

**College of Pharmacy and Health Sciences Assessment Plan**  
*Measurement with Intent to Improve*

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## PHILOSOPHY AND INTRODUCTION

The philosophy of assessment in the CPHS is: *Measurement with the Intent to Improve*. This guides our assessment plan, which revolves around disseminating data to our stakeholders in order to improve student outcomes. To paraphrase a saying, 'great colleges measure what they value'. In the CPHS, we value student learning and the core values in which we accomplish that.

The CPHS assessment plan is a strategy for ensuring measured improvement by assessing program effectiveness and student learning outcomes. Central to the assessment plan are the CPHS values (Collaboration, Collegiality, Entrepreneurial Leadership, Innovation, Professionalism, Learner-centered). Program outcomes support the CPHS values.

The assessment plan provides a framework for review and use of past, current, and future assessment practices. The goal of the plan is to operationalize assessment, planning, and improvement processes to assure students are prepared to be working professionals in their chosen field. The assessment plan establishes guidelines for assessment, methods, analysis, and reporting.

Each program has outcomes that measure students learning and program effectiveness. Some of the outcomes are derived by or prescribed by accreditors; others focus more directly on student learning. With three of the four CPHS programs accredited, our assessment practices have to include and consider accreditation standards of practice. Each accreditor (CAATE, ACOTE, and ACPE) provides some guidance regarding assessment. Though assessment of student learning drives assessment in many ways, assessment also supports accreditors standards of practice.

All four CPHS programs use a mixed methods approach to assessment. Mixed methods are direct and indirect measures as well as both summative and formative assessments. Though maintaining accreditation for our programs is paramount, student learning beyond course content is also imperative. Student work, surveys, faculty insights, experiential data, and standardized tests can all help inform curriculum decisions, faculty development, and pedagogy/methodology in the classroom.

## ADMINISTRATION OF THE PLAN

Administratively, the CPHS Assessment plan addresses five key issues for success:

- A person or group charged with ongoing assessment. In order for the assessment plan to be implemented and used to assess quality over time, responsibility for specific tasks and deadlines lies with an individual or group. The college has a standing Assessment Committee that oversees the assessment plan along with the Associate Dean for Curriculum and Assessment and the Director of Assessment.
- Specific outcomes to be tracked by the assessment team. The college's assessment plan recognizes that assessment data is difficult and costly to gather and analyze. Therefore, the plan strives to only gather and analyze data that is used for specific and stated uses.
- Frequency of each assessment strategy. On an ongoing basis, decisions are made as to when and how often each component of the plan occurs.
- Use of existing instruments for key assessments. When possible, validated and/or pre-existing instruments are used. Consistent use of valid instruments allows for the analysis of curricular outcomes and other college issues over time.

- Formal guidelines for disseminating the data. This allows for discussion, action, and continued quality improvement (closing the loop). The assessment plan details initiatives with feedback loops to disseminate findings and recommend changes.

## ASSESSMENT AND EFFECTIVENESS

CPHS assessment activities are intended to measure student achievement, program effectiveness, and help identify areas where improvements can be made. The central goal of academic assessment planning is to develop a system that can verify program effectiveness while promoting improvement.

## CYCLE OF ASSESSMENT

Program assessment is cyclical. As seen in each programs' assessment plan, a simple cycle of planning (identifying measures), collection (measures), analysis, and action (implementation of changes based on analysis) is used. While not all program outcomes need to be assessed annually, some accreditation standards that are tied to an assessment outcomes or objective, are assessed annually.

- Planning- identifying the measures that will be used for outcomes being assessed during an academic year. Since faculty are responsible to submit any student work that might be identified as a measurable, planning is an important part of preparation for assessment.
- Collection- collecting the measurables used to assess outcomes. This includes student work, survey results, experiential data, or other forms of assessment.
- Analysis- the program assessment committees or program director with the director of assessment, review the data and determine the strengths and areas for improvement that the data is leading towards. It's also a common practice for data to be discussed with program faculty for the purpose of providing their input and insights with the data analysis.
- Action- planning changes and implementation of changes based on the analysis. Not all assessment leads to change. Improvement plans can include curricular changes and faculty development. Often times, this is where service offices are included such as Experiential Learning or Student Services.

The College uses various strategies for review of assessment data. Examples include annual curricular reviews, academic year curricular reviews, directed dissemination of findings to faculty (annual reports to faculty, staff, and committees, newsletters, etc.), and committee charges linked to assessment data.

## KEY STAKEHOLDERS

Assessment responsibilities within the college lie with several groups. The CPHS Director of Assessment helps facilitate assessment and promotes and supports the efforts of program directors/department chairs, faculty, and the CPHS Assessment committee. The CPHS Assessment Committee, a standing CPHS committee, is charged with reviewing assessment activities. The CPHS Academic Affairs Committee, a standing CPHS committee, is charged with the review of curricular change and the assessment that supports the proposed change. The faculty of the college provide student work to be assessed and assessment data. Faculty also participate in the planning based on outcomes assessment. The Associate Dean for Curriculum and Assessment works closely with the Director of Assessment and standing committees to help coordinate change, improvement, and assessment activities. The Associate Dean may also work with and support activities related to faculty development based on assessment

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findings. Students in CPHS programs provide feedback to programs through surveys and their student work. They are the main beneficiaries of improvements in programs based on assessment findings. Accreditors require that some program information such as licensure pass rates and program retention be public via the program website. Program assessment reported to accreditors annually or at re-accreditation can be used by accreditors when accreditation standards are being reviewed. The Drake University Office of Institutional Research and Assessment collects and responds to annual reports submitted annually. They provide feedback to programs regarding assessment planning based on program assessment. They also oversee the campus program review process (10-year cycle).

## ASSESSMENT REPORTING

The CPHS Director of Assessment and Associate Dean for Curriculum and Assessment report data to faculty and appropriate committees. Each faculty member receives their individual feedback, where applicable. The faculty as a whole receive aggregate data. Program chairs also receive faculty reports for faculty in their program as well as a program summary.

Program reports on department level annual assessment activity are submitted to the Drake University Office of Institutional Research and Assessment, the Director of Assessment, Associate Dean of Curriculum and Assessment, and the Dean of the College. The Pharmacy, Occupational Therapy, and Athletic Training programs are also required to submit an annual report to their accrediting agencies that includes assessment activities.

Each program director or program assessment committee is responsible for sharing assessment results with program faculty and appropriate committees in the program. Action steps should be part of the discussion of the assessment analysis.

The Drake University Office of Institutional Research and Assessment requires an annual report to be completed by each University program. The annual report is focused on the assessment of teaching and learning. Each CPHS program is asked to submit a report that includes identifying what was assessed, the tools used to assess, results/interpretation, and a discussion of next steps (planning). The annual reports are submitted by the program chair through an online portal. The due dates for each program are June 30<sup>th</sup> each year. The Director of Assessment is responsible to follow-up with program chairs regarding their next steps from the previous year's report as well as preparation for the upcoming year's report.

## SURVEY MAP

CPHS uses several surveys as part of assessment. Below is a list of surveys and tests used for assessment in CPHS.

Note: The PCOA and OTKE exams are practice exams. The PCOA is low-stakes for students.

