



Condensed Self-Study Report of Drake University

Drake University

College of Pharmacy and Health Sciences

2507 University Avenue

Des Moines

Iowa - 50311

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Pharmacy College or School Profile

Drake University

Drake University / College of Pharmacy and Health Sciences

2507 University Avenue

Des Moines

Iowa - 50311

Departmental/Divisional Structure

Clinical Sciences (Clinical Sciences)

Pharmaceutical, Biomedical, and Administrative Sci (PBA Sciences)

Branch/Distance Campus

Main Campus

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Drake University / College of Pharmacy and Health Sciences

College or School's Overview
College or School's Overview (since last comprehensive on-site evaluation)

(School comments begin here)

Background: The College of Pharmacy and Health Sciences (CPHS) was last reviewed by ACPE in the spring of 2009. Accreditation was continued for the full six years with a request for interim reports on 7 standards that were categorized as "meets with monitoring". Interim reports in 2010 and 2012 addressed the updates requested by ACPE for standards 14, 17, 24, 26-28, & 30. The following overview of major changes and developments since the last visit are organized by the 6 sections of the standards.

1. Mission, Planning, and Evaluation

Since 2009, the CPHS has revised its vision (in 2013-14), revised the current strategic plan (in 2012-13), and created a new strategic plan (in 2013-14) to be implemented starting in the fall of 2014. These activities were widely inclusive with faculty, staff, student, alumni, and other stakeholder participation.

To address the longer, 8 year accreditation period and to further refine our assessment efforts, the CPHS has implemented a new Periodic Assessment process. This process utilizes AAMS and engages our standing committees to engage in assessing progress on ACPE standards every year, on a rotating basis. The process is built into standing, annual charges of our committees.

Our self-assessment during the 2009 self study has been taken to heart. All areas we marked for improvement have been addressed over the ensuing 6 years and great progress has been made in key areas.

2. Organization and Administration

Drake and the CPHS have seen several changes in leadership since 2009. Provost Jones was hired 2 years ago, replacing a Provost who had arrived in 2009. Other changes on campus included a new Vice President for Finance and Administration, changes in associate and deputy provosts, and the recent announcement that President Maxwell will be retiring in 2015.

In the college, we had 2 years with Dean Rospond serving a dual role (Dean & Deputy Provost). This was followed by the 2013 hiring of our current Dean, Wendy Duncan who has completed her first year at Drake. We have also seen transitions of chairs in both departments, new leadership in the experiential office, and structural changes to the College Administrative Committee. CPHS leadership is stable and a transition plan is in place at the University level.

3. Curriculum

Major accomplishments related to the curriculum include: a complete mapping of the PharmD curriculum including measures of depth of coverage/progression of rigor. The mapping included Appendix B, C, and D, as well as the CPHS's educational outcomes.

Great strides have been made in enhancing interprofessional educational (IPE) including additions in the curriculum and organization and membership in a regional IPE collaborative.

The IPPE program is now fully implemented with the required hours, adequate resources, and excess site capacity. In addition, the Pharmacy Skills and Application course sequence (PSA) has been implemented and is one measure of student progression/preparation for APPEs.

The CPHS has continued its longstanding emphasis on innovative teaching and learning. Approaches actively used in the curriculum include Team Based Learning, POGIL, breakouts, simulations, and a large variety of active learning methods used throughout the courses.

4. Students

The College has fully implemented the new admissions process and is tracking and analyzing its effectiveness. The College's enrollment is stable at the desired level.

Significant opportunities for Student Leadership programming are in place and enhance the student experience and preparation for future practice. A few of these include the Student Leadership Development Series, the Adams Leadership Academy, the Next Top Entrepreneur Competition, and a host of successful and vibrant student organizations.

5. Faculty and Staff

There was a small increase in faculty numbers, including a move to have all faculty at 12 month appointments. Four faculty lines have been added for the HSCI program since its inception.

The College has focused faculty development on areas identified by the faculty. This has included topics for teaching, scholarship, and advising. The Faculty Mentor Program is fully implemented and has received very positive feedback during its assessment.

6. Facilities and Resources

Major facilities enhancements have included the creation of the Cline Atrium which houses student study space and faculty offices; renovations which led to additional research and teaching space including the new Pharmacogenomics lab, a Wellness lab, and a multi-room, pharmacy skills/patient care lab. The College's budget is stable and has been enhanced with practice revenue, research grants, and other contracts.

Summary

The major accomplishments of the last 6 years provide a snapshot of the College's growth and advancement. The following report quantifies our success in advancing our mission and the profession of pharmacy.

Drake University / College of Pharmacy and Health Sciences

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

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

(School comments begin here)

The organization and planning of the Drake College of Pharmacy and Health Sciences Self-Study was initiated in the spring of 2013. The process was collaborative as highlighted by the involvement of many stakeholders. Widespread use of evaluation data and the College's cycle of continual improvement enhanced the process and provided insight to those involved (students, faculty, staff, alumni, preceptors, campus constituents, partners from pharmacies and health-systems, a community partner via Des Moines University, and the Iowa Pharmacy Association).

The process for the self-study relied on specific assignments and deadlines developed within our Self-Study timeline, adopted by the Self-Study Committee (See Appendix S.1.1). The Self-Study Committee also developed a broad communication plan in order to promote widespread involvement (Appendix S.1.2). The plan included lobby posters, college-wide announcements, direct communication with the National Advisory Council, updates to University administrators, and sharing drafts with the public and key stakeholders for comment.

The Dean appointed the Self-Study Chair approximately 20 months prior to the Evaluation Team visit. The self-study officially began in June of 2013 with a College retreat that included more than fifty faculty, staff, students, alumni, and preceptors. The retreat focused on establishing where the College was in regards to the self-study and assessment data, what needed to be accomplished, and the plan to proceed (See retreat Agendas and Reports in Appendix S.1.3). The goals for the retreat were:

- Understanding of the accreditation process and where the College currently stands in preparedness.
- Identification of areas of strength and areas for further work related to accreditation standards and guidelines
- Establishing priority areas for the coming year

The product of the retreat was a report that highlighted input and ideas derived from reviewing key data sources (such as our curricular map, surveys for alumni, students, faculty, and preceptors), group discussions by disciplines, and group discussions on the progress since the last self-study, college strengths, areas of improvement, priorities, and environmental issues.

Self-study subcommittees, who were also the standing college committees were charged to analyze and draft reports for assigned standards and guidelines. Subcommittees were comprised of faculty, staff, students, alumni, preceptors, and key institutional staff. The self-study was made transparent to all involved by sharing all data and reports via the AAMS system.

Assessment and other data were reviewed in the fall of 2013 and the spring of 2014. Drafts of the sections of the self-study report were also generated during this time by the subcommittees. All drafts, including recommendations and suggested actions, were shared with various groups (Self-Study Committee, all faculty at College meetings, etc.) for input.

Final drafts from subcommittees were due on March 1, 2014. The draft was further reviewed by the Self-Study Committee and shared publicly on the CPHS website in the first week of April, 2014. The draft was also directed to all pharmacy students, faculty, staff, the Provost, and the Self-Study Committee. The College's NAC reviewed and discussed the report during their April 23rd meeting.

The email requests to faculty, staff, students, and other stakeholders included a link to provide on-line comments. A link to the draft (available publicly on the College website) and comment site were also distributed via the weekly College e-announcements.

The draft and resulting comments were the focus of a college-wide summer retreat (Appendix S.1.4). The retreat included faculty, staff, alumni, practitioners, and students with over 45 individuals in attendance. The goals of the retreat were to create:

- 1) *An understanding of site visits*
- 2) *An open dialogue on the self-study and Self-Evaluation*
- 3) *A consensus of points of pride, concern, overall agreement with the document*

General concensus was reached on these points, including the *self-evaluation* under each standard.

The group believes the self-study is accurate and agrees with its content. Themes from the retreat to emphasize are: The engaged and collaborative process of the self-study; the excellent product of the CPHS (graduates); the major advances in infrastructure; and that the relationship with the University is strong but somewhat unknown related to a new President's hire and the financial effects of any new programs.

Review and Adoption:

The self-study was revised in late May 2014 based on comments at the May retreat. The final version was released to the CPHS and public on July 3, 2014. The self-study was approved by the faculty on July 10th and released to the President and Provost of the University on July 23rd, 2014.

Summary of Compliance Status

Standards	Compliant	Compliant With Monitoring	Partially Compliant	Non Compliant
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		✓		

Drake University / College of Pharmacy and Health Sciences

1. College or School Mission and Goals	
<p>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.</p>	

2. College or School's Self-Assessment

The college or school has a published statement of its mission; its long-term goals in the areas of education, research and other scholarly activities, service, and pharmacy practice; and its values.	Satisfactory
The mission statement is compatible with the mission of the university in which the college or school operates.	Satisfactory
The college or school's vision includes the development of pharmacy graduates who are trained with other health professionals to provide patient care services as a team.	Satisfactory
The college or school's vision and long-term goals include fundamental commitments of the program to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, innovation, quality assurance and continuous quality improvement, and the assessment and evaluation of desired outcomes.	Satisfactory
The college or school's vision and goals provide the basis for strategic planning on how the vision and goals will be achieved.	Satisfactory
For new college or school initiatives, e.g., branch campus, distance learning, or alternate pathways to degree completion, the college or school ensures that: <ul style="list-style-type: none"> • the initiatives are consistent with the university's and the college or school's missions and goals • the same commitment to the instillation of institutional mission and academic success is demonstrated to all students, irrespective of program pathway or geographic location • resources are allocated in an equitable manner 	N/A

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	How the college or school's mission is aligned with the mission of the institution
<input checked="" type="checkbox"/>	How the mission and associated goals address education, research/scholarship, service, and practice and provide the basis for strategic planning

- How the mission and associated goals are developed and approved with the involvement of various stakeholders, such as faculty, students, preceptors, alumni, etc.
- How and where the mission statement is published and communicated
- How the college or school promotes initiatives and programs that specifically advance its stated mission
- How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Mission alignment: The College's mission and goals support the areas of education, research/scholarly activities, service, and pharmacy practice. Through sources such as dashboards, survey data, course work, faculty/student accomplishments, documentation supports the fundamental commitments of the college. By design, the College's Mission aligns with the University's and each department's mission aligns with the College's. Both the University and CPHS mission statements have explications depicting alignment between the two and outcome measures (Appendix 1.3.1).

Mission and strategic planning: The mission drives the CPHS strategic planning, which in turn, drives key College initiatives. This includes curricular decisions, growth areas, and resource allocation. Part of the 2013 strategic planning included re-visiting our mission and vision statements to better quantify future directions. Key aspects of the mission are teaching, scholarship, leadership, personal development, service, and collaboration.

Mission Development: The CPHS mission was last updated in 2008 and reviewed in 2013. The College has made revisions to the *vision* statement as part of its most recent strategic planning and added a mission tag line (2013-14). The College's explication operationalizes the mission and how it impacts the College.

Updates to the vision have led to departments updating their vision and value statements. As a result, the CAC initiated work to merge department value statements and create overarching College value statements. (See appendix 1.1.3)

Stakeholders are highly engaged and involved in both strategic planning and the self-study. Goals of the college are facilitated and communicated with alumni and stakeholders through the National Advisory Committee (NAC), with students through the Dean's Student Advisory Council (DSAC), with College administration through the CAC. Ultimately, the mission, vision, educational goals and values are approved by the faculty.

Communicated mission: The mission statement is published on the College website and handbooks. It is revisited at and is integral to strategic planning, which occurs at least every 5 years.

Advancing the mission: The College's mission emphasizes collaborative learning among students, faculty, and staff and the production of liberally educated professionals. Collaboration occurs via many avenues. Multiple courses within the curriculum combine team based learning during assessments, patient interviewing, SOAP note activities, identifying drug therapy problems, and point of care testing activities. In addition, multiple experiential activities complement the means of collaborative inter-professional education in pharmacy practice with clinical activities working with other healthcare practitioners and students.

Graduating liberally educated professionals is a key feature of both the University and College mission statements. This is advanced by students completing the Drake Curriculum, their co-curricular activities, as well as faculty and student individual accomplishments.

Excellence in Leadership: The College's mission statement is wholly consistent with the University's in the emphasis on a learning environment that prepares students for success both personally and professionally. Many of the AACP surveys provide evidence that the College accomplishes its mission of preparing graduates to provide patient care services to their patients and leadership to their communities and their profession.

Students excel among their peers, nationally. Students and student organizations have been successful in national competitions, competitive internships, and service activities. Drake pharmacy fraternities and student organizations have excelled in several competitions, from national chapters of the year awards to placing in competitions by AMCP, ASHP, and others.

"The College emphasizes excellence and leadership in professional education, service, and scholarship." Survey data suggests that graduates are prepared for their careers. Data from 2007-2013 indicate that the majority of the students agree to strongly agree that they would choose this career again, AND the majority of the students agree and strongly agree they would choose the same institution for their degree (94.5% in 2013). At the college level our mission explication clearly shows a dashboard view of meeting the goals of the mission. Lab renovations, teaching space renovations, student space additions all are major, recent efforts at advancing core values of the mission for scholarship, teaching, and collaborative learning.

In addition, the College has proof of leadership excellence at the college, university, community, state, and national levels. The DELTA Rx Institute was created to encourage entrepreneurial leadership in students, current practitioners, and faculty and to enhance the curriculum. Our DELTA Rx Institute web site and Drake's Next Top Entrepreneur student competition provide students and alumni with the opportunity and resources to develop their practices and create innovative pharmacist-delivered patient care programs. With activities in Delta Rx, multiple awards won by professional fraternities, faculty accomplishments, information from alumni and faculty surveys, pharmacy organizational memberships among faculty, and awards won by our alumni, our college is exhibiting excellence in leadership.

Postgraduate Education and IPE Support: The College emphasizes continued learning and postgraduate education in a variety of ways. Some of these include College-sponsored residency forums, residency preparation (interviewing, CVs, understanding the process), and mentoring on career goals and future practice needs. In 2008, 27% of Drake pharmacy graduates went on to post-graduate training. Over the last 6 years, this has increased to 33-42%- well above the national average.

The overall format of the IPPE portion of the curriculum is designed for collaborative learning and skill development. The College organizes interprofessional education experiences at Des Moines

University (DMU) Patient Simulation Lab, Drake's Davidson Lab, and at Grandview and Des Moines Area Community College (DMACC). This not only allows for a team approach, but allows for inter-professional training as students work along with other professional students.

Team patient care is modeled by faculty both in and out of the classroom. APPEs culminate the focus on team care through active student participation in patient care teams.

Application: The College has put forth resources specifically for advancing practice and enhancing scholarship and teaching excellence. As one example, the College is involved with the state's new practice model initiative. Lab renovation and financial support for scholarship has grown, as well as other faculty development funds used to expand professional skills. Faculty grow as teachers and scholars through a variety of faculty development programs offered by the College and University. A recent example is the installation of the College's Excellence in Mentoring and Advising Program in the spring of 2013. This program, offered by our College's Office of Student and Student Affairs, currently offers programming to enhance faculty mentoring and advising skills.

Notable achievements: The college's focus on excellent teaching, experiential education, and entrepreneurial leadership is noteworthy. Areas identified for improvement in the 2009 self-study have been strengthened. We've implemented and mapped new measures of entrepreneurial leadership and standardized annual reporting of scholarship.

Faculty take vested interest in the education of students and the development of their own skills to prepare students for their future. These endeavors enhance faculty scholarship and service. The proportion of graduates that go on to post-PharmD residencies, fellowships, and graduate programs is consistently higher than most programs. Recent infrastructure improvements are also noteworthy.

Programs such as the Delta Rx's Next Top Entrepreneur and its summer intern program celebrate innovation and leadership. Similarly, the College's Student Leadership Development Series provides training and opportunities for students to develop leadership skills and styles. Faculty are widely recognized for their involvement and leadership in the profession. Several serve on and lead national committees, taskforces and boards.

AACP Survey Data: The College is meeting and in most cases above the national average for most survey questions. Graduates feel the program prepared them to *work with the health care team to implement the patient care plan*; 98% agreement in 2013. In addition, graduates stated that the program prepared them for continued learning after graduation (99%). Alumni indicated that the college provided an environment and culture that promoted professional behavior and harmonious relationships. Results are consistently above the national average for '*The faculty, administrators, and staff were committed to developing professionalism, fostering leadership, and to serving as mentors and positive role models*'.

Approximately 97% of graduates rated the quality of the pharmacy education as very good (2013).

However, the number who indicated that they who choose pharmacy in retrospect has decreased. This is thought to be related to the job market and disconnect between their educational training and actual job responsibilities and practice models.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The program is in the process of or has developed, implemented, and regularly revises a strategic plan to advance its mission and long-term goals.	Satisfactory
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.	Satisfactory
The strategic plan of the college or school is aligned with the university's strategic plan.	Satisfactory
Substantive changes are addressed through the strategic planning process, taking into consideration all resources (including financial, human, and physical) required to implement the change and the impact of the change on the existing program.	Satisfactory
Consultation with ACPE occurred at least six months before recruiting students into new pathways or programs.	N/A
The college or school monitors, evaluates and documents progress toward achievement of strategic goals, objectives, and the overall efficacy of the strategic plan.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- How the college or school's strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as faculty, students, preceptors, alumni, etc.
- How the strategic plan facilitates the achievement of mission-based (long-term) goals
- How the college or school's strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, and mechanisms for ongoing monitoring and reporting of progress
- How the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan
- How the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan?
- How the strategic plan is driving decision making in the college or school, including for substantive changes to the program
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

(School comments begin here)

Strategic Plan Development: The College has a Strategic Plan (see Appendix 2.1.1) that is aligned with the College's Mission and Vision Statements. The Strategic Plan is comprised of 4 Strategic Initiatives, each of which is derived from the Mission Statement. These Strategic Initiatives contain Goals which are subserved by Objectives.

By design, College Strategic Planning occurs the year after the University Completes its strategic plan. This occurs approximately every 6th year. The University's new plan was approved in 2012. Knowing that a new dean would be coming into the College, the CPHS chose to update its current plan during the Spring of 2013. After arrival of Dean Duncan in the summer of 2013, a new strategic planning process began. The following text relates primarily to the previous strategic plan and success. The new plan development (2014-19) is described and the draft is available (See appendix 2.1.3). A final draft needs to be approved by faculty in the fall of 2014. As with the previous plan, it will have timelines, responsible parties, measures of success, etc.

The current Strategic Plan (2009-14) was developed through the participation of faculty, staff, students, and alumni. This was a highly inclusive and engaged process that began in August of 2009 at a Strategic Planning Retreat held on campus. Attendees included faculty, staff, student leaders from both the PharmD and Health Sciences program, preceptors, and alumni leaders. The focus of the retreat was to review the last Strategic Plan, which encompassed 2004-2008, and develop the goals and objectives for the new Strategic Plan for 2009-2014. The starting point for the new Strategic Plan was the 2009 Self-Study action items.

After the retreat, an inclusive process was used to draft and refine the Strategic Plan. First, an on-line evaluation of the retreat was sent to all participants allowing the opportunity to evaluate the retreat and provide additional ideas for the Strategic Plan. At a meeting in September of 2009, a draft of the Strategic Plan that included ideas put forth at the retreat was presented to faculty and staff. A noteworthy aspect of the discussion at this meeting was how the College's Strategic Plan was in alignment with the University's Strategic Plan at the time (Appendix 2.2.2).

Based on the input provided in the September 2009 meeting, the College Administrative Committee revised the Strategic Plan and presented it to the faculty at the December 2009 faculty meeting. A noteworthy aspect of the ensuing discussion was that the faculty ranked their top priorities. This exercise allowed specific timelines for each action item and ensured that top priorities would be addressed early in the planning cycle. In January 2010 the updated draft was presented to the National Advisory Council, their feedback was incorporated into the Strategic Plan, and the document was presented to the faculty in February. The faculty unanimously approved the 2009-2014 Strategic Plan on February 26, 2010.

Facilitates mission-based (long-term) goals: The Strategic Initiatives of the Strategic Plan are derived from the College's Mission Statement and are consistent with the Vision Statement of the College. The specifics of the Strategic Plan are guided by Operating Precepts that provide an articulation of the manner in which actions by the college are implemented. Some noteworthy Operating Precepts include continually monitoring and responding to change, allocating resources in a manner that is consistent

with our Goals and Objectives, broad representation in the planning process, and transparency in the activities of the College. Short-term plan objectives represent steps to achieve long-term success of our mission. Thus, areas of scholarship, teaching infrastructure and programming and practice were all represented in the plan.

Incorporation of Timelines, Measures, Responsible Parties: A noteworthy aspect of the plan is that who (responsible party), when (inclusive dates), and how (actions and resources) achievement will occur is specifically identified for each objective. An overall strength of the Goals and Objectives is the identification of Key Success Measures that are used to assess whether the College is achieving its desired outcomes.

