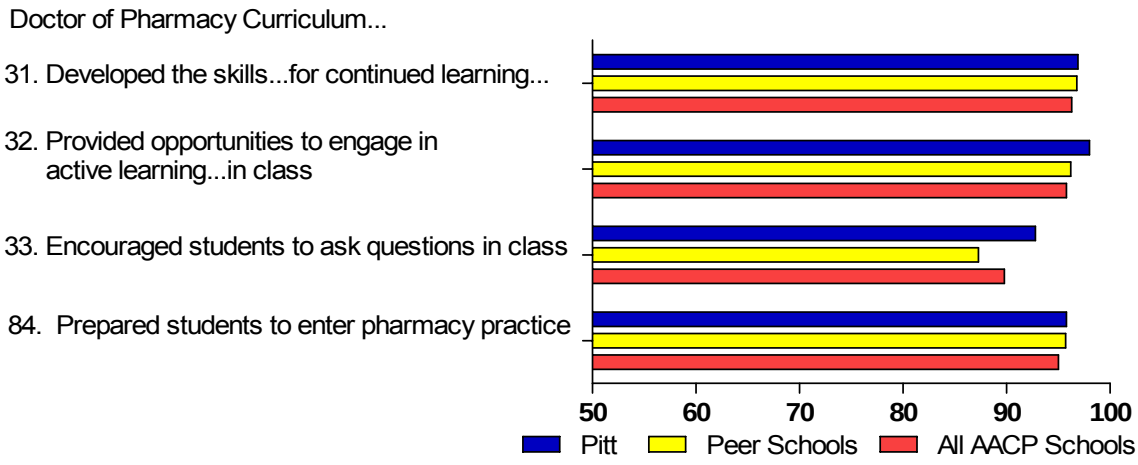
Curricular maps facilitate continuous quality improvements that the faculty make through deliberate thoughtful analyses. Faculty members have incorporated a range of teaching methodologies into the curriculum in order to engage students in different learning modalities. The curricular maps in Appendices 11-A (core curriculum) and 11-B (elective courses) summarize range of teaching and learning methods and the horizontal and vertical integration of curricular outcomes and content.

The School encourages course coordinators to employ multiple teaching and assessment methods in their courses. More than 90% of the School's courses use two or more teaching methods; among the methods are lectures, large and small group discussions, group projects, cases, laboratory work, summative and formative integrated capstone cases, computer-assisted learning cases, Wiki technology, human patient simulators, standardized patients, and practice experiences. Students are engaged in

learning strategies that include active learning, self-directed learning, problem-solving, and collaborative learning.

In the first three years of the curriculum, time is allotted each week for practicum or laboratory sessions and experiential learning. Laboratory exercises and practicum sessions help students develop skills necessary for the practice of pharmacy. Practicum sessions are allotted to specific courses in the first and second years, though coordination of topics across courses often occurs. In the third year, integrated practica sessions are shared by multiple courses, providing opportunities for more complex cases related to multiple therapeutic modules. The in-class and experiential learning elements of the curriculum prepare students for practice in a variety of settings. Figure 11-1 provides a summary of data from the 2009 AACP Graduating Student Survey.

Figure 11-1. Percentage of Graduating Students Agreeing with Statement



Two or more assessment methods are used in more than 90% of courses. Assignments provide a basis for both formative and summative assessment of student learning. Assessment methods utilized in the core and elective courses are summarized in Appendices 11-C and 11-D, respectively. Assessment methods include examinations, case analyses, standardized patients, capstone experiences, written assignments, oral presentations, projects, interviews, patient-case or medical-chart analyses, written treatment and monitoring plans, and preparation of patient education materials. The narrative and appendices of Standard 15 provide more detail regarding assessment.

The School's mission is to "improve health through…innovation…in education of pharmacists and pharmaceutical scientists…." The faculty is committed to improving student learning through evidence-based innovations. Beyond that, the faculty is committed to determining the effectiveness of the innovations through an array of assessment methods. The clearest evidence is found in the number of publications and grants in the area of educational innovations, which are listed in Appendix 11-E. In the past six years, the Provost's Advisory Council on Instructional Excellence alone has awarded six grants to faculty members to support development of teaching technologies; a total of sixteen faculty members participated in the six funded projects.

Three examples of teaching innovation and assessment include:

- Amy Seybert, PharmD, initiated the use of patient simulators in the PharmD curriculum.

  For her work, she received the University of Pittsburgh Chancellor's Distinguished Teaching Award from Chancellor Nordenberg, an award that also recognizes her work in the classroom and as experiential teacher. Dr. Seybert has published her experience: Seybert AL, Laughlin KK, Benedict NJ, et al. Pharmacy Student Response to Patient-Simulation Mannequins to Teach Performance-based Pharmacotherapeutics. Am J Pharm Educ 2006; 70: (article 48).

  Human patient simulation provides a unique opportunity for students to apply knowledge of medications and learned principles of pharmacodynamics in a context that realistically mimics patient care, while providing a safe, controlled learning environment. Student decisions about medications drive their real-time active learning experience about the pharmacodynamics of medications. Students become immersed in an interactive situation that encourages development of problem-solving and critical-thinking skills. Standardized assessment and debriefing capabilities provide an objective means of documenting learner behavior and outcomes. The faculty innovators have published and presented the methods and results of their work that extends back to 2004 in various forums (Appendix 11-E).

- Susan Skledar, MPH, described an internship program for doctor of pharmacy students to better understand the roles of pharmacists in drug use and disease state management.

She built upon the successful Drug Use and Disease State Management Program at UPMC, where students assess clinical practice guidelines through patient monitoring and clinical intervention techniques. Her experience was reported in: Skledar SJ, McKaveney TP, Ward CO, et al. Advanced Practice Internship: Experiential Learning in a Drug Use and Disease State Management Program, Am J Pharm Educ 2006; 70: (article 68).

- Samuel Poloyac, PharmD, PhD, analyzed and published data from the GEAR-UP Program (Graduate Education and Research at the University of Pittsburgh) experience, which was established to inform PharmD students of pharmaceutical research opportunities; 31% of participating students enrolled in graduate studies.

  Poloyac SM, Rohan LC, Janjic JM, et al. Graduate Education and Research at the University of Pittsburgh (GEAR-UP): A Program to Educate Students about Pharmaceutical Research, Am J Pharm Educ 2006; 70: (article 91).

The Curriculum Committee is responsive to innovations as demonstrated by the introduction of problem-based learning (PBL) and the creation of the Advanced Pharmaceutical Care course series. The committee adjusted the content and sequencing of other courses to accommodate the new required course. In addition, the School offered workshops in case development and PBL methods to train interested faculty members and to expand the implementation of the method.

The faculty is also innovative with respect to assessing student achievements. Standardized patients are incorporated in formative and summative capstone experiences. Integrated capstone cases are used in the fall and spring terms of the third year to incorporate concepts from multiple therapeutic modules in each semester within a single capstone case. Computer-assisted learning cases provide formative feedback to students as they apply the knowledge and skills to "real-life" cases. Wiki technology allows instructors to observe student participation in group activities.

Comments

The faculty is engaged and committed to a scholarly approach to innovations in teaching and assessment. The School's culture that fosters faculty engagement in the scholarship of education is commendable.

The School's development and implementation of curricular maps are commendable.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
11-A	Curricular Map Teaching and Learning Methods – Core Curriculum
11-B	Curricular Map Teaching and Learning Methods – Elective Courses
11-C	Curricular Map Assessment Methods – Core Curriculum
11-D	Curricular Map Assessment Methods – Elective Courses
11-E	Publications and Grant Awards that Support Innovations in Education

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

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

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

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

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

	S	N.I.
Professional Competencies 1, 2 and 3 guide the development of stated student learning outcome expectations for the curriculum.	●	○
Graduates are able to provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health-care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.	●	○
Graduates are able to manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.	●	○
Graduates are able to promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.	●	○
Outcome statements include developing skills to become self-directed lifelong learners.	●	○
Graduates possess basic knowledge, skills, attitudes, and values to practice pharmacy independently by graduation.	●	○
The school has addressed the guidelines for this standard.	●	○

Description

The School's curricular outcomes are organized into six general outcomes and seven practice outcomes as shown in Table 12-1. The faculty developed the outcomes, along with related competency statements, at the inception of the PharmD program and revised and reaffirmed in the statements in 2006 (Appendix 12-A). The 13 curricular outcomes form the unifying themes of the curriculum. Each course syllabus clearly identifies the curricular outcomes addressed by the course and designates specific competency statements that support the curricular outcomes, illustrated in the sample syllabus provided as Appendix 12-B.

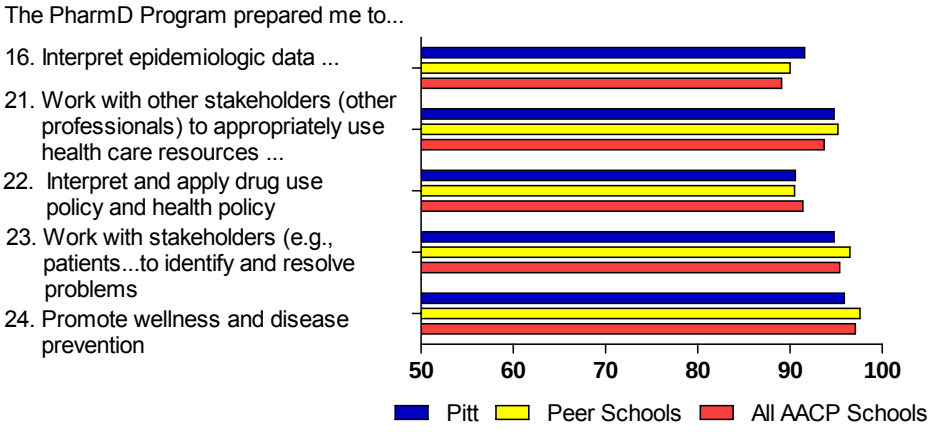
Table 12-1. Curricular Outcomes	
General Outcomes	**Practice Outcomes**
1. Critical Thinking	1. Patient Assessment
2. Development of Knowledge and Skills	2. Pharmaceutical Care Plan Development
3. Communication Skills (Oral and Written)	3. Medication Therapy Management
4. Professional Responsibility and Ethics	4. Pharmacodynamic Decision Making
5. Social Interaction, Citizenship, Leadership, Professionalism	5. Pharmaceutical Product Preparation, Dispensing and Administration
6. Lifelong Learning	6. Management
	7. Public Health

The School's curricular outcomes are aligned with the AACP Center for Advancement of Pharmaceutical Education (CAPE). With each new revision of the CAPE Educational Outcomes, the faculty re-examines the School's stated outcomes and maps them to the CAPE Educational Outcomes (Appendix 12-C) to assure the incorporation of all professional pharmacist competencies outlined in Standard 12. Curricular outcomes also form the foundation of assessment of the Experiential Learning Program (IPPEs and APPEs), as presented in the narrative of Standard 14. Each course and professional experience is coordinated to facilitate student mastery of the curricular outcomes and the professional pharmacist competencies.

Students develop patient care skills through lectures, active learning exercises, simulations, and experiential learning. In the P1 year, students begin applying the principles of patient care by using interviewing skills and acting as their own first "patient," which allows them to see the profession through the eyes of a patient (Profession of Pharmacy course). They learn the principles and theory of patient care and apply the skills to a series of cases, then to standardized patients, and finally to actual patients in the community. The P2 curriculum builds on the foundation as students apply their patient care skills to more complex cases in the therapeutic modules and with human patient simulators. These exercises incorporate foundational knowledge and critical thinking provided by the science courses. For example, students must apply pharmacokinetic principles to drug therapy monitoring. Principles of dosage forms are incorporated into drug selection. Patient care skills are further developed in the community pharmacy and ambulatory care interprofessional clinic setting as students learn and apply the principles of medication therapy management. In the P3 curriculum, case analysis increases in complexity with cases that include multiple drug-related problems and incorporate the foundational

science principles with complex drug therapies and drug interactions. Computer-assisted learning cases allow students to develop their clinical decision-making skills, which are then applied to patients in the institutional and other clinical settings through experiential learning. The P4 APPEs challenge the students' abilities in each core setting of pharmacy practice. Outcomes are documented in both the student portfolio and the assessment matrix (Standard 15), which demonstrate the students' mastery of patient care skills. Figure 12-1 summarizes results of relevant questions from the 2009 AACP Graduating Students Survey.

Figure 12-1. Percentage of Graduating Students Agreeing with Statement



Students learn to communicate and collaborate with other health care professionals through the interprofessional experiences throughout the curriculum. The annual Interprofessional Forum, a half-day event for first-year students across the six schools of the health sciences, is designed to illustrate the areas of expertise of various health professionals that provide patient care and promote importance of teamwork among health care providers from the patient's perspective. In the P2 year, students meet with health care professionals, including physicians, nurses, dentists, nutritionists, and social workers, who explain their respective roles in patient care. Interprofessional communication skills are developed in the classroom and then applied through the introductory pharmacy practice experiences (IPPEs). In the underserved clinics, students work collaboratively with students and professionals from other professions to provide care in the targeted communities. Students apply communication skills through patient interviews, medication histories, and care plan development. Students are also given opportunities to provide recommendations to physicians regarding medical treatments. Reflections from students indicate the profound impact this experience has on the development of their patient care and

interprofessional skills. The interprofessional communication skills are challenged in the P3 year as students complete exercises where they defend clinical recommendations to other health care providers in a simulated environment. Achievement of the outcomes is documented in the student portfolio and assessment matrix (Appendix 15-C).

Processes and skills foundational to the safe, accurate, and time-sensitive distribution of medications are addressed in the Profession of Pharmacy course sequence, as well as IPPEs. Profession of Pharmacy 1 is focused on the pharmacist-patient pharmaceutical care encounter as the foundation for future learning and skill development. Students learn the elements necessary to conduct an effective patient encounter in order to optimize the patient's pharmacotherapy and to resolve drug-related problems. The students begin early development of professional attributes for practicing pharmacy including a philosophy of practice and necessary skills required for dispensing. Skills are practiced in simulation laboratories and in the Experiential Learning Program.

Management skills are developed through lectures and targeted activities in the Profession of Pharmacy course sequence across the P1, P2, and P3 years. Early experiences stress the development of personal management skills as students work through exercises in motivation and planning, organization and time management, personal finances, and career development and management. The P2 curriculum expands management skills to work in organizations. Students learn about organizational development and management, develop communication skills, and practice planning, delegation, and teamwork in work settings. The P3 year emphasizes management principles within the health care system, including pharmacoecomics, quality assurance and measurement, basics of business and contract law, and laws and regulations governing the practice of pharmacy. Learning activities focus on the students' ability to recognize, adapt to, and influence changes in the health care system and the pharmacy profession.

Students learn to promote health improvement and wellness early in the curriculum. Students develop public health projects including brown-bag sessions and blood pressure screenings in the IPPE experiences and extracurricular activities, which allow students to develop and apply the skills necessary to promote health and wellness within the community. For example, students collaborate multiple times throughout the year with the University's Center for Minority Health to conduct blood pressure screenings and education as part of the Center's city-wide efforts to promote health and wellness in the minority communities of Pittsburgh. The School collaborates with the Center for its annual *Take a*

Health Care Professional to the People Day each September, during which students and professionals from a variety of health professions provide wellness screenings in barber shops and beauty salons in various Pittsburgh communities. The focus on the pharmacist's role in the health of the community is expanded in the P2 year, with an introduction to health literacy issues, models for health behavior change, and communication skills, such as motivational interviewing.

Use of the Mastery Scale (Appendix 15-D) demonstrates the development of skills across the curriculum that culminates in the student's ability to practice pharmacy independently. By the end of the P4 year, the majority of students demonstrate proficiency in pharmacy practice skills, with consistent performance that requires minimal supervision and confidence. The assessment matrix (Appendix 15-C) is designed to monitor the mastery of curricular outcomes according to the Mastery Scale throughout the four years of the curriculum. Targeted assessment strategies are employed to determine the individual student's attainment of the competency and, ultimately, the curricular outcome. An example of this is demonstrated in Table 12-2.

Table 12-2. Sample Diagram of Curricular Outcomes and Competencies

Outcome	Patient Assessment
Competency	Measure Blood Pressure
Instruction	Cardiology Module
Skill Development	Human Patient Simulators at the WISER Center
Assessment	Blood Pressure Measurement Exam Using Human Patient Simulators
Practice Skill	Public Health Projects at Experiential Learning Sites

Courses are linked to the curricular outcomes in curricular maps (Appendices 12-D and 12-E). The curricular maps are derived from the information contained in each course syllabus and provide integrated horizontal and vertical views of the curriculum, as well as summaries of teaching and assessment methods used in core and elective courses. Each term, curricular maps are updated with information from the course syllabi that are submitted to the Curriculum Committee prior to the start of the term. The curricular maps are tools that facilitate continuous quality improvements through deliberate thoughtful analyses. The committee uses the maps to identify drifts in content and gaps that may exist in the development of knowledge and skills across the curriculum. When necessary, the committee appoints a task force to review specific outcomes and enhance curriculum delivery. Examples

of outcomes that have been addressed by this process include management, public health, and professional inquiry, which have been described in the narrative of Standard 10.

Comments

The curriculum incorporates a variety of interprofessional experiences to promote collaboration between health professions. The School continues to collaborate with other University schools of the health sciences to develop interprofessional experiences for students from all professions. Most recently, Dr. Susan Meyer, in collaboration with Drs. Hollis Day and Helen Burns from the School of Medicine and the School of Nursing, respectively, was awarded an educational grant from the University to develop the standardized colleague, a new teaching strategy to promote interprofessional skill development and collaboration.

The curricular map is a dynamic process that guides the actions of the Curriculum Committee. The curricular map links curricular outcomes, content areas, teaching and learning methods, and assessment methods to each course in the curriculum. The Curriculum Committee regularly evaluates the curricular map with updated course syllabi each term and through the course review process to target areas for improvement within the curriculum.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
12-A	Curricular Outcomes
12-B	Sample Syllabus PHARM 5216
12-C	Map of Curricular Outcomes to CAPE Outcomes
12-D	Curricular Map – Core
12-E	Curricular Map – Electives

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

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

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

	S	N.I.
The curriculum contains the necessary elements within the following areas as outlined in Appendix B of the Standards:		
• biomedical sciences	●	○
• pharmaceutical sciences	●	○
• social/behavioral/administrative sciences	●	○
• clinical sciences	●	○
Knowledge, practice skills, and professional attitudes and values are integrated and applied, reinforced, and advanced throughout the curriculum, including the pharmacy practice experiences.	●	○
The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are of adequate depth, scope, timeliness, quality, sequence, and emphasis to provide the foundation and support for the intellectual and clinical objectives of the professional degree program.	●	○
The sciences provide the basis for understanding the development and use of medications and other therapies for the treatment and prevention of disease.	●	○
Where instruction is provided by academic units of the university other than the pharmacy program, these areas are developed in accordance with the professional degree program's curricular goals and objectives; and assessment liaison mechanisms ensure effective instructional delivery and achievement of the educational objectives of the program. N/A (no outside instruction) ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The curriculum is a curriculum of the School. It is structured to assure that science provides the basis for understanding the development and use of medications and other therapies. The curriculum integrates the biomedical, pharmaceutical, behavioral, social, and administrative sciences with pharmacy practice and professional experience. Course content is highly integrated horizontally within each year and vertically across years. To ensure that science and practice concepts are integrated within courses, two faculty members coordinate therapeutic courses—one with science expertise and one with practice expertise. Both required and elective courses must be approved by the Curriculum Committee, as described in the narrative and appendices of Standard 10. Department chairs work collaboratively to assign coordinators for required courses. Faculty members who teach within each course work as a team and meet periodically to re-evaluate content and sequencing of lectures.