Survey	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
Faculty Advisor Survey												
Annual Activity Reports												
PCOA												
IDEA Courses												
IDEA Administrator												
AACP Graduating Survey												
AACP Faculty Survey												
AACP Alumni Survey												
CPHS Faculty Survey (MAT, OTD, HSCI)												
AACP Preceptor Survey (3 yr)												
HSCI Alumni Survey (3 yr)												
HSCI Senior Survey												
OTKE Practice Exam												
OTD Graduate Survey												
OTD Alumni Survey												
OTD Employer Survey												
CAATE Board Exams												
MAT Alumni Survey												
MAT Graduate Survey												
MAT Employer Survey												
<b>Key:</b>												

## EXPERIENTIAL EDUCATION PROGRAM

Experiential education provides direct and indirect evidence that is useful for assessment. The experiential education program collects a variety of data through its education management system, E\*Value.

Data are programmatic in nature. Examples include:

- Assessment of student performance by their educators
- Assessment of educators and experiential learning sites by students
- Site and educator information collected via online forms and/or site visits

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- Student reflection and other coursework mapped to learning outcomes and accreditation requirements
- Tracking and assessment of co-curricular engagement

Requests for data should be initiated through the Director of Assessment or the Associate Dean for Curriculum and Assessment.

## EVALUATING PROGRAM ASSESSMENT PLANS

Each program is responsible for updating or changing their assessment plan. Usual timing for reviewing outcomes is prior to reaccreditation or during Drake University's program review process. Changes can be made to outcomes and assessment plans as needed.

## EVALUATING THE CPHS ASSESSMENT PLAN

The Director of Assessment, with guidance from the Associate Dean for Curriculum and Assessment, will review the assessment plan annually each spring semester or as needed. Updates to program outcomes, accreditation, or the structure for assessment contained in the plan will be updated as needed and communicated to the CPHS community by the Associate Dean and the Director of Assessment. The Dean, Academic Affairs Committee, and the Assessment Committee will be included in discussions concerning strategic changes to the plan.

**PROGRAM OUTCOMES/ASSESSMENT PLANS**

**OCCUPATIONAL THERAPY DOCTORATE ASSESSMENT PLAN**

Outcomes	Criteria	Measured	Assessments	D/I	F/S	Collection Responsibility	Timing	Data Review	Frequency
Graduates will demonstrate the ability to utilize and analyze evidence for occupation-based practice and develop habits of life-long learning	Course Review Form, Coursework demonstrating importance of EBP	OTD 144	Course Review Form	I	S	144 faculty, OTD Assessment Committee	S 19	Curriculum and OTD Assessment Committees	Outcome reviewed every three years
			Critically Appraised Topic from 144	D	F				
	Utilization of EBP on Fieldwork or Doctoral Experience	Fieldwork Educator/Site Mentor Assessment Level I and II	Level I Fieldwork Educator/Site Mentor Assessment of Student Final (section III)	D	S	OTD Assessment Committee, OTD Fieldwork Coordinator	S 19	OTD Assessment Committee, Fieldwork Coordinator, Experiential Office	
			Level II Fieldwork Educator/Site Mentor Assessment of Student Final (section III)	D	S				
Graduates use of EBP when employed	Post-graduation	Alumni, Graduate, Employer Surveys	I	S	OTD Assessment Committee	S 19	OTD Assessment Committee, OTD Faculty		
		OTD 154	Course Review Form,	I	S		S 20		

<p>Graduates will value and engage in service opportunities to promote health and wellbeing for diverse and underserved populations.</p>	<p>Course work providing opportunities for service</p>		<p>Hill Day student reflections</p>	D	F	<p>OTD Assessment Committee, OTD 154 Faculty</p>		<p>Curriculum and Assessment Committees</p>	<p>Outcome reviewed every three years</p>
	<p>Opportunities for Service Learning on Fieldwork or Doctoral Experience</p>	<p>Opportunities for Service Learning on Fieldwork or Doctoral Experience</p>	<p>Fieldwork Level I Activity Log</p>	I	S	<p>OTD Assessment Committee, OTD Fieldwork Coordinator</p>	S 20	<p>Assessment Committee, Fieldwork Coordinator, Experiential Office</p>	
	<p>Graduates continued service engagement</p>	<p>Post-graduation</p>	<p>Alumni, Graduate, Surveys</p>	I	S	<p>OTD Assessment Committee</p>	S 20	<p>Assessment Committee, OTD Faculty</p>	
<p>Graduates will demonstrate competent clinical reasoning and care using occupation to enable clients across the lifespan within varied groups, and populations to live life to the fullest.</p>	<p>Course work demonstrating importance of occupations</p>	<p>OTD 154</p>	<p>Course Review Form</p>	I	S	<p>OTD Assessment Committee, OTD 154 Faculty</p>	<p>S 21</p>	<p>Curriculum and Assessment Committees</p>	<p>Outcome reviewed every three years</p>
			<p>Group projects</p>	D	F				
	<p>Utilization of occupations on Fieldwork or Doctoral Experience</p>	<p>Level II Fieldwork, Graduate Survey</p>	<p>Graduate Survey</p>	I	S	<p>OTD Assessment Committee, Fieldwork Coordinator</p>	<p>S 21</p>	<p>Assessment Committee, Fieldwork Coordinator, Experiential Office</p>	
			<p>Level II Fieldwork Educator/Site Mentor Assessment of Student Final (section VII)</p>	D	F				



	Graduates use of occupations when employed	Post-graduation	Alumni, Graduate, Employer Surveys	I	S	OTD Assessment Committee	S21	Assessment Committee, OTD Faculty	
Graduates will display professionalism, ethical behavior, and advocacy skills to influence positive change with clients, communities, and the profession.	Course work demonstrating importance of ethical, and professional behavior and advocacy skills	OTD 155	Course Review Form	I	S	OTD Assessment Committee, OTD 155 Faculty	S 20	Curriculum and Assessment Committees	Outcome reviewed every three years
			Student reflections	D	F				
	Demonstration of ethical, professional, and advocacy skills on Fieldwork or Doctoral Experience	Level I and Level II Fieldwork	Fieldwork Educator/Site Mentor Assessment of Student Final (Level I), Student reflections	D	F/S	OTD Assessment Committee, Fieldwork Coordinator	S20	Assessment Committee, Fieldwork Coordinator, Experiential Office	
			Fieldwork Educator/Site Mentor Assessment of Student Final (Level II, sections I and II)	D	F				
Graduates experiences with ethical, professional, and advocacy opportunities when employed	Post-graduation	Alumni, Graduate, Employer Surveys	I	S	OTD Assessment Committee	S20	Assessment Committee, OTD Faculty		

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## HEALTH SCIENCES ASSESSMENT PLAN