Monitoring Progress: The College has ongoing mechanisms in place to monitor, evaluate, and document the achievement of the Strategic Plan. In addition to key success measures and timelines for the objectives, progress is monitored on an ongoing basis by the Assistant Dean of Assessment and the College Administrative Committee (CAC). A tracking document (See Appendix 2.1.2) is updated annually depicting progress on each plan item. The CAC discusses progress at least annually and any area in which progress is lacking is targeted for attention by the responsible party.

University Support: The College's Strategic Plan is developed with the support and under the guidelines of the University's administration. The University has established a timetable in which College planning commences in the year following the completion of the University's Strategic Plan. This coordination of University and College planning ensures that the objectives of the respective plans are cohesive and complementary. The University's current Strategic Plan was approved in Fall of 2012. Accordingly, the College updated its strategic plan in 2012-2013 but delayed undertaking a completely new plan until the new Dean arrived in the summer of 2013. As stated earlier, the College is in the process of finalizing a new Strategic Plan that encompasses 2014-2019. The process was similar in that it began with a faculty meeting in November 2013 focused on strategic planning. In January 2014, a two day strategic planning workshop took place to flesh out new initiatives. Subcommittees then worked to refine those initiatives for a vote by the College. A major goal of these discussions was a review the College's Vision Statement and how the Strategic Plan will facilitate the achievement of this Vision.

Driving Decision Making: The charges and activities of the standing College committees are derived from the Goals of the Strategic Plan. Committees maintain minutes and prepare annual reports that document the fulfillment of the charges and hence the attainment of the Strategic Plan's Goals and Objectives.

The Strategic Plan guides the use of endowed and restricted funds. The College's Harris Endowment provides funds to individual faculty for their professional development or research that are awarded competitively based on quality and a demonstrated link to the Strategic Plan. Similarly, other endowed funds are awarded preferentially to projects that advance the Strategic Plan.

Moreover the strategic plan drives priorities for fundraising, major purchases, and resource allocation.

For example, the strategic goals of increasing research space, offices, and teaching space directed fundraising and grant-seeking toward those aims. The resultant funding from the Iowa Values Fund and private donors enabled the creation of the genomic and disease prevention labs, the atrium student space, conference room and offices, the Harvey Ingham renovations for the patient skills lab and increased classroom size.

Goals for recruitment and retention of faculty and students and increased diversity led to additional faculty development programming, the mentor program, evaluation of advising, and resources for expanded international experiences.

Application: The strategic plan articulates reachable goals that direct our activities towards the achievement of the Mission and Vision. The major themes of the plan include academic excellence, professionalism, diversity, and scholarship all of which are in service of helping students become leaders and agents of change in the promotion of human health.

As evidenced above, the process for strategic planning is ongoing, collaborative and inclusive. It has led to major initiatives over the last 5 years for building and renovations, faculty development, and student support. The major decisions made have been directly linked to the strategic plan.

Notable achievements: Areas identified for improvement in 2009 have been addressed. An inclusive process, ongoing tracking and the use of "SMART" objectives are also notable.

Dean Duncan has continued the culture of broad and inclusive planning. Shortly after her arrival, a new strategic planning process was initiated. Outside consultants challenged the faculty to create a significant and challenging plan that will direct our short-term efforts in achieving our long-term vision for the College.

AACP Data: The faculty survey data clearly support the College's planning efforts. Ninety-seven percent agree that the College effectively employs strategic planning and a full, 100% agree their input is sought. Both of these are superior to the national averages for other schools/colleges of pharmacy.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

In as much as the new strategic plan includes new programs or initiatives, the University must supply additional resources prior to implementation. Required support will be tracked.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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.	Satisfactory
Individuals have been assigned specific responsibilities in the evaluation plan.	Satisfactory
The evaluation plan uses surveys of graduating students, faculty, preceptors, and alumni from the American Association of Colleges of Pharmacy (AACCP).	Satisfactory
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
The program assesses achievement of the mission and long-term goals.	Satisfactory
The analysis of process and outcome measures is used for continuous development and improvement of the professional degree program.	Satisfactory
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.	Satisfactory
The program measures the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved.	Satisfactory
The evaluation plan includes the college or school's periodic self-assessment using the accreditation standards and guidelines to assure ongoing compliance.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	How all components of the program's mission and goals are being followed and assessed
<input checked="" type="checkbox"/>	How the college or school periodically self-assesses its program using the accreditation standards and guidelines to assure ongoing compliance.
<input checked="" type="checkbox"/>	A description of the instruments used in assessment and evaluation of all components of the program's mission (e.g. in the areas of education, research and other scholarly activity, service, and pharmacy practice).
<input checked="" type="checkbox"/>	How assessments have resulted in improvements in all mission-related areas

- Innovations and best practices implemented by the college or school
- Description of the members of the Assessment Committee (or equivalent structure/accountable person), charges and major accomplishments in the last academic year
- How the college or school makes available to key stakeholders the major findings and actions resulting from its evaluation plan
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

(School comments begin here)

Assessing Mission and Goals: The College tracks the achievement of our mission and goals in a variety of ways. First, the College has matched our mission, objectives, and key actions to the University's Mission Explication (See CPHS Mission Explication). The explication assesses and ensures the alignment of the CPHS mission, vision and educational outcomes with the University's mission using both both direct and indirect measures of success.

The College has integrated the University's general education curriculum (the "Drake Curriculum") with the pre-pharmacy and Doctoral programs to support and enhance the integration of liberal and professional education.

Annual reports on teaching quality, using a validated evaluation system (IDEA Center), also directly measure the success of our educational mission. A College aggregate teaching excellence goal was set in 2007 and assessed annually. The goal has been exceeded in each of the last four years.

Specific to the achievement of the CPHS mission, new assessments measure entrepreneurial leadership, professional and community leadership. Curricular mapping of entrepreneurial leadership knowledge and skills is also complete. (See also Standard 1)

Periodic Self-Assessment: The CPHS Assessment Plan (Appendix 3.1.4) and the CPHS Periodic Assessment Process (Appendix 3.1.1) track progress related to ACPE standards and our program outcomes. The periodic assessment process links data and program actions to ACPE Standards and Guidelines. The process establishes standing committee charges each year whereby committees use the AAMS 'Internal Program Review' functions to evaluate the College relative to the ACPE standards. Each standard is reviewed and assessed at least every other year.

For example, in 2012-2013 four standing college committees assessed our status and compliance with ACPE standards 1-3, 9-15, 24-26, and 28. These assessments included a review of the standards, the previous self-study, all assessment reports and applicable AACP survey data, as well other relevant data. Committee action plans were based on the results.

The goals of the periodic assessment plan are to:

1. Implement a formal periodic self-assessment process
2. Engage faculty, staff and alumni in the process by using the current CPHS committee structure
3. Incorporate the AAMS system for archiving and monitoring progress towards the next self-study report
4. Enhance the CQI process of program assessment
5. Institutionalize previous activities such as committee review of AACP survey data

6. Evenly distribute assessment workload across the accreditation cycle

Each committee has a charge related to specific standards and a deliverable that includes a detailed report noting level of compliance and recommendations for action steps when necessary.

Assessment Instruments: CPHS assesses the mission (scholarship/research, teaching, and student service goals) using direct and indirect measures specified in the mission explication. The results are communicated in annual dashboards and reports. Our Scholarship Dashboard tracks publications, presentations, intra and extramural funding, and collaboration with students. This dashboard is tied to the Department and College Annual Reports that summarize undergraduate research projects, state and national faculty service, memberships, and credentialing. Annual IDEA Center reports (a validated, benchmarked teaching assessment system) directly measure student perception of teaching quality. Administrators/leaders are evaluated using a similar validated system.

The AACP Surveys (Faculty, Students, Alumni, and Preceptors) are used and evaluated annually (described below). Evidence of student leadership and service is acquired annually from student organization service reports. Student engagement is tracked with the use of the National Survey for Student Engagement (NSSE) as well as the Drake Survey. Alumni surveys assess continuing professional involvement by our program graduates.

Improvements Based on Assessment: Data arising from the College's Assessment Plan are routed to College committees, faculty and other stakeholders for review and quality improvement actions. Concerns and changes resulting from the improvement cycles are tracked in our continuous quality improvement document (See appendix 3.1.2).

Assessment Plan data are evaluated and distributed according to timelines and flowcharts that depict the continuous improvement cycle. Approximately 10 process flowcharts were developed for institutionalizing the process. These flowcharts detail the timing, sequence of events, and feedback mechanism for major assessments (such as course evaluations and national surveys) as well as major college policies such as promotion and tenure.

For example, in the year 2010-11 results showed the college had met its goal for excellence in teaching. Over 82% of courses were similar to, higher than, or much higher than the IDEA national benchmark and in AY 2011-12 it was 86%. Overall response rates are approximately 68%. Actions implemented in 10-11 continue to include individual faculty development based, in part, on course evaluations.

Faculty survey data revealed workload concerns that led to discussions in both departments and resulted in the development of a faculty workload model for teaching (Adopted in 2011 See appendices 3.18.1-2).

Assessment identified a need for more and improved office and research space. This led to a fund-raising initiative that led to the renovation of Cline Hall labs renovations, and the building of the Atrium (2010-12). These improvements have supported key elements of the mission related to scholarship and the creation of a stimulating learning environment. Assessment of student research needs vis a vis faculty capacity led to the reduction in the number of Health Science tracks.

Service to, and leadership in the profession and community are tracked in reports of student organization service and annual faculty activities. These assessments captured a clearer picture of faculty service commitments. This, in turn, has been used to support the need for time management and work-life balance discussions in the College.

Innovations and Best Practices: As noted above, the college produces an annual summary of ongoing continuous quality improvements specific to each goal. (See Appendix 3.1.2) These relate directly to instructional quality, curricular outcomes, stakeholder satisfaction, college administration, staff assessment and student demographics. Some recent improvements have been related to meeting the college goal for excellence in teaching.

A faculty mentoring program was implemented in 2009 and is ongoing. Newer faculty members are matched with a senior-level faculty who provide feedback on teaching, scholarship, and other aspects of academic performance. In 2010, timelines and flowcharts for tenure and promotion were updated and revised. Pre-promotion guidelines were also updated and implemented to add clarity for those individuals pursuing promotion and/or tenure.

Curricular mapping was conducted in 2011-2012 to ensure curricular coverage of the required Appendix B competencies. The College developed its own electronic mapping survey for our outcomes and all ACPE appendices. That has been shared with others through PEASS.

The College promotes transparency of assessment outcomes. All assessment data are shared with internal stakeholders— most are also available on our website.

Assessment Committee 2013: The assessment committee is comprised of faculty from both departments and students from both programs, plus at least one alumnus. Although charges vary from year to year, the Assistant Dean of Assessment acts as an ex officio member to maintain consistency and expertise. Appendix 3.2.1 provides the actual membership and charges of the committee for 2013-14. Major accomplishments of the current year included drafting the self-study sections related to Standards 1-3 and 15. This included review of all relevant data.

In general, the CPHS tracks assessment work and ties data and changes to ACPE Standards and Guidelines. As noted earlier, appendix 3.1.1, (Periodic Self-Assessment Protocol) demonstrates how assessment activities for each standard are divided among respective College committees. Appendix 3.1.2 (CQI Tracking 2013) documents actual outcomes related to each area.

Availability of Findings and Actions: The CPHS assessment outcomes are reported regularly to faculty and other stakeholders through a variety of means. Major outcomes are tracked in dashboards that are distributed to faculty and staff. These are also posted for the public on the College's website. This is true of other major findings such as annual teaching goal reports, AACP survey data and benchmarks, biannual assessment newsletters, prior self-studies, annual scholarship reports, curricular mapping results, and ACPE reports.

An annual assessment report is distributed to college stakeholders and discussed annually at a faculty meeting. This process enables collective planning for improvement in the upcoming year.

The CPHS has a rich history of gathering input from all constituencies and stakeholders. Included in appendices 3.3.1-4 are ongoing documentation and tracking of surveys from graduating students, faculty, alumni, preceptors since the year 2007. Every year, the results are used to determine the need for significant changes. The resultant goals for improvement are assigned as standing committee charges.

Of note, in 2013 additional leadership questions were added to the alumni survey that directly related to the assessment of the CPHS mission statement. Recent alumni who graduated in 2010-2012 reported their leadership activities in the workplace, including the new ideas or services that

they championed. The young alumni did not report much leadership engagement in the community leadership outside of their professional obligations. This pilot project was meant to identify key leadership roles to track in the future.

Additional questions related to changes and trends in teaching methodologies were added to the faculty survey in 2013. The results were reported to faculty for review and discussion with the goal of identifying areas of concern and actions needed to achieve the CPHS mission and progress towards its goals.

When an item in the alumni survey appears to fall below the national average it triggers the college to engage in discussion about whether action needs to be taken. These results are also presented to the National Alumni Committee for their input. They may also be used to support requests for support or change that may need approval by University administration.

Application: The College has made great strides in comprehensively measuring mission-related outcomes. Tracking of teaching, service and scholarly work is robust. In addition, inroads have been made on better assessing outcomes associated with a 'liberally educated professional', as well as student and alumni leadership. Other program outcomes and educational goals are well established in the College's overall Assessment Plan.

In addition, the College has tracked progress on each Standard from our 2009 Self-Study. For each standard's "areas to improve", we have addressed and documented progress (See appendix 3.1.3). Thus we have again implemented our philosophy of continuous improvement.

Noteworthy achievements: Areas marked for improvement in 2009 have been addressed. Standardized rubrics are used in the PSA sequence to assess competencies using embedded assessments. The Assessment Committee has been charged to identify where other embedded assessments might be warranted. The process for periodic assessment is established and is functioning well. It provides the means for the College to sustain quality and make improvements throughout the newly extended accreditation cycle.

The CPHS's assessment website is noteworthy. It houses a wide variety of key data, statistics, and assessment newsletters for the College and is indicative of our philosophy of transparency and continual improvement.

The ongoing collaboration between the College and the University in assessment is also noteworthy. Evidence of this includes the participation of the University's Director of Institutional Research at our College retreat and on the College's Self-Study Committee and the inclusion of our Assistant Dean for Assessment on the university-wide Institutional Research Council and the Drake Curriculum Analysis Committee.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.	

2. College or School's Self-Assessment

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.	Satisfactory
The college or school reports to ACPE, as soon as possible, any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.	N/A

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/> Any deficiencies from institutional accreditation that impact or potentially impact the college, schools or program (if applicable)	
<input checked="" type="checkbox"/> Measures taken or proposed by the college or school to address any issues arising from institutional accreditation (if applicable)	
<input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard	

(School comments begin here)

No Deficiencies: Drake University has been on the approved list of the North Central Association of Colleges and Schools since that association was established in 1913. Since reorganization of the Association in 2000, Drake University is accredited by the Higher Learning Commission and a member of the North Central Association of Colleges and Schools. Drake was granted continuing accreditation in 2008. Having fully met the accreditation standards of the Higher Learning Commission, HLC recommended the next comprehensive team visit be set in 2017-2018. Thus, there are no institutional accreditation deficiencies.

The University has continued strong efforts in all 5 criteria set forth by HLC. In doing so, CPHS faculty and staff have been widely involved in these efforts which include ongoing assessment of student learning, strategic planning, acquisition, discovery and application of knowledge, as well as engagement and service.

Application: The University's Quality Initiative (through HLC accreditation) is focused on creating "a sustainable effort to alter the university culture to ensure that people of all races and ethnicities will find a welcoming and supportive environment at Drake University, and concomitantly to increase racial and ethnic diversity among Drake students, faculty, and staff". This initiative impacts our college positively as

we have past and current strategic plan goals related to enrolling a diverse student population and hiring a diverse faculty and staff.

Areas identified for improvement in 2009 have been addressed. The University has continued its efforts in outcomes assessment of the Drake Curriculum (DC: our general education curriculum). Significant progress has been made on assessing information literacy and critical thinking and creating a purposeful assessment plan for the Drake Curriculum. This further supports our College assessments in these areas. Key CPHS faculty are involved with the assessment of the DC and have participated in programs for writing and speaking outcomes.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

None.

Drake University / College of Pharmacy and Health Sciences

5. College or School and University Relationship	
<p>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.</p>	

2. College or School's Self-Assessment

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.	Satisfactory
The college or school participates in the governance of the university, in accordance with its policies and procedures.	Satisfactory
<p>The college or school has autonomy, within university policies and procedures and state and federal regulations, in all the following areas:</p> <ul style="list-style-type: none"> • programmatic evaluation • definition and delivery of the curriculum • development of bylaws, policies, and procedures • student enrollment, admission and progression policies • faculty and staff recruitment, development, evaluation, remuneration, and retention 	Satisfactory
The college or school's reporting relationship(s) is depicted in the university's organizational chart.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	How the college or school participates in the governance of the university (if applicable)
<input checked="" type="checkbox"/>	How the autonomy of the college or school is assured and maintained
<input checked="" type="checkbox"/>	How the college or school collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards
<input checked="" type="checkbox"/>	How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/>	Any other notable achievements, innovations or quality improvements

(School comments begin here)

Governance: CPHS faculty are involved in University governance with elected representation on Faculty Senate (4 seats in 2014-15), as members of senate committees, and through appointments to University committees and task forces. (See appendix 5.2.3) The extent of involvement of the Dean and

faculty in University governance is noteworthy. Staff are also widely involved with campus governance and service. In academic year 2013-14, 34 CPHS faculty and staff held 92 positions on University committees and task forces.

As noted in the University's Academic Charter, the first responsibility of deans is to "participate in the collaborative leadership of the University...". The Dean has regular individual meetings with the Provost. The Dean also has direct access to all members of the University administration including all members of the President's Cabinet. The President is the chair of the Senior Advisory Council (SAC) that is comprised of the cabinet and heads of all academic and administrative units, which includes the Dean of CPHS.

The Provost leads a Deans' Council comprised of the Deans of all academic units, the Dean of Students, the Vice and Associate Provosts, and the Chief Information Officer. The Deans' Council meets weekly during the academic year and every two weeks during the summer. The President meets with the Deans Council monthly throughout the academic year. The Academic Charter of the institution outlines the collaborative responsibilities of the deans including their role in the leadership of the University and in setting the intellectual and programmatic direction of their units. (See Appendix 5.2.1)

The CPHS Associate Dean is a member of Drake's Council of Academic and Administrative Departments. This campus-wide group meets bi-weekly and coordinates campus policies between colleges and programs.

College Autonomy: The College of Pharmacy and Health Sciences functions as an autonomous unit within the University, as indicated in the University Organizational Chart. The College is led by a Dean within an administrative structure outlined in the College's Faculty Handbook.

The College has autonomy within University policies and procedures and state and federal regulations to outline its policies related to programmatic evaluation. This is evidenced by the College's Assessment Plan, the definition and delivery of the curriculum, control of professional program admissions and student enrollment, and implementation of progression policies. The College's Associate Dean and Admissions Liaison play major roles in the admission of pre-pharmacy students. The college has complete autonomy in enrollment of students into the professional program. It also has autonomy in meeting curricular standards for the professional program.

Also, autonomy is demonstrated by the faculty's role in faculty searches, recommendations for hiring, individual college policies for distribution of development money, individual evaluation systems, and the major role of the College Promotion and Tenure Committee in that process. The College Faculty Handbook contains the bylaws and policies and procedures.

Per University policy, all contracts must be approved by the Vice President for Finance and Administration. This process can slow the development of new external partners and contracts which may be common within the healthcare arena but less understood within an academic environment.

Delays have resulted in the loss of at least one contract for the Pharmacogenomics lab in 2013. In June of 2014, the Vice President for Finance and Administration added an Associate Vice President for Administration. This person will be overseeing contracts for the University and should help accelerate contract reviews.

Collaborative Securing of Resources: The Dean meets individually with the Provost each month and is in daily contact by phone and email. The Deans make requests for academic resources through the Provost's office. Decisions on resource allocation follow collaborative review by the Deans' Council,

individually by the Provost, or review of the President's Cabinet, depending on what is requested. The Dean also collaborates with the other deans and Cabinet to secure additional resources for the College, for example through fund-raising. Resources are requested and approved annually through the annual budget process, faculty and staff position requests, special resource requests for low value equipment, capital equipment requests, and faculty development support. On-going planning efforts by the Dean aid in the direction and accomplishment of major capital projects through either operational dollars or external gifts.

A portion of practice-based revenue generated through CPHS is returned to the College but not directly into our accounts and not in a transparent fashion. Thus, there is little incentive to increase practice-based revenue since enhancements are not directly realized in the College budget. Still, the college has increased practice-based revenue substantially since 2009. Four faculty have established practices that bring revenue back to the University.