The Curriculum Committee oversees the horizontal and vertical integration of science, practice and professional experiences through the Professional Year Coordinators (members of the Curriculum Committee assigned to each professional year as described in Standard 10). The year coordinators convene course coordinators within the year to provide integration of content and skills. The Curriculum Committee systematically evaluates courses, including content and teaching and assessments to assure the integrity of the curriculum. Additionally, the curricular map links course content to curricular outcomes using the keywords from Appendix B of the ACPE Accreditation Standards. Course coordinators and contributing faculty identify the keywords selected from Appendix B in their syllabus (Appendix 9-A), which are then incorporated into the curricular maps for core and elective courses (Appendices 13-A, 13-B).

The courses of the P1 year provide students with a foundation in the pharmaceutical sciences and practice. Anatomy and Physiology frames and develops the concepts of cellular physiology, organ-system specific anatomy, and physiology. Biochemistry, Principles of Drug Action, and Drug Development 1 introduce concepts in pharmacology, pharmacokinetics, drug discovery, pharmaceutical analysis, biotechnology, and gene therapy. The Profession of Pharmacy 1 and 2 courses introduce students to the profession of pharmacy and the behavioral, social, and administrative sciences needed to practice elements of direct patient care through simulated and actual patient interactions. Students answer drug-related questions, review statistical principles, and are expected to complete a variety of written and oral assignments. The School's longstanding experiential program in the P1 year introduces basic pharmacy practice skills and development of an understanding and sense of professional responsibility to meet the fundamental health care needs of diverse populations.

The courses of the P2 year expand on the science and practice foundations of the first year and are highly integrated horizontally. In Drug Development 2 and 3, students develop knowledge and skills in pharmacokinetics, dosage forms, and pharmacy calculations. The infectious disease, cardiology, and gastrointestinal therapeutic modules incorporate biomedical, pharmaceutical sciences, and practice concepts. The Advanced Pharmaceutical Care 1 course applies a self-directed learning strategy to therapeutic content to promote lifelong learning skills in students. Profession of Pharmacy 3 and 4 expand on the professional behaviors introduced in the P1 year with a focus on development of skills in self-care and management. The deliberate focus of the introductory pharmacy practice experiences is on the steps to implement direct patient care practices in the community. Students practice patient

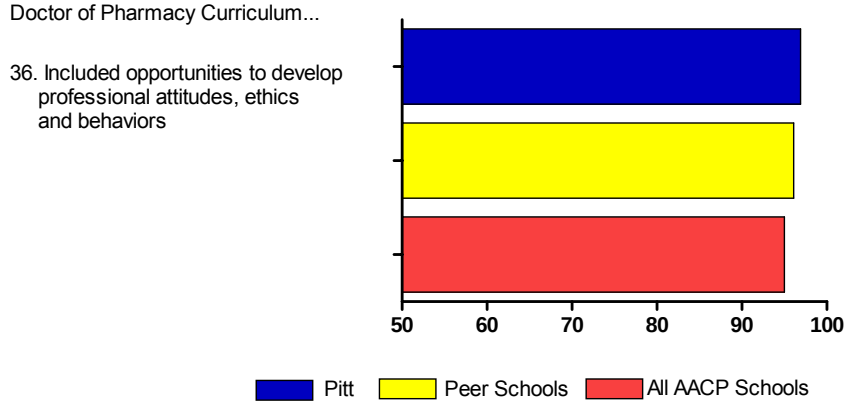
interviewing skills and patient care documentation regarding patient assessment and therapy recommendations. Reflections and small group discussions allow students to consolidate and synthesize their learning.

The P3 year further integrates science and practice in organ-based therapeutic modules: immunology, endocrinology, pulmonology/rheumatology, neurology/psychiatry, and oncology/hematology. Self-directed learning strategies introduced in the P2 year are applied in the Advanced Pharmaceutical Care 2 course. The Profession of Pharmacy 5 and 6 courses provide instruction in pharmacy law and further develop literature evaluation skills with application to journal club debates and management within health systems (pharmacoeconomics, drug and disease state management). Professional electives in this year contribute to individual career interests. Experiential learning focuses on practice in institutional settings. Students have the opportunity to participate in direct patient care and other specialized areas of practice.

The P4 year is the culmination of application and integration. Students provide patient care in a variety of settings, refine literature retrieval and evaluation skills, enhance their understanding of statistical concepts, practice oral and written communication, apply pharmacy management principles, and determine therapeutic outcomes. Specific outcomes for each core rotation are included in the course syllabi and are described in the narrative of Standard 14. Additionally, each student delivers a 30-minute seminar to demonstrate ability to retrieve, organize, and present information related to a new drug or drug treatment.

Figure 13-1 provides data from the 2009 AACP Graduating Student Survey regarding student opportunities to develop professional attitudes, ethics, and behaviors.

Figure 13-1. Percentage Graduating Students Agreeing with Statement



Comments

The vertically integrated design of content demands systematic sequencing of information and a progressive development of complexity to achieve the intellectual and clinical objectives of the curriculum.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
13-A	Curricular Map Content – Core Curriculum
13-B	Curricular Map Content – Elective Courses

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

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

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

	S	N.I.
The college or school provides a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.	●	○
The pharmacy practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.	●	○
The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site are defined.	●	○
Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes are documented and assessed.	●	○
In aggregate, the pharmacy practice experiences include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.	●	○
Most pharmacy practice experiences are under the supervision of qualified pharmacist preceptors licensed in the United States.	●	○
The college or school ensures that preceptors receive orientation regarding the outcomes expected of students and the pedagogical methods that enhance learning, especially for first-time preceptors prior to assuming their responsibilities, ongoing training, and development.	●	○
Students do not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.	●	○
The introductory pharmacy practice experiences involve actual practice experiences in community and institutional settings and permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities.	●	○
All required advanced pharmacy practice experiences in all program pathways are conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands).	●	○
Required experiences include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings: • community pharmacy • hospital or health-system pharmacy • ambulatory care • inpatient/acute care general medicine	●	○
The college or school has addressed the guidelines for this standard.	●	○

"One must learn by doing the thing; though you think you know it, you have no certainty until you try."

—*Sophocles*

Description

The Experiential Learning Program provides a continuum of required and elective pharmacy practice experiences. Introductory experiences (IPPEs) over the first three years increase in scope and complexity as the students advance in the curriculum to prepare them for their Advanced Pharmacy Practice Experiences (APPEs) in the fourth year. Students will have achieved the professional competencies presented in the narrative of Standard 12 by the end of the P4 year. Appendix 14-A lists the focus of experiential learning for each year. All required APPEs and IPPEs are conducted in the United States under the guidance of qualified licensed pharmacist preceptors.

The objectives of experiential learning in the P1 year are to provide students with an introduction to basic pharmacy practice skills, an understanding of the fundamental health care needs of diverse populations and to foster a sense of professional responsibility to help meet those needs. Objectives are accomplished through a combination of service learning and IPPE in the Experiential Learning and Profession of Pharmacy courses. Service learning hours, while providing valuable experience in the development of communication skills and understanding health needs of diverse populations, do not count toward the required 300 hours of IPPE activities.

IPPE sites include community pharmacies, hospitals, skilled nursing facilities, outpatient clinics, a drug information center, and a government agency providing Medicare Part D counseling to the elderly. The IPPE program for the P1 year was strengthened in 2009 by the addition of new practice site experiences designed to introduce students to increase the number of student-patient interactions. The practice activities are integrated with classroom content presented in the Profession of Pharmacy course. A list of P1 rotation sites is found in Appendix 14-B. Students participate in on-campus debriefings and reflect on their progress in mastery of goals.

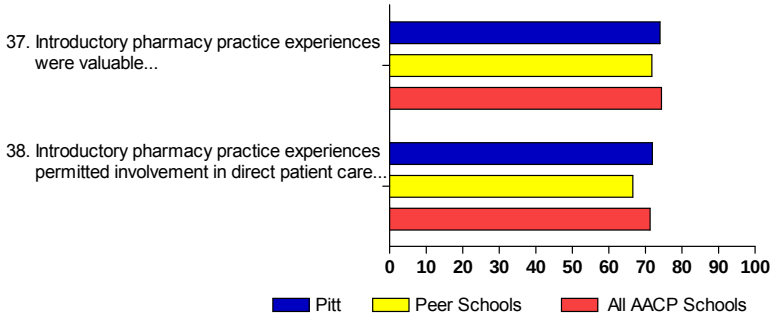
Students gain early patient care experience in the Silver Scripts program, which is part of the Profession of Pharmacy 2 course in the P1 year. Students interview patients at senior centers to develop a medication history and to identify drug-related problems. Students develop patient care plans to address drug-related problems identified during the interview and return to the same senior center sites one month later to follow up with their patients.

IPPEs in the P2 year engage students in patient care practice in the community pharmacy setting. IPPEs are integrated within the curriculum through concurrent lectures, large group interactive sessions, small group reflective discussions of the practice experience, and pharmacy practice skills laboratory sessions. All students participate in experiences at community pharmacies and also visit a managed care facility and an ambulatory care clinic. The managed care and ambulatory care experiences are designed to increase the students' direct interprofessional patient care skills. Students in the P2 year also develop communication, patient care, and interprofessional skills by participating in clinics organized by the Grace Lamsam Pharmacy Program for the Underserved. Appendix 14-C lists P2 rotation sites and preceptors. Each P-2 student participates in a self-directed IPPE that is a project to perform patient-centered activities in a variety of settings under the guidance of a preceptor. See Appendix 14-D for project guidelines. Collectively, these P2 experiences provide the student with diverse direct patient care experiences.

In the P3 year, experiential learning focuses on the practice of pharmacy in institutional settings. Students complete two one-week (40-hour) rotations. One rotation takes place at an assigned institutional site and the other at an elective health system practice site of the student's choice. P3 rotation sites and preceptors are listed in Appendix 14-E. Students in the P3 year also participate in a self-directed IPPE project that uses the same guidelines as the P2 project.

Spanning the P1, P2, and P3 years of the PharmD program, the IPPEs provide students with 312 hours of on-site practice activities. Figure 14-1 provides data from the 2009 AACP Graduating Student Survey that provides student perspectives on the nature and value of IPPEs. A table detailing activities and hours that compose the IPPE program can be found in Appendix 14-F.

Figure 14-1. Percentage of Students Agreeing with Statement



In the P4 year students complete seven APPE rotations comprising a total of 36 weeks (1440 hours). Required APPE rotations include one community pharmacy rotation, one hospital pharmacy rotation, one ambulatory care rotation, one inpatient/acute care rotation, and one additional ambulatory care or

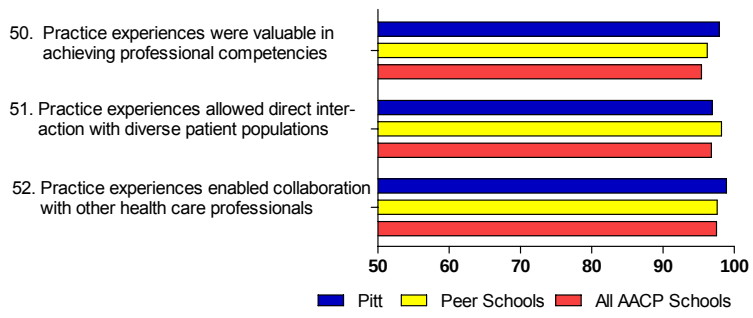
inpatient/acute care rotation. Core syllabi have been developed for each of the required rotations (Appendix 14-G). Appendix 14-H lists P4 rotation sites and preceptors. The first rotation block, mandatory for all students, is six weeks in length; each subsequent block is five weeks. The additional week in the first rotation is designed to allow students to transition fully from the classroom to full-time pharmacy practice learning environments.

Students must also complete two elective rotations to satisfy APPE requirements. Students may participate in elective rotations outside of the United States, specifically in Honduras, Ireland, and Italy. International elective rotations are coordinated by faculty within the School.

Prior to each rotation, each student contacts the preceptor with a letter of introduction that outlines the student's expectations for the rotation. The letter is accompanied by the student's curriculum vitae or résumé and a list of prior rotations completed. Course syllabi are provided to students and preceptors for each of the IPPEs and the required APPEs. The syllabi contain specific objectives for each rotation, responsibilities of the preceptor, and core assignments that must be completed by the student. Mastery-based assessment is used across all four years of the curriculum for evaluation of experiential learning activities to show progressive student development of knowledge, skills, and attitudes reflected in the curricular outcomes. APPE preceptors complete the P4 Preceptor Evaluation of the Pharmacy Student Form (Appendix 14-I); they also complete the Mastery Assessment Form (Appendix 14-J) that documents the student's mastery progression across all rotations. At the beginning of each successive rotation, students share the form with the new preceptor, who uses this information to tailor the rotation to meet student needs in achieving the curricular outcomes.

The 2009 AACP Graduating Student Survey data validates the overall quality of the IPPEs and APPEs (Figure 14-2). Ongoing program assessment is provided by the Experiential Learning Committee, which is composed of course coordinators for the experiential learning courses, the director and assistant director of experiential learning, and two student representatives from each professional

Figure 14-2. Percentage of Students Agreeing with Statement



year. The Committee establishes preceptor and site standards, reviews evaluative data, and recommends program improvements to the PharmD Council and the Leadership Team.

Comments

The School has a long tradition of incorporating practice experiences early in the professional program. The School provides a continuum of required and elective pharmacy practice experiences throughout the curriculum that are sequenced and integrated with the classroom-based curriculum in order to facilitate student achievement of the School's curricular outcomes. The scope of required IPPEs, inclusive of community pharmacies, institutional settings, underserved clinics, a drug information center, managed care, and ambulatory care clinics provides a broad exposure and early and progressive opportunities for students to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values that are developed through the other components of the curriculum. The high level of integration between IPPEs and classroom-based learning is commendable.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
14-A	Experiential Learning Program Outline
14-B	P1 Rotation Sites and Preceptors 2008-2009
14-C	P2 Rotation Sites and Preceptors 2008-2009
14-D	Experiential Learning Project Guidelines
14-E	P3 Rotation Sites and Preceptors 2009-2010
14-F	IPPE Program Table
14-G	APPE Core Rotation Syllabi
14-H	P4 Rotation Sites and Preceptors 2009-2010
14-I	P4 Preceptor Evaluation of the Pharmacy Student Form
14-J	Mastery Assessment Summary Form

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

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

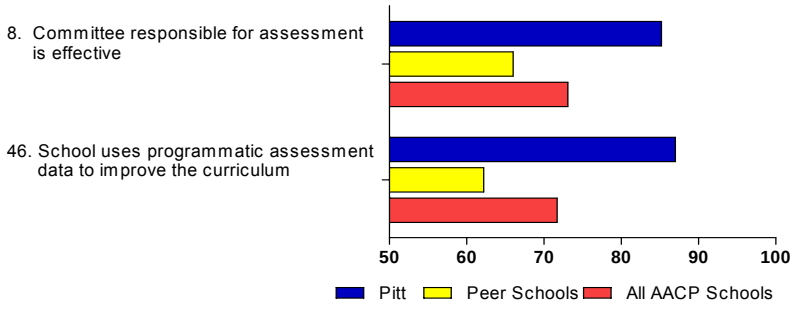
	S	N.I.
The college or school develops and carries out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities employ a variety of valid and reliable measures systematically and sequentially throughout the professional degree program.	●	○
The college or school uses the analysis of assessment measures to improve student learning and the achievement of the professional competencies.	●	○
The college or school systematically and sequentially evaluates its curricular structure, content, organization, and outcomes.	●	○
The college or school uses the analysis of outcome measures for continuous improvement of the curriculum and its delivery.	●	○
The college or school has developed a system to evaluate curricular effectiveness.	●	○
The college or school ensures the credibility of the degrees it awards and the integrity of student work.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

Assessment of curricular effectiveness has been conducted at the School since 1998 with the inception of the PharmD degree as the sole professional degree program and involves the systematic use of valid and reliable measures that permit the School to sequentially assess student learning, perform curricular assessment, and apply an outcomes-driven continuous quality improvement process. The main body responsible for curricular assessment is the Curriculum Assessment Committee (CAC), which is charged with meeting accreditation standards for assessment, evolving and implementing the School's assessment plan, and conducting assessments and analyzing data to document the attainment of student learning (Appendix 15-A). The CAC works with the Curriculum Committee and faculty in a cohesive and complementary fashion for continuous improvement of the curriculum and its delivery. The CAC and Curriculum Committee use a data-driven process including quantitative and qualitative data collected from internal sources (e.g., faculty, staff, students, Dean's Advisory Board), external sources (e.g., Board of Visitors, preceptors, student employers (Appendix 15-B), and national data of student performance, such as NAPLEX and MJPE data (Appendix 9-B). The data is used by both committees to direct the systematic and sequential evaluation of the structure and organization of curricular content and the curricular outcomes.

Curricular assessment has been a longstanding tradition at the School. Current members of the CAC include faculty from both departments and student representatives from each professional year. The CAC chair is an *ex officio* member of the Curriculum Committee and communicates bi-monthly to the committee on the actions and deliberations of the CAC. Results from the 2009 AACP Faculty Survey, provided in Figure 15-1, indicate that faculty view this committee as effective and active in fulfilling its mission.

Figure 15-1. Percentage of Faculty Agreeing with Statement



Qualitative and quantitative data are embedded in the Assessment Matrix (Appendix 15-C). Constructed for the Middle States Accreditation in 2007, the Assessment Matrix is an innovative organizing tool used to guide systematic and sequential processes to assess curricular effectiveness, monitor student development and achievement of stated learning outcomes over time and across the curriculum, and encourage continuous quality improvements. Teaching and learning methods, formative and summative assessments employed in didactic courses and experiential learning, as well as standardized performance tests such as NAPLEX, were chosen as measures to provide composite representations of student abilities of each curricular outcome providing valid and reliable representations; new metrics are added as appropriate to refine assessment. Measures are also derived from other components of the PharmD program. For example, one measure used to assess professionalism is student involvement in professional organizations.

The Assessment Matrix captures formative and summative assessment methods throughout the curriculum. Data reflects a variety of evaluation methods including knowledge-based examinations and performance/skill-based assessments. The CAC reviews the data yearly and formulates recommendations to the Curriculum Committee for discussion and actions as needed to enhance student learning in targeted areas for program improvement. The Curriculum Committee utilizes its Professional Year Coordinators (PYCs) to work with faculty within years and across the curriculum to develop and implement strategies to address areas of need. An example of our process is included in Table 15-1.

Table 15-1. Case Analysis Notes	
Learning Outcome	General Outcome 1. (Critical Thinking) Practice Outcome 1. (Patient Assessment) Practice Outcomes 2, 3, and 4. (Pharmaceutical Care Plan Development, Management, and Decision Making)
Assessment Method	Case analysis notes from P1, P2, and P3 classes evaluated by faculty using set of predetermined criteria
Standard of Comparison	100% of evaluated case analysis notes score at or above 80%
Interpretation of Results	P1, Silver Scripts: 78% of students scored at/above 80%, with average class score 80%, in Assignment #1. However, performance improved, with 95% scoring at/above 80% and average score 92%. P2, APC 1 course: 81-91% of four individual student notes were scored at/above 80%, with evidence of progressive improvement in scores with sequential exercises. P2, ID course: 90% of students scored at/above 80%, with average class score 86% on Spring Capstone Case. P3 Fall Classes: 91-100% of individual student case notes were scored at/above 80%. P3, APC 2 course: Class average for Capstone Case is 91% with 99% of students scored at/above 80%.
Use of Results/Action Plan	Curriculum Committee is addressing strategies to standardize the assessment of SOAP notes, case analysis notes, and patient assessment.