Outcomes	Objectives	Measured	Assessments	D/I	F/S	Collection Responsibility	Timing	Data Review	Frequency
<p>Goal A. Knowledge Base and Life Long Learning Skills:</p> <p>Graduates will have a strong foundation in the physical, biological, clinical and behavioral sciences coupled with an understanding of how business and management models apply to health sciences-related fields. Graduates will develop the skills and habits to acquire and apply new knowledge.</p>	A 1. Understand the chemical and biological principles that govern the function of the human body and apply these principles to health sciences-related problems.	HSCI 125	Case Studies,  Senior Survey	D  I	F  S	HSCI 125 Faculty, HS Program Director	AY 20-21	HSCI Program Director, HS Faculty	Every three academic years
	A2. Understand how business and management models play a role in the health care field.	HSCI 025	Small group assignment (identify a problem in healthcare, analyze, provide solutions),  Senior Survey	D	F	HSCI 025 Faculty, HS Program Director	AY 20-21	HSCI Program Director, HS Faculty	Every three academic years
	A3. Given a new area of inquiry, identify, analyze and evaluate health sciences-related information resources.	HSCI 025	Small group assignment (identify a problem in healthcare, analyze, provide solutions),  Senior Survey	D	F	HSCI 025 Faculty, HS Program Director	AY 20-21	HSCI Program Director, HS Faculty	Every three academic years
<p>Goal B. Values and Ethics:</p> <p>Graduates will understand and accept their duties and responsibilities outlined by their chosen career and to society in general. The graduates are expected to have developed value systems and</p>	B4. Understand the ethical issues relevant to the health sciences.	HSCI 105	Written assignment (philosophy/statement of ethics)	D	F	HSCI 105 faculty	AY 19-20	HSCI Program Director, HS Faculty	Every three academic years
	B5. Understand the importance of ethical conduct in the workplace.	HSCI 105	Written assignment (philosophy/statement of ethics)	D	F	HSCI 105 faculty	AY 19-20	HSCI Program Director, HS Faculty	Every three academic years

ethical standards that guide their behavior.	B6. Appreciate that diversity can contribute to different perspectives on the same issue.	HSCI 105	Written assignment (philosophy/statement of ethics)	D F	F	HSCI 105 faculty	AY 19-20	HSCI Program Director, HS Faculty	Every three academic years
Goal C. Critical Thinking Skills: Graduates will use critical and creative thinking and an evidenced-based approach to identify, analyze and solve problems.	C7. Understand and apply scientific methodology to problems in the health sciences.	HSCI 156 & 197	Research poster presentation, Senior Survey, Internship Supervisor Feedback	D I D	F D F	CPHS Faculty, HSCI 156 Faculty, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years (collected annually)
	C8. Critically evaluate arguments and formulate counterarguments on logical and quantitative grounds.	HSCI 156 & 197	Research poster presentation, Senior Survey, Internship Supervisor Feedback	D I D	F S F	CPHS Faculty, HSCI 156 Faculty, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years (collected annually)
Goal D. Communication and Collaborative Skills:  Graduates will be able to communicate effectively with their peers and their constituents in a variety of formats and actively participate in collaborative environments.	D9. Work effectively in collaborative groups and resolve the interpersonal conflicts that may arise in such environments.	HSCI 156 & 197	Research poster presentation, Senior Survey, Internship Supervisor Feedback	D I D	F S F	CPHS Faculty, HSCI 156 Faculty, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years (collected annually)
	D10. Communicate clearly and persuasively (in both written and verbal formats) with public, professional and granting agency audiences.	HSCI 156 & 197	Research poster presentation, Senior Survey, Internship Supervisor Feedback	D I D	F S F	CPHS Faculty, HSCI 156 Faculty, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years (collected annually)

	D11. Effectively utilize technology or other communications tools (e.g. presentation software, audiovisual devices, email) when communicating with constituents.	HSCI 156 & 197	Research poster presentation, Senior Survey, Internship Supervisor Feedback	D I D	F S F	CPHS Faculty, HSCI 156 Faculty, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years (collected annually)
<p>Goal E. Career Planning and Development:</p> <p>Graduates will emerge from the program with realistic ideas regarding how to implement their knowledge, skills, and values in a variety of settings.</p>	E12. Understand the role of the different disciplines within the health care system to formulate career goals.	HSCI 156 & 197	Research poster presentation, Senior Survey, Internship Supervisor Feedback	D I D	F S F	CPHS Faculty, HSCI 156 Faculty, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years (collected annually)
	E13. Identify the types of academic experience and level of performance that will facilitate achievement of career goals.	HSCI 197	Senior Survey, Internship Supervisor Feedback	I D	S F	HS Program Director, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years
	E14. Develop skills and experiences relevant to achieving career goals.	HSCI 197	Senior Survey, Internship Supervisor Feedback	I D	S F	HS Program Director, Internship Supervisor	AY 18-19	HSCI Program Director, CPHS Assessment Director	Every three academic years

MASTERS OF ATHLETIC TRAINING ASSESSMENT PLAN

Outcomes	Objectives	Measured	Assessments	D/I	F/S	Collection Responsibility	Timing	Data Review	Frequency
A. Students will show comprehension of required curricular content standards in athletic training that allows successful completion of the degree program.	A.1 - Express competency of pre-requisite scientific knowledge.	ATHL 272, ATHL 283, ATHL 265, ATHL 280	-Board of Certification (BOC) exam scores -Cumulative Exams in Semesters 3 & 4	D D	S S/F	MAT Program Director, AT Faculty	S20, S23	MAT Program Director, CPHS Director of Assessment, MAT faculty	Assessed years 1 and 3 of 5-year initial plan
	A.2 –Display understanding of competencies necessary for athletic training.	ATHL 272, ATHL 283, ATHL 265, ATHL 280	-BOC Exam Scores -Athletic Training Milestones -Cumulative Exams in Semesters 3 & 4 -Patient Simulations/ Standardized Patients -Employer Surveys	D D D D	S S/F S/F F	MAT Program Director, AT Faculty, CPHS Director of Assessment	S20, S23	MAT Program Director, CPHS Director of Assessment, MAT faculty	
	A.3 - Students will successfully enter and matriculate through the graduate program.	CPHS Student Services, Drake Office of Institutional Research	-Graduate Rate -Retention Rate -BOC Pass Rate	D D D	S S S	MAT Program Director, Drake Office of Institutional Research	S20, S23	MAT Program Director, CPHS Director of Assessment	

B. Recruit and retain passionate faculty and preceptors with complementary expertise who will engage students in innovative and demanding didactic and clinical education experiences while providing valuable service and scholarship to the University and profession.	B.1 – Faculty will provide an engaging and interactive classroom environment	Administrative data collected by the AT Program Director, MAT Director of Experiential Education, CPHS Director of Assessment	-IDEA Scores -Exit Interviews/Focus Groups -Program Director Evaluations -CPHS Administrator Evaluations -Director of Experiential Education for Athletic Training Evaluations -Alumni Surveys	I I I I I I	S/F S S S S	MAT Program Director, AT Faculty, CPHS Director of Assessment	S21, S24	MAT Program Director, MAT Fieldwork Director, CPHS Director of Assessment	Assessed years 2 and 4 of 5-year initial plan
	B.2 – Preceptors will provide clinical education opportunities that allow for growing autonomy as clinical skills are developed.	MAT Program Director, MAT Director of Experiential Education, CPHS Director of Assessment	-Preceptor Evaluations by Students -Preceptor evaluations by Director of Experiential Education for Athletic Training -Exit Interviews/Focus Groups -Alumni Surveys	I	S	MAT Program Director, CPHS Director of Assessment	S21, S24	MAT Program Director, MAT Fieldwork Director, CPHS Director of Assessment	
				I	S/F				
				I	S/F				
	B.3 - Preceptors will assist the students in providing evidence-based medicine.	MAT Program Director, MAT Director of Experiential Education, CPHS Director of Assessment	-Preceptor evaluations by Students -Director of Experiential Education for Athletic Training evaluations -Exit Interviews/Focus Groups -Alumni Surveys	I	S	MAT Program Director, CPHS Director of Assessment, CPHS Associate Dean	S21, S24	MAT Program Director, MAT Fieldwork Director, CPHS Director of Assessment	
				I	S/F				
				I	S/F				