Application: The College faculty and staff are widely engaged in the University through leadership positions in governance and committees. This includes recent participation in the Drake strategic planning process and implementation groups. In addition to being 'good citizens' of the University, this involvement provides access, knowledge, and influence in broader University issues.

Since 2009, the College has successfully transitioned to the new admissions policies designed to better control enrollment in the professional program. This has been accomplished with the support of the University.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. As stated in our 2009 self-study, our involvement is important but the level of service can add to faculty workload. Our action item stated that we would work to "match faculty service commitments to career development". The College has continued efforts to address faculty workload. In doing so, the idea of matching service, both within the College and the University, to personal development has been reiterated. College committee membership is influenced by faculty's individual strengths and interests. Final membership is decided with the input of department chairs after conferring with their faculty.

As stated in our 2009 self-study, we had pledged to continue to work with the University to coordinate broad assessment of student outcomes. Since that time, the College's Assistant Dean for Assessment has been a member and chaired the University's general education assessment committee and been a member of the Institutional Research Council. The College has collaborated with campus coordinators of writing and speaking as part of our curricula, and select faculty have been part of the Writing Pilot Project on campus. The College continues to be part of the process for the University Accreditation and assessment processes.

Other University efforts are also noteworthy. The new Provost and the President support a more transparent decision-making and communications model. This empowers the Dean to provide more communication to the College. This is further demonstrated by the visits by the Provost to CPHS department meetings and by the President's Townhall sessions with each college. Yet, there is concern that the communication is not always two-way.

In addition, the University acknowledges the need and benefits of community engagement as typified by CPHS. CPHS will further benefit from the University's hiring of a Senior Council for Strategic Partnerships who is helping to build additional relationships with local and national stakeholders.

Finally, relationships have been strengthened on campus through the strategic planning process and task implementation groups (TIGs) focused on areas such as graduate and professional programming and interdisciplinary collaboration.

4. College or School's Final Self-Evaluation

<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The effects of administrative changes related to the Drake University Strategic Plan merit monitoring. These include the effects of administrative program review, changes to the provision of technology support, new programs and initiatives, the incentive model for revenue generation, changes in the office of the Vice President for Finance and Administration, and the hiring of a new President. The President needs to be supportive and knowledgeable of professional education and will benefit from a transition period with the current President.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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.	Satisfactory
Formal signed agreements that codify the nature and intent of the relationship, the legal liability of the parties, and applicable financial arrangements are in place for collaborations and partnerships.	Satisfactory
The relationships, collaborations, and partnerships advance the desired outcomes of the professional degree program, research and other scholarly activities, service and pharmacy practice programs.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- The number and nature of affiliations external to the college or school
- Details of academic research activity, partnerships and collaborations outside the college or school
- Details of alliances that promote and facilitate interprofessional or collaborative education
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

(School comments begin here)

Affiliations: The CPHS has developed suitable relationships, collaborations, and partnerships within and outside the University to meet its mission and goals. In the academic arena, the CPHS has developed a partnership with the College of Arts and Sciences (A&S) and the College of Business and Public Administration (CBPA) to implement the interdisciplinary Health Sciences degree program, initiated in Fall 2007. Also with A&S, the Drake Undergraduate Science Collaborative Institute (DUSCI) was created to promote, support and coordinate efforts to fund undergraduate research in math and science.

The College has partnered with CBPA on the entrepreneurial leadership minor. This builds upon long-standing relationships with the CBPA and the Law School on the joint degree programs (PharmD/MBA, PharmD/MPA, PharmD/JD) offered.

We also offer a joint Masters in Public Health through collaboration with DMU. These programs are successful collaborations and important to the University with approximately 50 percent of each PharmD class graduating with dual degrees, concentrations/minors.

External to the University, CPHS partners with 551 sites and nearly 1300 preceptors for IPPEs and APPEs. In addition, the College partners with metro Des Moines free clinics and Des Moines University for inter-professional education experiences and provision of service. Successful partnerships also exist with the Blank Pediatric Residency Program, the University of Iowa Internal Medicine Residency Program, Lakeview and Penn Avenue Internal Medicine Clinics, Mercy Medical Center Residency Program, and the Heartland Global Health Consortium (Des Moines University, Iowa State University, Central College, Simpson College and Drake University) for experiential inter-professional education. Finally, the College has partnerships with several international groups that provide international APPEs.

These partnerships directly support the University's and College's mission to enhance diversity, build cultural competence, and provide international experiences and include: Hillside Clinic and Poly Clinic Pharmacy (Belize), Pravara Institute (India), the University of KwaZulu-Natal, and Australia.

Research Partnerships and Collaborations: The College has worked in conjunction with AACP and NCPA to develop the concept of entrepreneurial leadership to create agents of change. The College's partnership with the Heartland Global Health Consortium is a collaborative effort to expand education in Global Public Health, particularly for the PharmD curriculum, and to enhance the ability to educate responsible global citizens.

CPHS faculty practicing at Unity Point also partner with University of Iowa faculty specifically to enhance scholarship within their joint practices. Finally, the Collaborative Education Institute (CEI), a partnership between the University of Iowa, IPA and Drake, enhances the mission of the College by providing preceptor and continual professional development. In CEI, Drake commits 50% of a staff FTE and 10% of a faculty member. Various Drake faculty contribute as presenters and advisors. In addition, CEI partners with 30+ colleges of pharmacy to provide a preceptor development curricula and other professional development opportunities and partners with other organizations, providing a platform where our faculty members can showcase their expertise. All of this also allows CPHS to engage alumni, preceptors and other practitioners.

The College often partners with the University of Iowa and the Iowa Pharmacy Association in practice-based research. Examples of this include the Iowa Center for Pharmaceutical Care, Iowa Pharmaceutical Case Management, Continued Professional Development and the New Practice Model initiative within the State of Iowa.

The College actively participates in DUSCI, to support undergraduate research. This is realized through the Science Colloquium Series, the summer undergraduate research program, and funding to support undergraduate research in compounding and facilities renovation. In addition, several faculty have developed research partnerships with faculty and institutions around the country. One of the roles of the Senior Council to the President for Strategic Partnerships is to aid in developing additional research collaborations.

IPE Collaborations: As noted above, the College partners with DMU and DMACC in IPE through joint experiences in high-fidelity simulation labs and our campus labs. In addition, Drake pharmacy students participate in teaching portions of the pharmacy technician curriculum at Des Moines Area Community College (DMACC). This is done as an independent study offering during J-term.

IPE collaboration is further initiated with the Des Moines Area Interprofessional Education Collaborative of Drake CPHS, DMU, Grand View College, Mercy College, and DMACC. (See Appendix 6.4.1) CPHS has played a key role in establishing this endeavor and facilitating the MOA and strategic planning for the group. The collaborative was established specifically to collaborate on IPE with the objectives of:

Drake University / College of Pharmacy and Health Sciences

- Exploring possibilities for new IPE collaborations
- Developing a strategic plan
- Developing, Designing, and Implementing research in IPE
- Writing extra-mural grants for IPE activities within the Collaborative
- Maintaining a Global Syllabus of all course related IPE activities across members of the Collaborative
- Developing the agenda for the Introduction to IPE Day
- Creating a Student IPE Organization for all interested students

Other partnerships with the community have also been developed and incorporated into the curriculum to aid students in understanding social problems of language, access, disability and diversity. These partnerships provide the platform for both IPPEs and APPEs. Key community partners include Iowa Primary Care Association (organization of federally qualified health centers), Free Clinics of Iowa, Polk County Senior Services (Senior Activity Centers providing medication education and screenings to the elderly population of metro Des Moines), Community Support Advocates and Progress Industries (health services agencies that provide care to the mentally and physically disabled), and Broadlawns Hospital (county hospital that provides internal medicine and psychiatric services to the uninsured and underserved). Finally the involvement of the Heartland Global Health Consortium also promotes healthcare issues in underserved global communities. The consortium allows CPHS to: share best practices for international engagement, participate in and develop an annual global health conference, partake in international speakers at partner institutions as well as share our speakers, and work towards developing collaborative international experiences for faculty, students, and staff.

Application: There are several partnerships that not only contribute to the academic mission of the College, but advance pharmacy practice and support the education of Drake students in an interprofessional environment. In addition to those noted above, the College partners with IPA, the University of Iowa, and several practice sites to pilot a new practice model for pharmacy in Iowa.

The College currently partners in PGY1 residency programs at Mercy, Unity Point and the Des Moines VA. We also partner in residency programs for internal medicine, surgery, and pediatric medical residents. Both the CPHS internal medicine and the pediatrics faculty members have been honored for their contributions to the education of future physicians.

The College has faculty practicing in Des Moines and its surrounding areas at the following institutions: Mercy Medical Center, Unity Point (Methodist Internal Medicine and Surgery Residency Programs, Lutheran, Penn Avenue Internal Medicine, Lakeview Clinic, Jordan Creek Clinic, Blank Pediatric Residency Program), Broadlawns Internal Medicine and Psychiatry, Polk County Senior Services, Primary Healthcare Pharmacy, Community Support Advocates, Progress Industries, Medicap/GRX Group, the Iowa Diabetes and Endocrinology Center, and the Iowa Veterans Home. A current model for ambulatory care practice that bills for services and generates revenue is in place at Unity Point Clinics. A separate revenue-generating partnership has also been established with Medicap GRX. Since the 2009 accreditation visit, a new revenue-generating partnership has been implemented for providing drug information support services for the Iowa Clinic. Additional discussions are beginning with placing faculty and students in DMU clinics. All of these initiatives utilize students in the provision of care in an interprofessional work environment.

Although Drake does not have a university hospital, the partnerships noted above are distinguished by providing adjunct faculty appointments for those involved in the educational programs of the College.

Individuals from many of these organizations are involved in College committees, guest lecturer in courses, and actively participate in College planning retreats.

Noteworthy Achievements: The College has strong partnerships with the state pharmacy association, the University of Iowa, and other professional groups such as CEI that also support our mission of professional leadership. The college has developed a distinctive partnership in the collaborative for IPE and is a leader in central Iowa for IPE.

Areas marked for improvement in 2009 have been addressed. CAC evaluated IPE in relation to Stds 1, 7, 27 and 30 in 2012 and re-emphasized the importance of making strides in this area. In the June 2013 retreat, IPE was THE KEY item identified for quantifying our current efforts and future plans.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The functioning of the IPE Consortium must be monitored closely. Enhancing IPE must be a focus for the College and the development and success of the consortium is key to further development of IPE.

The process for all types of contracts being approved by the University needs to continue to be monitored as that affects collaborative practices and new initiatives for revenue. The addition of the Associate Vice President for Administration should improve the process.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The college or school is organized and staffed to facilitate the accomplishment of its mission and goals.	Satisfactory
The college or school administrative leaders working with the dean have credentials and experience that prepare them for their respective roles.	Satisfactory
The college or school administration has defined lines of authority and responsibility, fosters organizational unit development and collegiality, and allocates resources appropriately.	Satisfactory
The college or school has established mechanisms to foster unity of purpose, effective communication, and collaboration among administrators.	Satisfactory
The college or school's administrative leaders - individually or collectively - are developing and evaluating interprofessional education and practice opportunities	Satisfactory
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.	Satisfactory
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.	Satisfactory
The effectiveness of each organizational unit is evaluated on the basis of its goals and objectives and its contribution to the professional program.	Satisfactory
Programs are in place to hone leadership and management skills of college or school administrators, including department/division chairs (if applicable).	Satisfactory
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.	Satisfactory
Where appropriate, faculty committees include staff, students, preceptors, alumni, and pharmacy practitioners.	Satisfactory
Minutes of faculty meetings and committee actions are maintained and communicated to appropriate parties.	Satisfactory
The college or school has policies and procedures that address potential systems failures, whether such failures are technical, administrative, or curricular.	Satisfactory
Contingency planning includes creating secure backups of critical applications and systems data, providing mechanisms for making up lost course work and academic	Satisfactory

credit, securing alternate means for communication and information delivery, and creating exit strategies to protect students if part or all of a program loses viability.	
The college or school maintains an effective system of communication with internal and external stakeholders.	Satisfactory
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
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
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

3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> A description of the college or school's organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit
<input checked="" type="checkbox"/> A self-assessment of how well the organizational structure and systems of communication and collaboration are serving the program and supporting the achievement of the mission and goals
<input checked="" type="checkbox"/> How college or school bylaws, policies and procedures are developed and modified
<input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/> How the college or school's administrative leaders are developing and evaluating interprofessional education and practice opportunities
<input checked="" type="checkbox"/> How the credentials and experience of college or school administrative leaders working with the dean have prepared them for their respective roles.
<input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements
<input checked="" type="checkbox"/> Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Organization and Administration: The College has an organizational chart with an explication and job descriptions that define lines of authority and responsibilities (Appendices 7.1.1 and 7.1.2). The College Administrative Committee (CAC) includes: the Dean, Budget Manager, Associate Dean for Academic and Student Affairs, Assistant Dean for Assessment, Assistant Dean for Clinical Affairs, Assistant Dean for Community and Global Engagement, the department chairs, and ad hoc members. Job descriptions are appended in 7.2.1. In addition to bi-weekly CAC meetings, the Dean meets routinely with each member of CAC in a 1-on-1 format.

The College is comprised of two departments: Clinical Sciences and the Pharmaceutical, Biomedical and Administrative Sciences. Departments are encouraged to develop and submit goals and objectives that align with the mission and goals of the College. Other units in the College include Academic and Student Affairs, Assessment, and Experiential Education. Each department generates annual reports on faculty scholarship and service activities. These reports feed into the Annual College Report generated by the Dean's office. Each College unit and committee also creates an annual summary report of their work.

In addition to the AACP faculty survey results, CAC is evaluated using the IDEA Center Evaluation system. This confidential system allows all faculty and direct reports to evaluate members of CAC. Individual results are shared with that person and the Dean.

Self-Assessment: Overall, the 'Administrative System' in the College is rated favorably by the faculty. In support of the leadership format, 87% of 2014 faculty felt that the College administration functioned as a unified team. This had decreased over the last two years, most likely due to the shared provost duties of the previous dean, two new department chairs, and the arrival of a new dean. Still, 90% of faculty feel that administrators have clearly defined responsibilities and 90% see the Dean as an effective leader.

Faculty agree they have opportunity to provide feedback to administrators -95% agreed in 2014. As noted above, the College utilizes the IDEA Center system for bottom-up feedback by faculty and staff. The validated system has not changed for several years.

Bylaws, policies and procedures: These are published in the CPHS Handbook. An annual review insures continued accuracy of the handbook. Since the last accreditation cycle, the handbook has been reviewed annually and recommendations for change forwarded to the Faculty Affairs Committee (FAC). The FAC brought revisions to the faculty for review and adoption. The handbook has been revised 6 times since 2009. Major updates were made to the promotion and tenure guidelines; pre-tenure/pre-promotion guidelines; workload and work-life balance guiding principles; clarification of CAC and committee responsibilities, charges, and memberships; adjunct faculty appointments; and scholarly venues and definitions.

Application: Committee meetings function as a part of the College governance system and aid in addressing College goals. Improved faculty ratings on the effectiveness of the college governance and meetings suggests that these meetings are better received by faculty. Department mission/vision statements have been developed to aide in directing future efforts and areas of emphasis for each department.

Committees, their responsibilities and membership are outlined in the Faculty Handbook. Membership consists of faculty, staff, students, preceptors, alumni and practitioners, as appropriate. It is routine to call for agenda items and circulate an agenda prior to faculty and department meetings. College committees also generate meeting minutes within one week of the meeting, as well as an annual report. All meeting minutes and annual reports are circulated to faculty and archived on the College server.

Processing guidelines for administrative areas and their routine functions were established based on previous strategic plans. These guidelines provide a foundation for maintaining the quality of processes if system failures occur. Flowcharts for numerous academic and assessment processes were created.

The processing guidelines and flowcharts help administrators and faculty maintain consistency in policies and reporting.

Potential System Failures: Mitigation processes such as software and hardware backup systems are in place and disaster recovery plans are outlined for each academic building. The University maintains an Emergency Response Plan that governs all major disasters. Faculty members are encouraged to outline contingency plans for each of their courses in the event of emergencies. Department chairs work with faculty to address issues that arise from unexpected personnel situations and an emergency hiring policy exists to meet such needs when they occur.

Resource Allocation: The Dean, in consultation with the CAC, allocates resources in the College. Each functional unit now submits an annual operating budget which is shared and discussed within the CAC. Allocations are tied to strategic plan initiatives and the College mission. Special funding requests, such as distribution of supplemental faculty development funds, are submitted to the Dean and resource are allocated based on the contribution of the request to the College or University's mission and goals.

Administrative awareness: Surveys of faculty and graduates support that the College's administration is aware and responsive to issues of each group. Eighty-seven percent of faculty indicated that the administration is aware of their needs/problems- down slightly from previous years but still well above the national average. Still, there are concerns over the 2012 and 2013 faculty ratings showing some concern over adequate staff support, clear faculty performance assessment, as well as applying promotion and tenure guidelines. Although the staffing is being addressed with position requests, the latter two may need further investigation. It is believed the performance assessment issue is due to the unknown factor of two new department chairs and how they will be evaluating faculty. As for P&T procedures, those have not changed in recent years but have been clarified to the faculty and are applied by annual P&T committees. The administration continues to stress that the procedures outlined for that committee are to be consistently applied.

Interprofessional Education (IPE) Development: The administrative team has put significant efforts into developing and supporting IPE. From supporting faculty collaborations at practice sites and with partner institutions, to developing collaborative alliances with other academic institutions and health professions, a consistent message is being developed. IPE is being engrained into the PharmD curriculum and into the pharmacy practices, service roles, and scholarship of our faculty.

Credentials of Leaders: The College's administrative leaders are experienced academicians and leaders. The faculty members of the CAC have a combined total of 151 years (mean of 19 years) in academia. All have held leadership positions in this college or others. In addition, several have gone through programs to enhance their skills (e.g. AACCP Fellows programs, Wharton Executive Management Program, IDEA Academic Chairpersons Conference).

Noteworthy Achievements: In general, the College has a strong and experienced leadership team with a culture of inclusion in the planning process. This has been carried forward with the new Dean. Dean Duncan started her first weeks at Drake with a leadership retreat as well as a talking tour with every faculty and staff member in the College. In the fall of 2013, the Dean requested an anonymous feedback system from faculty and staff evaluating her first 5 months.

Areas marked for improvement in 2009 have been addressed. Departments developed mission/vision and value statements. The strategic planning process has been very inclusive and has brought in perspectives from faculty, staff, alumni, and others and is tied to the University's plan. The most recent strategic plan has been facilitated by an outside consultant with themes based on feedback from faculty and staff.

AACP Data: AACP survey data is tracked and reviewed annually. Alumni have recently tended to disagree that the college communicates effectively with them. In 2013, 20% disagreed, which again, may be indicative of the shared position the last dean held (deputy provost/dean) prior to moving completely into the Deputy Provost position. Whatever the reason, this issue has gone before our NAC for input and ideas to re-engage the college with our alumni.

The CPHS has started a newsletter for alumni to help address this issue (e-Pharm). Roughly one-half of alumni survey responders were just 1 year out and probably had not received much from the college. Dean Duncan did alumni focus group meetings in 2013 in Illinois, Quad Cities, and central Iowa areas. This outreach and other stated activities should improve connections to alumni.