This example demonstrates the loop of assessment between the Curriculum Assessment and Curriculum Committees. Use of such a standardized assessment tool, as described above, will provide a consistent language and expectation for both students and faculty for assessment of student performance and permit further systematic and sequential analysis of student achievement of curricular outcomes.

The School has a long history in the development of mastery-based assessment measures, with work dating to the inception of the four-year professional program. The Mastery Scale (Appendix 15-D) was refined as an assessment tool to evaluate student development of professional competencies in 2006 by the CAC, building on the philosophy that learners must pass through a number of developmental stages to achieve mastery. Our Mastery Scale describes progressive development of knowledge and skills in six stages of learning. The upper anchor is not used for curricular assessment, as it represents a developmental stage that occurs after graduation from the PharmD program. The remaining four stages define the learning that occurs within the curriculum for each curricular outcome: awareness, beginning competence, intermediate competence, and proficiency. Through systematic and sequential use of this scale in experiential learning and didactic course experiences, students can map their learning and evaluate their individual progress through self-reflection.

Use of the Mastery Scale was implemented in the Experiential Learning Program, through collaboration of the Curriculum Assessment, Curriculum and Experiential Learning Committees, in APPEs (2007), with subsequent adoption in P3 IPPEs (2008) and expansion to P1 and P2 IPPEs (2009). Use of the Mastery Scale by preceptors and students documents a student's progressive development defined for our curriculum outcomes in a variety of health care settings. The Mastery Assessment Summary Form (Appendix 14-J) provides a common assessment tool that promotes consistency and reliability of assessments within and among faculty, practice sites, and preceptors.

Results from a recent analysis demonstrated that the Mastery Scale facilitates consistent evaluation of student achievement of curriculum outcomes by preceptors in diverse sites while providing a "report card" for the curriculum itself. Preliminary results of Mastery Scale use have been presented at an AACP annual meeting; study of this scale in our curriculum continues (Appendix 15-E). The Mastery Scale has also been a foundation for evaluation tools in didactic courses in the P1 through P3 years. With continued refinement and use, this should further the ability of faculty and students to sequentially evaluate progress toward achievement of curricular outcomes throughout the program. Courses utilizing the Master Scale are presented in Table 15-2.

Table 15-2. Sequential Evaluation of Curricular Outcomes Utilizing Mastery-Based Assessment

Professional Year	Courses Using Mastery Scale Assessment
1	Profession of Pharmacy I and II Experiential Learning
2	Advanced Pharmaceutical Care I Infectious Diseases I and II Experiential Learning
3	Advanced Pharmaceutical Care II Experiential Learning
4	Experiential Learning

With inception of the four-year professional degree program, the School adopted student portfolios as a method of student learning. For more than a decade, the student portfolio has been a collection of work used by students and faculty to provide a record of and reflection on students' activities and achievements. Although most visible as requirements in experiential learning courses across program years, portfolios have been built as composites of experiential activities and assignments, didactic course projects, assignments, and other notable professional activities including experiential learning,

organization projects, or other selected materials. Student portfolios contain résumés or CVs and career plans as well as assignments and journal entries that document their developmental progress. Student self-reflection is an essential component of the portfolio process, with required self-assessments using our Mastery Scale and self-analysis. Students are encouraged to include assignments and self-reflection pieces from all years of the curriculum in the portfolio as evidence of progressive development of mastery. Use of these portfolios requires students to become self-directed learners, moving from dependent to independent learners.

Students have generally maintained such portfolios in paper form. A pilot project begun in 2007 utilized an electronic portfolio platform (TaskStream®) to provide a defined structure for the individual student's collection of evidence supporting achievement of the curricular learning outcomes. The Class of 2011 will complete their portfolio work using this platform.

Comments

The development, refinement, and adoption of the Assessment Matrix is commendable. The Assessment Matrix is an innovative organizing tool used to guide systematic and sequential processes to assess curricular effectiveness, monitor student development and achievement of stated learning outcomes over time and across the curriculum, and encourage continuous quality improvements. The matrix has the advantage of also meeting the needs of the University for Middle States accreditation.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
15-A	Charge to Curriculum Assessment Committee
15-B	Self-Assessment Report, Preceptor Interviews, 2007
15-C	Assessment Matrix
15-D	Stages of Professional Mastery (Mastery Scale)
15-E	Mastery Assessment Outcomes for APPE

Students

For Standards 16-23:

Use a check ☑ to indicate the information evaluated to assess the standards in this section:

- ☑ Synopsis of the Curriculum Vitae of the student affairs administrative officer. (16)
- ☑ An organizational chart depicting student services and the corresponding responsible person(s). (16)
- ☑ Description of the nature of student services offered. (16)
- ☑ Examples of documents used for student orientation. (16)
- ☑ Student Handbook **(to be made available on site).** (16, 21)
- ☑ Description of sections of the student handbook that deal with specific requirements of the standard and guidelines. (16)
- ☐ Professional Technical Standards[1] for the school or college and/or university. (16)
- ☑ Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met. (17)
- ☑ Evidence that enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources. (17)
- ☑ Description of the college or school's recruitment methods. (17)
- ☑ Recruitment and admissions data. (17)
- ☑ Examples of recruitment methods: college or school's catalog, recruitment brochures, college or school Internet site. (17)
- ☑ Aggregate data on student employment after graduation. (17)
- ☐ Curricular outcomes data correlated with admissions data (Standard 3). (17)
- ☑ Description of methods used to assess verbal and written communication skills. (17)
- ☑ If applicable, example of an Early Assurance Program agreement between the college or school and the associated institution(s) or student. (17)
- ☑ Student transfer credit and course waiver policies. (18)
- ☑ Number of transfer students and correlation of transfer policy and success in the program. (18)
- ☑ Student progression policy consistent with the college or school's mission. (19)
- ☑ Data on student matriculation, progression and graduation rates correlated to admission and transfer policies. (19)
- ☑ Section of the student handbook that covers the student progression policy. (19)
- ☑ Copy of policy and procedures for handling complaints related to ACPE Standards. (20)
- ☑ Description of how the complaint policy is communicated to students. (20)
- ☑ Discussion of number of complaints since last accreditation visit and the nature of their resolution. (20)
- ☑ College or school's catalog, recruitment brochures **(to be made available on site)**. (21)
- ☑ URL to program information on the college or school's Internet site. (21)
- ☑ List of committees involving students and the names and professional years of students involved on committees. (22)
- ☑ Description of 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. (22)
- ☑ Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives. (22)
- ☑ The college or school's codes of conduct addressing professional behavior and harmonious relationships. (23)
- ☑ Description of strategies that the college or school has used to promote professional behavior; and the outcomes. (23)
- ☑ Description of strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes. (23)
- ☑ Description of strategies that the college or school has used to promote student mentoring and leadership development; and the outcomes. (23)
- ☑ Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Other documentation or data that provides evidence of meeting the standard.

[1] Professional technical standards are established by the university, college, or school based on the physical and mental attributes required of students to be able to function competently as a pharmacist upon graduation.

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

	S	N.I.
The college or school has an organizational element(s) devoted to student services.	●	○
The organizational element(s) devoted to student services has an administrative officer responsible for overseeing and coordinating them.	●	○
The college or school has an ordered, accurate, and secure system of student records which are confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA).	●	○
Student services personnel are knowledgeable regarding FERPA law and its requirements.	●	○
The college or school provides students with financial aid information and guidance.	●	○
The college or school offers access to adequate health and counseling services for students. Appropriate immunization standards exist, along with the means to ensure that such standards are satisfied.	●	○
The college or school has policies in place so that students who have off-campus classes or pharmacy practice experiences fully understand their insurance coverage and where and how to access health and counseling services.	●	○
The college or school has a policy on student services, including admissions and progression, that ensures nondiscrimination as defined by state and federal laws and regulations, such as on the basis of race, religion, gender, lifestyle, sexual orientation, national origin, or disability.	●	○
The college or school has addressed the guidelines for this standard.	●	○

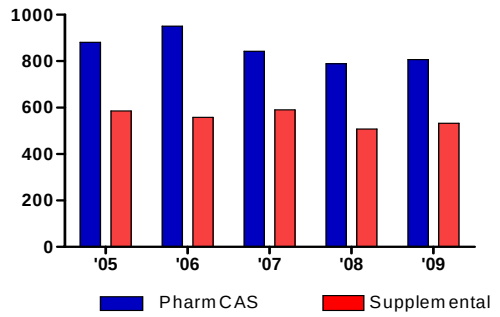
Description

The School's students have access to extensive student services that are provided by the University including financial aid, student health service, counseling, safety, housing, transportation, and identification cards www.pitt.edu/students.html. The School's John P. and Constance A. Curran Center for Pharmacy Students (Curran Center) located in Salk Hall provides a wide variety of services specific to PharmD students supporting recruitment and admissions, experiential learning, student academic progression, and student organizations. The responsibilities of the assistant dean for students and the six full-time Curran Center staff are shown in Appendix 16-A. The director of student services oversees the day-to-day conduct of the Curran Center and is accountable for achievement of specific goals. The assistant dean for students has overall responsibility for student services programs and is responsible for assisting students in dealing with academic and personal issues, leading content development and design of orientation programs, recommending student-related policy changes to the Leadership Team, and reporting actions and progress on student-related Long-Range Plan goals to the Leadership Team. All activities of the student services group are guided by the University policy on nondiscrimination http://www.bc.pitt.edu/policies/policy/07/07-01-03.html. Curran Center staff review and sign an affidavit affirming that they understand the University Customer Information Security Plan, inclusive of processes to assure student information confidentiality. They also receive training on the Family Educational Rights and Privacy Act (FERPA).

The Curran Center coordinates and supports student recruiting efforts of the School and participates in recruiting events organized by the University's Office of Admissions and Financial Aid, outlined Appendix 16-B. About 600 high school students participate in these programs each year. Approximately 130 prospective students visit the School by private appointment at the Curran Center. The Curran Center is responsible for the information on the School and PharmCAS Web sites that informs potential students about the requirements and process for admission to the School. In addition, the Curran Center provides support for student organizations that engage in outreach and recruitment activities with high school students.

The Curran Center manages the PharmCAS process for student applications and supports the admissions committee review of students, plans and assists in the interview process for selected applicants, manages the acceptance offer process, and provides updates to the admission committee. The staff efficiently manages and processes applications. The number of PharmCAS applicants and supplemental applications processed each year for the approximately 50 open seats is presented in Figure 16-1.

Figure 16-1. Applications Processed by Year

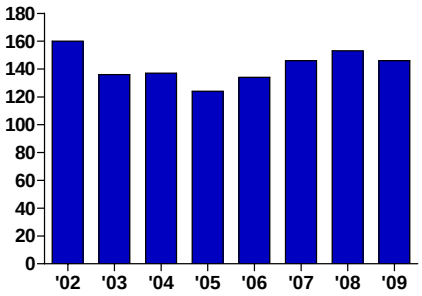


Entering P1 students are provided a two-day orientation to the School that introduces them to the School's mission, values, and Long-Range Plan goals. Orientation provides an overview of the curriculum, complaint policies (including the complaint policy regarding the ACPE standards), library resources, group learning activities, access to personal and professional help, and policies on code of conduct and academic performance. Orientation also includes information about computer access, use of the PharmD student portal on the School's Web site, CourseWeb (Blackboard), and personal audience response system. A complete schedule of activities for orientation is provided in Appendix 16-C.

The Curran Center is responsible for communicating to students the availability of scholarships through the School, for processing scholarship applications, and for supporting the scholarship committee in selecting students for scholarship awards. The committee awards approximately $300,000 in

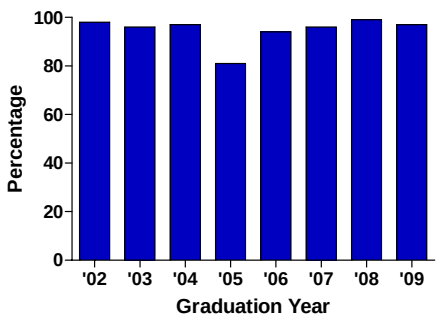
scholarships each year. The number of students receiving scholarships of at least $1,000 from the School is shown in Figure 16-2. In fall 2008, 146 students received an average of $2,328. The Curran Center also provides students information on financial aid through the University. The 2009 AACP Graduating Student Survey, however, indicated 24% of the respondents were not satisfied with financial aid services and almost 30% did not use the service. To address this complaint, one Curran Center staff member and one University Office of Admissions and Financial Aid now serve as liaisons between the School and University to address financial aid matters of pharmacy students.

Figure 16-2. Students Awarded Scholarships



Student academic progression is monitored through the Curran Center; student grades and cumulative GPAs at the end of each semester are reported to the School's Academic Performance Committee for any necessary action in accordance with academic performance policies and procedures. As shown in Figure 16-3, the percentage of students that graduate with their entering class (in four years) has been greater than 94% every year with the exception of the Class of 2005. Circumstances related to the attrition of students from this class were addressed in the School's interim report to ACPE submitted in April 2004.

Figure 16-3. Percent Students Graduating in Four Years



Academic counseling is coordinated through the Curran Center. The faculty adopted a revised student advising program in August 2009 in response to input from students. The program is outlined in Appendix 16-D. Career planning and advising have also been incorporated into Profession of Pharmacy (POP) courses and include the APhA Career Pathways Program. The Curran Center provides support to the student organizations in sponsoring an annual career fair. Students also have the opportunity to attend the Annual Career Roundtables sponsored by the School of Pharmacy Alumni Society. At the suggestion of students, eight faculty members will have the responsibility as longitudinal class advisors (two for each class) beginning in fall 2009.

Students who are located on the campus have access to the University's Student Health Service; when they are off campus they must be familiar with their insurance policy and its provisions for care and coverage. The University of Pittsburgh/UPMC Student Health Plan is an optional program that students and their parents may select if the student's health insurance does not provide coverage in the local campus area. PharmD students must provide evidence of and maintain personal medical insurance coverage at all times while off-campus at experiential training sites. Student responsibility with regard to injury or accidents is defined in the informed consent they sign each year for participation in the Experiential Learning Program. The informed consent form is included as Appendix 16-E. The Curran Center staff also ensures that all documentation necessary for student participation in the Experiential Learning Program is current and that students have signed releases to communicate that information to preceptors. The School's immunization requirements are provided in Appendix 16-F and forms used to document immunizations and tuberculin status are provided as Appendices 16-G and 16-H.

Students with disabilities register with and are evaluated by the University's Disabilities Resource Center. The Center's recommendations are forwarded to relevant course coordinators. The Curran Center secures alternative test-taking facilities and other accommodations for students as recommended by the Resource Center.

Quality Improvement

In summer 2009, the faculty adopted a revised student advising program. Student feedback on the effectiveness of the program will be obtained through discussion with the dean in two forums: the Dean's Advisory Board and with each class at the dean's annual "Conversation with the Dean" meeting.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
16-A	Student Services Personnel and Their Primary Responsibilities
16-B	Recruitment for the PharmD Program
16-C	Schedule for Orientation for P1 Students
16-D	University of Pittsburgh School of Pharmacy Student Advising Program
16-E	Informed Consent for PharmD Students Experiential Learning
16-F	Immunization Policies for PharmD Students
16-G	Immunization Records for PharmD Students
16-H	Tuberculin Status Form for PharmD Students

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

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

	S	N.I.
The college or school produces and makes criteria, policies, and procedures for admission to the professional degree program available to students and prospective students.	●	○
Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional standards for graduation.	●	○
As a component of its evaluation plan, the college or school regularly assesses the criteria, policies, and procedures to ensure the selection of students who have the potential for academic success in the professional degree program and the ability to achieve the professional competencies and to practice in culturally diverse environments.	●	○
Student enrollment is managed in alignment with available physical, financial, faculty, staff, practice site, preceptor, and administrative resources.	●	○
The dean and a duly constituted committee of the college or school share the final responsibility for enrollment and selection of students.	●	○
Written and verbal communication skills are assessed for student admissions in a standardized manner.	●	○
The college or school develops and employs admission criteria that set performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession.	●	○
Admission criteria, policies, and procedures are not compromised regardless of the size and quality of the applicant pool.	●	○
Consultation with ACPE occurs at least six months before recruiting students into new pathways or programs. N/A (no new pathways or programs) ☐	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The School publishes the criteria, policies, and procedures for admission to the PharmD program on the School Web site http://www.pharmacy.pitt.edu/programs/PharmD/default.html, which is available to the public. Applicants for the PharmD program are required to have completed or to be in the process of completing at least 62 credit hours, including 44 credits of required mathematics and science courses and 18 credits of elective courses in the humanities and social sciences. Pre-professional course requirements are listed in Appendix 17-A and on the School's Web site http://www.pharmacy.pitt.edu/programs/PharmD/application/prerequisite.html. Current students have online access to the Student Handbook http://rxweb.pharmacy.pitt.edu/groups/PharmDHandbook, which provides comprehensive information on the PharmD program, School policies, access to official forms, and student services provided by the University and the School.

The School participates in the Pharmacy College Application Service (PharmCAS) administered by AACP. The Admissions Committee oversees all aspects of the admissions process including the development and regular assessment of criteria and procedures for admission for the PharmD program. The committee is composed of the chair (appointed by the dean), ten faculty members with equal representation from each department, two admissions staff members, the assistant dean of students, and an alumni representative. Faculty members are appointed to the committee by the dean upon recommendation of the department chairs. The committee meets regularly throughout the year.

The School offers two forms of admission to the professional program: conditional (early assurance) admission and open admission. Conditional admission is offered to high school seniors whose SAT I (math and critical reading) scores are 1300 or above with a minimum of 680 on the math section, and who graduate in the upper 10% of their class. Students with conditional acceptance must earn a 3.25 overall grade point average, as well as a 3.25 or greater science and math grade point average, without repeating any course or earning any grade below a C in their pre-pharmacy curriculum. In addition, an on-site interview is required for all conditional applicants prior to admission to the School. Beginning with the class entering in fall 2010, all conditional admission students will also be required to take the Pharmacy College Admission Test (PCAT). Approximately half of each class is composed of students with conditional admission.

Students applying through the open admission process constitute the balance of each class. To be competitive in the open admission process, applicants should possess a minimum overall grade point average of 3.0, a math and science grade point average of 3.0, earn a grade of C or better in all pre-professional courses, and obtain a minimum composite PCAT score in the 70th percentile.

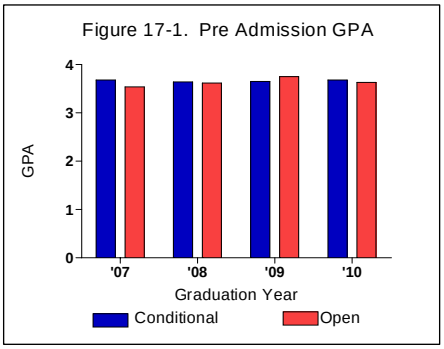
The process for evaluating applicants who apply through open admission is a holistic approach that takes into consideration a variety of qualities including academic excellence, effective communication skills, leadership, motivation, and empathy. Evidence of these qualities includes past academic performance, PCAT score, engagement in community service and extracurricular activities, and letters of recommendation. Communication skills are specifically evaluated through an on-site interview, standardized scoring of the personal essay submitted through PharmCAS, and performance in the required English composition courses.