				I	S				
C. Provide a clinical environment that will empower students to develop the strong skills and independence necessary to practice athletic training in a variety of settings.	C.1 - Employ prevention, diagnostic, treatment and rehabilitation techniques for injuries and illnesses common in active populations	MAT Program Director, MAT Director of Experiential Education, CPHS Director of Assessment	-Clinical evaluations -Scores on Five Domains of Board of Certification Exam -Athletic Training Milestones -Capstone Patients -Alumni Surveys	D D D D I	S S F/S F S	MAT Program Director, AT Faculty, MAT Fieldwork Director, CPHS Director of Assessment	S20, S23	MAT Program Director, CPHS Director of Assessment	Assessed years 1 and 3 of 5-year initial plan
	C.2 - Formulate clinical treatment plans using evidence-based medicine	MAT Program Director, MAT Director of Experiential Education, MAT Faculty, CPHS Director of Assessment	-Athletic Training Milestones -Critically Appraised Topics -Alumni surveys -Capstone patients -Student Portfolios	D D I D D/I	F/S F S F S/F	MAT Program Director, AT Faculty, CPHS Director of Assessment	S20, S23	MAT Program Director, CPHS Director of Assessment, MAT faculty	
	C.3 – Use patient outcomes to determine quality of care.	MAT Program Director, MAT Director of Experiential Education, MAT Faculty, CPHS Director of Assessment	-Athletic Training Milestones -Alumni surveys -Capstone Patients -Student Portfolios	D I D D/I	F/S S F F/S	MAT Program Director, AT Faculty, CPHS Director of Assessment	S20, S23	MAT Program Director, CPHS Director of Assessment	



	C.4 - Utilize proper medical terminology in effective verbal and written communication.	ATHL 280	-Critically Appraised Paper -Critically Appraised Topic -Research Project	D D D	F F F	MAT Program Director, AT Faculty, CPHS Director of Assessment, ATHL 280 faculty	S20, S23	MAT Program Director, CPHS Director of Assessment, MAT faculty	
D. Provide students with diverse education that allow them to be active learners, scholars, and future leaders.	D.1 – Synthesize current literature to determine appropriate evidence-based medicine related to athletic training clinical practice	ATHL 280	-Critically Appraised Paper -Critically Appraised Topic -Research Project	D D D	F F F	MAT Program Director, AT Faculty, CPHS Director of Assessment, ATHL 280 faculty	S21, S24	MAT Program Director, MAT faculty	Assessed years 2 and 4 of 5-year initial plan
	D.2 – Collaborate on and produce research for a targeted audience.	ATHL 280	-Final Research Paper	D	F	MAT Program Director, AT Faculty, CPHS Director of Assessment, ATHL 280 faculty	S21, S24	MAT Program Director, MAT faculty	
	D.3 – Critically think and problem-solve in professional settings.	ATHL 280	-Critically Appraised Topic -Research Project -Athletic Training Milestones -Capstone Patients	D D D D	F F F/S F	MAT Program Director, AT Faculty, CPHS Director of Assessment, ATHL 280 faculty	S21, S24	MAT Program Director, MAT faculty	
E. Develop the structure of a sound graduate program in	E.1 – Practice effectively in post-graduate jobs and post-professional settings	CPHS Director of Assessment	-Alumni surveys -Employer surveys	I I	S S	MAT Program Director, AT Faculty, CPHS	S25	MAT Program Director, CPHS Director of	Assessed Year 5 of

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athletic training that produces students with the ability to contribute to the profession in post-graduate settings.						Director of Assessment		Assessment, MAT faculty	5-Year Initial Plan
	E.2 – Gain post-graduate placements in clinical and educational settings.	CPHS Director of Assessment	-Alumni surveys -Placement rates	I I	S S	MAT Program Director, AT Faculty, CPHS Director of Assessment	S25	MAT Program Director, CPHS Director of Assessment, MAT faculty	
	E.3 - Continue life-long learning and advocate effectively for the profession.	CPHS Director of Assessment	-Alumni surveys -Employer surveys -Student Portfolios	I I D/I	S S F/S	MAT Program Director, AT Faculty, CPHS Director of Assessment	S25	MAT Program Director, MAT Fieldwork Director, CPHS Director of Assessment, MAT faculty	

**DOCTOR OF PHARMACY (STUDENT LEARNING OUTCOMES)**

CAPE Domain	Outcomes	Learning Objectives*	Course Measured	Assessments	Responsible Party for Collection	Timing	F/S	D/I	Data Evaluation	Frequency
Domain 1: Foundational Knowledge	1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the pharmaceutical, social/behavioral/administrative, and clinical sciences to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.	1.1 Applies knowledge in foundational sciences to solve healthcare problems.  1.2. Critically analyzes scientific literature related to both drugs and diseases.	NA NA Various All	1. PCOA 2. NAPLEX 3. Exam Qs tied to CAPE 4. Mapping	1. Assessment Office	Annually Annually Sum 21 Fall 19	S S F F	D D D I	Assessment Office	Yearly Yearly 3 yrs Biannual 1/4
Domain 2: Essentials for Practice and Care	2.1. Patient-centered care (Caregiver) - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).	2.1 Collects and interprets patient information to formulate an evidence-based, patient-centered care plan. 2.2. Interviews patients in an organized manner utilizing a patient-centered approach. 2.3. Implements and documents patient-centered care plan. 2.5. Monitors patient outcomes and adjusts care plan as needed. 3.6 Applies established processes, standards, and best practices related to safe medication use and distribution systems.	PHAR 285  PSA Series	APPE Comp. Scores SOAP notes  High Stakes Practical	Experiential Office  PSA Faculty	AY 19-20  AY 19-20	S  F	D  D	Experiential Director  Assess. Office	3 yrs, Collected Annually  3 yrs, Collected Annually
	2.2. Medication use systems management (Manager) - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.	3.6 Applies established processes, standards, and best practices related to safe medication use and distribution systems. 3.7 Utilizes continuous quality improvement techniques to optimize the medication use process. 3.8 Demonstrates the role of a pharmacist in managing human, financial, technological and/or physical resources.	PHAR 285  PSA Series	APPE Comp. Scores  High Stakes Practical	Experiential Office  PSA Faculty	AY 19-20  AY 19-20	S  F	D  D	Experiential Director  Assess. Office	3 yrs, Collected Annually  3 yrs, Collected Annually
	2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.	2.6. Promotes health and wellness through prevention, intervention, and/or educational strategies to improve patient outcomes.	PHAR 285  Various	APPE Comp. Scores  Immunization certificate Student led screenings/# services provided POCT certificate	Experiential Office  Various	AY 19-20  AY 19-20	S  S	D  I	Experiential Director Assessment Off.	3 yrs, Collected Annually 3 yrs, Collected Annually