The leadership of the College has changed dramatically over the last two years. With those changes come unknowns, new styles, new initiatives, and new expectations. The leadership team is working diligently to develop into a cohesive working group and communicate well with faculty, staff, students, alumni, and shared stakeholders.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Especially in light of proposing new programs, the College needs to monitor workload and responsibilities of, and support for, administrators. We will need administrative restructuring if new programs are added.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The dean is qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service.	Satisfactory
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.	Satisfactory
The dean unites and inspires administrators, faculty, staff, preceptors, and students to achieve the mission and goals.	Satisfactory
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.	Satisfactory
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.	Satisfactory
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.	Satisfactory
The qualifications and characteristics of the dean relate well to those called for in the standards, i.e.: <ul style="list-style-type: none"> • a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems • a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy science and practice, in particular • publications in pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school • appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors • recognition for career accomplishments by pharmacy or other health profession educators, researchers, and practitioners • strong written and interpersonal communication skills 	Satisfactory

<ul style="list-style-type: none"> • experience with and a commitment to systematic planning, assessment, and continuous programmatic improvement • a thorough understanding of and a commitment to teaching and student learning, including pedagogy • evidence of a commitment to the advancement of research and scholarship • the ability and willingness to provide assertive advocacy on behalf of the college or school to the university administration • the ability and willingness to provide assertive advocacy on behalf of the college or school and the profession of pharmacy in community, state, and national health care initiatives • a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies 	
<p>The dean has the authority and accepts ultimate responsibility for ensuring:</p> <ul style="list-style-type: none"> • development, articulation, and implementation of the mission and goals • acceptance of the mission and goals by the stakeholders • development, implementation, evaluation, and enhancement of the educational, research, service, and pharmacy practice programs • collaborative efforts to develop, implement, evaluate, and enhance interprofessional education, practice, service, and research programs • development and progress of the strategic plan and the evaluation plan, including assessment of outcomes • recruitment, development, remuneration, and retention of competent faculty and staff • initiation, implementation, and management of programs for the recruitment and admission of qualified students • establishment and implementation of standards for academic performance and progression • resource acquisition and mission-based allocation • continuous enhancement of the visibility of the college or school on campus and to external stakeholders • the effective use of resources to meet the needs and mission of the college or school 	<p>Satisfactory</p>
<p>The dean has ensured that ACPE has been notified in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring.</p>	<p>Satisfactory</p>

3. College or School's Comments on the Standard

<p>Focused Questions</p>
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> How the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals <input checked="" type="checkbox"/> The authority and responsibility of the dean to ensure all expectations of the standard and guidelines are achieved <input checked="" type="checkbox"/> How the dean interacts with and is supported by the other administrative leaders in the college or school

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

(School comments begin here)

Leadership, Qualifications and Characteristics of the Dean: Dean Duncan is a professor of Pharmaceutical, Biomedical, and Administrative Sciences with 25 years of experience in higher education. Her professional portfolio, as evidenced by her CV, demonstrates leadership in pharmacy education and practice, including research, scholarly activities and service. She has been an officer in numerous professional associations at both the state and national level. In addition, she provides consulting, is engaged with ACPE as a site evaluator, has served as a mentor in the AACP Academic Fellows Program, and worked on numerous working groups and committees, most notably within AACP. The Dean meets numerous qualifications and characteristics outlined in the standards.

Authority and Responsibilities: As outlined in Standard 5, the Dean, as CEO and CAO of the College, has direct access to the President, Provost, and other members of the administrative team. The responsibilities of the Dean can be found in the College's Dean Job Description (Appendix 8.2.1). The Dean is fully vested in providing leadership that is mission-based, supported by assessment information, and focused on continuing to move the College forward.

Administrative Leadership Support: The Dean is supported by senior leaders on the CAC. As noted earlier, the CAC includes 8 faculty (including the Dean) and one staff member, each with specific areas of expertise and oversight. The Dean meets at least monthly with each member of CAC. As a group, the CAC has utilized leadership retreats on several occasions since the arrival of Dean Duncan. These have served to enhance the working and social relationships among CAC.

Leadership to the Academy: The Dean is widely involved with the profession of pharmacy and pharmacy education in general. Dean Duncan has been widely published in her areas of research, has received awards for her work in education (Lyman Award, AACP Teaching Innovations Award), and has held numerous committee and taskforce positions within AACP and other organizations. At the regional level, she is actively engaged in the Iowa Pharmacy Association, the Iowa Pharmacy Foundation Board of Directors and CEI Board of Directors.

Application: With the need to recruit for a new Dean in 2012, the College had the opportunity to actualize its ideals of what the leader of the College should embody. The college relied heavily on the job description (Appendix 8.2.1) and responsibilities of a Dean which closely parallel the above guidelines.

The Dean has wide authority to direct the College. Examples of the Dean's application of the guidelines include those noted above (strategic planning, development of the IPE collaboration, support for teaching, scholarship, new practice model initiatives) as well as concern for the existing culture of the College. This is further evidenced by the Dean's efforts, early in her tenure at Drake, to build a strong

leadership team. This took the form of leadership retreats, operating precepts, personal sharing, social time.

Noteworthy Achievements: Dean Duncan brings a breadth of experience in pharmacy education to the CPHS. Her experiences in several different programs, as well as her own skills and areas of expertise fit well with the College's culture.

Areas marked for improvement in 2009 have been addressed. Alumni survey results are tracked annually and acted upon by CAC. Because of this, we have increased alumni contacts and updates.

We've also made peer comparisons and national comparisons related to low ratings and forwarded curricular issues identified to AAC. Our social media presence has also been increased with Facebook, our electronic alumni newsletter, and more frequent postings on Facebook.

AACP Survey Data: The majority of the faculty (89.5% in 2014) agreed that Dean Duncan is an effective leader for the College (AACP Faculty Survey). Additionally, 87% agree that the administrative team functions as a unified team.

The 2013 alumni results are difficult to interpret and should be viewed with caution due to the response rate and the fact that they have not provided input on the current Dean. We will monitor the 2014 alumni data closely.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The 2013 alumni results are difficult to interpret and should be viewed with caution due to the response rate and the fact that they have not provided input on the current Dean. We will monitor the 2014 alumni data closely to monitor their perceptions and experiences with Dean Duncan and the program once those results are available.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The curriculum prepares graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfies the educational requirements for licensure as a pharmacist, and meets the requirements of the university for the degree.	Satisfactory
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.	Satisfactory
The curriculum fosters the development of students as leaders and agents of change. The curriculum helps students embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery	Satisfactory
In developing knowledge, skills, attitudes, and values in students, the college or school ensures that the curriculum fosters the development of professional judgment and a commitment to uphold ethical standards and abide by practice regulations.	Satisfactory
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.	Satisfactory
Curricular content, instructional processes, course delivery, and experiential education are documented, aligned, and integrated where appropriate.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- A description of the college or school's curricular philosophy
- A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Curricular Philosophy: As outlined in the curriculum's Educational Goals and Objectives, the purpose of the pharmacy professional program is to *“provide the graduate with the relevant knowledge base, skills, attitudes, ethics and values to engage in the entry-level practice of pharmacy.”* Consistent with this purpose, Drake CPHS graduates practice in a wide variety of settings. They are leaders in health-systems pharmacy, community pharmacy, managed care, academia, industry, and other areas.

The curriculum is designed to provide competence in the following areas: problem solving and decision making, management, life-long learning, communicating and educating, policy formation and professional governance, and professionalism. These content areas have been mapped to the courses that address this material. Courses are also mapped to the current topics listed in ACPE Accreditation Standards Appendix B as well as C and D. (See Appendix 10.3.4)

The curriculum encourages collaborative and active learning and incorporates the most useful technologies. The pharmacotherapeutics sequence as well as the Non-prescription/alternative medicine course changed from the traditional didactic approach to team-based learning (TBL) formats. In addition, the third year professional pharmacy students now participate in interprofessional simulation labs at both DMU and DMACC.

Other targets of curricular revision include the specific content areas of patient safety, cultural competence, and health literacy. The Pharmacy Skills and Application course series progressively enhances students' knowledge and skills by building on them each semester. Students are introduced to strategies for reducing errors and learn how the pharmacy profession can take a leadership role in medication safety.

Students also learn techniques to communicate with diverse types of patients and learn that communication of health information is influenced by cultural aspects, language barriers, health literacy, and socioeconomic status. This course series teaches students how to assess patients' prior knowledge, how to simplify the health information they convey, and how to verify patient understanding. Finally, students are required to select at least one APPE in a practice setting with a diverse patient population.

The College mission includes providing an exceptional learning environment that emphasizes the integration of the liberal arts and sciences with professional preparation. Students enrolled in both the pre-professional and professional programs also adhere to the University's general education requirements, called the Drake Curriculum (DC). The DC is designed to help students meet personal and professional goals as they acquire fundamental knowledge and abilities.

The DC includes a First Year Seminar (FYS) plus coursework that fulfills ten Areas of Inquiry (AOIs): Written Communication, Information Literacy, Critical Thinking, Global and Cultural Understanding, Historical Foundations, Artistic Experience, Scientific Literacy, Life and Physical Science, Quantitative Literacy, Values and Ethics, and The Engaged Citizen. In addition, students complete a senior capstone experience which, for pharmacy students, is fulfilled by APPEs.

Developing Agents of Change: Our graduates have demonstrated leadership and the ability to change pharmacy practice. The DELTA RX Institute encourages entrepreneurial leadership in students, current practitioners, and faculty. Some particularly innovative alumni are highlighted on our DELTA Rx Institute website www.deltarx.com. The Next Top Entrepreneur competition and the NACDS and McKesson-funded grant for entrepreneurial leadership summer internships are examples of opportunities DELTA Rx created to inspire and involve students.

Drake pharmacy graduates are increasingly choosing to pursue residencies and graduate school upon graduation (41% for 2011, 34% for 2012, 36% for 2013, and 37% for 2014 graduates). Approximately 50% of our graduates accept positions in community practice and approximately 10-15% of recent classes take positions in health-systems practice.

Application: Direct evidence of student competence is demonstrated in practice experiences throughout the program. Students are scored on 51 competencies in APPEs in the following areas: drug-problem solving, communication, product and service management, and professionalism. The Educational Goals and Objectives have also been mapped to the experiential competencies in order to clearly demonstrate the relationship between the didactic and experiential curricula.

Drake CPHS graduates have pass rates on the NAPLEX and MJPE comparable to or higher than the national average for first time takers. The passing rate for the NAPLEX from 2009-2013 ranged from 98-99%. Over the same period, the MJPE pass rate ranged from 92 to 97.9%.

Noteworthy Achievements: Drake CPHS graduates are exceptionally prepared to practice pharmacy and have consistently gone on to a wide variety of practice settings. More than 1 in 3 graduates goes onto residency, fellowship, or graduate school. The didactic curriculum is innovative, progressive and stimulates the students to stretch beyond the traditional pharmacy role. The experiential program is supported by a strong and varied didactic curriculum. The curriculum is also flexible, and offers students the opportunity to acquire a concentrations, a variety of minors, or a dual degree. The goal of the curriculum supports the mission of both the College and the University and emphasizes excellence and leadership in professional education, service, and scholarship.

Areas marked for improvement in 2009 have been addressed. We have added electives for both programs and worked to create an excess of quality, experiential sites for IPPEs. The College continues to add to the variety of practice sites and elective courses offered to students. Elective courses in advanced therapeutics (psychiatric pharmacy, infectious disease, internal medicine, and laboratory monitoring), foundational science (pharmacogenomics, toxicology, exercise physiology, immune system diseases and chemotherapy), and political advocacy and leadership have recently been added.

AACP Data: Graduating students strongly agree that the program includes opportunities to develop professional attitudes, ethics and behaviors. The Drake results are higher than the national average. In addition, alumni strongly agree that they were aware of the program outcomes when they were a student. The agree and strongly agree responses were slightly higher than national averages for alumni. No concerns were identified with the AACP survey data.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

10. Curricular Development, Delivery, and Improvement.	
<p>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.</p> <p>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).</p>	

2. College or School's Self-Assessment

The college or school's faculty is responsible for the development, organization, delivery, and improvement of the curriculum.	Satisfactory
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.	Satisfactory
All curricular pathways have both required and elective courses and experiences and effectively facilitate student development and achievement of the professional competencies.	Satisfactory
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.	Satisfactory
Introductory pharmacy practice experiences are not less than 5% (300 hours) of the curricular length.	Satisfactory
The advanced pharmacy practice experiences are not less than 25% (1440 hours) of the curricular length.	Satisfactory
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.	Satisfactory
Learning outcomes for curricular courses and pharmacy practice experiences are mapped to the desired competencies and gaps and inappropriate redundancies identified inform curricular revision.	Satisfactory
Curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies. The curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.	Satisfactory
The Curriculum Committee (or equivalent) is constituted to provide balanced representation from all departments, divisions, and/or disciplines within the college or school.	Satisfactory

Faculty members are aware of the content, competencies, and learning outcomes for each other's courses and use that information to optimize these elements within their own courses.	Satisfactory
The curriculum complies with university policies and procedures and the accreditation standards.	Satisfactory
Student representation and feedback are integral parts of curricular development and improvement.	Satisfactory
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.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> A description of the curricular structure, including a description of the elective courses and experiences available to students <input checked="" type="checkbox"/> How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length <input checked="" type="checkbox"/> Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable) <input checked="" type="checkbox"/> Data that link teaching-and-learning methods with curricular outcomes <input checked="" type="checkbox"/> How the results of curricular assessments are used to improve the curriculum <input checked="" type="checkbox"/> How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision <input checked="" type="checkbox"/> How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care. <input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard <input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements <input checked="" type="checkbox"/> Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Curricular Structure: The professional curriculum is designed to balance didactic course work, labs, and experiences that progress in skill level and application from the different disciplines. The organization of the courses allows for integration of content within and between the disciplines. The pre-pharmacy program consists of a minimum of two years coursework in the foundational sciences, math, statistics, and liberal arts. In addition, a four-semester sequence of courses called Career, Academic and Professional Success (CAPS) is included in the pre-pharmacy curriculum to introduce students to the College and the profession. Two additional semesters of CAPS have been approved for the professional program in 2015.

The first year of the professional curriculum provides an emphasis in the biomedical and pharmaceutical sciences coupled with coursework examining the social and behavioral aspects of pharmacy and the healthcare system. In addition, IPPE is integrated with a series of practicums called Pharmacy Skills and Applications (PSA). Students begin the PSA series by completing 60 hours of IPPE in pharmacy distribution and geriatric service-learning. The Introduction to Pharmaceutical Sciences course (PHAR 131) has also integrated the POGIL (Process Oriented Guided Inquiry Learning) classroom model to facilitate team/group learning early in the curriculum. The Principles of Drug Action sequence in the P1 and P2 years includes weekly breakout sessions to facilitate team and group work. The Pharmaceutics sequence in the P1 and P2 years uses case-based discussions.

The 2nd year of the professional curriculum continues with more advanced courses in the pharmaceutical sciences along with a literature evaluation course and clinical application courses (Pharmacotherapeutics I, Therapeutic Drug Monitoring, and Self Care/Nonprescription Products). The PSA sequence includes 90 hours of experiential programming in sterile technique, diversity service-learning and electives associated with patient care services. This ensures a direct, humanistic application of information learned in the classroom. Content and topics in pharmaceutics, therapeutics and nonprescription therapies are also applied in the PSA series. Students learn important skills of vitals assessment, screening procedures and pharmaceutical compounding.

The 3rd year focuses on advanced and applications-based course work. Students take courses in pharmacy management, law and ethics, and continue with the PSA series plus two additional courses in therapeutics. Students also choose one of three courses in the social and administrative sciences that are applied, project courses (e.g. Advanced literature evaluation, Developing Patient Care Services).

Students are required to complete 120 hours of IPPE in the areas of patient care services, continuity of care and drug therapy problem solving. Throughout the curriculum, there is an additional 36 hours of IPPE consisting of shadowing, reflection, and professional meetings/events.

Four of the 6 didactic semesters have allotted time for pharmacy electives. Students are required to complete 6 credits of professional electives. More than one-half of PharmD students utilize elective opportunities to complete an additional program (graduate degree, second major, minor, or concentration).

Curricular Length for didactic and experiential: The PharmD program is a four-year degree program that consists of three years of didactic course work interspersed with IPPE (306 hours) and one final year of APPE (1600 hours). The professional program requires a minimum of 146 credit hours and completion of the Drake Curriculum. The curriculum guide is available at <http://www.drake.edu/cphs/programs/doctorofpharmacypharmd/>. Each of the six didactic semesters of the professional curriculum includes 17-18 credit hours. Classroom and lab-based instruction are assigned credit based upon the guideline of 15 contact hours = 1 credit hour. Practice-based instruction is assigned credit based upon the guideline of 40 contact hours = 1 credit hour. Based upon these conversions, the early and advanced experiential components represent 5.2% and 27.4% of the curriculum.

Data linking methods and curricular outcomes: One advancement has been to incorporate Team Based Learning (TBL) within the three semesters of Pharmacotherapeutics, as well as integrate this within the Nonprescription Therapies course. Interprofessional education has also been further incorporated, with simulation lab instruction in our Davidson Lab, along with collaboration with DMU, DMACC, and Grandview Universities. On an annual basis, the College reviews the aggregate data from IDEA evaluations specifically looking at the students' progress on relevant objectives. Appendices 10.3.1 and

10.3.2 show student progress on specific course objectives and trends in course activities over time.

These further support strong student achievement compared to national norms and the trends for more group work and less memorization as we've incorporated more active learning methods.

Curricular Assessment and Improvement: Over the last 6 years, the College has continued to advance assessment of curricular and non-curricular areas of the professional program. Major changes were implemented as a result of these efforts. Assessment data are gathered from a wide variety of sources including graduate, alumni, preceptor, and faculty surveys, specially appointed task forces that evaluated the current PharmD curriculum, and from discussions at faculty retreats.

Program assessment data are provided to the Academic Affairs committee annually. Curricular assessment results are used to create committee charges for the year and provide agenda topics for faculty retreats, strategic planning and curricular reform.

In addition, all course syllabi are collected and made available to faculty each year to assist with integration and collaboration (see Standard 13). Annual college and department retreats the last four years have included topics on teaching and learning strategies and curricular outcomes that link directly to the format of the curriculum.

Drake has also pursued collaborative degree options, with most recent discussions focused on a joint PharmD/MPH, again in collaboration with DMU. Faculty have been deliberate in communicating with faculty from other courses and departments to ensure a seamless approach to teaching and to avoid duplication and the College has implemented a vertical and horizontal communication within the course review process (as further described in Standard 13).

The results of the 2011 graduate, alumni, and preceptor survey showed lower scores in the area of preparation to promote the availability of health promotion and disease prevention initiatives. In response, several courses, such as PSA, further emphasize the importance of the pharmacists' role in prevention efforts.

Curricular Mapping: The AAC led a curricular mapping exercise most recently during AY 2011-2012 to map the current PharmD curriculum course objectives to our stated program educational objectives and identify areas for improvement. Curricular revision occurs via assessment data and mapping that leads to a charge to the faculty. For the 2011-2012 process, depth of coverage in terms of introductory, reinforcement, and proficiency were added to the CPHS educational outcomes and all appendices. It was found there was a steady progression in depth as students transition through P1-P4 courses and experiences, with increased emphasis on reinforcement and proficiency by the end of the curriculum.

This report also revealed a wide variety of teaching strategies and assessments utilized to meet the needs of all students. It was found that all Educational outcomes were met by at least one course, and all experiential domains were satisfied. The mapping also revealed that all domains, except three, in the sciences were covered within the curriculum. The areas identified and courses where these areas are now being met include: 1) Concepts of crude drugs, semi-purified, and purified natural products (Intro to Pharm Science and Pharmaceutics I/II), 2) Toxicology-Bioterrorism and disaster preparedness and management (Therapeutics III), 3) History - Overview of the evolution of pharmacy as a distinct profession (Intro Pharm Care). The mapping process was discussed at College Faculty meetings to discuss findings and identify next steps in curricular revision. The faculty embraced this process and was able to identify modes to incorporate these missing components within the courses as listed. The curricular mapping report and update are provided in Appendix 10.3.3 and 10.3.4.

The College developed a standardized template for creation of syllabi to improve consistency and completeness for all course syllabi. In the last two years, compliance with all elements of the template was 96%. All syllabi indicate the educational goals of the program that are addressed in the course. To further improve compliance, syllabi are now being collected before the beginning of each semester to allow faculty to make timely corrections.

Increasing Rigor: It is noteworthy that IPPE and PSA are integrated throughout the curriculum and are rooted in progressively improving student skills over the course of the curriculum. One such skill is an increased focus on inter-professional communication and relationships across health professions. Over the course of the PSA series, expectations and methods of evaluating progress change over time in several areas, such as patient counseling, providing screenings, drug information, and development of SOAP notes. Other courses that follow a similar format, of building upon what is learned in the prior courses include Intro to Pharm Sciences and Pharmaceutics I/II, Intro to Pharmaceutical Care, Social and Administrative Pharmacy, and Pharmacy Management, Principles of Drug Action I/II/III, Kinetics and Therapeutic Drug Monitoring, and finally Therapeutics I/II/III. In Therapeutics, for example, information increases in rigor over the 3 semesters based on topics covered. The number of credits increase over the three courses, with 3, 4, and 5 credits respectively, along with the rigor and time needed both in class and outside of class on the material.

Application: The CPHS revised both the didactic and experiential curricula over two years from 2005 to 2007. Students that graduated in 2011 were the first to complete the revised curriculum in its entirety. Individual courses have continued to be revised and a course review process has begun as detailed in Standard 13. The Academic Affairs Committee (AAC) has responsibility for the curriculum. AAC consists of at least 4 faculty members representing both departments. One alumnus and two students each from the pharmacy and health sciences programs are also appointed for one-year terms. A member of the experiential office as well as the Associate Dean for Academic and Student Affairs are ex-officio members. All members of this committee, including the ex-officio members, have voting privileges. The Associate Dean for Academic and Student Affairs is a member of the University Council of Academic and Administrative Departments, and assists the committee in ensuring that the pharmacy and health sciences curricula comply with University policies/procedures.