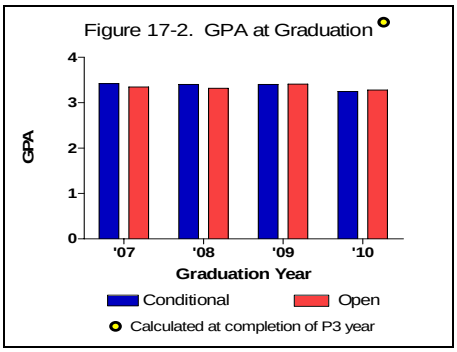
Each open admission application is reviewed and scored by a committee member using the Pharmacy Applicant Scoring System (PASS) shown in Appendix 17-B. PASS data were entered into an internally developed database in 2009 to facilitate quick review by the committee. The committee reviews the top two-thirds of applicants and chooses applicants for invite for interviews. The Admissions Committee reviews the updated application files for all interviewed applicants and selects those who will be offered admission to the PharmD program.

The School uses a behavioral interview with standardized questions designed to obtain evidence of desired characteristics or domains such as empathy, motivation, and judgment in addition to verbal communication skills. Interviewers are trained to use the standardized questions and scoring, which are presented in Appendix 17-C. Each on-site interview is conducted by a team of two faculty members or one faculty member and one staff member. Interviewers do not have access to the applicants' files prior to the interviews, so they are not familiar with the candidates' backgrounds. Each interviewer receives an interview form with a list of questions and prompts for each domain. The applicant's responses in each domain are scored by each interviewer on a 1-4 Likert scale. Following an interview, the interviewers must reach and report a consensus score for each domain and provide an overall evaluation.

Applicants are asked to disclose on the PharmCAS application any previous felony convictions, along with a description of the offense. Applicants are not required to submit a criminal background check as part of the application process; however, students are informed they may be required to provide such information upon admission if requested by an experiential learning site.

Conditional admission and open admission students are equally qualified on entry to the professional program (Figure 17-1) and perform equally well during the program (Figure 17-2).





The maximum number of students enrolled per class has been set at 108 by the Leadership Team to ensure adequate classroom space, faculty, staff, financial and administrative resources, as well as the availability of preceptors and experiential learning sites. The School has the physical, financial, faculty, staff, practice sites, preceptors and administrative resources to support the PharmD program.

Comments

The effective admissions process including the Pharmacy Applicant Scoring System is commendable. Each entering class is composed of highly motivated, academically qualified students with demonstrated leadership skills that are imbued with the keen desire to provide patients the best care possible. Retention and graduation rates (Standard 16, Figure 16-3) confirm that admissions policy and procedures maximize the probability that students will successfully complete the program in the expected timeframe. After each class is admitted, the Curriculum Assessment Committee reviews all data and trends over time to analyze the requirements and scoring system in relation to student success. If changes are deemed desirable, the committee makes a proposal to the Leadership Team for action. This results in continuous improvement in the selection process.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
17-A	Pre-Professional Course Requirements
17-B	Pharmacy Applicant Scoring System
17-C	Applicant Interview Domains and Scoring System

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

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

Description

The School has policies regarding the transfer of credits and course waivers as described in the Student Handbook http://rxweb.pharmacy.pitt.edu/groups/PharmDHandbook/ and on the admissions Web site http://www.pharmacy.pitt.edu/programs/PharmD/application/default.html. The School accepts and transfers credits for prerequisite courses from any U.S.-accredited institution provided a grade of C or better has been obtained. Grades lower than a C are non-transferable from institutions other than the University of Pittsburgh. Prerequisite credits are used to partially fulfill requirements for graduation from the PharmD program and must satisfy the guidelines set forth in the School's online supplemental application form. The School accepts some prerequisite credits that have been met through Advanced Placement (AP) exams offered through the College Board and Educational Testing Service (ETS) in accordance with University guidelines for AP exam scores, but does not accept pass/fail, online, distance learning, or College-Level Examination Program (CLEP) credits for prerequisite courses.

The curriculum is designed as a sequence so that courses taught in a professional year are prerequisite to courses taught in subsequent years. Consequently, the curriculum is not designed to accommodate applicants who have fulfilled portions of the course requirements at other universities or pharmacy schools. The School does not admit students to advanced standing in the PharmD program if they have completed portions of the professional course requirements at another pharmacy school.

Students may be granted an exemption from a professional course provided that they can demonstrate satisfactory performance in a course equivalent in content to a course offered by the School. The School has explicit policies and procedures for granting course exemptions to full-time students enrolled in the

professional program, which are presented in Appendix 18-A. Students requesting more than one exemption are required to enroll in an additional elective course in order to maintain full-time status. The most common requests for exemptions are for Biochemistry and for Anatomy and Physiology. The School highly recommends that students exempted from a course continue to attend the classes since the School's courses are developed as an integral prerequisite that integrates vertically with therapeutic modules beginning in the second professional year.

Final Evaluation: ☑ **Meets the Standard**

Appendix

Appendix	Content
18-A	Policy and Procedure for Course Exemptions

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

	S	N.I.
The college or school produces and makes available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.	●	○
The college or school's system of monitoring student performance based on formative assessments of learning outcomes provides for the early detection of academic difficulty.	●	○
The college or school ensures that all students have a comparable system of access to individualized student services such as tutoring and faculty advising. N/A (single pathway) ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The School's admissions criteria and academic requirements have resulted in the enrollment of PharmD classes that have exceptional retention and graduation rates. Retention and graduation rates for classes admitted since 2002 range from 94% to 100%. For the small percentage of students that do not progress with their class, their reasons have been resignation from the program for personal reasons, medical leave of absence, leave of absence for military service, or, rarely, academic probation for course grades or GPA. Policies and procedures for academic progression, academic probation, remediation, dismissal, readmission, rights to due process, and appeal mechanisms are provided to students in the PharmD Student Handbook http://rxweb.pharmacy.pitt.edu/groups/PharmDHandbook/. Information on grading and missed assignments is contained in each course syllabus.

Early detection of academic difficulty in any course is a responsibility of course coordinators, who monitor student progress in their respective courses. Faculty members are readily available to assist students, especially those who experience academic difficulty. Faculty meet with students to discuss their progress and generate a plan to address their inability to meet course outcomes as outlined in the syllabus. In most cases, this results in successful completion of course requirements. If this process does not improve performance, students are referred to the assistant dean of students who may engage a tutor or other assistance for the student. The School's Rho Chi Society provides a tutoring service for students experiencing academic difficulties. Other avenues frequently used by students are student-led study groups and discussion groups.

The academic records of students who do not meet academic standards are reviewed by the School's Academic Performance Committee, composed of faculty from each department, the School's registrar,

the assistant dean of students, and the assistant dean of finance. The School's Policies and Procedures for Academic Progression of Students (Appendix 19-A) guide the committee's decisions. The guidelines address completion of pre-professional courses, maintenance of a full-time course load, the process for withdrawing from a course, and terms for academic resignation or a leave of absence. Students who do not meet the criteria for progression to the next year because of course grades or GPA less than 2.0 are placed on academic probation. The policy outlines the procedure for re-admission of dismissed students to the program and a student's right to due process in addition to the right of appeal for any action taken by the Academic Performance Committee.

Final Evaluation: ☑ Meets the Standard

Appendix

Appendix	Content
19-A	Policies and Procedures: Academic Progression of Students

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

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

Description

The School maintains guidelines, policies, and procedures for the submission of student grievances (Appendix 20-A). The policies and procedures address procedures for submitting a complaint to ACPE for unresolved issues related to the accreditation standards and procedures for filing grievances regarding student or faculty conduct, academic integrity, and sexual harassment. Students' rights to due process and appeal mechanisms are in alignment with University policies. Students have access to the policies and procedures through the PharmD Student Handbook.
http://rxweb.pharmacy.pitt.edu/groups/PharmDHandbook/

The policies and procedures for generating a complaint concerning the School's compliance with ACPE accreditation standards are presented to P1 students during orientation. Students receive a form that includes the following aspects of the complaint policy:

- the purpose of the complaints policy
- the procedure for students who desire to provide comments or file a complaint about the School's compliance with ACPE standards
- the School's obligation to respond to student complaints
- that a file of complaints is maintained for inspection during on-site evaluations
- the procedure for students to file a complaint directly on the ACPE Web site if a complaint is not resolved by the School

At the orientation, each student signs the form and certifies he or she has been informed of all aspects of the complaint policy. The file of complaints is available for inspection by an evaluation team. As of August 21, 2009, no complaints had been filed.

Final Evaluation: ☑ **Meets the Standard**

Appendix

Appendix	Content
20-A	Student Grievances: Guidelines, Policies, and Procedures

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

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

Description

The School's PharmD Student Handbook http://rxweb.pharmacy.pitt.edu/groups/PharmDHandbook/ includes a complete description of the professional program and other information related to student life.

PharmD Student Handbook
University of Pittsburgh School of Pharmacy

Message from the Dean
The School's History, Mission, Vision and Values
Accreditation Status of the PharmD program
Organization of the School of Pharmacy and Facilities
Directions to the University of Pittsburgh Campus
School Calendar
University Calendar

School of Pharmacy Student Services

Personnel
Student Organizations

Admission to the PharmD Program

Recruitment and Outreach
Nondiscrimination, Equal Opportunity, and Affirmative Action
Types of Admission
Pre-professional Requirements
Transferring Credits and Advanced Placement (AP) Credits
Application Process
Criminal Background Checks and Drug Testing
Admissions Calendar
Immunization Requirements
Student Profile
Tuition
Financial Aid
School of Pharmacy Scholarships
PA Residency Classification

PharmD Curriculum

Program Structure and Description of the Professional Degree
Curricular Outcomes
Curriculum Plan and Registration
Course Schedule
Courses and Course Descriptions
Course Coordinators
Elective Courses
Curriculum Committee
F-1 Curricular Training Guidelines for International Students

Experiential Learning

Description of Experiential Learning for P1, P2, P3, P4
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Background Criminal Checks and Drug Testing
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IPPE and APPE FAQ's

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Accessing and Releasing of Educational Records, FERPA

University of Pittsburgh Policies and Procedures

University Guidelines on Academic Integrity
University Sexual Harassment Policy
The USJS (University Student Judicial System) Student Code of Conduct
University Student Code of Conduct for Computing Services
Nondiscrimination, Equal Opportunity, and Affirmative Action
Nondiscrimination and Anti-Harassment Procedures

University of Pittsburgh Students Services

Information Technology and Computer Services
University Identification Cards (Pitt ID)
University of Pittsburgh Housing Services
Financial Aid
University of Pittsburgh Maps and Virtual Tour
University of Pittsburgh Parking, Transportation and Services

Health and Safety

Emergency Preparedness
University of Pittsburgh Police Phone Number 412-624-2121
Sexual Assault Services
University Drug-Free Workplace/Drug-Free School Policy
University Alcohol Policy
University Smoking Policy
For Safety Sake: Important Information for Students, Families, Faculty, and Staff
Student Health Insurance
University of Pittsburgh Student Health Center
University of Pittsburgh Student Counseling Center

Final Evaluation: ☑ **Meets the Standard**

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

	S	N.I.
The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.	●	○
The college or school involves student representatives on appropriate program committees, as well as in accreditation self-studies and strategic planning activities.	●	○
The pharmacy students feel their perspectives are heard, respected, and acted upon in a fair and just manner.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

The School has a culture of including PharmD students in committees and task forces and offering students opportunities for programmatic input. By routinely providing input, perspectives, insights, and feedback, students have made valuable contributions to the progression and continual improvements in the PharmD program and student life. The PharmD Program Council coordinates student selection and participation in school committees to ensure maintenance of active student engagement. The guidance document, "Student Participation in School of Pharmacy Standing Faculty Committees," can be found in Appendix 22-A. A listing of student members on committees specific to the PharmD program can be found in Appendix 22-B. In addition, the Alumni Society Board and the PharmD Program Council have student members.

In addition to committee input, students have opportunities for sharing perspectives and suggestions for quality improvements through the Dean's Advisory Board, "Conversations with the Dean" that occur annually with each class, course evaluations, and standardized surveys including the AACP Graduating Student Survey.

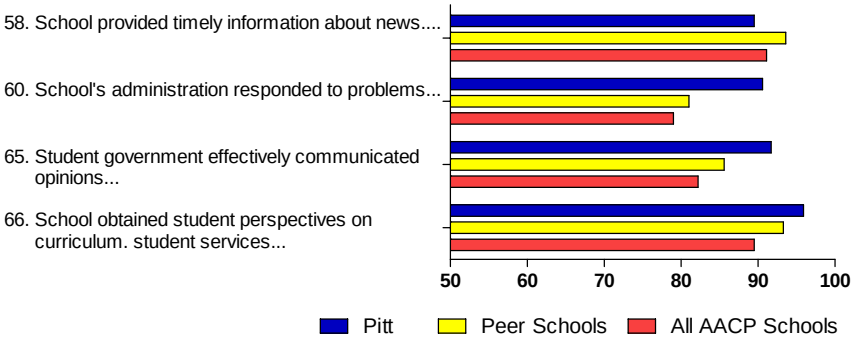
Established for the primary purpose of assuring communications between the student body and the dean, the Dean's Advisory Board addresses a broad range of issues that impact student life and the quality of the PharmD program. Membership includes the class president and two representatives elected by each of the four classes, the APhA–ASP president, the APhA–ASP president-elect, the assistant dean of students, and the dean. Student members of the 2008–2009 Dean's Advisory Board are listed in Appendix 22-C. Monthly meetings provide a forum for discussing current matters, hearing reports from each of the classes and from ASP, identifying new issues, and hearing updates on issues identified at previous meetings. Members also review and comment on the School's Long-Range Plan.

Selected examples of the improvements that have resulted from student input are listed in Appendix 22-D. A few examples are described here.

- In 2005, Dean's Advisory Board members initiated an ambitious proposal to develop a student portal to improve communication within and between students, classes, and student organizations. The portal is testimony to the impact of student initiative and input http://students.pharmacy.pitt.edu/.
- The ongoing Student Technology Committee, created as a result of discussions about communications, computers, and printing capabilities, also generated a proposal that resulted in refurbishing the student computer room with installation of new furniture and additional computers and printers.
- The current student advising structure of faculty class advisors that would move with the classes resulted from the identical input from the Dean's Advisory Board and from the student members of the PharmD Program Council.
- A major student initiative restructured student government so that the APhA–ASP was designated as the umbrella organization in an effort to increase communication, cooperation, and efficiency among student pharmacy organizations.

Evidence that the students feel that their perspectives are heard, respected, and acted upon is found in the results of the 2009 AACP Graduating Student Survey, provided in Figure 22-1.

Figure 22-1. Percentage Graduating Students Agreeing with Statement



Comments

Students are engaged participants in many School committees; their input has generated significant improvements in the PharmD program and the quality of student life. The strength of their perception of successfully impacting the program is clearly evident in the 2009 AACP Graduating Student Survey.

Final Evaluation: ☑ Meets the Standard

Appendices

Appendix	Content
22-A	Student Participation in School of Pharmacy Standing Faculty Committees (procedures for selection of students)
22-B	Student Representatives on School Committees
22-C	Student Members of the 2008–2009 Dean's Advisory Board
22-D	Impact of Student Representation: Selected Examples

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

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

Description

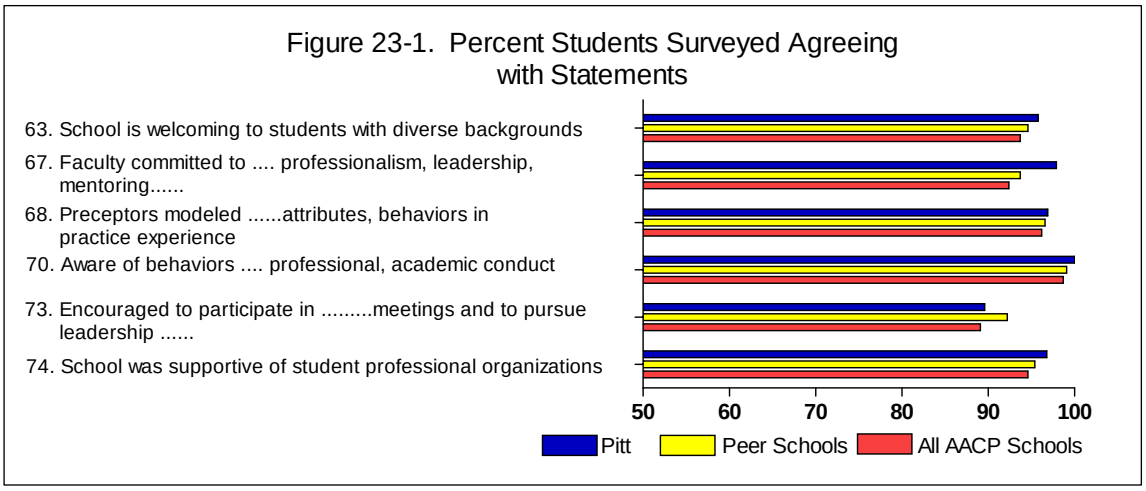
The culture fostered by the members of the School, in conjunction with University and School policies and procedures, sustains and promotes the harmonious relationships among faculty, staff, students, and preceptors as well as among peers. The faculty handbook includes policies on sexual harassment, academic integrity, and faculty-student relationships that extend to all faculty, staff, preceptors, and students http://www.provost.pitt.edu/handbook/handbook.html. The narratives of Standards 19 and 21 present information specific to student policies. Provisions for due process and appeals for violations of policies are consistent with University policies.

The students, faculty, staff, and preceptors of the School individually and collectively exemplify the School's mission of "excellence, innovation, and leadership." The faculty, staff, and preceptors work with students to "foster passion, commitment, and diligence; creativity and personal growth; collaboration and teamwork; a culture of respect for the individual" as stated in the School's values. Through School policy and faculty behavior, the School assures that "integrity guides our daily work." The School's values are likewise fostered among faculty, staff, students, and preceptor peers.

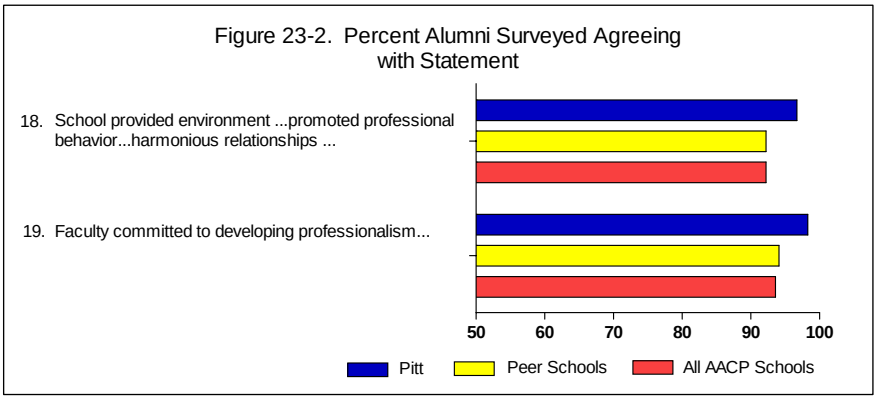
The School's Code of Conduct is presented in Appendix 23-A and in the PharmD Student Handbook http://rxweb.pharmacy.pitt.edu/groups/PharmDHandbook/wiki/9ba11/School_of_Pharmacy_Code_of_C

onduct.html. The Code of Conduct is introduced to students during P1 orientation; each student signs a copy of the code that is preceded by the statement, "My signature below certifies that I have read, understand and agree to abide by the School of Pharmacy's Professional Code of Conduct for Students." All students reaffirm their commitment to uphold the code's principles by signing a copy of the code at the beginning of each subsequent year.