	2.4. Population-based care (Provider) - Describe how population-based care influences patient-centered care and influences the development of practice guidelines and evidence-based best practices.	2.7. Demonstrates appropriate application of evidence-based protocols and guidelines when providing patient care. 3.5 Analyzes patient population needs (e.g. cost, care, access, satisfaction) to guide patient-centered care services.	PHAR 285	APPE Comp. Scores DUEs	Experiential Office	AY 19-20	S	D	Experiential Director	3 yrs, Collected Annually
Domain 3: Approach to Practice and Care	3.1. Problem Solving (Problem Solver) "Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	3.1 Identifies and prioritizes actual and potential problems that arise at this experiential site (e.g., patient care problems, management issues, research questions) 3.2 Defines goals and critiques multiple strategies in order to achieve goals. 3.3 Recommends the most viable plan and reflects on its outcomes.	PHAR 173	Research proposals/papers/presentations	SAdS faculty	AY 20-21	S	D	Assessment Director	3 years
			CPD/IPPE	E-value portfolio: SOAP notes, ADR reports, etc.	CPD coordinators	AY 20-21	F	I	Exp. Office	3 yrs, Collected Annually
			PHAR 285	APPE Ratings SOAP notes	Experiential Office	AY 20-21	S	D	Exp. Office	3 yrs, Collected Annually
	3.2. Educator (Educator) "Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.	4.1 Utilizes effective techniques to provide education to others and assess audience comprehension. 4.2 Provides education which contains the most current information relevant for the intended audience.	CPD/IPPE	IPEC Competency Coverage using: -Portfolio advisor ratings -Student Reflections -In-services and presentations	CPD faculty	AY 20-21	F	D/I	Assess. Office	3 yrs, Collected Annually
			PHAR 285	APPE Ratings	Experiential Office	AY 20-21	S	D	Experiential Office	3 yrs, Collected Annually
	3.3. Patient Advocacy (Advocate) - Assure that patients' best interests are represented.	3.9 Advocates for patients' best interest.	CPD/IPPE	E-value portfolio	CPD faculty	AY 20-21	F	D/I	Assess. Office	3 yrs, Collected Annually
			PHAR 285	Preceptor ratings	Experiential Office	AY 20-21	S	D	Experiential Office	3 yrs, Collected Annually
			PHAR 171	Advocacy Reflection	Faculty	AY 20-21	S	D	Assess. Office	3 yrs. Collected annually
	3.4. Interprofessional collaboration (Collaborator) "Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	4.3 Actively participates and engages as an interprofessional team member. 4.4 Communicates in a manner that values team-based decision making and respects contributions from other areas of expertise.	CPD/IPPE	E-value portfolio: IPE activities and reflections	CPD faculty	AY 20-21	F	D/I	Assess. Office	3 yrs, Collected Annually
			PHAR 285	Preceptor Ratings	Experiential Office	AY 20-21	S	D	Experiential Office	3 yrs, Collected Annually
PHAR 171			Advocacy Reflection	Faculty	AY 20-21	S	D	Assess. Office	3 yrs,	

	3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.	2.4. Considers patients' health beliefs when creating patient care plans. 4.5 Demonstrates an attitude that is respectful of social determinants of health (e.g. culture, religion, health literacy, literacy, disabilities, cognitive impairment.)	CPD/IPPE  PHAR 285	E-value portfolio: IPE activities and reflections	CPD faculty  Experiential Office	AY 20-21  AY 20-21	F  S	D/I  D	Assess. Office  Experiential Office	3 yrs, Collected Annually  3 yrs, Collected Annually
	3.6. Communication (Communicator) "Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.	2.2. Interviews patients in an organized manner utilizing a patient-centered approach. 4.6 Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships. 4.7 Demonstrates effective written communication skills (e.g., drug information, patient care documentation, provider or patient education materials).	PHAR 285  PSA Series   PHAR 171	APPE Comp. Scores  High Stakes Practical  Advocacy Reflection	Experiential Office  PSA faculty  Faculty	AY 20-21  AY 20-21  AY 20-21	S  F	D  D	Experiential Office  Assess. Office  Assess. Office	3 yrs, Collected Annually  3 yrs, Collected Annually  3 yrs. Collected Annually
Domain 4: Personal and Professional Development	4.1. Self-awareness (Self-aware) "Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.	5.1 Approaches activities with a desire to learn. 5.2 Recognizes his/her strengths and areas for growth and initiates strategies to enhance professional and personal development.	CPD/IPPE  PHAR 285	E-value portfolio: IPE activitiesreflections using Co-Curr Self-Assess. rubric, powerpoint and posters Preceptor Ratings	CPD faculty  Experiential Office	AY 21-22  AY 21-22	F  S	D/I  D	Assess. Office  Experiential Office	3 yrs, Collected Annually  3 yrs, Collected Annually
	4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.	4.3 Actively participates and engages as an interprofessional team member. 4.4 Communicates in a manner that values team-based decision making and respects contributions from other areas of expertise. 4.6 Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.	CPD/IPPE  PHAR 285	E-value portfolio: IPE activitiesreflections using Co-Curr Self-Assess. rubric, powerpoint and posters  Preceptor ratings	CPD faculty  Experiential Office	AY 21-22  AY 21-22	F  S	D/I  D	Assess. Office  Experiential Office	3 yrs, Collected Annually  3 yrs, Collected Annually

	4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.	3.4 Demonstrates initiative and creativity to identify and respond to opportunities and challenges.	CPD/IPPE PHAR 285	E-value portfolio: IPE activitiesreflections using Co-Curr Self-Assess. rubric, powerpoint and posters	CPD faculty	AY 21-22	F	D/I	Assess. Office	3 yrs, Collected Annually
			PHAR 174	Group Service Case	Instructor	AY 21-22	S	D	Experiential Office	3 yrs, Collected Annually
	4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	5.3 Instills trust through professional presence (e.g. punctuality, reliability, attire, appropriate workplace behaviors). 5.4 Adheres to legal and ethical standards of the profession. 5.5 Maintains confidentiality of protected information.	CPD/IPPE	E-value portfolio: IPE activitiesreflections using Co-Curr Self-Assess. rubric, powerpoint and posters	CPD faculty	AY 21-22	F	D/I	Assess. Office	3 yrs, Collected Annually
			PHAR 285	Preceptor ratings	Instructor	AY 21-22	S	D	Experiential Office,	3 yrs, Collected Annually
			PHAR 162	Case Studies Worksheets	Instructor	AY 21-22	F	I	Assess. Office	3 yrs, Annual Collection

\*CPHS Experiential Education learning objectives

**AREAS FOR ASSESSMENT FOR THE CPHS PHARMD PROGRAM** cover 1) *student learning outcomes* and 2) *program outcomes*. These include:

### STUDENT LEARNING OUTCOMES

- a. Curricular/Learning Outcomes: CAPE
- b. EPAs
- c. Team-ready, APPE-ready, Practice-ready

### PROGRAM OUTCOMES

- a. Instructional and Students Support
- b. Stakeholder Satisfaction (with job, Drake, college, dept, workload)
- c. College Administration
- d. Institutional Measures