Since AAC has oversight of the curriculum, any substantive changes to the curriculum must first be presented to and approved by committee members. Policies to guide the curricular change process can be found at <http://www.drake.edu/cphs/handbookspolicies/healthsciencesguideforcurricularchange/>. Proposals to AAC can originate with any faculty member or student. All proposals must contain input from appropriate peers in the College, and must have approval of the department chair prior to submission to AAC. The committee's review of the proposal includes potential impact on each curricular area and on curricular maps, as well as the overall merit of the proposal. Once AAC has approved the curricular addition or revision, the proposal is presented to the entire faculty. A final decision is made by a majority faculty vote.

Noteworthy Achievements: Of note is that curricular revision occurred via assessment data and mapping, and that all faculty are actively involved in this process. The curricular changes follow a set process through the AAC which uses assessment data for curricular refinements. Faculty and committees used mapping during the revision of the curriculum to ensure that both educational outcomes and the ACPE Appendix B, C, and D content areas were covered by the curriculum. The chair of the curriculum committee works closely with the Associate Dean and the Assistant Dean for Assessment to manage the review of the curriculum, based on assessment data.

Areas marked for improvement in 2009 have been addressed. As noted earlier, CQI is part of the College culture, as witnessed with our CQI Assessment document. This culture has also made for a smooth transition to a periodic assessment process implemented in 2012-13.

AACP Data: No major concerns arise from recent AACP survey data. Responses from faculty, students and alumni are almost completely favorable and above the national averages.

Faculty surveys since 2009 have had all faculty agree or strongly agree with the curriculum having a consistent collective vision- higher than national average. Also noteworthy is Drake CPHS faculty reporting over 70% strongly agree that they are consulted regarding curricular matters, compared to the national average of 38%. Non-substantive changes that do not require faculty approval are presented to faculty for informational purposes.

During the 2011-2012 academic year, immunization certification became a required component of the curriculum to further enhance training in wellness and prevention. The most recent survey results from 2013 demonstrate improvement in this area to near or above the national average as demonstrated by the percent of alumni by year who agreed or strongly agreed that “The PharmD prepared me to promote the availability of health promotion and disease prevention initiatives”: 81.8% (2011), 82.9% (2012), 92.3% (2013).

The sequence of courses and updates over the last five years have been deliberate and effective, with assessment on the alumni survey being over 96 percent in 2012 and 2013 as agree and higher, well above the national average of 87 percent, for the curriculum enhancing knowledge and skills.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

QUALITY IMPROVEMENTS: The College will need to continually assess the implementation of the revised curriculum to ensure that the changes have the desired effects. This will include monitoring of how knowledge and skills are built throughout the professional program and how content is integrated between courses. This process is one of the components of the College’s assessment plan. One example on-going is within the Therapeutics course sequence where the faculty are currently assessing student outcomes and assessments, as well as faculty evaluation data to determine true impact of conversion to TBL.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The program, throughout the curriculum and in all pathways, uses and integrates teaching and learning methods that have been shown through curricular assessments to meet the diverse learning needs of students and produce the desired professional competencies and outcomes, including the development and maturation of critical thinking, problem-solving, and self-directed, lifelong learning skills.	Satisfactory
Faculty members use a variety of teaching and learning techniques (e.g., active learning, case studies, etc.) that have been thoughtfully selected, designed, and/or tailored to help students achieve the learning outcomes articulated for their courses.	Satisfactory
The college or school evaluates the effectiveness of its curricular innovations through its assessment activities.	Satisfactory
The outcomes of the distance-learning activities are appropriate for the student population and achievable through distance study.	N/A
Teaching and learning methods used assure that learning experiences, opportunities, and outcomes are comparable for all pathways, branches or campuses.	N/A

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	A description of teaching and learning methods and strategies employed in the delivery of the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable), and how those methods are expected to advance meaningful learning in the courses in which they are employed.
<input checked="" type="checkbox"/>	Efforts of the college or school to address the diverse learning needs of students
<input checked="" type="checkbox"/>	The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
<input checked="" type="checkbox"/>	How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/>	Any other notable achievements, innovations or quality improvements
<input checked="" type="checkbox"/>	Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Teaching and Learning Strategies: Faculty utilize a variety of active learning strategies and other high level pedagogical methods to enhance learning. In 2012, the College surveyed faculty to determine the type of learning strategies employed across the curriculum. While lecture is still used as a strategy by approximately 80% of courses, many active learning strategies were reported. A broader survey of faculty in 2013 produced a more complete picture of teaching strategies being utilized (Appendix 11.2.1 and 2). Small group or whole class discussion, case-based instruction, laboratory-based instructions and team-based learning, intensive writing, student presentations and several other strategies are being incorporated as either the main format or to supplement lecture. Selected examples are provided for detailed illustration.

The Pharmacy Skills and Applications (PSA) course series provides opportunities for students to educate themselves and others. In the 1st professional year, students complete Basic PSA I+II where they provide feedback to each other on the various skills introduced such as conducting health histories and patient vitals. This peer feedback continues into the 2nd professional year with Intermediate PSA I +II where students provide feedback to each other on skills such as patient counseling and point-of-care device counseling. This feedback process is continued in the 3rd professional year in Advanced PSA I +II. In addition, students are formally taught to become effective peer mentors so, as they continue to their APPEs, they are prepared to mentor colleagues in IPPE. During each semester of the PSA series, students are required to select and attend two professional meetings of interest featuring an on-campus speaker and an off-campus speaker. This allows students to assume responsibility for their professional engagement and learning.

In the PSA series, a multitude of active learning strategies are employed. For example, students participate in computer-based pharmacy simulation practicing pharmacy distribution activities in the College's simulated community pharmacy, answering drug information questions verbally and in writing, measuring blood pressure on simulated blood pressure measurement arms (and on peer students), and submitting MTM claims through the online system of a national MTM vendor. Students also participate in interprofessional, case-based patient care simulation laboratories in collaboration with Des Moines University, Des Moines Area Community College, and Grand View Universities. Reflection and development of questions is often incorporated into lab activities.

During IPPEs and APPEs, various advanced pedagogical strategies are utilized. Students interact with and educate actual or simulated patients, pharmacists, and other healthcare professionals. Students utilize the E*Value system- a web-based management system used for tracking students' IPPE and APPE outcomes and evaluations, including self-assessment. Items in the E*Value portfolio system include patient case write-ups, self-care and intervention forms, SOAP notes, daily journal logs, descriptive papers, and personal reflections. The portfolio system allows students to understand and self-assess their proficiency and thereby self-monitor progress. Each student is required to provide at least two seminars or in-service presentations during their APPEs. Many preceptors also utilize journal clubs, drug use evaluations, and topic discussions within these experiences.

Team-based learning pedagogy (TBL) is incorporated throughout the Therapeutics series (PHAR 190, 191 and 192) as well as PHAR 169: Self Care and Nonprescription Products. TBL requires students to prepare for class through pre-assigned readings in order to successfully complete independent and group tests. Students also complete peer and self-evaluations. Students are also encouraged to identify "muddiest points" to clarify concepts. This series, as well as Pharmaceutics I & II, utilizes a discussion board in which students can anonymously post their questions.

During the first professional year, student teams are utilized in PHAR 132: Pathophysiology and PHAR 133: Principles of Drug Action (PDA) I to maximize student learning. Teams answer case-based questions related to lecture materials and then present these questions and their answers to the class during breakout sessions. Each course has one credit hour devoted to breakout sessions in which the class is divided into three sections for case-based discussions, presentations, and group work. As students progress to PHAR 134 and 135: PDA II + III, students continue to have case-based breakout groups while being accountable through peer evaluations. Group exams encourage students to review material, describe their reasoning process to classmates and provide an additional means of learning and applying the material.

Simulation is utilized in PHAR 125 Physiology to improve learning outcomes. Utilizing a program called PhysioEx, lab simulations replace wet labs. Virtual labs on skeletal muscle physiology, cardiovascular dynamics and the effects of drugs on cardiovascular function, and respiratory physiology in normal and pathological states are conducted.

Process-oriented guided inquiry learning (POGIL) is a teaching strategy where students work in teams to examine models and data to respond to critical thinking questions, following by demonstration and application of knowledge in exercises and problems. POGIL promotes learning by asking questions, discovering connections, and putting the information to use. In the fall of 2012, the POGIL strategy was implemented in PHAR 131: Introduction to Pharmaceutical Sciences. Assessment data collected indicated that student performance on higher-level exam questions requiring application and analysis improved.

Diverse Learning Needs: CPHS offers a “New Faculty Topic Series” to provide guidance on developing a philosophy of teaching, writing exam questions, effectively using active learning, writing course objectives, using technology in the classroom, and evaluating student learning. These seminars are conducted by senior faculty members and administrative leaders, and are offered to all faculty members and pharmacy residents from area residency programs. In addition, the University provides new faculty training on many topics including assessment, syllabus development, and opportunities for development of teaching skills.

Each year, CPHS faculty have retreats devoted to improving curriculum, the assessment process, or learning activities and outcomes. In the summer of 2011, a retreat on international education and globalization informed the faculty on how they could infuse multiculturalism into the curriculum. In 2012, the retreat consisted of curricular mapping of each course to ACPE standards, as well as to the College’s educational outcomes. In 2013, retreat topics included active learning strategies for large and small classes, incorporating technology in achieving learning outcomes, and writing high quality multiple choice exam questions. These sessions were attended by nearly 90% of the college faculty. University programs that CPHS faculty have attended and in some cases, presented at include: Active Learning Workshop (2012), inaugural University Learning Symposium (2013) and other sessions sponsored by the Provost’s Office such as “Talking Teaching”- a monthly forum in which faculty can attend to share their experiences with various pedagogies and their implementation on campus.

In the spring of 2012, an outside consultant was used to provide recommendations to faculty teaching in the PSA series. The consultant focused on ways to improve efficiencies within the course series. Using optimal teaching techniques to improve student learning in an efficient manner was one focus of the consultant’s work, as was providing additional support personnel and dedicated lab space. Some of the changes made, based on this report include: more use of a flipped classroom, building new

patient care rooms, having a director and utilizing other pharmacy faculty and supportive personnel to aid in assessment and teaching, and mapping the PSA skills being taught and where they are being assessed.

Under the guidance of the Faculty Affairs Committee, faculty development needs related to teaching are identified. Faculty meetings have been utilized to provide a forum for educating the faculty on these topics. Topics have included effective utilization of BlackBoard, library resources, and technology in the classroom.

The faculty accommodate learning modes and styles in a variety of ways (See Appendix 11.3.1). These are developed over time by faculty.

Evaluating Teaching and Learning: Since 2004, all didactic courses have used IDEA evaluations. The evaluation is administered in each course each semester. One benefit of the IDEA evaluation is that each course receives a report that includes recommendations to improve teaching effectiveness based upon the results for that course. Workshops have been offered to further aid faculty in interpreting and using the IDEA Center evaluation tool to improve teaching and learning.

All faculty members are encouraged to have a faculty peer evaluation of their teaching each year, and all are required to self-reflect with each annual review on what they did differently during the past year to improve their teaching and make the classroom a more active environment.

Curricular changes are also evaluated to ensure learning objectives are achieved. As an example, when the TBL method was implemented in 2009, student focus groups were formed in each course in order to address student questions and concerns. Faculty who teach in these courses meet at least annually to evaluate student performance and assess changes in performance since incorporating TBL.

IPPE is integrated throughout the PSA series and provides opportunities for students to direct their self-learning as well as educate healthcare providers, patients, and caregivers. BPSA students are placed with a geriatric patient to develop a professional and personal relationship so the student develops skills in communicating and educating a patient as well as understanding empathy. IPSA IPPEs provide students opportunities to educate patients, caregivers, other students, and healthcare providers in a variety of settings (pharmacies, clinics, hospital pharmacies, community-based health services organizations, among others). In APSA, IPPEs increase in intensity and scope. Students participate in an IPPE focused exclusively on patient counseling in the community pharmacy setting. Students also participate in experiences focusing on medication reconciliation requiring communication and education with patients, families, and professionals across the continuum of care.

During the final professional year, students complete advanced pharmacy practice experiences (Phar 285 APPE) through eight, 5-week experiences in a variety of practice settings. Students must demonstrate 51 competencies to receive credit for this course. Competencies related to assuming responsibility for one's own learning include: uses appropriate methods for discovering new knowledge; asks pertinent and relevant questions for obtaining unknown information for colleagues, health professionals, and patients; uses health-related and professional literature to acquire new knowledge; and demonstrates initiative in achieving learning goals as identified in the rotation experience. Competencies related to educating others include: assists prescribers, other health care professionals and/or patients to establish therapeutic objectives and obtain appropriate health services; recommends appropriate drug entities for specific patients with specific diseases, using appropriate principles from pathophysiology and therapeutics; establishes with prescribers and/or patients the therapeutic endpoints

of drug therapy, and monitors for progress toward these endpoints; ensures that the patient (or the patient's agent) understands the importance, benefits, risks, nature, and scope of the therapeutic care plan being implemented; ensures that patients understand the correct use of medications included in therapeutic plans; and organizes material in such a manner as to be understood by the target audience. Students must demonstrate these competencies to progress to graduation.

Application: The CPHS faculty encourages students to take responsibility for their own learning from the first professional year through their APPEs. This is done through a variety of didactic and experiential teaching strategies. In addition to being responsible for their own learning, students educate other audiences including their peer students, students at different ranks, healthcare providers, and patients and their caregivers. As depicted in Appendix 11.2.1, courses also promote critical thinking, encourage debate, and develop problem-solving skills.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. A course review process is in place and curricular mapping and review of results has been completed, with changes to the curriculum initiated. The use of TBL has been assessed and is evidence of learning. This work was peer-reviewed and has been accepted for publication in AJPE.

AACP Data: College surveys provide evidence that students are held responsible for their own learning. In the most recent alumni survey, the question "When I was a student I was encouraged to assume responsibility for my own learning" was answered as either Agree or Strongly Agree 100% of the time in 3 of the last 5 years. This is above the national average. Preceptor survey results for "Students at my site are encouraged to assume responsibility for their own learning" was answered either Agree or Strongly Agree 99% of the time in 2013, A similar question on the faculty survey was answered either Agree or Strongly Agree 97% of the time, significantly above the national average.

College surveys also provide evidence regarding the use of active learning strategies in the curriculum. The most recent alumni survey question "When I was a student the curriculum provided opportunity for active learning" was either Agree or Strongly Agree 95.4% of the time in 2013, above the national average. A similar question on the graduating student survey was answered Agree or Strongly Agree 99.9% of the time, above the national average.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

12. Professional Competencies and Outcome Expectations
<p>Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:</p> <ol style="list-style-type: none"> 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 timesensitive 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. <p>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.</p>

2. College or School's Self-Assessment

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

Graduates possess the knowledge, skills, attitudes, and values needed to enter practice pharmacy independently by graduation.	Satisfactory
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3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> A description of the professional competencies of the curriculum
<input checked="" type="checkbox"/> A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes
<input checked="" type="checkbox"/> How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education
<input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements
<input checked="" type="checkbox"/> Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Professional Competencies: The CPHS strives to prepare graduates to perform as competent practitioners in any setting, utilizing professional knowledge and skills to ensure optimal medication therapy management outcomes for patients.

Providing Patient Care: The Educational Goals and Objectives (Appendix 12.1.1) are designed to assure all graduates possess the knowledge, skills, ethics, and values required to provide patient care. All required and elective courses link course objectives to the program educational goals and objectives. All educational objectives are linked to at least one required course to assure that all graduates have met the goals of the program.

The educational goals and objectives are in accord with CAPE 2004. The faculty is working to review how the educational goals and objectives align with CAPE 2013. A plan is in place to ensure that the CAPE outcomes are being taught and assessed in all levels of the program. Additionally the CAPE outcomes are the primary outline for experiential competencies during the P4 year (Appendix 12.1.2).

Manage and Use Resources: Pharmacists must have the ability to manage and work with the health system as well as individual patients to ensure optimal medication therapy. Our students enroll in our social and administrative pharmacy sequence which encourages application of their knowledge of population-based practice. Students in the P4 year are also continuously evaluated on these outcomes.

Health, Wellness, and Disease Prevention: The social aspects of disease prevention are addressed in the required courses Intro to Pharmaceutical Care (Phar 161) and Social and Administrative Pharmacy (Phar 171). Significant effort has been taken to enhance the focus and increase student training in health improvement, wellness, and disease prevention. The 6-semester PSA sequence that includes classroom, lab, and experiential education, devotes significant attention to this area of practice. Non-prescription Medications (Phar 169) changed course title to Self-Care and Non-Prescription Therapies to better reflect its inclusive focus on self-care, wellness and health promotion. All students

must complete immunization certification through PHAR 149 or another approved program. Topics concerning wellness and disease prevention are integrated into the curriculum in several courses such as Pharmacotherapeutics, Pathophysiology, and Principles of Drug Action.

Examples of IPPE and APPE rotations that focus on disease prevention in at-risk populations in multi-disciplinary settings include: Progress Industries, Primary HealthCare Pharmacy, Polk County Senior Services, Drake Wellness, and many ambulatory care rotations.

Lifelong Learning: Our Educational Goals and Objectives specifically list lifelong learning as a major component of the curricula. As with all other courses, curricular mapping links the objectives of individual course syllabi to this objective (See individual course syllabi on-site). Additionally, lifelong learning is a major outcome of the Experiential Competencies (4.1.1, 4.1.2) evaluated throughout the P4 year.

Knowledge, skills, attitudes, and values: Skills, attitudes, and values are among the most difficult outcomes to assess in any body of study.

Assessment of Professional Competencies: One key measure of competence is direct measurement of student performance on IPPEs and APPEs. Patient care skills are taught, modeled, and assessed numerous times. Students are required to participate in, reflect, and report on at least 70 patient care interventions during their P4 year. The experiential office and individual faculty preceptors, regularly review these patient interventions to ensure students are exposed to a variety of patient populations and drug therapy problems. To ensure PharmD students are graduating as competent entry-level pharmacists, the faculty and staff have implemented several methods designed to gauge the development of skills and competencies as students progress. Select outcomes are assessed during the experiential portion of the program – particularly during the P4 year.

CPHS students perform at or above the national average on the standard licensure exam. While NAPLEX assesses the basic level of competence for entry-level practice, it is not designed to assess skills, attitudes, and values. To this end, the PSA series provides opportunities to develop attitudes and values to topics that impact health. Topics include cultural competence, poverty as a health determinant, and professionalism. Students complete service learning IPPEs focusing on a geriatric population as well as a population at risk for health disparities. A poverty simulation experience was added in 2013. P4 students must complete at least one APPE that focuses on care for a population at risk for health disparities. Our Experiential Competencies include numerous outcomes designed to accomplish this. For example, competency 4.2-1 states 'student recognizes and incorporates a holistic view of the patient care' and 4.2-2 states 'student accepts personal responsibility for patient care'. Again, preceptor evaluations of students are continuously reviewed to ensure appropriate progression. We believe efforts to ensure students are able to develop the appropriate skills, attitudes, and values needed to be a competent pharmacist upon graduation.

Inter-professional Education (IPE): The College places emphasis on students learning through IPE experiences and has made great strides in IPE. All students in APSA complete at least one IPE experience in a simulation lab and/or equivalent experience (CPHS collaborates with 3 institutions and is working to increase these relationships). Students work with nursing, medical and podiatric medical students in pharmacy, nursing, or medical simulation lab settings, on a clinical case, or in TeamSTEPPS training. Many IPPEs and APPEs are designed to have students actively interacting and learning with a variety of health professionals on a daily basis. During the APPE year, the following competencies related to IPE are assessed on each rotation, "assists prescribers, other health care professionals and/or patients to establish therapeutic objectives and obtain appropriate health services", "establishes with

prescribers and/or patients the therapeutic endpoints of drug therapy, and monitor for progress toward these endpoints”, and “demonstrates appropriate professional communication when interacting with patients, pharmacists, staff, and other health care professionals”. The creation of the HSCI degree has also created the opportunity for pharmacy students to learn with students in the HSCI program in some required or elective courses. Further, the College is committed to establishing or enhancing agreements with other university’s professional programs to increase IPE opportunities and has specifically dedicated faculty time to this goal. A recent example is an agreement with Des Moines University where pharmacy students can simultaneously work toward a MPH degree while completing the PharmD program.

Application: The College is actively engaged at enhancing pharmacy practice and IPE. The curriculum covers all aspects of ACPE’s appendix B and continues to build on new content areas and initiatives.

Our lead in the IPE Collaborative, interprofessional experiences in teaching labs, new practice model initiatives, and curricular content are indicative of complying with this standard.

Noteworthy Achievements: The curricular mapping allows rapid adjustment to new courses and ensures the course objectives meet the educational objectives of the curricula. This process allows a rapid assessment of the curricula to identify any deficiencies.