Figures 23-1 and 23-2 provide a summary of data from the 2009 AACP Graduating Student Survey and 2008 AACP Alumni Survey, respectively.



The data in the two figures demonstrate the School's commitment to a harmonious culture and to developing the next generation of pharmacists as professionals with responsibility to the profession. The data from graduating student and alumni concur with 2009 AACP Faculty Survey data that indicate 98.1% of the faculty strongly agreed or agreed that the School provides an environment and culture that promotes professional behavior among students, faculty, administrators, preceptors, and staff.



An indicator of the School's commitment to the professional growth and leadership development of its students is the willingness of faculty to serve as advisors for student organizations; each of the organizations has one, and often, two advisors. A staff position in the Curran Center supports student organizations. The School provides financial support for student attendance at regional and national professional events and social events that promote harmonious relationships among faculty, students, and alumni, example of which are provided in Appendix 23-B.

Students learn about opportunities for engagement in organizations and leadership through a myriad of mechanisms, including the student portal http://students.pharmacy.pitt.edu/. Though it is far from the only means of communication, the portal is the School's electronic medium for communication among student organizations, students, faculty, staff, and pre-pharmacy students. The students' innate talent and past leadership experiences, in conjunction with the support of faculty and administration, have resulted in high levels of student engagement, awards won, and elections to leadership positions in regional and national organizations. Student accomplishments in the recent few years provide unequivocal evidence that the School effectively fosters professionalism and leadership development of its students. Selected examples of leadership positions held and awards for innovation received by students are listed in Appendix 23-C.

Students are not only leaders, they are effective leaders. One example of effectiveness is the report from APhA to the School that Karlene Melody's leadership of Region 2 Midyear Regional Meeting resulted in the largest attendance of any midyear regional meeting in the entire nation. Awards received demonstrate both innovation and effectiveness of student leadership.

Numerous opportunities for students to develop leadership skills exist within the School, including elected and appointed leadership positions for each class (for example, class president), for APhA–Academy of Student Pharmacists (ASP), and for the numerous other organizations. In 2006–07 with faculty and staff guidance, the students initiated a major reorganization of the ASP executive board including ASP bylaws revision. ASP now serves as the umbrella for all pharmacy student organizations. The umbrella structure promotes greater communication and coordination of professional and social activities among the organizations. ASP offices and corresponding responsibilities are listed in Appendix 23-D.

In addition to professional organizations, innovation and leadership is cultivated through named annual lectures and from focused opportunities to interact with leaders in pharmacy. The entire student body is encouraged to attend the two annual distinguished lectures. The list of speakers who have presented the Koch and Tucci Lectures since 2003 is provided in Appendix 23-E. Rho Chi Society, Phi Lambda Sigma, and ASP jointly sponsor brown-bag professional events where speakers present topics of interest to the profession. "Pharmacy Insights" is a series of interviews with influential leaders in pharmacy: students conduct the interviews and produce them as podcasts www.pharmacyinsights.org. The objective of the interview series is to increase student awareness of opportunities and paths to leadership.

The University and School offer a variety of opportunities that foster professional development of faculty and staff. Staff members attend professional development courses offered on campus and also attend regional and national meetings for pharmacy organizations such as the American Association of Colleges of Pharmacy and the Student National Pharmaceutical Association.

Faculty model professional engagement and leadership through participation in professional and scientific organizations. The School invests in faculty leadership development: five faculty members have completed the AACP Academic Leadership Fellows Program, and one faculty member is completing the ACCP Academy Leadership and Management Certificate Program. More detail about faculty professional and leadership development is provided in the narratives of Standards 25 and 26.

Comments

The culture of the School is commendable, encouraging professional growth and personal responsibility in students, faculty, preceptors, and staff. The School's mission of "excellence, innovation, and leadership" is demonstrated in the outstanding professional accomplishments of students and faculty. Faculty, staff, preceptors, and students work together guided by the shared values of the School: "We foster passion, commitment, and diligence; creativity and personal growth; collaboration and teamwork; a culture of respect for the individual." Together, the faculty, staff, and preceptors assure that "integrity guides our daily work" by accepting professional responsibility and supporting the School's policies and procedures. The result is a harmonious relationship among students, faculty, staff, and preceptors.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
23-A	School of Pharmacy Code of Conduct
23-B	Selected Events That Promote Harmonious Relationships
23-C	Selected Examples of Leadership Positions in National / Regional Organizations and Awards for Innovation
23-D	ASP Offices and Responsibilities
23-E	Special Guest Lecture Topics

Faculty and Staff

For Standards 24-26:

Use a check ☑ to indicate the information evaluated to assess the standards in this section:

- ☑ List of full time tenure-track faculty members, including a summary of their academic title, credentials, post-graduate training, and experience. (24)
- ☑ List of full time non-tenure track faculty members, including a summary of their academic title, credentials, post- graduate training, and experience. (24)
- ☑ List of faculty turn-over for the last 5 years and reasons for leaving and timing of replacements. (24)
- ☑ Number of part time, paid faculty and staff. (24)
- ☑ Number of voluntary faculty, with academic title/status and practice site. (24)
- ☑ Number of full time staff members and their areas of responsibility (e.g. administrative support, telecommunication, audiovisual, and computer personnel). (24)
- ☑ List of staff turn-over for the last 5 years and reasons for leaving and timing of replacements. (24)
- ☑ Calculation of student-to-faculty ratio (including students in all program pathways). (24)
- ☑ Teaching load of faculty members, including commitments outside the professional degree program. (24)
- ☑ Evidence of faculty and staff capacity planning and succession planning. (24)
- ☑ Description of faculty development programs and opportunities. (25)
- ☑ Description of staff development programs and opportunities. (25)
- ☑ Copy of the faculty handbook section relevant to policies and procedures for faculty recruitment, promotion, tenure (if applicable), and retention. (25)
- ☑ Copy of the faculty handbook **(to be made available on site).** (25)
- ☑ Description of the process used to assess and confirm the credentials of faculty and staff. (25)
- ☑ Description of 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. (25)
- ☑ Description of activities undertaken to ensure that faculty members, regardless of their discipline, have developed a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings. (25)
- ☑ Description of activities undertaken to ensure that faculty members, regardless of their discipline, have developed a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences. (25)
- ☑ Summarized list of faculty productivity in research and other scholarly activities, publications, service as an officer or committee member of school or college and external organizations, and other endeavors that promote the profession of pharmacy to society. (25)
- ☑ A list of faculty teaching responsibilities correlated with faculty professional and academic expertise. (25)
- ☑ Description of strategic planning for research productivity in line with the college or school's mission and goals. (25)
- ☑ Timeframe for research productivity. (25)
- ☑ Summarized evidence of faculty and administrators' participation in pharmacy professional and scientific organizations. (25)
- ☑ List of full and part-time paid faculty with pharmacy practice responsibilities, the nature of their practice, their percent effort in practice, and their pharmacy licensure status. (25)
- ☑ 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. (25)
- ☑ Description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff. (26)
- ☑ Description of the relationship between faculty, preceptor, and staff continuing professional development activities and their performance review. (26)
- ☑ If utilized, examples of faculty portfolios, documenting teaching, research and service activities **(to be made available on site).** (26)
- ☑ Examples of faculty and staff development programs offered or supported by the college or school. (26)
- ☑ Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Other documentation or data that provides evidence of meeting the standard.

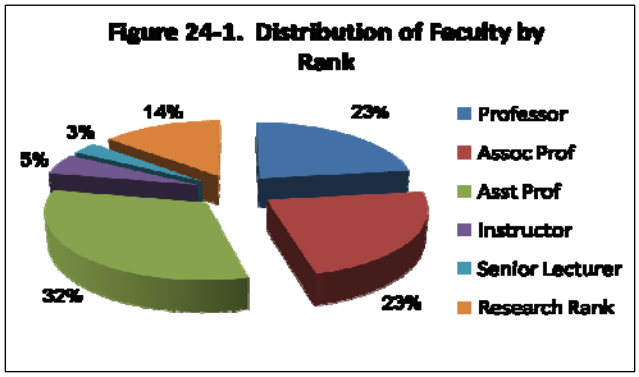
Standard No. 24: Faculty and Staff—Quantitative Factors: The college or school must have a sufficient number of qualified full-time faculty and staff to effectively deliver and evaluate the professional degree program, while providing adequate time for faculty development, research and other scholarly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

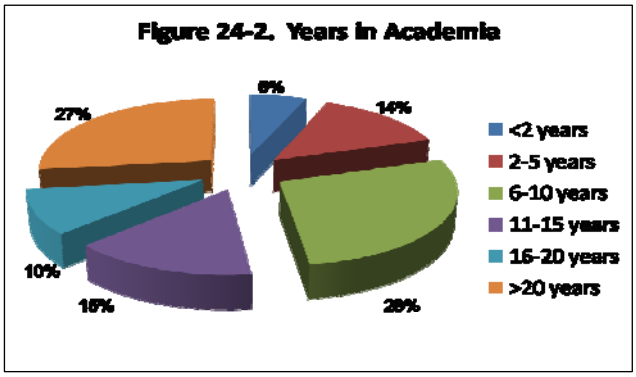
	S	N.I.
The college or school has a sufficient number of qualified full-time faculty to effectively deliver and evaluate the professional degree program, while providing adequate time for faculty development, research and other scholarly activities, service, and pharmacy practice.	●	○
The college or school has a sufficient number of qualified full-time staff to effectively deliver and evaluate the professional degree program.	●	○
Faculty receive adequate support staff resources.	●	○
Faculty have time for the following:	●	
• effective organization and delivery of the curriculum through classroom, small group, laboratory, practice simulation, and oversight and provision of experiential education	●	○
• faculty mentoring	●	○
• student advising and mentoring	●	○
• research and other scholarly activities	●	○
• faculty development as educators and scholars	●	○
• service and pharmacy practice (where indicated by their position)	●	○
• participation in school and university committees	●	○
• assessment and evaluation activities	●	○
The college or school has addressed the guidelines for this standard.	●	○

"A teacher affects eternity; he can never tell where his influence stops."
—Henry Adams

Description

The faculty is one of the School's greatest resources. There are 80 full-time and 6 part-time faculty members in the School, with equal numbers of each in the Department of Pharmaceutical Sciences and the Department of Pharmacy and Therapeutics. The distributions of the full-time faculty by academic rank and years in academia are shown in Figure 24-1 and Figure 24-2, which show a healthy balance of rank and experience in academia. A number of faculty members have a long history of academic service that results in an enhanced wisdom of and stability in the School.





Additional descriptive information on individual faculty members, including rank, degree, type of appointment, tenure status, post-graduate education and training, and experience, is presented in Appendix 24-A (Department of Pharmaceutical Sciences) and Appendix 24-B (Department of Pharmacy and Therapeutics). Nineteen faculty members from across the University hold secondary appointments within the School. Twenty-five faculty members with primary appointments in the School hold secondary appointments in other units of the University (Appendix 24-C).

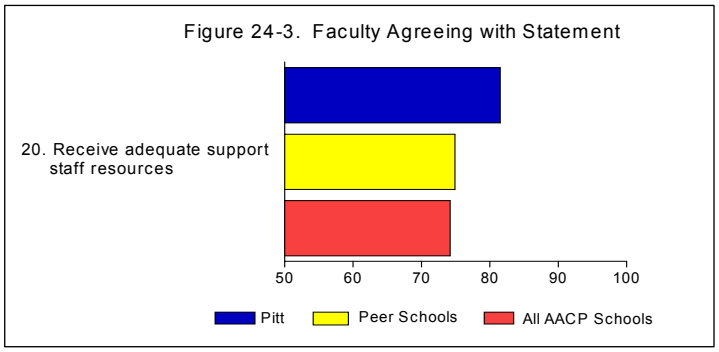
There are 101 volunteer adjunct faculty members in the School, 86 of whom hold appointments in the Department of Pharmacy and Therapeutics. These adjunct faculty members hold the following ranks with the adjunct modifier: professor (2), associate professor (5), assistant professor (28), instructor (65), and visiting scholar (1) (Appendix 24-D). Many of these adjunct faculty are among the over 1,000 preceptors contributing to the site-specific experiential education of students.

The School has consistently maintained an adequate faculty base to support the PharmD program. At the time of the last accreditation review in October 2002, there were 79 full-time faculty members in the School. Since that time, 34 faculty members left the School. Four of these individuals accepted academic leadership positions at other institutions, including a deanship, an associate deanship, and two department chair positions. A complete list of departures by department, reason for departure, name, and rank is included as Appendix 24-E. Faculty hires have matched departures over the time period since 2002 and, therefore, faculty numbers have remained stable.

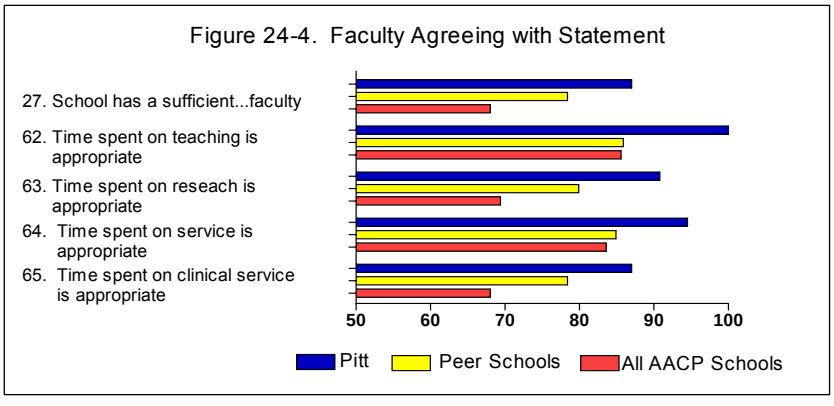
Fifty-eight staff members serve in the following roles: administrative (27), research (24), communications (1), development (2), information technology (2), and other (2). These staff members are assigned to the Office of the Dean (25), Department of Pharmaceutical Sciences (25), and Department of Pharmacy and Therapeutics (8). Among the 34 non-research staff, 22 have been in place for longer than 5 years, at least 14 of them having 10 or more years of service, and 5 having 20 or more years of service as outlined in Appendix 24-F. Eighteen administrative staff members have resigned since the 2002 accreditation review. The time required to find replacements for these individuals was generally one to two months. Details on other staff departures, organized by staff roles, are presented in Appendix 24-G. The School consistently attracts well-qualified staff members and has consistently maintained an employee base to assure the effective and efficient operation of the School’s programs for education, research, patient care, and service.

Of the 86 full- and part-time faculty members, 55 are actively involved in the PharmD instructional program (instructional full-time faculty). These faculty members (except for one on medical leave at the time of the survey) were asked to complete the 2009 AACP Faculty Survey according to the guidance provided by AACP and ACPE.

The ratio of full-time faculty (80) to non-research support staff (34) is approximately 2.4:1, while the ratio of full-time faculty (80) to total staff (58) is 1.4:1. The ratio of instructional full-time faculty (55) to non-research support staff (34) is 1.6:1, while that of instructional full-time faculty (55) to total staff (58) is 1:1.1. Some support activities are centralized within the Office of the Dean in order to promote a uniform distribution of service to the faculty of the entire School. The faculty is provided with appropriate access to staff support in order to assure efficient and productive operation of the School (Figure 24-3). The survey data for Pitt compares very favorably with peer school and national data.



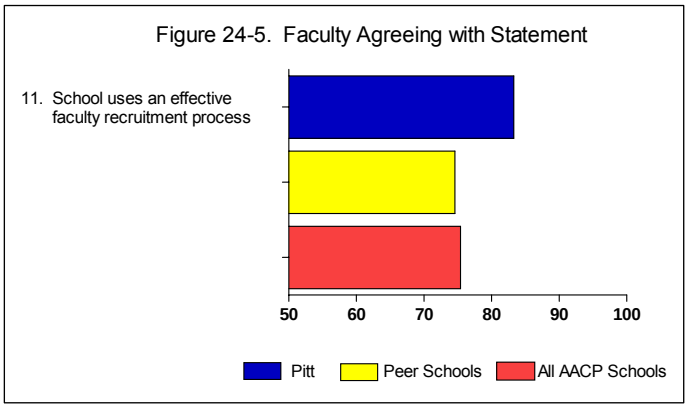
The daily and weekly schedules of the faculty are appropriately variable, given the wide array of faculty activities and responsibilities related to the mission of the School: education (classroom or experiential instruction, mentoring and advising students), research, patient care, and service to the department, School, University, profession, and the community. The narrative and tables of Standard 25 provide additional detail on the quality, credentials, and varied activities of our faculty members. The teaching contributions of the faculty to the PharmD program are listed in Appendix 24-H. The expertise and leadership of School faculty members are also demonstrated through their teaching contributions external to the School, which are detailed in Appendix 24-I. The School is adequately staffed to allow faculty members time to effectively fulfill their varied



responsibilities as shown by the data in Figure 24-4. The 2009 AACP Faculty Survey data show a higher level of affirming responses in comparison to peer schools and the aggregate of all AACP schools, reflecting favorably on the School.

The student-to-faculty ratio for instruction in the School is 7.7:1, based on a total PharmD program enrollment of 422 students in spring 2009 and 55 instructional faculty. This commitment of significant faculty resources to the PharmD program facilitates the effective delivery of the curriculum, including small group instruction and individualized instruction and guidance.

The dean, in concert with the department chairs, reviews, analyzes, and establishes faculty and staff recruitment plans based on a consideration of both the immediate tactical opportunities and the long- term strategic requirements of the School in order to fulfill its mission. Inherent in this ongoing challenge of weighing current versus future needs is the balance between the recognition of the best available talent and the availability of resources. Faculty members participate in search committees, both leading and participating in on-site interviews of prospective new faculty. The 2009 AACP Faculty Survey data in Figure 24-5 for Pitt compares very favorably with peer and national school data.



Comments

The School is comprised of faculty members who collectively are broad-based by background and discipline. The departmental composition represents a good qualitative and quantitative balance. A number of faculty members have a long history of service resulting in an enhancement of the wisdom and stability of the School. Faculty schedules are sufficiently varied to permit attention to their wide array of interests and responsibilities. The School consistently attracts well-qualified faculty and staff to assure the effective and efficient operation of the School's programs in education, research, patient care, and service.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
24-A	Department of Pharmaceutical Sciences Faculty List
24-B	Department of Pharmacy and Therapeutics Faculty List
24-C	Faculty with Secondary Appointments by School of Primary Appointment, School of Pharmacy Department, Rank, and Degree(s)
24-D	Volunteer Faculty by Department, Name, Rank, and Practice Site
24-E	Faculty Departures by Department, Reason for Departure, Name, and Rank
24-F	Full-time Staff by Department and Years of Service
24-G	Staff Departures by Type of Appointment, Department, Reason for Departure, and Name
24-H	Faculty Teaching Commitments in the PharmD program By Professional Year and Term – School of Pharmacy
24-I	Faculty Teaching Contributions External to the School of Pharmacy by Faculty Member, Department, and External Teaching Site for FY09

Standard 25: Faculty and Staff – Qualitative Factors: The college or school must have qualified faculty and staff, who, individually and collectively, are committed to its mission and goals with respect to their colleagues and students. Faculty must possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and be committed to the advancement of the profession and the pursuit of research and other scholarly activities. Faculty whose responsibilities include the practice of pharmacy must satisfy all professional licensure requirements that apply to their practice. The college or school must foster the development of its faculty and staff, commensurate with their responsibilities in the program.