**VARIOUS ASSESSMENTS**: *(adapted from Best Practices in Assessment Within the CAPE Domains)*

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- a. Ongoing Curricular mapping with program outcomes and Appendix 1: 25% of curriculum mapped annually
- b. Team-Ready, APPE-Ready, Practice-Ready
- c. Aggregate (and individual scores) on NAPLEX, PCOA, MPJE (aggregate), residency match rates: annually
- d. Direct measure from IPPE and APPE preceptors: annually
- e. Student reflections/assignments: CPD and experiential
- f. Approved EPA activities during experientials: annually
- g. Course assessments: PSA high stakes practicals, etc. Varies
- h. Indirect measure via AACP survey results (alumni, students, preceptors): annually

**STRUCTURE AND PROCESS ASSESSMENT**

Areas for assessment related to structure and process

- A. Effectiveness of Organizational Structure
- B. Mission/Goals
- C. Didactic Curriculum
- D. Experiential Curriculum
- E. Co-curriculum
- F. Clinical Reasoning Skills
- G. Interprofessional Education
- H. Faculty Effectiveness: Scholarship, Teaching, and service
- I. Admissions and Student Services  
Stakeholder Satisfaction (with job, Drake, college, dept, workload)

The following tables depict the Assessment Plan for *Structure and Process* with areas, measurement tools, timing, and responsible parties identified.

**A. EFFECTIVENESS OF ORGANIZATIONAL STRUCTURE:**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1. Dean	360 Degree Review AACP Faculty and Alumnj Surveys	Annually Annually	Varies Spring	Provost Associate Dean	Dean All college
2. Associate/Assistant Deans	360 Degree Review	Rotating: every 3 yrs	Fall	Dean	Dean and Associate/Assistant Deans
3. Dept. Chairs	360 Degree Review	Rotating: every 3 yrs	Fall	Dean	Dean and Dept Chair
4. Leadership Team	AACP Faculty Survey	Anually	Spring	Associate Dean	All college
5. All Staff	Drake HR instrument	Annually	End of FY	Supervisor	Supervisor and staff



**B. Mission/Goals: Strategic Planning:**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1.Outcomes	See CIP: Various measures	Continuous	Throughout the year	CAC and designated responsible parties	All college
2: Process	AACP Faculty Survey	Annually	Spring	Associate Dean	All college

**B. MISSION/GOALS:: EDUCATIONAL EXCELLENCE: INSTRUCTIONAL QUALITY**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1.Course	a. • IDEA Center’s Diagnostic Form and CIP	One/course	End of course	Associate Dean	Instructor and chair (specific results), college (aggregate results)
2.Faculty	a. IDEA Center Diagnostic Form	One/course	End of course	Associate Dean	Instructor and chair
	b. Peer Assessments	Annually	Anytime	Vice-chair & fac. member	To individual
	c. Formal review for tenure	Twice	1 yr prior	Dean and dept. chair	Faculty & P&T
3. College Teaching Goal	Summary of IDEA center Progress on Relevant Objectives	Annually	End of spring	Associate Dean	All college
4. Advising	Advising survey	Annually	Spring	Associate Dean	Individual faculty and CPHS aggregate report to all
5. Misc outcomes	NAPLEX results; residency placement; accomplishment rate	Annually	Varies	Varies	All college

**B. MISSION/GOALS: EXCELLENCE IN SCHOLARSHIP AND SERVICE**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1.Faculty scholarly output	Annual Activity Report and Scholarship Dashboard and CIP	Annually	End of CY	Associate Dean	Faculty
2. Faculty service	Annual Activity Report	Annually	End of CY	Associate Dean	Faculty

**B. MISSION/GOALS: LIBERALLY EDUCATED**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1.Minors, dual degree/concentrations/	Official College List Tracking and CIP	Annually	Throughout the year	Varies	Faculty

**C. DIDACTIC CURRICULUM**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1.Mapping	Qualtrics Mapping Survey Blackboard Tagging	Varies	Varies	Associate Dean	Faculty
2.Biannual Meetings	Assessment Date used in meeting	Biannually	August and January	Associate Dean	Faculty
3.Academic Year Review Meetings	Qualtrics survey and meeting	Every 3 years	September	Associate Dean	Faculty
4.Standardized Tests	NAPLEX MPJE PCOA	Annually	Varies	Associate Dean	All College

**D. EXPERIENTIAL CURRICULUM**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1. Site	eValue: Rotation Evaluation Site Visits AACP GSS	One/APPE Varies Annually	End of APPE Varies Spring	Assistant Dean Associate Dean	Individ.Faculty & Dept. chair All College
2. Preceptor	eValue: Preceptor evaluation Site Visits	One/APPE Varies	End of APPE Varies	Assistant Dean	Preceptor and Assistant Dean

**E. Co-curriculum**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
Std 3 & 4	Student reflections and advisor ratings in e-Value	Twice per year	Semester start	Assistant Dean	Student, CPD instructor and Assistant Dean

**F. Clinical Reasoning Skills**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
Clinical decision-making	PSA Course practicals	Twice per year Each APPE	Varies	PSA faculty	PSA Faculty and assessment office
	e-Value student ratings		Varies	Preceptor	Assistant Dean

**G. Interprofessional Education Skills**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
IPE: Standard 3 and 4	CPD e-Value student reflections	2x per year	Semester start	Assistant Dean	Student, CPD instructor and Assistant Dean
	CPD e-Value advisor ratings	2d per year	Semester start	Assistant Dean	Student, CPD instructor and Assistant Dean

**H. Faculty Effectiveness: Scholarship, Teaching, and service**

Area	Tool	Frequency	Timing	Responsible Party	Feedback to:
1. Teaching	IDEA Center Diagnostic Form	One/course	End of course	Associate Dean	Instructor and chair
	Peer Assessments	Annually	Anytime	Vice-chair & fac. member	To individual
	Formal review for tenure	Twice	1 yr prior	Dean and dept. chair	Faculty & P&T
2. College Teaching Goal	Summary of IDEA center Progress on Relevant Objectives	Annually	End of spring	Associate Dean	All college
3. Advising	Advising survey	Annually	Spring	Associate Dean	Individual faculty and CPHS aggregate report to all
4. Faculty scholarly output	Annual Activity Report and Scholarship Dashboard and CIP	Annually	End of CY	Associate Dean	Faculty
5. Faculty service	Annual Activity Report	Annually	End of CY	Associate Dean	Faculty

I. ADMISSIONS AND STUDENT SERVICES					
Area	Tool	Frequency	Timing	Responsible Party	FEEDBACK TO:
1.Demand & admits	Internal log; Drake admissions funnel	Annually	Throughout year	Assistant Dean Stud. Affairs/Enrol. Mgt	Faculty and Admissions Committee
2. Admission criteria	Pre-pharm gpa, interview score, PharCAS, etc.	Annually	Fall	Assistant Dean Stud. Affairs/Enrol. Mgt	Faculty and Admissions Committee
3. Accomplishment Rate,	Student Affairs Report and CIP	Annually	Fall, 6 months post graduation	Leah Berte	Dean and faculty
4.Gender, race, age, home, etc	Student Affairs Report	Annually	Fall, census day	Student affairs staff	Faculty
5.Post-grad rate	Student Affairs Report and CIP	Annually	Fall	Student affairs staff	Faculty
6.Retention	Internal log	Annually	Fall	Student affairs staff	Faculty and Admissions Committee
7.Suspensions etc	Internal log	By Semester	End of semester	Assistant Dean Stud. Affairs/Enrol. Mgt	Faculty
8. Student Affairs Office	Annual Student Affairs Report	Annually	Summer	Assistant Dean Stud. Affairs/Enrol. Mgt	Faculty

**APPENDIX A. ASSESSMENTS FOR TEAM-READY**

Overview: Each domain is broadly defined in accordance with Standards 2016. Assessments are competency-based (showing competency through observation). In most instances, assessments are formative across the P1-P3 years. Domains are operationalized using commonly used outcomes and assessed through CPHS measures.