DELTA Rx encourages entrepreneurial leadership in students, pharmacists, and faculty. This area of focus has encouraged several new learning experiences (such as the Next Top Entrepreneur Competition) directed to enhancing the above outcomes.

Areas marked for improvement in 2009 have been addressed. A focus on disease prevention and wellness has been implemented. New electives are in place related to health education and health coaching. The new disease prevention lab is in place and used by CPHS and outside contractors and more IPPE community wellness events are in place.

AACP Data: In nearly every area, Drake is both above the national average and improving. The 2013 GSS shows 97.8% of graduates “Strongly Agree” or “Agree” that the program prepared them to work with the health care team to implement the patient care plan and to provide patient care in accordance with legal, ethical, social, economic, and professional guidelines.

Approximately 95% of alumni agreed or strongly agreed with the statement that the program prepared them to effectively manage a patient-centered practice (2013). Likewise, 87.8% of preceptors also indicated that the program had effectively prepared students to manage a patient-centered practice.

Recent graduates agree or strongly agree that they were prepared to deliver wellness or disease prevention services (2009-2013; 91.7-97.8%). Also, international APPE sites have been created that include a significant component of health and wellness: Australia, Belize, India, and Africa.

The success of our program in developing life-long learning is noted in the graduate survey. Over the last 7 years, close to 100% of students agreed that they developed the skills needed to prepare them for continued learning after graduation. Also, the 2012 and ‘13 GSS results demonstrate broad agreement that the curricula imparted these attributes prior to graduation (100% and 95.6%, respectively) and that they were prepared to enter practice.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

13. Curricular Core - Knowledge, Skills, Attitudes and Values
<p>To provide the thorough scientific foundation necessary for achievement of the professional competencies, the curriculum of the professional degree program must contain the following:</p> <ul style="list-style-type: none"> • biomedical sciences • pharmaceutical sciences • social/behavioral/administrative sciences • clinical sciences <p>Knowledge, practice skills, and professional attitudes and values must be integrated and applied, reinforced, and advanced throughout the curriculum, including the pharmacy practice experiences.</p>

2. College or School's Self-Assessment

The curriculum contains at an appropriate breadth and depth the necessary elements within the following areas as outlined in Appendix B of the Standards:	Satisfactory
biomedical sciences	Satisfactory
pharmaceutical sciences	Satisfactory
social/behavioral/administrative sciences	Satisfactory
clinical sciences	Satisfactory
The content of curricular courses is mapped to Appendix B to assess where specific content foundations are addressed in the curriculum. Gaps in curricular content and inappropriate redundancies identified in the mapping process inform curricular revision.	Satisfactory
The didactic course work provides a rigorous scientific foundation appropriate for the contemporary practice of pharmacy.	Satisfactory
Knowledge, practice skills, and professional attitudes and values are integrated and applied, reinforced, and advanced throughout the didactic and experiential curriculum.	Satisfactory
The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are of adequate depth, scope, timeliness, quality, sequence, and emphasis to provide the foundation and support for the intellectual and clinical objectives of the professional degree program and the practice of pharmacy.	Satisfactory
The sciences provide the basis for understanding the development and use of medications and other therapies for the treatment and prevention of disease.	Satisfactory
Courses and other formal learning experiences are coordinated and integrated across disciplines.	Satisfactory
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.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- The curricular structure and content of all curricular pathways
- A description of the breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum, and the strategies utilized to integrate these components
- How the curricular content for all curricular pathways is linked to Appendix B of Standards 2007 through mapping and other techniques and how gaps in curricular content or inappropriate redundancies identified inform curricular revision
- Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values
- Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Curricular Structure and Content: The faculty believes that in order for graduates to meet professional competencies and outcomes, the curriculum must provide a thorough scientific foundation. At Drake, this foundation is comprised of rigorous course work that spans the biomedical, pharmaceutical, social/administrative, and clinical sciences. The professional curriculum has 12 credit hours in biomedical sciences, 27 credit hours in pharmaceutical sciences, 17 credit hours in social/administrative sciences, and 35 hours in clinical sciences. Evidence of the breadth and depth of this coursework is provided by curricular maps, student, faculty and alumni surveys and other noteworthy aspects of the program, all of which are provided below.

Depth, Breadth, & Integration: An important aspect of the curricular core is that biomedical, pharmaceutical, social/administrative, and clinical sciences are strategically integrated to meet the professional competencies upon completion of the program. Opportunities to enhance integration of curricular content have occurred when new courses are developed and current courses are restructured via both formal and informal exchanges between faculty members. For example, in 2012 and 2013, PHAR 143 Therapeutic Drug Monitoring and PHAR 169 Self Care/Non-Prescription products, changed to team-taught courses to integrate content from multiple approaches of clinical practice.

In summer of 2013, faculty approved and adopted a new model for curricular review and integration. The model consists of discussions among faculty members within their disciplines and within the academic year in the curriculum in which they teach. *Disciplinary groups* (e.g., therapeutics, biomedical science, pharmacy administration) meet each year to discuss topics such as course descriptions and objectives, topics covered that impact Appendices B, C and D, sequencing of topics, coordination of assessment activities, student workload and teaching methodologies. To ensure integration across the disciplines, didactic and experiential course coordinators teaching in the P1 academic year meet to

review, integrate, and coordinate course material where applicable and appropriate. Similarly, course coordinators teaching in the P2 and P3 academic years meet for similar discussions. The P4 faculty meet to discuss the process for achieving competencies for continuous improvement. Each faculty member then provides a report to Academic Affairs Committee (AAC) describing any changes made to a course or areas to monitor. In addition to this formal process, it is also common practice for faculty to share syllabi, lecture notes, and handouts among faculty teaching related topics to limit duplication, hold students accountable for previous material and to promote collaboration of faculty and integration of content.

The disciplinary meetings were held in Fall 2013 and reports sent to AAC in January 2014. The P1 academic year group meeting is scheduled for summer 2014 with reports due September 2014 (see Appendix 13.2.14-15 for Report). In the disciplinary meetings, faculty representing all required courses met and submitted reports to AAC. Of the 29 required courses, faculty in 21 courses had identified 47 changes they were implementing. The majority of changes (31) were focused on improving integration, adding or rearranging content and changing the type or timing of classroom assessments.

Link to Appendix B and Mapping: AAC initiated curricular mapping in 2011-12. Faculty were asked to identify and rate the depth of coverage of the topics listed in Appendices B, C, and D and the program's educational objectives covered in their course using a scale of 1-3 where:

1. Introductory - focus is on accumulating knowledge and comprehension
2. Reinforcement - focus is on application and analysis of topics and
3. Proficient - focus is on synthesis, critiquing and evaluation

Faculty were also asked to list the teaching pedagogies and assessment strategies used in each course. During the summer 2012 college retreat, faculty reviewed the 2011-12 curricular mapping results. As discussed earlier, three topic areas from Appendix B were noted as not being covered and have since been incorporated into current required courses.

The mapping results for depth of coverage of content areas demonstrated that every Appendix B content area (except the three noted previously) was covered at least at the reinforcement level. A full discussion occurred at a faculty meeting for all areas that were not ranked at the level of proficient. Based on the definition of proficient used for this mapping exercise, it was not expected that all topic areas would be ranked as proficient. A large majority of the topic areas in the biomedical sciences did not have a ranking of proficient. For example, while formal instruction of the biomedical sciences does not occur beyond the P1 courses, the use and application of that content is required at the higher level (proficient) in later courses (PHAR 133-135 Principles of Drug Action and PHAR 190-192 Therapeutics). Therefore, students are, in effect, operating at a level of proficient in the biomedical sciences as it relates to professional practice. A few select topics in practice management and entrepreneurial leadership were also not ranked as being covered at a level of proficient. The majority of these topics are introduced and applied in one course (PHAR 174 Pharmacy Management).

A major finding from this exercise was that as students advance through the curriculum, the depth of coverage progresses from introductory and reinforcement in the P1 year to primarily reinforcement and proficient in the P2 through P4 years. This trend is consistent with the goal of the curriculum to establish a firm foundation of core scientific knowledge upon which higher-level skills are built.

In addition to Appendix B, the experiential education program was also mapped to Appendices C and D using the same process. This mapping exercise demonstrated that the progression in skill development

advances from primarily an introductory level in the P1 year to almost exclusively a proficient level in the P4 year. This mapping of the depth of coverage of topics in Appendices C and D supports the progressive development of competencies used for student assessment in IPPEs and APPEs.

As noted above, the faculty also rated the level of proficiency that each course attained with regard to the program's educational objectives. The educational objectives are categorized into five areas: Problem solving and decision-making; Management; Life-long learning; Communicating and educating; Policy formulation and professional governance; Professionalism. Of the 21 educational objectives mapped, two were identified as having relatively low rating as to attaining proficiency (no course provides proficient and one course provides reinforcement). They are:

- (A-3) Given information about a group or population, the graduate can analyze drug policies (formulary decisions, practice guidelines) and assess the implications for the group's health status and use of resources (e.g., costs).
- (E-19) The graduate demonstrates the ability to assume leadership roles as appropriate in the college, the profession and in society.

Given that the College's curricular mapping efforts are ongoing, these ratings of depth of coverage of curricular content will be monitored as the curricular review process is implemented and feedback is provided to AAC.

Documentation of Student Performance: In order to ensure that courses remain aligned with the PharmD Educational Goals and Objectives over time, faculty are required to identify on their syllabi which program objectives correspond to the specific course objectives. Compliance to this syllabus requirement is tracked by the Associate Dean's Office, which then provides feedback to the faculty member regarding any required changes. Syllabi must be submitted at least two weeks prior to the start of the semester so that changes can be implemented prior to being provided to students.

Evidence of an intentionally integrated, science-based curricular core is not limited to the mapping exercises. Data from our 2012 and 2013 faculty surveys show that 96.9% and 97.3% of faculty agree or strongly agree with the statement, "I understand how my instructional content fits into the curriculum." In the same surveys, 96.9% and 100% of faculty agree or strongly agree with the statement, "The curriculum is taught at a depth that supports understanding of central concepts and principles." Data from our 2012 and 2013 Graduating Pharmacy Student Surveys indicate that the curriculum is logically sequenced (97.0% and 96.7% strongly agree or agree, respectively) and that the didactic coursework prepares students for advanced pharmacy practice experiences (100% and 97.8% strongly agree or agree, respectively).

The experiential portions of the curriculum also stress skills that cross numerous topics. The PSA series integrates skills from nine basic areas: professionalism, communications, clinical reasoning, cultural competence, drug information, distribution systems and processes, calculations, systems management, and health and wellness. In the Advance Pharmacy Practice Experience, the experiential competencies, which serve as a template used by the preceptors to assess student performance, require integration of knowledge, skills, and attitudes that cut across the entire curriculum.

Integration and Reinforcement Throughout Curriculum: Professional attitudes and values are integrated, applied and reinforced throughout the curriculum. Beginning in the P1 year, group work, presentations and small group discussions are routinely and systematically employed in several courses to instill professional attitudes and develop skills that promote lifelong learning, teamwork, communication skills

and critical thinking. Course work in the P2 and P3 years place even greater emphasis on developing these skills. During these years there is an increasing expectation that students will take responsibility for their own learning through teaching methodologies such as team-based learning, flipped classroom, group projects and higher-level skills development.

In the last self-study, it was noted that only one course in the professional program, BIO128—Mammalian Physiology, was not provided by CPHS faculty. In 2009, the College hired a full time, tenure track faculty member to create a new course PHAR 125 Physiology exclusively for students in the professional program. This has allowed for a focus on human physiology and a smaller class size.

Application: The College has mapped its curriculum against its own educational outcomes as well as ACPE Appendices B, C, and D. This included mapping for depth of coverage in addition to the breadth of topics. The curriculum excels in both breadth and depth of material covered.

Noteworthy Achievements: Cross-discipline collaboration of material and courses, as well as the various types of active learning that faculty employ are noteworthy. In addition, the linkage of courses to educational outcomes and learning objectives is re-enforced and institutionalized in the requirements for course changes and syllabus guidelines. Integration of the knowledge, practice skills, and professional attitudes and values is also noteworthy in the experiential program and the PharmD curriculum as a whole.

Quality Improvement: Areas marked for improvement in the 2009 Self Study have been addressed. We have developed a curricular map for Appendices B, C, and D, and our educational outcomes and have included depth of coverage in those maps. Future mapping is planned for the new CAPE outcomes once they are approved.

The 2012 mapping was our first effort at identifying *depth of coverage* in content areas and CAPE Objectives. It was noted that some areas have shallow coverage. Further exploration is needed to determine if those low ratings are an artifact of that objective or content area being covered by one course or if the content is indeed not provided at an appropriate level. This is particularly noted in practice management and entrepreneurial leadership topic area and is a topic of discussion by faculty in that discipline.

We continue to monitor the curricular review process for appropriate documentation of changes to courses that increase integration of content and skill development.

AACP Data: The AACP survey data support high achievement in this standard. Alumni and graduating students had very high satisfaction levels for their career preparation and for the curriculum. All relevant AACP survey questions were above the national average and continuing to trend to even higher satisfaction.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

14. Curricular Core - Pharmacy Practice Experiences	
<p>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.</p> <p>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.</p> <p>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.</p>	

2. College or School's Self-Assessment

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.	Satisfactory
The pharmacy practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.	Satisfactory
Pharmacy practice experiences include periods for preparation and guided reflection.	Satisfactory
The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site are defined.	Satisfactory
Goals and outcomes for each pharmacy practice experience are mapped to activities listed in Appendix C to ensure that students' experience will cover, at a minimum, all the listed activities.	Satisfactory
Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes are documented and assessed.	Satisfactory
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.	Satisfactory
Most pharmacy practice experiences are under the supervision of qualified pharmacist preceptors licensed in the United States.	Satisfactory
The college or school ensures that all preceptors (especially first-time preceptors prior to assuming their responsibilities) receive orientation regarding the outcomes expected of students and the pedagogical methods that enhance learning, ongoing training, and development.	Satisfactory

A quality assurance procedure is in place that facilitates standardization and consistency of experiences and outcomes while allowing for individualization of instruction, guidance, and remediation by the preceptor based on student needs.	Satisfactory
Students do not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.	Satisfactory
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.	Satisfactory
Introductory pharmacy practice experiences account for not less than 300 hours over the first three professional years. The majority of students' time (minimum 150 hours) is balanced between community pharmacy and institutional health system settings.	Satisfactory
The length of the advanced pharmacy practice experiences is not less than 1440 hours (36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed.	Satisfactory
All <u>required</u> advanced pharmacy practice experiences in all program pathways are conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands).	Satisfactory
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: <ul style="list-style-type: none"> • community pharmacy • hospital or health-system pharmacy • ambulatory care • inpatient/acute care general medicine 	Satisfactory
Simulation is used appropriately as a component of introductory pharmacy practice experiences; it does not account for greater than 20% of total introductory pharmacy practice experience time and does not substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings.	N/A

3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
<input checked="" type="checkbox"/> How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
<input checked="" type="checkbox"/> How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings
<input checked="" type="checkbox"/> How the college or school uses simulation in the curriculum
<input checked="" type="checkbox"/> How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.

- How the college or schools assures, measures, and maintains the quality of site used for practice experiences
- How quality improvements are made based on assessment data from practice sites
- How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix C of Standards 2007 to ensure that students' experience will cover, at a minimum, all the listed activities
- How the college or school is applying the guidelines for this standard, and the additional guidance provided in Appendix C, in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Documenting Student Performance and Professional Interactions: The Continuous Student Assessment Process (CSAP) is found as Appendix 14.5.8. It was adopted in 1997 and updated in 2004 and has shown to provide an excellent measure of student competency assessment.

Specific evidence of student competence is demonstrated in practice experiences throughout the program. Students are scored on competencies in the following areas: drug-problem solving, communication, product and service management, and professionalism.

The Educational Goals and Objectives have been mapped to the experiential competencies in order to demonstrate the relationship between the didactic and experiential curriculum. Students develop an online portfolio using E*Value. Students document daily logs at each experience, submit projects completed into their portfolio, enter drug therapy interventions, update their CVs, and submit documentation of hours. These submissions are available to faculty and preceptors for assessment purposes.

Daily activities and interventions are evaluated by preceptors throughout the experience. Students are evaluated for each experience, as well as asked to evaluate their own performance, and the preceptor.

A full 98% of preceptors report they know the process for documenting and addressing student performance from the College. Student progression toward their competencies is monitored by the College after each experience throughout the program.

Direct and Diverse Patient Interaction: The Office of Experiential Education (OEE) has worked diligently to ensure that students are engaged in direct patient care at each site. The team has engaged directly with the health systems to create innovative opportunities for students to do meaningful patient care activities. Two examples are the IPPE Patient Care Elective Anticoagulation and the IPPE PCE Pertussis. In each case, the experience was designed collaboratively with the institution to cover activities that would benefit the site and meet the needs of the IPPE PCE competency.

Students are required to complete a diversity service learning experience IPPE. This allows students to have direct interaction with a diverse population. Diversity is defined as ethnic, racial, socioeconomic, and/or patient with mental health challenges. All students are also required to complete one APPE that is classified as a diverse experience.

The 4th professional year consists of eight, 5-week APPEs for a combined total of 1600 hours. Students complete 4 core rotations in community practice, hospital practice, acute care, and ambulatory care,

and also choose four elective experiences in specialty care, ambulatory care, and no more than one non-patient care APPE. The rotation year must provide a balance of inpatient and outpatient settings in order to meet our educational goals and allow our students to practice at the “entry level practice of pharmacy”. Our program includes a wide variety of specialty rotations such as academic, administration, anticoagulation, cardiology, compounding, critical care, diabetes, psychiatry, mental and physical disabilities, geriatrics, pediatrics and many more. Any rotation in countries outside the United States is considered an “elective” APPE and not counted as a core rotation. Students are also routinely accepted to APPEs in national associations, the FDA, and the pharmaceutical industry. Students completing APPEs are required to complete at least one rotation out of the Des Moines area. Students must also complete a minimum of two rotations with faculty preceptors and no more than one rotation with a non-pharmacist preceptor. Currently 10 sites have non-pharmacist primary preceptors. Three of those have worked or work closely with CPHS faculty.

Throughout APPEs the students work with healthcare providers from a variety of professions such as physicians, physicians assistants, nurse practitioners, nurses, social workers, case-managers, therapists, and more. The student/preceptor ratio is set up to adequately supervise students on their experience.

Students enter preferences for their rotation year prior to the end of the fall, P3 semester. Students are notified of site assignments and have one month to request schedule changes. Students do not receive remuneration for any experiences within our program. A few sites provide free housing or food during the experience in order to maximize use of sites beyond driving distance to the college. Students are not assigned to sites where another relationship exists that may adversely affect the student/teacher relationship. For example, students are not assigned to sites where they have worked unless they will be completing work in a different area and with another supervising preceptor.

Balanced IPPE Hours: Drake’s Experiential program consists of over 300 hours of introductory experiences including geriatric service learning, distribution early experience, sterile product training, diversity service learning, continuity of care, drug therapy problem solving, and elective patient care services in areas such as immunization, health screening, wellness education, and anticoagulation.

The IPPEs are a component of the PSA courses designed to allow students to learn and practice skills in a lab setting, then work hands-on in real environments to further practice and hone those skills. The IPPEs start with basic communication and dispensing skills and then build throughout the program so that by the time the students progress to the fourth year, they are functioning at a high level.

The P2 and P3 IPPE coordinators work together to ensure that each student gets at least two, 40 hour institutional experiences in addition to the 20 hour Geriatric Service Learning Experience in the P1 Year and at least two, 40 hour community experiences.

The IPPE program is unique because it is based solely on specific competency development recognizing that skills can be met in various types of settings.

Use of Simulation: CPHS partners with Des Moines University, Grandview, and DMACC to provide interprofessional simulation experiences for our P3 students as a part of the APSA courses. These simulations include medication review, resuscitation science, and IV medication titration. At this time simulation activities are not counted as part of the IPPE hours.

IPPE vs APPE Criteria: The experiential program has worked diligently to ensure that only sites with patient care opportunities are used in the APPE year. Sites with only traditional dispensing and patient counseling are typically designated as IPPE sites. We have utilized data collected through daily logs and interventions to assess opportunities for patient care at each site. We have worked with individual preceptors to help them develop sites. For example, we worked with an area chain to encourage development of patient care opportunities. Through our efforts, they initiated pharmacist provided immunization services and have continued to develop over the years.