	S	N.I.
The college or school has qualified faculty and staff, who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	●	○
Faculty possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and are committed to the advancement of the profession and the pursuit of research and other scholarly activities.	●	○
Faculty whose responsibilities include the practice of pharmacy satisfy all professional licensure requirements that apply to their practice.	●	○
The college or school fosters the development of its faculty and staff, commensurate with their responsibilities in the program.	●	○
The college or school ensures that the policies and procedures for faculty recruitment, promotion, tenure (if applicable), and retention are established and applied in a consistent manner.	●	○
The college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines with the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement.	●	○
Faculty, regardless of their discipline, have or are developing a conceptual understanding of current and proposed future pharmacy practice in a variety of settings.	●	○
Faculty members have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective communication skills, and an understanding of the pedagogy, including construction and delivery of the curriculum.	●	○
The college or school fosters an environment that encourages contributions by the faculty to the development and transmission of knowledge.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

Through their achievements and credentials, the faculty members of the School demonstrate their "excellence, innovation, and leadership in education of pharmacists and pharmaceutical scientists, in research and scholarship, in care of patients, and in service to our communities." Fifty-three of fifty-five faculty members have earned doctoral degrees that correspond with the expectations of the discipline for which they are responsible in the curriculum. Faculty who have been awarded fellowships or earned board certifications are listed in Appendix 25-A.

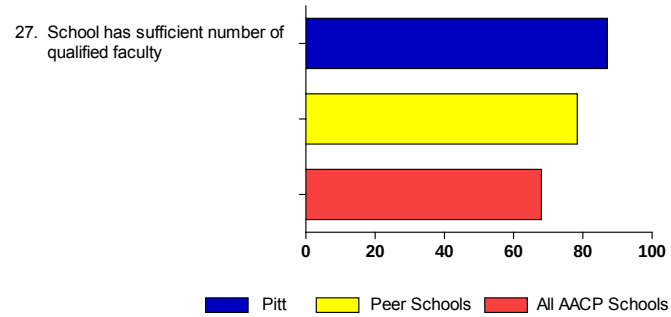
All clinical faculty members are licensed to practice pharmacy in the Commonwealth of Pennsylvania. Verification of education, training, and licensure status (for clinical faculty) is part of the faculty interview process, which follows University policy and procedure. All full-time clinical faculty members have completed a specialty residency program or a graduate degree relevant to their practice

areas. Of the 80 total full-time and 6 part-time faculty, 18 (21%) have been elected to fellowship in one or more organization; 34 (40%) are either elected fellows, board-certified, or both.

Faculty and staff development programs and opportunities are described in the narrative and appendices of Standard 26. The School follows the University appointment, promotion, and tenure process as outlined in the University Faculty Handbook http://www.provost.pitt.edu/handbook/handbook.html and pharmacy guidance document (Appendix 25-B). Evidence of teaching competence is a required element for promotion unless a faculty member is in the research track. In 2007-08, the dean appointed a standing committee to facilitate the timely review of faculty dossiers for consideration of promotion and the award of tenure. From July 2002 through March 2009, 18 faculty members (21%) have been promoted: 10 from assistant to associate professor (two with tenure), four from associate to professor (three with tenure), two from associate professor to associate professor with tenure, one from instructor to assistant professor, and one from research assistant professor to research associate professor. The promotions have been awarded in both departments: 50% (9) in the Department of Pharmaceutical Sciences and 50% (9) in the Department of Pharmacy and Therapeutics. Faculty members complete an annual review document (Appendix 25-C) that adds to their portfolio of accomplishments.

Data from the 2009 AACP Faculty Survey show 87% of faculty agree or strongly agree that the composition of the faculty well represents the needs of the central concepts of the curriculum. These results exceed peer school and national data on the survey metrics (Figure 25-1).

Figure 25-1. Faculty Agreeing with Statement



Teaching is aligned with faculty expertise and experience in a combined format of large classroom sessions, problem-based learning, practica, and simulation-based training. Recruitment efforts are aimed at attracting both new and experienced clinicians and scientists who will embrace teaching, research, clinical and professional service, and scholarly work in defined areas. Appendix 25-D provides a list of faculty, their credentials, teaching expertise, and courses in which they teach. A list of courses by semester in the PharmD program with course coordinator and supporting teaching faculty identified is included as Appendix 24-H. Faculty members have received University and national honors for their

innovative work in teaching and service; have published manuscripts regarding classroom, patient simulation, and experiential education teaching innovations; and have been invited to speak nationally and internationally on their approaches to student learning.

In addition to fulfilling the teaching mission of the University and the School, faculty members are extensively engaged in research, scholarly activities, patient care, and service to scientific and professional organizations. The goal of the research program is to advance human health through a diversified portfolio ranging from the molecular to the care of patients. The School has consistently ranked among the top fifteen schools of pharmacy in National Institutes of Health (NIH) funding and for six of those years has been in the top ten.

Faculty in the Drug Discovery Institute, Center for Education and Drug Abuse Research, Center for Pharmacoinformatics and Outcomes Research, and Center for Pharmacogenetics, collaborate within and outside the School on publications and research endeavors (Appendix 25-E). In 2007, the University of Pittsburgh received one of 12 Clinical and Translational Science Awards from the National Institute of Health, creating a Clinical and Translational Science Institute to implement the award. Only two of the original 12 NIH awards in 2007 went to an institution that is co-located with a school of pharmacy.

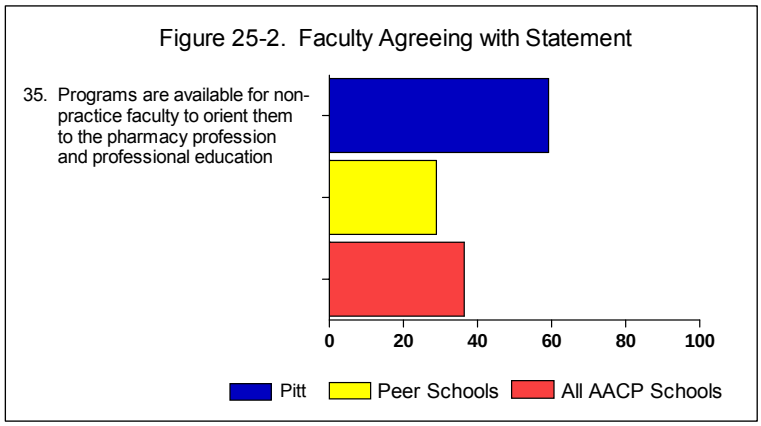
Appendix 25-F summarizes the numbers of publications by faculty since 2002. The School's Long-Range Plan 2006-2012 delineates goals for further developing research and associated measurable outcomes. An incentive plan has been and continues to be available to encourage faculty to seek grant and contract funding to support scholarly work (Appendix 25-G). Faculty have maintained grant support from NIH, despite the shrinking NIH budget and competition for grants.

Faculty members are advisors to student organizations of the School; they serve professional and scientific organizations, while serving as role models for student engagement in the profession. Faculty are invited members on national committees within organizations such as the American Association of Colleges of Pharmacy, American Society of Health-System Pharmacists, American College of Clinical Pharmacy, American Pharmacists Association, Food and Drug Administration, Society of Critical Care Medicine, American Board of Applied Toxicology, and United States Pharmacopeial Convention. Appendix 25-H-1 lists faculty service to professional and scientific organizations and to the School and University.

All faculty members who precept pharmacy practice experiences provide direct patient care. Appendix 25-H-2 provides a full list of faculty participation on committees at UPMC and its affiliated hospitals and the Veterans Administration Pittsburgh Healthcare System. Clinical faculty provide patient-centered care at community-based programs including the medication therapy management programs at Falk Pharmacy, the Benedum Geriatric Center, the Grace Lamsam Pharmacy Program for the Underserved, University Diabetes Care Associates, St. Margaret's Family Medicine clinics, and the transplant clinics. Faculty members are leaders at their respective clinical practice sites and engage students as they coordinate and serve on pharmacy and therapeutics committees, and formulary committees. Faculty members have developed and lead specialty patient care services in antibiotic management, drug use and disease management, anticoagulation, patient discharge counseling and education programs. By virtue of their leadership and care roles in these programs, they provide superb opportunities for student learning. Appendix 25-I provides a listing of full and part-time clinical faculty with their pharmacy practice responsibilities, nature of practice, licensure status, and percent of effort in practice. Faculty members have received honors and awards at the School, University, local, regional, and national levels. Appendix 25-J lists notable faculty accomplishments, honors, and awards from professional organizations, universities, and national panels. In addition, since many faculty members are also residency program directors, students learn in a rich, multi-level community of learners. Through faculty engagement in quality assurance and institutional research and data safety monitoring boards, students learn about the systems that support clinical research and operations.

The School fosters communication and interaction among new and experienced faculty and staff including at on-site and off-site retreats, FYII (For Your Information and Input) sessions, and receptions that celebrate accomplishments. Figure 25-2 shows data from the 2009 AACP Faculty Survey. The School scores higher than peer and all AACP schools on the question regarding availability of programs to orient non-practice faculty to the profession. The School, however, is committed to improving this measure and has included a component to the faculty advising system that improves conceptual understanding of the present and future practice of pharmacy by faculty regardless of discipline.

Figure 25-2. Faculty Agreeing with Statement



The School reports annually on the faculty's scholarship in the "advancing human health through research" section of its annual reports http://www.pharmacy.pitt.edu/about/pubs/default.html. Quantitative evidence is found in the excerpt from PAGE in Table 25-1.

Table 25-1. Example Measure from Progress At a GlancE (PAGE)						
Measure	Target	FY02	FY06	FY07	FY08	Status Indicator
Research School of Distinction						
Excellence						
Total NIH funds ($ millions)	8.0	7.27	8.15	7.32	8.51	■
Peer-reviewed publications (#)	130	118	137	147	129	■

Comments

The faculty's breadth and depth of expertise and their accomplishments are commendable. They are leaders in their fields of research, teaching, and patient care. Many have prominent roles in national and international professional and scientific organizations and expert panels. The faculty's enthusiasm for their disciplines enriches student learning.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
25-A	Faculty Fellowships in Organizations Faculty Board Certifications
25-B	Appointment, Promotion and Tenure Guidelines (School of Pharmacy)
25-C	Faculty Annual Review Document
25-D	Faculty Teaching Expertise
25-E	Faculty Publications: Additional information at http://www.pharmacy.pitt.edu/about/pubs/sopreports.html
25-F	Faculty Publication Growth

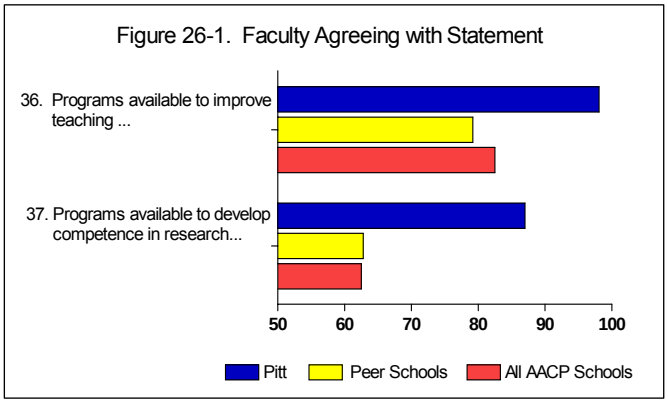
25-G	Faculty Incentive Plan
25-H-1 25-H-2	Faculty Participation in Professional and Scientific Organizations Faculty Service Committees
25-I	Clinical Faculty Pharmacy Practice Site Responsibilities
25-J	Faculty Honors and Awards

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

	S	N.I.
The college or school has an effective continuing professional development program for full-time, part-time, and voluntary faculty and staff consistent with their responsibilities.	●	○
The college or school reviews the performance of faculty and staff on a regular basis.	●	○
Criteria for performance review are commensurate with the responsibilities of the faculty and staff in the professional degree program.	●	○
The college or school has or provides support for programs and activities for faculty and preceptor continuing professional development as educators, researchers, scholars, and practitioners commensurate with their responsibilities in the program.	●	○
Faculty receive adequate guidance on career development.	●	○
Faculty are able to attend one or more scientific or professional association meetings per year.	●	○
Faculty development programs are available to enhance a faculty member's academic skills and abilities.	●	○
The performance criteria for faculty are clear.	●	○
Expectations on faculty for teaching, scholarship and service are balanced.	●	○
The college or school has addressed the guidelines for this standard.	●	○

Description

Faculty and staff of the School of Pharmacy have a wide array of educational and professional development opportunities open to them through the University, School, and departments as outlined in Appendix 26-A. Topics are aligned with the range of faculty responsibilities including teaching methodologies and the development and management of research. Formats of educational offerings include technology training classes, lectures, and workshops. University faculty and staff are also eligible for tuition discounts as well as individual external opportunities for leadership and management training. Figure 26-1 demonstrates the extent of faculty satisfaction with the availability of programs to improve teaching and research competence.

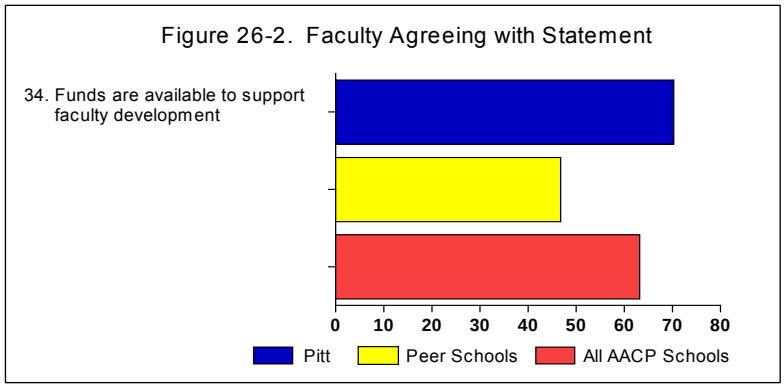


The University expects its faculty to be superb teachers and so it supports faculty development through courses and programs in the Center for Instructional Design and Distance Education. The School of Pharmacy offers its own development opportunities through the Faculty ACES series (Advancing Careers through Education and Scholarship) and the School's annual retreats.

Consistent with its rank as one of the top five American universities in terms of NIH funding, the extent of University-wide faculty development for research and extent of support for individual faculty members is extraordinary. Appendix 26-A only touches on the richness of the environment in which the School functions. The Laureate Lecture Series and Science 2009, which is a festival of science, offer faculty access to nationally and internationally prominent researchers http://www.health.pitt.edu/. Likewise, the School of Pharmacy hosts the Distinguished Lecture Series; departments support research and practice development through separate series. The School provides support for faculty to attend meetings that will enhance their research programs.

The School has also supported faculty participation in external leadership and faculty development programs including: mini-sabbaticals to learn specific research or practice techniques, AACP Academic Leadership Fellows program (five faculty members), ACCP Academy Teaching and Learning Certificate (two faculty members), ACCP Academy Leadership and Management Certificate Program (one faculty member). Through the Clinical and Translational Science Institute at the University of Pittsburgh, the School has supported one faculty member as she earned the MS in clinical research and another who has earned the Certificate in Medical Education.

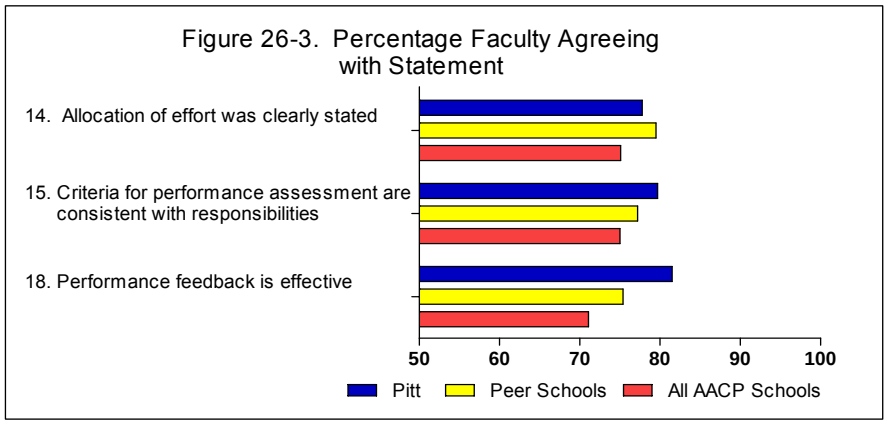
All faculty members are able to attend one or more regional, national, or international professional or scientific meeting per year. Faculty members are allowed time out of the office to attend meetings without taking vacation days. Financial records show that in FY09, 78% (62/80) of faculty were reimbursed for travel to scientific and professional meetings. Figure 26-2 provides results of the related question from the 2009 AACP Faculty Survey.



New faculty members are oriented through the University's established campus-wide orientation process and at a School-specific new faculty orientation session held four times each year by the dean and School leadership. Individualized faculty orientation is planned by the department chair, staff administrator, and senior faculty in the new member's respective department. For clinical faculty,

sessions with physician medical and nursing directors in their service area are also arranged to help lay the groundwork for clinical service establishment and research endeavors. To assure that all faculty members are fully aware of opportunities, policies, and the how-to's of being a faculty member, the dean appointed a faculty advising task force charged with designing a system of advising for each assistant professor in the School, which has been implemented in 2009.

The University requires that faculty and staff members be reviewed annually by their department chairs or supervisors, respectively. In both cases, the format includes a self-evaluation. Faculty members document their accomplishments in teaching, research and scholarship, patient care, if applicable, and service. Faculty members also provide supplementary documentation regarding their effectiveness in these areas. The requested documentation relates to the components of the School's mission and aligns with the aforementioned development opportunities, and promotion and tenure guidelines. Faculty members meet with their respective department chairs annually for systematic review of accomplishment. The department chair and faculty member assess performance, prepare a professional development plan, and discuss career goals. A letter from the department chair documents the outcome of the meeting and a specific plan to guide continued development and progress toward promotion and tenure, if applicable. Figure 26-3 provides results of pertinent questions from the 2009 AACP Faculty Survey. The metrics are comparable to both peer school and national survey data.



Faculty performance is thoroughly evaluated by peers internal and external to the School through the promotion and tenure review process. Information regarding the promotion and tenure process is found in the narrative of Standard 25.

All staff members complete a performance evaluation form and meet annually with their supervisors as required by the University http://www.bc.pitt.edu/policies/policy/07/07-05-01.html. The review form is

found at http://www.hr.pitt.edu/employment/pdf/perapp.pdf. The annual review process includes the staff member's self-appraisal, which is paralleled by the supervisor's evaluation. Areas addressed include accomplishments, strengths, annual objectives, and opportunities for professional development. As a result, the supervisor and staff member develop a plan of action to be reviewed during the next annual review. Development opportunities include the Human Resources Faculty and Staff Development Program, technology training classes in the College of General Studies, the School's staff retreat, and the School's internal development program. In addition, staff members attend the School's education, research, and strategic planning retreats. Monthly staff meetings are held to discuss development and efficiency issues. The School has made a significant effort to include administrative staff in development and planning retreats to improve overall efficiency.

The School has been a leader in developing educational and development opportunities for preceptors throughout the Commonwealth of Pennsylvania. Faculty members from the School were instrumental in developing consensus that all pharmacy schools in the Commonwealth would use the NACDS/APhA Community Pharmacy Preceptor Education Program as their required training. A list of the preceptor training and educational opportunities is provided in Appendix 26-B. The School provides free access to more than 200 continuing education programs for preceptors that are easily accessed through the School Web site http://pitt.cecity.com/ce-bin/owa/pkg_specialty_pages.specialty_page_w?ip_spotlight=1&v_company_code=PPAS&cookie=32320365&ip_component_seq=773.

Preceptor qualifications and rotation sites are evaluated initially upon creation of the new rotation offering through preceptor application documents. This process is described in more detail in the narrative of Standard 28.