**TEAM READY**

- I. Broad definition: Contribute as a member of an interprofessional collaborative patient care team
- II. Operationalized: Using the four IPEC competencies:

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- a. Values/Ethics
  - b. Roles/Responsibilities
  - c. Interprofessional communication
  - d. Team/Teamwork
- III. Assessments:
- a. CPD course assignments, including
    - i. IPE experiences and reflections across P1-P3 years and
    - ii. advisor evaluations of student portfolios each semester across P1-P3 years

## APPENDIX B. ASSESSMENTS FOR APPE-READY

Overview: Each domain is broadly defined in accordance with Standards 2016. Assessments are competency-based (showing competency through observation). In most instances, assessments are formative across the P1-P3 years. Domains are operationalized using commonly used outcomes and assessed through CPHS measures.

### APPE-READY

- I. Broad definition: Enter advanced pharmacy practice experiences (APPE) *with the necessary requisite knowledge, skills, behaviors and attitudes (italicized text is wording beyond ACPE's)*
- II. Operationalized: Using 5 experiential outcome domains
  - a. Foundational knowledge
  - b. Patient Care

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- c. Leadership and problem solving
  - d. Communication
  - e. Personal and Professional Development
- III. Assessments:
- a. IPPE curriculum and activities across P1-P3 years
  - b. IPPE student self-assessments and preceptor assessments on experiential outcomes
  - c. CPD Course assignments and activities related to co-curriculum across P1-P3 years (focus on leadership, professional development): Including CPD VI poster and reflections
  - d. PCOA scores reflecting knowledge from didactic coursework
  - e. PSA lab practical assessments across P1-P3 years

## APPENDIX C. ASSESSMENTS FOR PRACTICE-READY

Overview: Each domain is broadly defined in accordance with Standards 2016. Assessments are competency-based (showing competency through observation). In most instances, assessments are formative across the P1-P3 years. Domains are operationalized using commonly used outcomes and assessed through CPHS measures.

### PRACTICE-READY

- I. Broad definition: Provide direct patient care in a variety of healthcare settings *while demonstrating professional judgement, behaviors, attitudes and values, confidence, and a sense of personal and professional responsibility.*
- II. Operationalized: Using AACP's/Drake's Core Entrustable Professional Activities (CPHS EPAs approved spring 2019)
- III. Assessments: Identified EPAs map to ACPE Standards 1-4 (foundational knowledge, essentials for practice and care, and personal and professional development) as well as to CPHS educational outcomes (CAPE 2013) and the PPCP: <https://www.ajpe.org/doi/pdf/10.5688/ajpe815S4>

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- a. Direct assessment using CPHS’s experiential outcomes and EPA experiential tasks (approved spring 2019): Across P1-P4 years
- b. CPD course assignments, including
  - i. IPE experiences and reflections across P1-P3 years
  - ii. Advisor evaluations each semester across P1-P3 years

**APPENDIX D. MAPPED COMPETENCIES AND CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (DRAKE EXED)**

Related Competencies	Patient Care Provider Domain:	Example Supporting Tasks:	
2.1 Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.	Collect information to identify a patient's medication-related problems and health-related needs	Collect a medical history from a patient or caregiver.	2.1, 2.2., 4.6
2.2 Interviews patients in an organized manner utilizing a patient-centered approach.		Collect a medication history from a patient or caregiver.	2.1, 2.2., 4.6
4.6 Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.		Assess medication adherence, efficacy, and tolerability with a patient.	2.1, 2.2
		Use health records to support the setting of care and the purpose of the encounter.	2.1

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2.1	Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Assess a patient's signs and symptoms to determine whether the patient can be treated within the scope of practice or requires a referral.	2.1
3.1	Identifies and prioritizes actual and potential problems as they relate to this experiential site.		Utilize laboratory test results to determine the effect of medication therapy.	2.1, 3.1
1.1	Applies knowledge in foundational sciences to solve healthcare problems.		Identify actual or potential drug interactions.	2.1, 3.1, 1.1
4.5	Demonstrates an attitude that is respectful of social determinants of health.		Perform a comprehensive medication review or similar patient care service for a patient.	2.1, 3.1, 4.5, 4.6
4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.		Prioritize medication-related and/or health-related problems for a patient, including self-care needs.	3.1, 4.5
			Evaluate an existing drug therapy regimen.	3.1
2.3	Implements and documents patient-centered care plan.	Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	Develop a patient-centered treatment plan.	3.2, 3.3, 2.4, 2.6, 2.7, 3.9, 4.3
2.4	Accounts for patients' health beliefs when creating patient care plans.		Implement an appropriate treatment protocol applicable to a patient's care.	2.3, 2.7
3.2	Defines goals applicable to this experiential site and identifies multiple strategies to achieve these goals.		Manage identified drug interactions.	2.3, 3.2, 3.3
3.3	Recommends the most viable plan to achieve goals applicable to this experiential site and reflects on its outcome(s).		Select monitoring parameters and appropriate time intervals to determine the therapeutic and adverse effects related to the treatment plan.	3.2, 3.3
2.7	Demonstrates appropriate application of evidence-based protocols and guidelines when providing patient care.		Perform calculations to support appropriate medication use.	3.2
4.3	Actively participates and engages as an interprofessional team member.		Create a patient-specific education plan.	2.4, 3.2, 3.3, 3.9, 4.6
3.9	Advocates for patients' best interest.			



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2.6	Promotes health and wellness through prevention, intervention, and/or educational strategies to improve patient outcomes.				
4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.				
2.3	Implements and documents patient-centered care plan.	Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	Write a note that documents the findings, recommendations, and plan from a patient encounter.	4.6, 4.7	
4.7	Demonstrates effective written communication skills (e.g., drug information, patient care documentation, and provider or patient education materials).		Counsel a patient on the most commonly used prescription medications at this setting	2.3, 4.1, 4.2, 4.6	
4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.		Educate a patient regarding the appropriate use of an OTC medication, device, or self-test kit.	2.3, 4.1, 4.2, 4.6	
4.4	Communicates in a manner that values team-based decision making and respects contributions from other areas of expertise.		Educate a patient on the use of medication adherence aids.	2.3, 4.1, 4.2, 4.6	
4.1	Utilizes effective techniques to provide education to others and assesses comprehension of audience.		Educate a patient about medical equipment or devices.	2.3, 4.1, 4.2, 4.6	
4.2	Provides education which contains the most current information relevant for the intended audience.		Present a patient case to healthcare professional(s).	4.2, 4.4, 4.6	
2.5	Monitors patient outcomes and adjusts care plan as needed.		Follow-up and monitor a care plan.	Collect and evaluate monitoring parameters, and recommend modifications based on patient response	2.5, 3.3
3.3	Recommends the most viable plan to achieve goals applicable to this experiential site and reflects on its outcome(s).			Communicate pertinent information when a patient transitions between care levels.	4.6, 4.2

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4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.
4.2	Provides education which contains the most current information relevant for the intended audience.