Quality Assurance of Sites: Due to the large number of sites (551) and preceptors (1282) involved in our experiential program, the quality of the experiences is a high priority. The experiential program has an extensive quality assurance program developed by the District V Experiential Workgroup (Appendix 14.5.3). Schools from the District V formed a regional group to address some of the challenges facing experiential education- Drake was a founding member. The QA program requires new sites to provide site information, competencies they can address, as well as bios for preceptors. Initial site visits or phone interviews are completed to evaluate sites and to ensure adequate patient types and quantity to meet the requirements for the rotation. All new preceptors are required to complete mandatory training available online. When possible, training sessions on E*Value is provided on site. Sites that take students on a regular basis are visited in person at least every two years. In 2013, 75% of preceptors reported they received adequate support from the OEE and 87.8% reported ongoing communications. This Quality Assurance Program was approved in AY 2006-2007. It is an area to watch for improvement as the number of site visits increases. Many distance sites will not be visited on a regular basis. Phone visits are used for distance sites when travel to the site is prohibitive.

Drake CPHS is committed to preceptor development and education as a means to maintain quality and develop sites. Links to available preceptor development opportunities through [The Collaborative Education Institute](#) (CEI) are provided on our website. CEI is a collaboration between Drake CPHS, University of Iowa COP, and the Iowa Pharmacy Association. CEI provides mandatory training for all new preceptors with three modules that represent 0.75 hours of CE: the Role of the Preceptor, Developing Your Rotation, and Giving Experiential Students Constructive Feedback. Additional activities available on CEI include over 15 topics regarding teaching and learning, labs, and Journal Club, which total over 20 hours of continuing education. Additional modules are available in Developing Cultural Competence, Early Experiential Development, with more in development. Links to the DELTA Rx Institute are provided on our website that provides an online discussion board for practitioners to discuss innovations they are undertaking at their site, as well as many profiles, tools, columns and articles that highlight entrepreneurial practices to help practitioners create innovations at their site. Quarterly newsletters are emailed to preceptors and are maintained on the experiential website. The Fall 2007 issue discussed the process for reporting academic or professional misconduct and harassment or discrimination, areas that 25-30% of preceptors reported that they did not know. Each item is identified in the experiential manual but highlighted in the newsletter and available on the website to reinforce the manual information.

Quality Improvement Process: Information from student evaluations and logs are used as quality assurance measures for sites to ensure that students are engaged in appropriate activities. Evaluations of preceptors are made available to preceptors online after both the student and the preceptor complete their evaluations. The availability of these evaluations allows preceptors to make changes throughout the year. Roughly 78% of preceptors agree they receive timely feedback regarding students' practice experiences.

The Experiential Review Council (ERC) has suggested that all evaluations also be mailed on a yearly basis. Sites with negative evaluations or complaints are visited in order to recommend changes. Sites with ongoing problems are reviewed by the ERC and removed from the program when necessary.

Each spring the graduating class completes evaluations of the experiential program and personnel. These evaluations are reviewed by ERC to determine if any changes are necessary. An example of change that has been made to the program includes transitioning from 4-week to 5-week rotations in AY 2005-06. This resulted from student perceptions that they were barely oriented to a site before they had to move to the next site.

Faculty preceptors suggested that students complete evaluations of the site prior to seeing the preceptor evaluation of the student so that a negative evaluation did not adversely affect the evaluation of the site.

The Experiential Office submits an annual report to the college and the ERC to highlight issues related to experiential education. The CPHS also participates in the AACP Preceptor Survey every 3 years. We do not send out survey requests to the sites every year in order to decrease survey fatigue.

Drake's Experiential program is outcome based and focuses on specific competencies. We require a threshold score of 4 (on a 5 point scale) on each competency for graduation. We do not use a checklist approach towards activities. For each specific rotation type, we allow some flexibility for each site to engage each student in a way that allows them to work on areas that need improvement and build on areas of interest throughout the program while maintaining the level of competence required for graduation.

We do have syllabi for each core rotation and encourage sites to utilize the example syllabi to develop their experience. As we evaluate the sites and the students, we follow up with sites that do not seem to be offering the competencies consistently for their classification of rotation. An example includes a site classified as *hospital practice* that was not engaging student in the distribution competencies that are required in the Hospital Practice rotation and more of the clinical activities associated with Acute Care rotations. The Assistant Dean for Clinical Affairs visited with the site via conference call and in person to assure that the activities were appropriate for the rotation type.

Mapping to Appendix C:

The mapping to C (Appendix 14.2.3) shows that the experiential program meets the should activities from Appendix C. There are a few items that most students but not all students are involved. For example, not every student would write a business plan.

Application: The school used the QA process described above to ensure the activities are appropriate.

Noteworthy Achievements:

1. Consistent quality and improvement as demonstrated in the AACP surveys above or at the National average
2. CEI delivery of preceptor education
3. The District V Experiential Workgroup Quality Improvement process
4. The long history of outcome based CSAP
5. National recognition: components of program have been presented by Denise Soltis at AACP "Quality Assurance Programs in Experiential Education", ASHP "Implementing Introductory and Advance Pharmacy Practice Experiences in Health-System Practice Experiences" and in conjunction with Nora Stelter at APHA "Developing Activities for IPPEs".
6. The Experiential Review Council.

Areas marked for improvement in the 2009 Self-Study have been addressed. Quality Assurance of sites continues with increased number of site visits and reviews.

AACP Data: All survey data shown in evaluation of our experiential program has improved over time and exceeds the NA with one exception and we meet the national average.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The OEE will monitor quality of IPPEs and APPEs through student evaluations, student work, graduating student, alumni and preceptor surveys.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> A description of formative and summative assessments and measures used to evaluate teaching and learning methods and curricular effectiveness, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)

- A description of the assessment measures and methods used to evaluate student learning and, achievement at defined levels of the professional competencies and educational outcomes, both in aggregate and at the individual student level
- How achievement of required competencies by all students is assessed and assured on completion of the program
- Comparisons with national data and selected peer-group programs (include a description of the basis for the peer-group selection) and trends over time
- How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness
- The mechanisms in place to assess and correct causes of ineffective learning experiences, including the measurement of perceived stress in faculty, staff, and students and evaluation of the potential for a negative impact on programmatic outcomes and morale
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Assessment of Teaching/Learning Methods: The College utilizes the IDEA Center's diagnostic forms for course and faculty teaching evaluations. The IDEA center database offers a benchmark on over 40,000 courses for comparison of the college's teaching quality and methods. Also, the IDEA reports provide information on student progress on relative course objectives such as critical thinking. The CPHS again showed better student progress when compared to the national benchmarks for gaining factual knowledge, learning fundamental principles and theories, learning to apply course material, developing skills/competencies/points of views needed in their field, and learning to find and use resources to answer questions. (See Appendix 15.8.1)

In 2008, the College set an excellence in teaching goal of having 80% of courses in the college similar or better than other colleges on *progress on relative course objectives*. The college has met and exceeded this goal each year since 2010. (See Appendix 15.8.3)

In addition, faculty utilize peer teaching reviews as part of the mentor program as well as during the promotion process.

Experiential teaching is evaluated by students using rubrics within E-Value. Each experience and preceptor is evaluated.

Assessment Measures for Student Learning: Drake CPHS has a long history of developing and implementing assessment measures. Some examples of specific assessment activities that focus on direct measures and progression are provided below. Various rubrics used in PSA and other courses for direct measurement of student progress are in Standard 13 appendices.

Pharmacy Skills & Applications: 6 semester course sequence, each comprised of lectures, labs, and experiential components. During the laboratory sessions, students practice a variety of pharmacy

skills (pharmacy distribution activities in the College's simulated community pharmacy, answering drug information questions verbally and in writing, measuring blood pressure on simulated blood pressure measurement arms, and submitting MTM claims through the online system of a national MTM vendor).

As discussed earlier, students participate in inter-professional, case-based patient care simulations. Students are exposed to actual or simulated patients through the experiential and lab components and document these encounters through E-Value, an internet-based management system.

Self-Care and Pharmacotherapeutics: Each course uses team-based learning as its primary teaching method. Students are evaluated using individual readiness assessment tests and group readiness assessment tests (iRATs and gRATs). Individual examinations are also utilized.

Applied Social and Administrative Pharmacy: Student outcomes are primarily assessed using projects and writing assignments. These are evaluated using standard rubrics for respective courses related to application of core concepts and critical thinking (See appendix 13.2.4).

IPPE & APPE: Students interact with and educate actual or simulated patients, pharmacists, and other healthcare professionals. They utilize the E-value for tracking outcomes and evaluations. Items in the E-value portfolio include case write-ups, self-care and intervention forms, SOAP notes, daily logs, descriptive papers, and personal reflections. The portfolio system allows students to understand and self-assess their proficiency and thereby self-monitor progress toward objectives. Each student is required to provide at least two seminars or in-service presentations while on their APPEs.

The PSA series requires students to pass a competence-based exam at the end of semesters two through six of the course sequence before being allowed to progress to the next semester. Standardized rubrics are used as direct, embedded assessments. (See appendices 13.2.5-13) These exams are not a traditional 'high-stakes' progression exam but are used to identify areas in need of additional mastery before moving on. Likewise, experiential competencies are evaluated during and at the conclusion of APPEs for mastery. Students are also required to work on competencies during their introductory practice experiences and be proficient in a total of 51 competencies during their advanced practice experiences.

The College's Assessment Plan, as well as the Mission Explication, highlights methods of assessing the program's educational outcomes. This occurs using both direct and indirect measures such as embedded course assessments, student performance linked to competencies on IPPEs and APPEs, student perceptions on progress made (IDEA Evaluations), and AACP curricular outcome surveys of students, faculty, preceptors, and alumni.

Assuring Competency: The College uses multiple strategies to protect the integrity of the degree. The college has an honor code and a review process for any violations to this code and academic integrity infractions. In addition, the University has implemented a course census program where faculty must verify student enrollment in their courses on the first day of class.

Faculty are well acquainted with students and have access to student pictures, both of which aid in verifying their work. Most examinations are given via faculty proctors and the use of unique student identifiers to help assure credibility. The final degree is verified by an on-line University degree audit that ensures that all course requirements have been met.

National/Peer Group Comparison: Although not currently used, the PCOA exam was initially piloted by the College with positive results and evidence of knowledge progression over the course of the

curriculum. Currently, national benchmarks for pharmacy-specific knowledge and skills that allow comparison to peer institutions has not adequately progressed to the point that the College has adopted an approach. The College has opted for progress exams (described above) to establish student preparedness for APPEs.

Student outcomes and successes are tracked with national board (NAPLEX and MJPE) pass rates and sub-section scores. These outcome measures are disseminated to faculty and appropriate college committees for review and action. The College closely tracks these results and reviews the 4-year averages in relation to other schools of pharmacy. As seen in the results, Drake Pharm.D. graduates perform better than the national average on the exams.

The College uses the four national AACP Surveys for graduating students, alumni, preceptors, and faculty to compare our program and student outcomes with national benchmarks. Data from these surveys are updated annually and compared against the national average. The information is disseminated to college committees for action.

The College utilizes the IDEA Center's diagnostic forms for course and faculty teaching evaluations. These forms were adopted for their reliability and reporting features. Methods and examples of how to improve courses and teaching are reported to faculty and linked specifically to their courses. In 2008, the College set a goal of having 80% of courses in the college similar or better than other colleges on progress on relative course objectives. The college has met this goal the last four years. Also, the IDEA reports allow the college to gather information on student progress on relative course objectives such as critical thinking. Students self-assess progress on these global outcomes.

IDEA center reports from the last few years indicate a variety of teaching methods utilized including team based learning, breakout sessions, recitations, and laboratory skill development. In AY2012-13, traditional lecture comprised only 58% of the entire college curriculum. (See Appendix 15.8.1)

The National Survey of Student Engagement (NSSE) is used in assessing student involvement and college support. Students continue to meet or exceed national benchmarks with professional programs in areas such as academic challenge and active/collaborative learning environments. CPHS seems to excel in specific areas such as using data for solving real-world problems, participating in co-curricular activities, providing support for overall well-being, and working with other students both in and outside of class (2013 results, Appendix 15.8.2).

Use of Feedback for Improved Learning: Dissemination of assessment data to standing committees leads to curricular and content changes. In July of 2013, the college approved 3-year cycle for course review— previously described in Standard 13. The review process improves integration of content within and between disciplines, periodically assesses/confirms if the curriculum covers ACPE appendix B, C, and D material, coordinates assessments and student workload within semesters, and addresses ACPE recommendations.

As discussed previously, the Academic Affairs Committee initiated curricular mapping in 2011-12. In addition to Appendix B, C, and D topic inclusion, faculty indicated the educational objectives covered in their course, the breadth and depth of content coverage, teaching pedagogy, and assessment strategies. During the summer 2012 college retreat, the 2011-12 curricular mapping results were reviewed by all faculty members. Many items were discussed at this retreat, including breadth and depth of content coverage as well as teaching pedagogy.

As noted above, the IDEA feedback is used for benchmarking and for tracking student progress.

Excellence of teaching and teaching methods are also assessed via this system. The individual teaching evaluation data from the IDEA system are confidential between the faculty member and his/her department chair. The data provide markers for each faculty member to compare his/her results to college averages, the overall teaching goal, and national benchmarks and allows chairs to gauge progress for each faculty member during annual evaluations. Individual IDEA reports highlight areas of success and challenges for individual faculty. The Center provides specific resources to improve faculty teaching.

Ineffective Learning and Stress: Starting in 2013, perceived stress, as well as interpersonal support and coping mechanisms, have been measured for students, faculty, and staff. The stress levels for P4 students were significantly lower than for P1, P2, and P3 students. No other statistically significant differences were found, although small sample sizes (especially with staff) limit the power for comparisons. Drake pharmacy student stress levels, when transformed to a 100 point scale as reported by UC-San Diego COP were similar to UCSD students. No normative national data exists for pharmacy in general. Thus, we will continue to monitor for trends and collaborate with other COPs/SOPs to generate comparison data. The CPHS data, including comments by students, faculty, and staff, is shared with standing committees for further review.

The CPHS continues to address faculty and staff workload (See Std 26) and student stress and work. Class scheduling and exam scheduling occur each semester in an effort to avoid conflicts. Students have access and are reminded of resources (for academic success and personal health) through DU and the CPHS's Office of Academic and Student Support.

Application: The CPHS Assessment Plan outlines how the PharmD Educational Outcomes are assessed. A newer, periodic assessment program also ensures assessment and action related to the standards. The culture of assessment in the College is pervasive with a philosophy of **measurement with the intent to improve**. The assessment plan and programs are designed to ensure action based on data. Data from the assessment of the program are reported and acted upon by appropriate groups as outlined in the assessment plan and committee charges, as well as communicated through faculty meetings and newsletters (Appendix 15.8.4).

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. Embedded assessment work has progressed, teaching goal achievement has resulted from development and training. New developments sessions on teaching methods continue to take place (e.g. January 2013 and 2014 sessions) and are a result of assessment data on teaching methods used and faculty preferences. Communications with stakeholders has improved as has the institutionalization of assessment through dissemination and action on data and through implementing periodic assessment.

Assessment data support a strong academic program and well prepared students, high board pass rates, high percentages of graduates going on to residencies or graduate school, good teaching with active learning throughout the curriculum, strong culture of assessment, and positive relationships with students and faculty.

The College is measuring levels of stress and social support for all constituents (Faculty, Staff and Students). This will aide in enhancing the learning and work environment.

AACP Data: For the most part, data are positive and better than national averages. Graduating students felt prepared to reflect and improve and most faculty feel that the college uses assessment data

for improvement. Preceptors are overwhelmingly positive on CPHS providing them suitable assessment tools. The main area of concern is the low agreement by alumni that the College solicits their feedback on program improvement. Approximately 40% of 2013 responders felt underutilized. The College does reach out annually to alumni to participate in standing committees, as well as planning retreats and self-studies. We have introduced new e-newsletters to further engage faculty. This is an area to continue to monitor and work to engage alumni.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.	

2. College or School's Self-Assessment

The college or school has an organizational element(s) devoted to student services.	Satisfactory
The organizational element(s) devoted to student services has an administrative officer responsible for overseeing and coordinating them.	Satisfactory
The budget assigned to student services is sufficient to provide needed services.	Satisfactory
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).	Satisfactory
Student services personnel are knowledgeable regarding FERPA law and its requirements.	Satisfactory
The college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities, e.g., residencies, fellowships, and graduate school.	Satisfactory
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.	Satisfactory
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.	Satisfactory
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.	Satisfactory
The college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling).	N/A

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/> A description of student services offered and, if applicable, how the college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling)	
<input checked="" type="checkbox"/> A description of the sections of the student handbook that deal with specific requirements of the standard and guidelines	

- How the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Student Services Offered: The offices of Academic and Student Affairs is responsible for all items identified in the standard: i.e., student recruitment, admissions, progression; orientation to the College and profession; orientation, training, and remediation on the program's technology and educational methods; providing the student handbook information on policies, procedures, and codes; administering scholarships/awards; providing advising and career counseling; providing post-graduate education and training information; coordinating training for advisors and others providing student services; providing faculty support on disability issues; and verifying completion of the degree.

The organization is arranged and managed by the Associate Dean and includes the Director of Student Programs and the Admissions Liaison. Additional staff includes an Academic Support Specialist, and administrative assistant, and a Coordinator for Professional and Career Development. These 6 positions total 5.8 FTE (20% of Career Services Coordinator's time is allocated to other areas on campus).

The Student Affairs Committee (SAC) functions with the Student Affairs Office to support students. As a standing committee, it is composed of faculty from both departments, staff from Student Services, and students from all academic years within the College. The Dean, in consultation with CAC, determines annual charges.

The Student Affairs Office budget includes funds for supplies and special events, such as commencement, the White Coat Ceremony, and orientation programs. Student professional support is funded through the White Coat Sponsorship program. Sponsorships also support student leadership programs, career events, pinning ceremonies, student organization meetings, etc. Student records are maintained in a confidential and secure manner within the administrative suite (Cline Hall). Student Services staff receive FERPA training. The Student Services organizational unit produces an annual report each academic year.

The Associate Dean, Director of Student Programs, and the Admissions Liaison attend regular University meetings to ensure the coordination of student services and programs with University policies and programs. Additionally, weekly staff meetings of the CPHS Student Services are held to ensure policies and activities are current and functioning properly.

Student Handbook: Various student resources and information are available electronically through the Student Handbook (<http://www.drake.edu/cphs/currentstudent/>). Information contained in this electronic resource includes College policies, student resources (e.g., student organizations, technology resources), career and professional resources (e.g., opportunities for research with faculty), and financial resources, among other information.

Provision of Services: Student services are provided and coordinated through the College Student Services area or through the University. The University provides financial aid (University financial aid office) and health-related services (University Health Center, University Counseling Center and Disabilities Services). Health insurance is required for all students, and can be purchased separately through Drake-sponsored plans. Students with substance abuse concerns are coordinated with the Iowa Pharmacy Recovery Network.

The College has a one-day orientation program for entering P1 students, with plans to increase this to a 2-day program beginning in 2014, where many of these services and resources are introduced and discussed. In addition, an orientation session is held for students who have not completed their pre-pharmacy course work at Drake, and who are enrolled in the first-year series of CAPS courses (Career, Academic, and Professional Success). The College offers several PharmD-joint degree programs and orientation sessions are coordinated through the College of Business and through the Law School.

The College utilizes a curricular and co-curricular approach to providing information on post-graduate education opportunities. The primary curricular opportunity is during the CAPS orientation courses where guest speakers discuss residencies, while other sessions focus on opportunities such as academic and research careers. Co-curricular approaches include:

- A biannual residency showcase will provide an opportunity for students to hear about residencies.
- Midwest graduate programs often distribute information and visit the school to promote their programs.
- Periodic emails from the Professional Development and Career Services Coordinator highlight residency and post-graduate education opportunities.
- The CPHS Weekly Announcements feature research internships and other post-graduate programs.
- Students can engage in mock or practice interviews with the Coordinator of Professional Development and Career Services and with the clinical faculty, in preparation for residency applications.

Over 35% of graduates typically complete residencies and several others have entered post-graduate PhD programs, or completed joint degrees (PharmD with MBA, MPA, or JD. Beginning in Fall 2014, students also can pursue a joint PharmD-MPH program.

Tutoring services are available in several settings. CPHS students can meet individually with the course faculty. Also, faculty often have optional review sessions within their courses. Teaching assistants are used for some course review sessions; faculty members attend review sessions additionally, as needed. On the University level, the Academic Achievement Office additionally organizes and provides supplemental instruction services, which have now been renamed tutoring. Recently, this office has added 1.5 FTE staff.

Application: CPHS students have equal access to Student Services staff. This includes direct access through appointments with any of the Student Services staff. Students can also be referred to Student Services via their faculty advisors. Faculty members are updated on Student Services staff changes and activities through faculty meetings and announcements.

Student advising within the College has evolved over the past 3 years. Student advising for course selection and degree audit/course requirements was shifted more towards the Student Affairs Office.