Comments

The School's commitment to professional development of faculty, staff, and preceptors is commendable and is a measure of the commitment to excellence.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
26-A	Faculty and Staff Training and Educational Opportunities
26-B	Preceptor Educational Opportunities

Facilities and Resources

For Standards 27-30:

Use a check ☑ to indicate the information evaluated to assess the standards in this section:

- ☑ Description of available square footage for all areas outlined by research facilities, lecture halls, offices, laboratories, etc. (27)
- ☑ Description and, where feasible, plans/architectural drawings of the physical facilities. (27)
- ☑ Description of the equipment for the facilities for educational activities, including practice-simulation areas. (27)
- ☑ Description of the equipment for the facilities for research activities. (27)
- ☑ Evaluation of the adequacy and appropriateness of resources needed for assessment activities. (27)
- ☑ Description of facility resources available for student organizations. (27)
- ☑ Description of facilities available for student studying, including computer and printing capabilities. (27)
- ☑ A statement attesting that the facilities meet legal and other standards as appropriate (e.g., animal facilities), with documentation attached (e.g., OLAW, USDA and/or AAALAC). (27)
- ☑ Data backup and security policies and procedures. (27)
- ☑ List of practices sites (classified by type of practices) with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites used in the past academic year should be identified.) (28)
- ☑ Examples of agreements or statements of understanding with practice affiliates and the percent of all experiential sites with completed agreements. (28)
- ☑ Criteria used for selection of various types of practice facilities. (28)
- ☑ Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites for present and, if applicable, for proposed future student enrollment. (28)
- ☐ Data on the use of library resources by pharmacy students and faculty. (29)
- ☑ Analysis of how well college or school holdings address the AACP *Basic Resources for Pharmacy Education*. (29)
- ☑ Library Collection Development Policy. (29)
- ☑ Description of the qualifications of the librarian(s) who act as primary contacts for the pharmacy program. (29)
- ☑ List of search databases available to faculty and students. (29)
- ☑ Description of computer technology available to faculty and students. (29)
- ☑ List of full text journals electronically available. (29)
- ☑ Description of courses/activities throughout the curriculum in which students learn about the educational resources. (29)
- ☑ Description of library orientation and consultation for faculty and preceptors. (29)
- ☑ Description of how remote access technologies and mechanisms that promote use of library information from off-campus sites by faculty, students, and preceptors compare with on-campus library resources. (29)
- ☑ A Financial Summary including an analysis of revenues and expenses for the past two and present academic year. (30)
- ☑ Five-year prospective financial *pro forma* for the program. (30)
- ☑ An analysis of federal government support, state government support, tuition, and private giving. (30)
- ☑ Description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees. (30)
- ☐ An assessment of faculty contribution (%effort) to the program compared to financial support provided to the college or school of pharmacy for instruction. (30)
- ☑ Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- ☑ Other documentation or data that provides evidence of meeting the standard.

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

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

Description

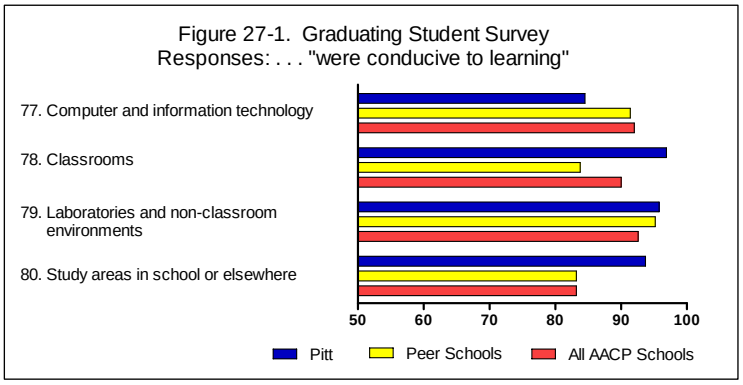
The School of Pharmacy is located on the University of Pittsburgh Oakland campus. The School is uniquely located within walking distance of five other schools of the health sciences that include the Graduate School of Public Health and the Schools of Medicine, Nursing, Dental Medicine, and Health and Rehabilitation Sciences, several hospitals and clinic buildings of a large academic health center, and nine additional undergraduate and professional schools. A map of the University of Pittsburgh Oakland campus appears in Appendix 27-A. The School's faculty and staff occupy a total of 84,229 sq ft of space that is a combination of University-owned facilities, UPMC facilities, and leased space.

With the growth in the School's programs since 2002, space allocated for its use increased from 58,000 sq ft in 2002 to 84,229 sq ft in 2009 (a 146% increase). The administrative and teaching hub of the School is Salk Hall, where the School occupies approximately 49,000 sq ft; Salk Hall is also home to the School of Dental Medicine. The School entrance is highlighted by a brick walkway with names of more than 400 alumni and other contributors. Entrants are welcomed by the Elmer H. Grimm Sr. Pharmacy Museum, honoring pharmacy history, and the Salk Polio Vaccine display.

The School continually updates its offices and classrooms, renovates spaces, and replaces equipment that supports teaching, research, and administrative functions through support from the Office of the Senior Vice Chancellor (capital request funds) and through funds internal to the School. The support of the senior vice chancellor and the University made possible the complete renovation of the ninth floor to create the Curran Center for Pharmacy Students in 2006 and the eleventh floor to restructure the Office of the Dean in 2007. Renovations included replacement of the HVAC (heating ventilation and air conditioning) systems.

Teaching Facilities and Resources

Figure 27-1 shows results of the 2009 AACP Graduating Student Survey from Pitt, peer schools, and all AACP schools regarding physical facilities. One hundred percent of faculty (2009 AACP Faculty Survey) and 96% of students (2009 AACP Graduating Student Survey) agreed that the physical facilities of the School provide a safe and comfortable teaching and learning environment for faculty and students.



The School has access to three large classrooms in Salk Hall, two stadium-seating classrooms in Scaife Hall, and a number of small classrooms. Most classes are able to be scheduled in Salk Hall because of priority scheduling for several Salk Hall classrooms. Large classrooms in Salk Hall and several smaller classrooms are equipped with educational technology, including network-connected computers, SMARTBoard®, and projection equipment. An audience response system is available in all classrooms. Appendix 27-B lists the School's audiovisual equipment. Appendix 27-C provides overviews of the University's instructional support services.

The multipurpose Edward C. Reif Teaching Laboratory on the eighth floor of Salk Hall encompasses a 56-workstation student laboratory, two small class/meeting rooms and three patient-counseling/exam rooms; the Reif Laboratory accommodates sterile products compounding, pharmaceutics and dosage forms compounding, technique laboratories (e.g., proper use of glucometers and insulin), patient counseling, dispensing, and human simulation with mannequins. See Appendix 27-D for the list of equipment. The three patient-counseling rooms are outfitted with digital cameras to record student interviews with standardized patients. Students have access to the videos for self-evaluation and development of their communication skills. The School has collaborated with the Peter M. Winter Institute for Simulation Education and Research (WISER Center) since 2004 to provide student learning and assessment utilizing human patient simulators in both core and elective courses. See the narrative of Standard 11 for details regarding human patient simulator experiences. Three partial task-trainer blood pressure arms and three injection trainers are also available in the Reif Laboratory. Networked printers (two) and computers (four) provide access to drug information resources through the Health Sciences Library System. The 2009 AACP Graduating Student Survey showed that 96% of the School's students felt the laboratories and simulation environments met their educational needs.

Student Facilities and Resources

Students gain access to staff support through the Curran Center for Pharmacy Students, named for Dr. John P. and Constance A. Curran. Centralization of student services has improved the workflow and the efficiency and effectiveness of communications between students and staff for student-related needs.

The Pharmaceutical Care Learning Center (PCLC) on the second floor of Salk Hall is identified for primary use by students (2,094 sq ft). The PCLC contains two all-purpose rooms equipped with tables, chairs and networked computers to accommodate informal gatherings of students and meetings of student organizations. During prime class times, the rooms are used for classes and seminars. The remaining 700 sq ft room contains tables, chairs, study area, sink, refrigerator, and microwaves for students to socialize, study, and eat. The John M. and Gertrude E. Petersen Events Center and the UPMC Presbyterian cafeteria, each across the street from Salk Hall, are among several locations on campus and throughout Oakland that provide food service and interaction spaces.

The University has extensive and expansive computing services for faculty, staff, and students. Student University Computing Accounts allow access to the University's Web portal (my.pitt.edu) that enables use

of e-mail, grades and class schedules viewing, tuition payment, and other applications. Students are able to obtain an impressive list of software from the University for little or no cost http://www.technology.pitt.edu/software.html. The University has seven computing laboratories, one in close proximity to the School in Sutherland Hall http://technology.pitt.edu/network-web/computing-labs.html. The University has equipped Salk Hall with wireless access, allowing students easy access to the University and School networks. The School also maintains a ten-computer laboratory with a networked printer in 228 Salk for exclusive use by students. Students supply their own paper for the printer to control costs and promote responsible printing. In 2009, the School upgraded the computing and printing capabilities in Salk Hall, a change that would not have been noted by graduating students, as they would have been on experiential rotations. Additional computer facilities available in Falk Library are detailed in the narrative of Standard 29.

Faculty and Staff Offices and Resources

More than 90% of faculty members responding to the 2009 AACP Faculty Survey believe the School has appropriate physical facilities. Faculty, staff, administration, residents and graduate students of the School have office space commensurate with duties and generally in close proximity to their primary service or research location.

Each faculty and staff member of the School is provided with a desk, filing cabinet, telephone, computer, printer and is in close proximity to a copier. School computers within Salk Hall are linked to the intranet and server; computers within UPMC-owned buildings have remote access to the server. Faculty are eligible for free or low-cost software from the University Faculty Computing Program http://www.technology.pitt.edu/software.html. Ninety-eight percent of faculty agreed or strongly agreed that computer resources were adequate for their academic responsibilities (2009 AACP Faculty Survey).

Research Facilities

Faculty research laboratories are primarily located in Salk Hall and in BST3. See Appendix 27-E for laboratory equipment inventory. The Department of Pharmaceutical Sciences' Equipment and Safety Committee evaluates shared equipment needs and purchases, maintenance contracts, and electrical power needs, including emergency power. On the 2009 AACP Faculty Survey, 83.4% of the faculty agreed that they had adequate research laboratory and/or clinical resources, and 81.5% noted adequate

space to meet research and/or scholarship needs. Some faculty members conduct laboratory research in inefficient space.

Animal and human experiments are not part of the PharmD program. However, faculty do engage in animal and human research, and have access to modern, well-maintained animal facilities for animal care and housing. The Central Animal Care Facility meets state and federal regulations and is in close proximity to Salk Hall. Appendix 27-F provides a statement of animal facilities accreditation. All protocols for research that includes animals must be approved by the University's Institutional Animal Care and Use Committee (IACUC).

Human research must conform to all state and federal regulations and be approved by the University Institutional Review Board and/or the UPMC Total Quality Council. The robust electronic medical record system at UPMC and research areas in the medical center allow faculty to perform both prospective and retrospective human research.

Data Security and Recovery

The School's network server and data center, located on the second floor of Salk Hall, adhere to the guidelines, policies and procedures of the University Computing Services and Systems Development (CSSD). School and University CSSD policies are found in Appendices 27-G and 27-H, respectively. Computers in other University and UPMC buildings are subject to data security and storage and recovery polices and procedures of the University or the UPMC Information Services Division, respectively.

Housekeeping/Safety

The University's Office of Facilities Management is responsible for general housekeeping and maintenance services at Salk Hall, which has wheelchair entrances and handicapped accessibility. The University Environmental Health and Safety department personnel conduct routine safety checks and training programs and ensure environmental hazards and fire safety. Information about Environmental Health and Safety is found on the Web site http://www.ehs.pitt.edu/. The Radiation Safety Committee assures safety and regulatory compliance with the use of radiation in research and clinical practice.

In cases of injury or illness, the emergency department of the UPMC Presbyterian Hospital is within walking distance. Calling the campus emergency number, 811, summons police, fire, and ambulance services (Appendix 27-I). University security stations are located in Sutherland Hall and the Petersen

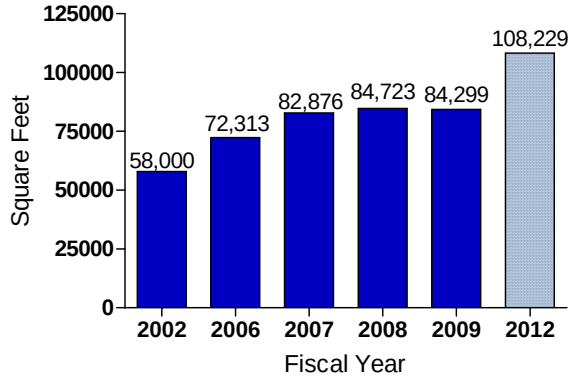
Events Center, and emergency phones are readily available throughout the campus to contact police. The University's Emergency Notification System was implemented in 2007 to send real-time emergency information by e-mail, text and/or voicemail messages to students and employees.

Comments

Since 2002, space allocated to the School has increased 146% from 58,000 to 84,229 sq ft through lease and acquisition of additional areas in buildings outside Salk Hall. The renovations and upgrades to facilities have been done on a yearly basis and are commendable, particularly the renovations to create the Curran Center for Pharmacy Students. University of Pittsburgh administration is to be commended for including the School of Pharmacy in its Facilities Plan 2007–2018, which provides for new construction of an approximately 75,000 gross sq ft research facility that will connect with Salk Hall; the building will be shared with the School of Dental Medicine. Figure 27-2 shows the assignable space allocated to the School since 2002 and includes an estimate of the space allocation with the new research facility. The Facilities Plan also includes plans for Salk Hall renovations that will be staged once most of the research laboratories move to the new facility. The University has equipped Salk Hall with wireless access so that students can access the University and School networks easily.

Some faculty members conduct laboratory research in inefficient space. Access to small classrooms and simulation areas is adequate for current demands, but will not keep pace with likely educational changes that will require different configurations of space and increases in the number of small-group inquiry and learning sessions. The available space for the School, while adequate to meet today's needs, will not accommodate growth in research or evolution of educational programs to achieve the School's Long-Range Plan 2006–2012. Both the physical facilities and laboratories "need improvement."

Figure 27-2. School of Pharmacy Space Allocation



Quality Improvements

Planning is underway for construction of the new research building; specific timelines were not available as the self-study report went to print.

The renovations to Salk Hall will be staged to occur after faculty move research programs to the new facility. Specific plans have not been made, though early discussions have included integration of state-of-the-art educational facilities design with technology applications. Greater centralization of learning spaces within Salk Hall will enable the creation of better spaces for interaction between students, faculty, and staff.

Final Evaluation: ☑ **Meets the Standard**

Appendices

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27-E	Research Laboratory Equipment Inventory
27-F	Animal Facilities Accreditation
27-G	SOP Computer and Network Security Policies
27-H	Computing Services and Systems Development Overview and Policies
27-I	Emergency Services Overview

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

	S	N.I.
The college or school collaboratively advances the patient-care services of its practice sites.	●	○
The college or school establishes and implements criteria for the selection of an adequate number and mix of practice facilities.	●	○
The college or school establishes and implements criteria to secure written agreements with the practice facilities.	●	○
Before assigning students to a practice site, the college or school screens potential sites and preceptors to ensure that the educational experience would afford students the opportunity to achieve the required competencies.	●	○
At a minimum, for all sites for required pharmacy practice experiences and for frequently used sites for elective pharmacy practice experiences, a written affiliation agreement between the site and the college or school is secured.	●	○
The college or school identifies a diverse mixture of sites for required and elective pharmacy practice experiences.	●	○
The academic environment at practice sites is favorable for faculty service and teaching.	●	○
The college or school has addressed the guidelines for this standard.	●	○

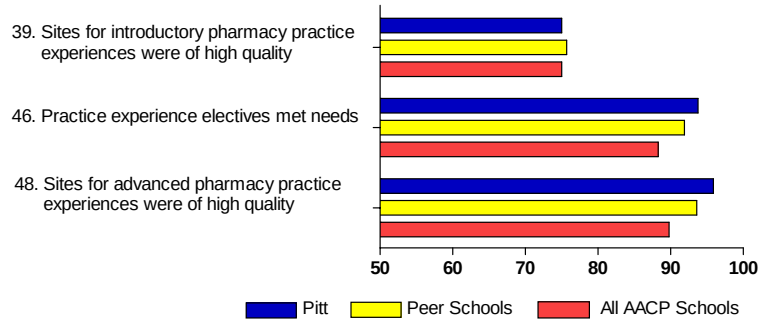
"We learn by example and by direct experience because there are real limits to the adequacy of verbal instruction."

—Malcolm Gladwell
Blink: The Power of Thinking Without Thinking, 2005

Description

The School partners with 925 different sites to provide IPPE and APPE experiences. In any given year, approximately 400 sites provide almost 1200 experiences for students across all four years of the professional program. The School's faculty members provide 169 APPE experiences through their clinical and operational responsibilities for UPMC. ACPE Pharmacy Practice Experience Capacity Charts are found in Appendix 28-A (IPPEs) and Appendix 28-B (APPEs). The School has adequate numbers of experiential sites to assure each P4 student placement in direct patient care rotations in acute and ambulatory care (total of three rotations), one advanced community practice rotation, and one advanced institutional practice rotation. The School has developed a diverse set of elective rotations that cover the breadth of opportunities in pharmacy from underserved care to laboratory research to international experiences. Data from the 2009 AACP Graduating Student

Figure 28-1. Percentage of Graduate Student Agreeing with Statement



Survey, presented in Figure 28-1, validates the diversity and effectiveness of sites and preceptors.

Selection criteria for preceptors and sites are given in Appendix 28-C. Two forms are used to collect data on prospective preceptors and sites. On the Experiential Learning Site Description form (Appendix 28-D), preceptors describe the practice site, including specific patient populations served, array of disease states most frequently presented by those patients, and the extent to which collaboration occurs with other health care providers. Preceptors also provide a brief summary of major learning opportunities and objectives possible during the rotation, along with any features that make the practice site unique. The Preceptor Data form (Appendix 28-E) is a summary of preceptor qualifications. Students are assigned to practice sites only after approval of the site by the director of experiential learning.

Once approved, rotation sites are evaluated via student evaluations, which are reviewed by the Experiential Learning Committee on an annual basis. In addition, the director of experiential learning conducts regular site visits to rotation sites to ensure the quality and continuing suitability of sites and preceptors. Since the requirement for all sites to have affiliation agreements went into effect in 2007, the School has executed agreements with more than 80% of the 925 experiential learning sites. Efforts to secure the remaining affiliation agreements are on-going and will continue until agreements exist with 100% of experiential sites. These affiliation agreements articulate the responsibilities, commitments, and expectations for each of the parties and address matters such as insurance requirements, student disclosures, immunization policies, and conduct expectations. The standard affiliation agreement developed by University General Counsel can be viewed in Appendix 28-F. Some practice sites may elect to use their own affiliation agreement; in these cases, it must be approved by the University's Office of General Counsel.

In 2006, the School invited other schools of pharmacy in the Commonwealth of Pennsylvania to join in forming the Pennsylvania Coalition of Colleges and Schools of Pharmacy. The Coalition has three purposes: to standardize new preceptor training; to facilitate preceptor development to enhance teaching and advance patient care service; and to standardize medication therapy management training for pharmacists and students across the commonwealth. With external grant funding secured by the School, a design group composed of faculty members from each of the Pennsylvania schools has updated and expanded the training program previously developed by School for pilot implementation with Rite Aid. A two-phase continuing education program is now available at no cost to preceptors and other practitioners across Pennsylvania (14.25 continuing education hours of online programming and 7.25 continuing education

hours of live training). School faculty members are also leading the Coalition in work with the Pennsylvania Pharmacists Association to establish a network of pharmacy medication therapy management providers. All of these efforts are focused on advancing pharmacy practice and improving care of patients.