**Related Competencies**

**Interprofessional Team Member Domain:**

4.3	Actively participates and engages as an interprofessional team member.	Collaborate as a member of an interprofessional team.	Contribute medication-related expertise to the team's work.	4.3, 4.6
4.4	Communicates in a manner that values team-based decision making and respects contributions from other areas of expertise.		Communicate a patient's medication-related problem(s) to another health professional.	4.4, 4.6
4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.		Use setting appropriate communication skills when interacting with others	4.4, 4.6
			Use consensus building strategies to develop a shared plan of action.	4.3, 4.6

**Related Competencies**

**Population Health Promoter Domain:**

3.5	Analyzes patient population needs (e.g. cost, care, access, satisfaction) to guide patient-centered care services.	Identify patients at risk for prevalent diseases in a population.	Perform a screening assessment to identify patients at risk for prevalent diseases in a population.	3.5, 2.1
2.1	Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.			
3.7	Utilizes continuous quality improvement techniques to optimize the medication use process.	Minimize adverse drug events and medication errors.	Identify underlying system-associated causes of errors.	3.6, 3.7

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3.6	Applies established processes, standards, and best practices related to safe medication use and distribution systems.		Report medication errors to stakeholders.	3.6, 3.7
			Report adverse drug events to stakeholders.	3.6, 3.7
3.7	Utilizes continuous quality improvement techniques to optimize the medication use process.	Maximize the appropriate use of medications in a population.	Perform a medication use evaluation.	3.5, 3.7, 4.2, 4.7
4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.		Develop or update a care protocol or collaborative practice agreement.	4.2, 3.5, 4.7
4.2	Provides education which contains the most current information relevant for the intended audience.		Participate on institutional committees to promote pharmacy interests.	4.6
4.2	Analyzes patient population needs (e.g. cost, care, access, satisfaction) to guide patient-centered care services.		Apply cost-benefit, formulary, and/or epidemiology principles to medication-related decisions.	3.5, 3.7
3.5	Demonstrates effective written communication skills (e.g., drug information, patient care documentation, and provider or patient education materials).			
4.7				
2.6	Promotes health and wellness through prevention, intervention, and/or educational strategies to improve patient outcomes.	Ensure that patients have been immunized against vaccine-preventable diseases.	Determine whether a patient is eligible for and has received CDC-recommended immunizations.	2.6, 2.1
2.3	Implements and documents patient-centered care plan.		Administer and document CDC-recommended immunizations to an adult patient.	2.6, 2.3

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2.1	Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.	
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**Related Competencies**

**Information Master Domain:**

4.1	Utilizes effective techniques to provide education to others and assesses comprehension of audience.	Educate patients and professional colleagues regarding the appropriate use of medications.	Discuss a recently published research manuscript and its application to patient care.	1.1, 1.2, 4.1, 4.2, 4.6, 4.7
4.2	Provides education which contains the most current information relevant for the intended audience.		Discuss the most commonly used medications in this setting.	1.1, 4.2, 4.6
4.6	Communicates with confidence, clarity, respect and empathy to establish rapport and build trusting relationships.		Communicate written or oral information appropriate for health professional(s) or a lay audience regarding a health-related topic.	4.1, 4.2, 4.6
1.2	Critically analyzes scientific literature related to both drugs and diseases.			
1.1	Applies knowledge in foundational sciences to solve healthcare problems.			
4.7	Demonstrates effective written communication skills (e.g., drug information, patient care documentation, and provider or patient education materials).			
1.2	Critically analyzes scientific literature related to both drugs and diseases.	Use evidence-based information to advance patient care.	Retrieve and analyze scientific literature to make a patient-specific recommendation.	1.2

	Retrieve and analyze scientific literature to answer a drug information question.	1.2
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**Related Competencies**

**Practice Manager Domain:**

3.6	Applies established processes, standards, and best practices related to safe medication use and distribution systems.	Oversee routine pharmacy operations.	Implement pharmacy policies and procedures.	3.6, 3.8
3.8	Demonstrates the role of a pharmacist in managing human, financial, technological and/or physical resources		Utilize technology to support medication distribution systems.	3.6, 3.8
3.7	Utilizes continuous quality improvement techniques to optimize the medication use process.		Supervise, train and evaluate pharmacy technicians and other support staff.	3.8
			Identify medication distribution system problems and/or medication safety issues.	3.7, 3.8
			Maintain the pharmacy inventory including appropriate storage of medications.	3.6, 3.8
			Follow protocols for safe medication disposal.	3.6
			Implement safeguards related to controlled substance use and storage including use of prescription drug monitoring programs.	3.6, 3.8
			Advocate for and support pharmacist patient care services.	3.8
			Incorporate pharmacy budget considerations into operations.	3.8
			Utilize continuous quality improvement techniques to analyze pharmacy quality and productivity.	3.7, 3.8

			Incorporate compliance with regulatory requirements into pharmacy operations.	3.8
3.6	Applies established processes, standards, and best practices related to safe medication use and distribution systems	Process a medication order or prescription.	Enter patient-specific information into an electronic health or pharmacy record system.	3.6
3.8	Demonstrates the role of a pharmacist in managing human, financial, technological and/or physical resources		Determine if a medication is appropriate for a patient.	3.6, 2.1
2.1	Collects and interprets patient information to formulate an evidence-based, patient-centered care plan.		Properly prepare and label medication/prescription orders.	3.6
3.9	Advocates for patients' best interest.		Prepare commonly prescribed medications that require basic sterile and non-sterile compounding prior to patient use.	3.6
			Follow the workflow processes of the pharmacy.	3.6
			Complete the prescription verification process for various types of medication orders.	3.6
			Complete prescription payment processes while minimizing patient costs for clinically appropriate medications.	3.6, 3.9
			Promote formulary preferred medications when clinically appropriate.	3.6, 3.8

**Related Competencies**

**Self-Developer Domain:**

5.2	Recognizes his/her strengths and areas for growth and initiates strategies to enhance professional and personal development.	Implement a plan for continuous professional development.	Perform a self-evaluation to identify professional strengths and areas for improvement.	5.2
5.4	Adheres to legal and ethical standards of the profession.		Demonstrate ethic decision-making applicable to the setting.	3.9, 4.5, 5.4, 5.5
5.5	Maintains confidentiality of protected information.		Set and monitor SMART goals to guide learning at the experience.	3.2, 3.3, 5.1, 5.2
5.1	Approaches activities with a desire to learn.		Maintains a professional presence appropriate for the practice setting.	3.4, 4.4, 5.1, 5.3
3.4	Demonstrates initiative and creativity to identify and respond to opportunities and challenges.			
5.3	Instills trust through professional presence.			
3.9	Advocates for patients' best interest.			
3.2	Defines goals applicable to this experiential site and identifies multiple strategies to achieve these goals.			

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3.3	Recommends the most viable plan to achieve goals applicable to this experiential site and reflects on its outcome(s).
4.4	Communicates in a manner that values team-based decision making and respects contributions from other areas of expertise.
4.5	Demonstrates an attitude that is respectful of social determinants of health.

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