To support preceptors and collaboratively enhance the patient care services of affiliated practice sites, the School also provides additional educational resources to all preceptors including access to the complete services of the Health Science Library and free access to more than 200 continuing education programs through the School Web site. For example, DM Educate™, an online comprehensive diabetes management training course created by School faculty, is available without charge to all preceptors for pharmacist continuing education credits. The program, in part or in total, has been incorporated into the curriculum of 90 schools worldwide. Other preceptor development activities are presented in the narrative of Standard 14.

Comments

The School offers a wide array of quality IPPEs and APPEs and does so through affiliations with UPMC and many other care-providing organizations and institutions. The School's leadership in establishing the Pennsylvania Coalition of Colleges and Schools of Pharmacy for the purposes of preceptor development and practice advancement is commendable.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
28-A	IPPE Capacity Chart
28-B	APPE Capacity Chart
28-C	Selection Criteria for Preceptors and Sites
28-D	Experiential Learning Site Description Form
28-E	Preceptor Data Form
28-F	Affiliation Agreement Template

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

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

Description

The University Library System (ULS) consists of 28 libraries, on or near the Oakland campus, which provide information resources to faculty, staff, and students of the University community, including the School. The three libraries of the Health Sciences Library System (HSLS), part of the ULS, support the educational, research, and clinical services of the University's schools of the health sciences and UPMC. In June 2008, the HSLS held more than 400,000 print volumes, more than 8,300 audiovisual and educational software in the Computer and Media Center, and electronic holdings with more than 4,000 journals, 2,800 books, and 90 databases. Details are provided in Appendix 29-A. The flagship library of the HSLS, Falk Library, is located in Scaife Hall across the street from the School.

Physical library space is continually redefined in response to community needs and evolution of electronic resources and capabilities. Movement of several subscriptions and titles to electronic versions only and the leasing of a long-term storage facility for library materials has decreased onsite inventory and allowed for reallocation of space. New study areas and rooms on the second floor of Falk Library with wireless connection and a hands-on computer classroom have been constructed since 2006. The 2009 AACP Graduating Student Survey (Question 80) found a higher satisfaction rate of 93.7% with campus study areas compared with peer schools and national survey results. Appendix 29-B provides additional details on space and technology in Falk Library Computer and Media Center.

HSLS librarians support the needs of the UPMC and University by collaborating with investigators on several organization- and National Institutes of Health-funded research projects listed in Appendix 29-A. They also offer classes on a range of topics to library users, including overview and effective utilization of HSLS resources, software training and Internet health resources. Lists and descriptions of regularly scheduled classes are provided in Appendix 29-C. Specialized classes, library tours and consultation

services are available through our School library liaison. In 2006, the School's liaison of 18 years, Ms. Alice Kuller retired. Ahlam Saleh, MD, MLS, has assumed this role for the School. Appendix 29-D describes Dr. Saleh's qualifications.

According to the 2007/2008 Annual Statistics of Medical School Libraries in the United States and Canada, the HSLS was ranked in the top 5% of 130 academic health sciences libraries in the United States. In FY08, the HSLS filled 36,512 interlibrary loan requests from around the world, which was second among all academic health center libraries. Of the user-requested journal articles or books in FY08, the HSLS fulfilled two-thirds of the requests and 4% from other University libraries. These are strong indicators of user satisfaction with the HSLS collection.

The HSLS collections are updated continuously. Appendices 29-E and 29-F provide the HSLS and Falk Library collection development policies. Faculty suggestions for new resource and journal acquisitions are accepted through the online purchase recommendation forms. The University Senate standing Senate Library Committee guide the resources, facilities, policies and procedures of all University libraries to assure that the research and information needs of the University community are met and maintained at the highest standards. Appendix 29-G lists the mission of the committee.

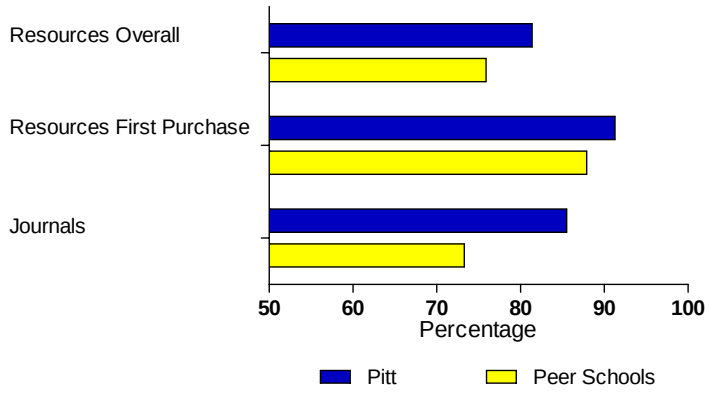
More than 98% of faculty and graduating students agreed with the 2009 AACP Survey statement that library resources (including electronic drug information) are adequate and/or conducive to learning. The 2008 AACP Preceptor Survey indicated that 74% of preceptors agreed that the School provides access to library and educational resources. Faculty, adjunct faculty, students, and preceptors are eligible for remote access to HSLS resources. As of 2009, all volunteer preceptors are eligible to obtain remote access to HSLS by requesting a University e-mail account sponsored by the director of experiential learning.

Faculty, staff, and students can access online resources of the HSLS or ULS, without charge, from more than 100 workstations in the libraries and most resources remotely from office and home computers via password or based on Internet protocol address. Appendices 29-H and 29-I list electronically available databases and journals, respectively. An estimated 1,200 people enter a HSLS library daily and an average of 44,877 page views (defined as a request from a visitor's browser for a displayable Web page, generally html file) on the HSLS Web site. These data do not identify the specific users or user groups (e.g., schools or business unit). Additional details are provided in Appendix 29-A.

The Pittsburgh Poison and Drug Information Center is located in Birmingham Towers on Pittsburgh's South Side. The Center responds to drug information requests from health care professionals within UPMC and the surrounding community, including School preceptors. The Center houses a collection of more than100 medicine and pharmacy textbooks and 10 journal subscriptions, which are available by appointment. Center holdings are listed in Appendix 29-J.

An analysis of the library holdings for the *ACPE Basic Resources for Pharmacy Education* and *Core List of Journals* showed the School has access to a higher percentage of the recommended resources relative to mean results of peer schools (Figure 29-1). Analysis details are provided in Appendix 29-K. Any reference not readily available through the HSLS or ULS can be borrowed via interlibrary loan for a small fee of $5 to $25 depending on required turnaround time from one to two hours up to seven days for articles and one to twelve days for books. Appendix 29-L details the fee structure.

Figure 29-1. Analysis of Basic Resources for Pharmacy Education (2008) and Core Journals (2009) Holdings at School and Mean of Peer Schools



Because of the close proximity of the School to the Falk Library of the Health Sciences, the maintenance of formal library resources and services in the School represents a duplicative effort and expense. A campus-wide wireless service, known as Wireless PittNet, became available in July 2006 for use by students, faculty, and staff further enabling easy access to library and educational resources.

Dr. Saleh presents an overview of library and educational resources to new students (PharmD and PhD) and School pharmacy residents during orientation. Drug information (DI) pharmacy faculty instruct students on the appropriate and efficient use of DI and library resources, including an online tutorial on literature searching developed by DI faculty in 2007, and literature evaluation. Courses require literature retrieval and analysis throughout the curriculum as part of the curricular outcome for lifelong learning. See Standard 12-A for curricular outcomes and 12-C for the curricular outcomes map. Table 29-1 provides responses to AACP Survey questions regarding student ability to retrieve and evaluate health science literature.

Table 29-1. Students of the School Are Well Prepared to Retrieve and Evaluate Health Science Literature				
Data from Pitt: Strongly Agree plus Agree Students of the School Are Well Prepared to . . .				
	Faculty 2009	Preceptors 2008	Graduating Students 2009	Alumni 2008
53. search the health sciences literature.	88.9%	92.4%*	99.0%	98.3%*
54. evaluate the health sciences literature.	85.2%		100.0%	

* Question 37 on 2008 survey addressed both outcomes

Comments

The School's access to library and educational resources is commendable. HSLS is one of the top ranked academic medical libraries in the United States. The number of recommended library resources available at the University exceeds the average for peer schools. Faculty, students, staff, and preceptors have access to library facilities with qualified personnel and excellent, readily accessible holdings, and educational resources.

Final Evaluation: ☑ **Meets the Standard**

Appendices

Appendix	Content
29-A	Health Sciences Library System (HSLS) Annual Report 2007-2008 Also available online at http://www.hsls.pitt.edu/about
29-B	Falk Library's Computer & Media Center description from HSLS Update Also available online at http://www.hsls.pitt.edu/updatereport/?p=802
29-C	HSLS Classes on Library and Educational Resources Also available online at http://www.hsls.pitt.edu/services/instruction/desc
29-D	Qualifications of the library liaison to the School
29-E	HSLS Library Collection Development Policy
29-F	Falk Library Collection Development Policy
29-G	University Senate Library Committee Mission Statement Also available online at http://www.pitt.edu/univsenate/committees/library/mission.html
29-H	List of Full-Text and Bibliographic Databases Also available online at http://www.hsls.pitt.edu/resources/databases
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29-J	List of the Holdings of the Poison and Drug Information Center
29-K	Analysis of Basic Resources for Pharmacy Education (2008) and Core List of Journals (2009) for Libraries that Serve Schools and Colleges of Pharmacy
29-L	HSLS Reference Request Fee Structure

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

	S	N.I.
The college or school has the financial resources necessary to accomplish its mission and goals.	●	○
The college or school ensures that student enrollment is commensurate with its resources. Enrollment is planned and managed in line with resource capabilities, including tuition and professional fees.	●	○
Tuition for pharmacy students is not increased to support unrelated educational programs.	●	○
The college or school operates with a budget that is planned, developed, and managed in accordance with sound and accepted business practices.	●	○
Financial resources are deployed efficiently and effectively to:		
• support all aspects of the mission, goals, and strategic plan	●	○
• ensure stability in the delivery of the program	●	○
• allow effective faculty, administrator, and staff recruitment, retention, and development	●	○
• maintain and improve physical facilities, equipment, and other educational and research resources	●	○
• enable innovation in education, research and other scholarly activities, and practice	●	○
• measure, record, analyze, document, and distribute assessment and evaluation activities	●	○
• ensure an adequate quantity and quality of practice sites and preceptors to support the curriculum	●	○
The dean reports to ACPE, in a timely manner, any budget cuts or other financial factors that could negatively affect the quality of the professional degree program or other aspects of the mission of the college or school. N/A (no budget cuts or other factors since last accreditation visit) ■	○	○
The college or school ensures that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways. N/A (no alternate pathways) ■	○	○
The college or school has addressed the guidelines for this standard.	●	○

Description

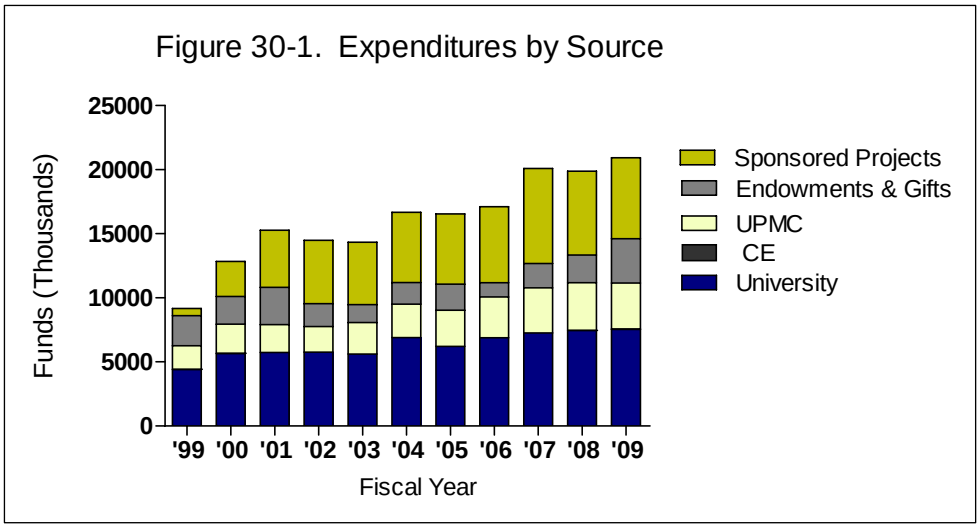
Securing an adequate resource base, particularly financial resources, is a critical element of the School's Long-Range Plan 2006–2012 (Appendix 2-A). The chancellor has the authority and responsibility for the University's planning and budgeting activities, subject to appropriate action by the Board of Trustees. The dean holds the overall financial responsibility for the School's budget. The assistant dean for business and finance is responsible for the School's daily financial operations, while department chairs manage the budgets for their respective departments. Long-Range Plan 2006–2012 guides the efficient and effective allocation of resources to support the School's mission and goals.

The funding sources for the School include an allocation from the University and UPMC, sponsored project awards, philanthropic support in the form of gifts, and interest paid from endowments. For the sake of simplicity, the allocation from the senior vice chancellor is included in the University portion.

The Commonwealth of Pennsylvania classifies the University as a state-related higher education institution through the initial charter of 1787; state-related status was granted in 1966. This classification makes the

University eligible for commonwealth funds for the general operating budget and commonwealth facility construction grants, while remaining a private entity with a nonprofit corporate charter. The University sets its own standards for admissions, awarding of degrees, and qualifications, and salary and benefits for faculty and staff. The commonwealth appropriation to the University in FY08 was $186.6 million, which was 11% of the University's $1.58 billion operating revenue.

In FY08, the School's budget was $19.9 million, 37% of which is an allocation from the University. The University's Fact Book http://www.ir.pitt.edu/factbook/index.htm is available for additional budgetary details. Appendices 30-A through 30-D provide financial summaries for the past three fiscal years and budget projections for the next five fiscal years. Figure 30-1 shows the growth of the School's expenditures by source over time.

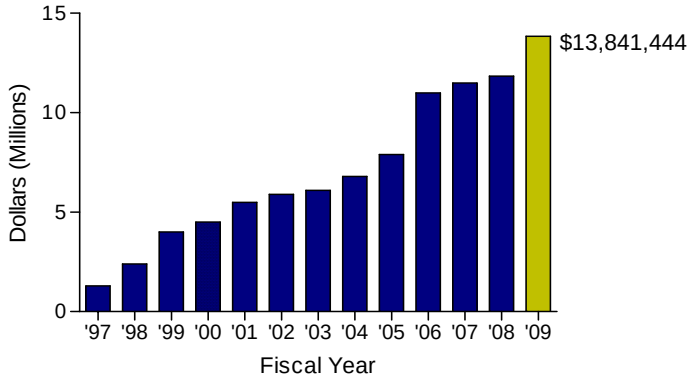


The School's total budget has more than doubled in the past decade, and has increased 1.4 fold since 2002. The increase in sponsored project funding is associated with an increase in the School's rankings based on NIH funding; since 2002, the School has consistently ranked in the top 15 schools of pharmacy and for six of those years ranked in the top 10. Appendix 30-E lists the rankings based on NIH funding for FY98 through FY08.

The University has supported the School with a full-time director of development, who, with the Leadership Team, aligns development efforts with Long-Range Plan 2006–2012. For each of the past four years through FY08, the School received over $2 million in charitable gifts, pledges, and grants. Through the generosity of individuals, foundations, corporations, and other organizations, the School has raised over

$19 million since 1999 for the School's portion of the University Capital Campaign. The book value for the School's endowment in June 2009 was $13.84 million. Figure 30-2 shows the growth in the endowment, which has more than doubled since 2002.

Figure 30-2. School of Pharmacy Endowment - Book Value



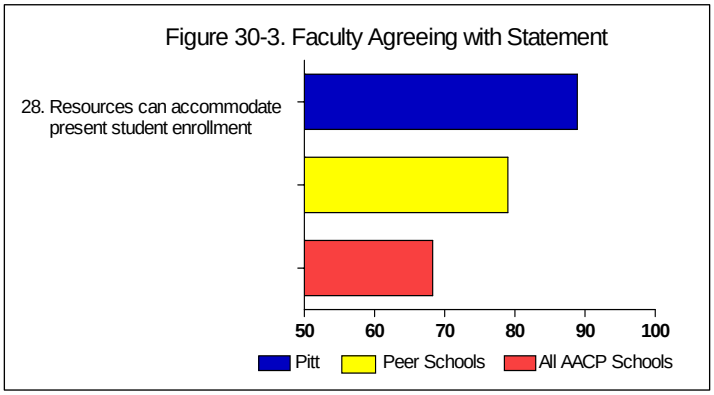
The School receives an annual budget allocation from the University, not direct tuition dollars; however, the School receives tuition incentive funds based on enrollment targets, such that the School receives 65% of all tuition in excess of the preset goal. The University sets the tuition rate with approval of the Board of Trustees to support the educational program. Appendix 30-F provides an analysis of the tuition and mandatory fees. Tuition has increased an average of 5.72% for Pennsylvania residents and 3.5% for out-of-state residents over the last five fiscal years. FY09 tuition was $19,987 and $23,997 for two semesters for in-state and out-of-state students, respectively.

Due to the recent economic downturn, the commonwealth asked the University to give back 6% of its FY09 appropriation and the School of Pharmacy, in turn, was asked to return 1.7% of the FY09 University allocation. UPMC pharmacy operations sustained an overall budget reduction in FY09 that included a decrease in support for faculty salaries. The School was able to mitigate the impact of the reduction on the educational program.

In FY09, School investments lost 22% of the market value. While the endowment is not a main source of income for the operating budget, the loss will be noticeable until the market recovers. For FY10, the current budget year, the payout on the endowment will be 4.25% based upon a three-year trailing average.

Using its mission, vision, values, and Long-Range Plan 2006–2012 as guides, the School invests in professional development of faculty, preceptors, and administrative staff as detailed in the narratives of Standards 14 and 26. As described in the narratives of previous standards, the School is committed to its partnership with its affiliated sites and the individual preceptors.

In 2007, the School's Leadership Team set 108 students as the target class size for the PharmD program. As shown in Figure 30-3, the 2009 AACP Faculty Survey data show that faculty agree that current "resources can accommodate present student enrollment."



Salary data for faculty by rank is presented in Appendix 30-G, along with comparison data for public universities. Mean FY09 salaries showed that associate and assistant professors of the School were above the mean salary data for AACP public universities, while professors were 4.1% lower. Faculty and staff have access to an array of University and School benefits, including tuition benefits, retirement fund matching at 1.5 times the amount of the individual contribution up to 8% of the annual salary, and reimbursement for board certification and pharmacy licensure among other benefits.

Comments

The School's budget has more than doubled in the past decade, and has increased 1.4 fold since 2002. While the School has been affected by the current economic downturn, it has been able to absorb the funding cuts with no impact on its educational programs, and little impact on personnel. Strengths include the longstanding relationship with UPMC and the increased strength of the relationship as evidenced by the doubling of support for faculty over the past decade. The ability to absorb the cuts is a reflection of the application of sound business practices by the leadership of the University and School and of the School's commitment to efficiency and effectiveness as reflected in Long-Range Plan 2006–2012. The leadership of the School believes that goals will be realized and is continuing to pursue new revenue streams.

Final Evaluation: ☑ Meets the Standard

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