Faculty advise mainly on career planning. Results from the Graduating Pharmacy Student Survey (GPSS) reveal similar findings for “Strongly Agree” + “Agree” responses to “Academic advising met my needs” and “Career planning and guidance met my needs” as compared to national average over the past 6 years.

In 2011 the College faculty established a formal advisor review process. Faculty members are evaluated annually by their advisees and this information is given to the faculty members and their department chairs. Student evaluations of “Academic advising met my needs” improved substantially (>5%) in 2013, compared to 2012, as indicated in the GPSS. Results from the 2012 and 2013 College Advising Surveys indicate that overall, students are pleased with their advisors. (See Appendix 16.5.1)

Noteworthy achievements: Areas marked for improvement in 2009 have been addressed. Advising was assessed with a new evaluation tool. We've enhanced training and webinars for advisors each year and implemented the Excellence in Academic Mentoring and Advising Certificate. A series of presentations and webinars offered by the University and College allow faculty to enhance their advising skills. Faculty who attend 6 hours of programming receive a certificate of completion.

AACP Data: Results from recent GPSS Surveys indicate that students are pleased with: “Academic advising” and “Career planning and guidance” and “Student health and wellness services,” as these areas ranked similarly to national averages. Additional responses from the GPSS indicating student body satisfaction with College programs include: “Provided timely information about news, events and important matters within the College,” and “College administration responded to problems and issues of concern,” and “Made use of a variety of means to obtain student perspectives.” Responses to these statements for the “Strongly Agree” and “Agree” categories were similar to national averages.

In 2013, “Financial aid advising met my needs,” (Strongly Agree/Agree) was significantly lower (>5%) than national averages. For this statement the “Did not Utilize” responses were significantly greater than the national average (40.7% vs. 17.9%, respectively), and responses for “Disagree/Strongly Disagree” were similar to national averages. Due to the high rate of non-use of financial aid advising by Drake students, additional action at this time is not necessary. However, this area will be closely followed on future GPSS and with the University's financial aid office.

In 2013, “Tutoring services met my needs” was lower (>5%) than the national average. The Student Affairs Committee, with the belief that the changes in the increased number of staff members and the renaming of the services will improve this area, has reviewed this.

Results indicate that students are pleased with information provided about post-graduate programs, as “Strongly Agree,” and “Agree” responses to the statement, “Information was made available to me regarding post-graduate education and training opportunities” (Statement 50), was similar to national averages.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

With the greater than expected growth in the Health Sciences program over the past several years, workload for the Student Affairs Office staff has increased significantly. This unexpected growth in the total student population of the College of Pharmacy and Health Sciences has created the need for consideration of increased staffing within the Student Affairs Office. The College administration will be considering the needs of this office in the near future following the receipt of the current administrative review report.

Drake University / College of Pharmacy and Health Sciences

17. Admission Criteria, Policies, and Procedures	
<p>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.</p> <p>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.</p>	

2. College or School's Self-Assessment

The college or school produces and makes criteria, policies, and procedures for admission to the professional degree program available to students and prospective students.	Satisfactory
Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional technical standards for graduation.	Satisfactory
As a component of its evaluation plan, the college or school regularly assesses the criteria, policies, and procedures to ensure the selection of students who have the potential for academic success in the professional degree program, the ability to achieve the professional competencies, and the disposition to practice in culturally diverse environments.	Satisfactory
Student enrollment is managed in alignment with available physical, financial, faculty, staff, practice site, preceptor, and administrative resources.	Satisfactory
The dean and a duly constituted committee of the college or school share the final responsibility for enrollment and selection of students.	Satisfactory
Written and verbal communication skills are assessed for student admissions in a standardized manner.	Satisfactory
Interviews are structured to consistently address key admission criteria for each applicant.	Satisfactory
Interviewers have appropriate credentials and are trained in successful interview strategies and techniques.	Satisfactory
Evaluation of professional attitudes and behaviors is a component of the student selection process.	Satisfactory
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.	Satisfactory
The admission evaluation of students is documented and records are maintained by the college or school.	Satisfactory

Admission criteria, policies, and procedures are not compromised regardless of the size and quality of the applicant pool.	Satisfactory
In accordance with United States Department of Education regulations, the college or school has a process in place through which the college or school establishes that the student who registers in a distance education course or program is the same student who participates in and completes all course or program requirements and receives academic credit.	N/A
Consultation with ACPE occurs at least six months before recruiting students into new pathways or programs.	N/A
The college or school ensures that early assurance students are at least as well qualified as students accepted for direct entry into the first professional year. Early assurance agreements and policies allow the college or school to manage student enrollment in alignment with physical, financial, faculty, staff, practice site, preceptor, and administrative resources.	N/A

3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable
<input checked="" type="checkbox"/> How admission evaluations of students is documented and how records are maintained.
<input checked="" type="checkbox"/> A description of the college or school's recruitment methods
<input checked="" type="checkbox"/> A description of methods used to assess verbal and written communication skills of applicants to the program
<input checked="" type="checkbox"/> How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources
<input checked="" type="checkbox"/> How curricular outcomes data are correlated with admissions data
<input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements
<input checked="" type="checkbox"/> Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Admissions and Enrollment: Admissions information, educational requirements, and recent class profiles are housed on the CPHS website. Information for admission into the program can be found at <http://www.drake.edu/cphs/admission/pre-pharmacy/>. The PharmD Difference allows guaranteed *consideration* of admission to the PharmD program without taking the PCAT if certain requirements are met: minimum GPAs, required coursework and credits, full-time status, and be in academic and financial good standing with Drake. The admissions criteria are listed explicitly on the CPHS webpage supplemented by an FAQ list.

With the PharmD Difference, all Drake Pre-Pharmacy students who complete the PharmCAS application and Drake Supplemental Application are invited for interviews and writing assessments. The Admissions Committee reviews this group for conditional admission. Criteria for conditional admission

comprise a scoring system which ranks students on overall GPA, math/science GPA, completion of prerequisites in two years, interview and writing assessment scores. The number of conditional admits does not exceed 90% of the available P1 capacity. Others are wait-listed.

Transfer applicants include students outside Drake and non-Pre-Pharmacy Drake majors. Transfer candidates are invited for an admissions visit if they meet the minimum admission requirements, have an overall GPA of at least 3.0 and recommended score in at least the 50th percentile on PCAT.

The visit consists of an interview, writing assessment, campus tour and informational sessions. The Admissions Committee reviews this group to determine who is offered admission. Criteria for admission are determined by a scoring system, which ranks students based on their overall GPA, PCAT score, expected completion of required prerequisite courses, and interview and writing assessment scores.

The number of students needed to fill the P1 class after Drake Pre-Pharmacy students granted conditional admission determines the number of transfer admits. Others are waitlisted.

Admission Evaluations and Records: To apply, all students must submit using PharmCAS and the Drake Supplemental Application. CPHS tracks overall GPA, GPA in specific math/science courses at Drake, and students' expectations of fulfilling all required prerequisite courses. Interview and writing assessment scores are also included. Data is maintained by the CPHS Admissions Liaison.

Recruitment: The CPHS primary applicant pool is Drake Pre-Pharmacy students. Prospective students learn about our Pre-Pharmacy program through contact with Drake Admissions Counselors. They visit students at college fairs, on high school campuses, and use social networking to determine interest, exchange information and answer questions. Campus visits help them learn about the programs and what they can expect from a Drake education. CPHS also partners with the Office of Admission to provide informational sessions during their organized visit days.

Transfer applicants learn about Drake by visiting our webpage on PharmCAS and on our CPHS website.

The CPHS maintains excellent relationships with colleges and universities around the state, some of which invite the CPHS to speak with students. The CPHS has also attends graduate school fairs and other large state or national events to recruit students around the country.

Verbal and Written Communication Assessment: Drake pre-pharmacy students are assessed via a verbal interview and a written assessment. Interview panels are comprised of an alumnus, a faculty member, and a P4 student. A bank of questions are used but altered each year. A rubric is used to assess professionalism, teamwork/collaboration, moral values/ethics, maturity/leadership/motivation, self-learning/self-improvement, and communication skills.

Students complete the writing assessment separately. Students choose 1 of 4 writing prompts to write an essay. Essays are evaluated by an outside grader for: clarity/focus, organization and structure, elaboration, detail and support, and mechanical conventions. The interview and writing assessment process for transfer applicants is similar except their interview and writing assessment are on the same day.

Enrollment Management: The P1 enrollment target is 110. This aligns with current college and practice site resources. The professional class size has been stable while maintaining a diverse and academically strong cohort of students. (See appendix 17.15.1)

The admissions committee has primary charges to review and admit candidates and to revise criteria as needed. The criteria for consideration include:

- Drake pre-pharmacy students must complete the pre-pharmacy curriculum in 2 years, be a full time student, and maintain a minimum 3.0 math/science and overall GPA. Students also undergo an interview and written assessment of their communication skills.
- Transfer students must complete the pre-pharmacy curriculum, maintain a minimum 3.0 overall GPA and have a recommended >50th percentile on the PCAT. In addition, students undergo an interview and written assessment.

In the past 4 years, the number of applications and transfer applications has been stable and robust. The strengthened admission criteria reduced the number of students completing pre-pharmacy course work at Drake from a high of 175-200 students/year to a cap of 140-160/year. This selectivity has resulted in a better prepared cohort as evidenced by a stable percentage meeting our stricter admission criteria. (See Appendix 17.15.1)

Outcomes and Admissions Data: We examined correlations of admission data with curricular outcomes. A high percentage of students admitted to the PharmD program successfully complete it, and review of student records does not suggest any correlation between admissions data and withdrawing from the program. Further analysis focused on the 2014 graduates: the first admitted under the PharmD Difference and unique in that, due to an error, included all Drake pre-pharmacy students who maintained the required math and science GPA.

We examined scores on a progression of patient counseling assessments in the P2 and P3 years. There was little variation in scores within the class. A second analysis was the correlation between math science GPA, interview scores, and pass/fail writing assessment and the likelihood that a student repeated a required course in which they had less than a C. Students whose admissions math science GPA was in the lowest quartile were significantly more likely to have repeated a required course than those with in the other quartiles ($p=0.000$). A failing score on the writing assessment ($p=0.179$) and an interview in the lowest quartile ($p=.134$) also suggested a higher likelihood of repeating a required class, but did not reach statistical significance.

Thirdly, we examined GPA in all required courses from P1 to P3 years. Admitting math/science GPA was highly correlated with end of P3 GPA ($Rho= 0.721$, $p=0.000$), while interview score ($Rho= 0.199$, $p=0.014$), and failing status on the writing assessment ($Rho= -0.139$, $p=0.064$), were not as highly correlated. The average end of P3 GPA in required classes was 3.45; the average admission math science GPA was 3.53. For this class, score on licensure examinations will be examined using the same parameters. We also intend to follow each class in a similar manner to be able to detect any trends in outcome measures and admissions data. Beginning with the class of 2015, writing assessment scores will also be used as the scoring changed from pass/fail to a numerical score. As we compile a larger number of student outcomes, an analysis for possible minimum interview and writing assessment scores will be done.

Application: The program provides a solid science background. PharmD Difference students are assured consideration, but admission is not assured. Admission criteria, policies, and procedures require a specified scholastic accomplishment and qualities assessed through interview and writing assessments.

Criminal background checks and drug screens are performed before admission and entering APPEs. Determination of minimum interview and writing scores will be added as sufficient performance data are compiled.

An expanded recruitment program provides a pool of well-qualified and diverse applicants. Studies to correlate admissions criteria with student achievement have been done. Performance in professional practice will be assessed as information becomes available.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. Admissions criteria have been analyzed and class size is stable.

CPHS uses innovative programs to recruit underrepresented minority students. The *Discover Drake & Explore Pharmacy (D-PREP)* offers high school students the opportunity to experience activities that will introduce them to undergraduate college studies and the world of pharmacy. The CPHS also partnered with the Central Iowa AHEC and DMU to offer the *YES MED (Youth Education in Science and Medicine) Camp*. The CPHS participated in *Project HOPE (Healthcare, Occupations, Preparation, and Exploration)* which provides a health professions career education program targeting students, teachers and parents.

AACP Data: The longitudinal data indicates that the percentage of students who strongly agree or agree (SA/A) has shown a steady, but small improvement since 2007 for the admissions process being well-organized. One exception is 2011, a year in which admission policies underwent significant changes. These changes have now been successfully implemented based upon the 2012 and 2013 data in which 93% and 94%, respectively, of students SA/A. When compared with the national average, Drake rates favorably.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.	

2. College or School's Self-Assessment

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.	Satisfactory
The college or school implements policies and procedures for the evaluation of the equivalency of educational courses (preprofessional or professional) prior to admission or transfer to the professional degree program.	Satisfactory
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.	Satisfactory
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.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/> The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided	
<input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard	
<input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements	

(School comments begin here)

Transfer and Other Students Success: The College has a comprehensive set of published policies that address Standard 18. Transfer students are not accepted to the professional program with advanced standing. The information below refers to P1 admits who did not complete the pre-pharmacy program at Drake University.

The Admissions section of Drake University’s website provides information for current and prospective students regarding transfer credit policies. Information regarding Advanced Placement (AP), International Baccalaureate (IB) and College-Level Education Program (CLEP) transfer policies can be found at: <http://www.drake.edu/admission/undergraduate/apibclepcredit/>. Course equivalency guides for all Iowa community colleges can be found at: <http://www.drake.edu/admission/undergraduate/transferequivalencyguide/>.

The College of Pharmacy and Health Sciences does not waive courses. Course substitutions can be authorized, when appropriate, by the Associate Dean for Academic and Student Affairs. Official transfer credit evaluations are completed at the point of admission for all students once an official transcript has been received. The initial review is completed by the CPHS Admissions Liaison, with the final review completed by the Associate Dean of Academic and Student Affairs.

Once a student has been admitted to the College, the Associate Dean of Academic and Student Affairs adjusts the student’s degree audit so that it includes the requirements of the PharmD Curriculum. The Director of Student Programs then communicates with the student regarding the degree audit and official transfer credit evaluation.

Current students who wish to take a course from another institution to have the credits apply to the PharmD Curriculum are encouraged to submit an online request. The Transfer Credit form can be found online at: <http://www.drake.edu/cphs/forms/>. Approval is granted by the Associate Dean of Academic and Student Affairs and communicated to the student and their academic advisor so the student knows the course will fulfill the intended requirement.

Current students may also make a request for the College to grant an exception to program policy. The Exception to Program Policy form can be found online at: <http://www.drake.edu/cphs/forms/>. An example of a substitution that may be approved includes allowing course work for a second major or a minor degree to apply towards all or part of the six credits of professional electives in the curriculum.

Application: The College does not have alternate pathways for the PharmD degree. Students who transfer from the PharmD program to a different major at Drake are assisted by the College’s Professional and Career Development Services coordinator. The coordinator helps students explore career options and find areas of interest.

Noteworthy Achievements: The College has a comprehensive set of policies governing transfer credits, advanced standing and waiving of courses. These policies are stringently applied and the College does not allow advanced standing or waiving of courses. Policies are widely published and re-enforced to students in the CAPS orientation series of courses.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.	

2. College or School's Self-Assessment

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.	Satisfactory
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.	Satisfactory
The college or school maintains a record of student retention, attrition, and on-time graduation, identifies and analyzes trends, and makes programmatic adjustments as needed.	Satisfactory
The college or school ensures that all students have comparable access to individualized student services such as comprehensive academic success counseling, tutoring and faculty advising.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/> How student matriculation, progression and graduation rates correlate to admission and transfer policies and the college or school's mission <input checked="" type="checkbox"/> The academic counseling and/or student support staff available to work with students seeking to retain or regain good academic standing, and how extensively they are utilized <input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard <input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements <input checked="" type="checkbox"/> Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms	

(School comments begin here)

Matriculation, progression and graduation vs. admission and transfer policies: The Drake CPHS mission statement notes that students are provided an “intellectually stimulating learning environment.” The student progression policy supports this environment and sets policies and procedures that strive to promote the importance of successful learning for all students.

The College’s Student Handbook, found at: <http://www.drake.edu/cphs/currentstudent/> contains information about academic progression and can be accessed by prospective and current students. The Class Standing Policy section describes the specific courses and credit hour requirements that must

be completed to advance to successive years of the PharmD program. The Student Handbook also lists policies and procedures related to academic probation, suspension, and dropped status. Rights of due process and appeal mechanisms are embedded in the suspension procedure. Remediation and missed course work are handled at the instructor's discretion. Additionally, reenrollment policies and procedures, as well as deadlines and criteria for this process can be found on the above website.

Student performance is monitored each semester by tracking course grades. University policy dictates that students be placed on probation if their cumulative GPA is less than 2.0. College policy requires that students must obtain a C or better in all required pharmacy coursework to enter rotations. The College encourages students to meet with their faculty advisors and the Director of Student Programs if they are having difficulties.

Academic counseling and/or student support staff: A number of University and College resources are available to assist students struggling with courses and personal issues. Resources include the Academic Assistance Office, Student Disabilities Resource Center, Counseling Center, and Health Center. The Academic Assistance Office offers sessions each semester to provide assistance for time management and study skills. Furthermore, the University provides funds to hire upper level pharmacy students who serve as teaching assistants for P1 and P2 courses. These assistants provide help-sessions for students and are available to meet on an individual basis to answer questions. Students can also seek academic counseling by contacting course instructors. Most often, faculty members have open door policies that promote student-initiated meetings.

During the didactic semesters, grades are typically given on work throughout the semester (as opposed to one final course grade) so that students have an indication of their performance. During the P4 year, students are evaluated on their ability to meet competencies during each rotation block. This provides the Experiential Office and the students the ability to assess progress and to continue professional development. In addition, student progression reports are developed three times per year to aid the experiential office in identifying any student in need of help or remediation.

To further identify progression problems, the College provides advising and other student services. Starting in the first pre-pharmacy year, each student is assigned a faculty advisor. Students must meet with their advisor at least once a semester during the pre-pharmacy program. Students also retain the same advisor throughout their professional program to aid in the mentoring and advising relationship. In addition to the faculty advisor, the student services area provides advising related to academic progress and general progression questions. In addition, the Professional and Career Development Coordinator assists students in a variety of areas - from interviewing and resume` writing, to career choices outside of pharmacy.

Early support and progression of students is evidenced by the College's low attrition rates. The attrition rates in the professional program have remained low over the past three years. Typically, the attrition is below 2% (*AACP Data for 2011 attrition appears to be a data entry error*). In most cases when students failed to progress, it was due to transferring out of pharmacy. There have been no students suspended and seven students dropped or who withdrew from the professional program in the past three years.

The College publishes a Honor Code applicable to all students in the College, and is available electronically within the Student Handbook. Included in the Honor Code are descriptions of how non-adherence to Honor Code policies may affect progression within the professional program.

Application: The Office of Academic and Student Services is proactive in identifying student issues related to progression. We have monitored the success of the new admissions policy over the last several years and, as discussed in Standard 17, analyzed the process for admissions in relation to student success.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. As noted earlier, we have evaluated the advising structure and initiated an advisor evaluation. Two years of data show very strong evaluations. Areas for improvement in advising have been identified and student services has been addressing those.

AACP Data: Results of the GPSS demonstrate that students are aware of professional and academic behavior and conduct expected of them, and they support how the College manages professional and academic misconduct by students. Responses to the GPSS statements referring to these areas (Statements 61-63) indicate that “Strongly Agree,” and “Agree” responses are similar to national averages. The Faculty survey shows that over 94% believe "The college/school effectively manages poor academic performance of students." This is much higher than the national average. No issues have been identified related to this standard.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Although all program and student information is widely available through the CPHS's website, electronic media (emails, newsletter, etc.), and via the Academic and Student Services office, there is anecdotal evidence (voiced by a student at the 2014 self-study retreat) that students don't utilize these avenues for information. The student governance association will be asked to address this issue and identify means for more effectively communicating policies and updates to the student body.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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.	Satisfactory
Students receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards.	Satisfactory
The college or school includes information about the complaint policy during student orientation.	Satisfactory
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.	Satisfactory
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.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- How the complaint policy is communicated to students
- The number of complaints since the last accreditation visit and the nature of their resolution
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Complaint Policies and Procedures: Notice of how to direct complaints to the College regarding ACPE standards is distributed to students via the weekly electronic student announcements. This information is included for several weeks toward the end of each semester and includes links to additional information and pertinent forms. Students are also informed of their ability to raise complaints in CAPS and during P1 orientation.

The CPHS also adheres to the University's Student Complaint Policy, which can be found on the College's website at: <https://www.drake.edu/cphs/handbookspolicies/studentcomplaintandappealproceduresandresour/>. At this site, students are provided information about the College's requirement to record and handle student complaints in accordance with ACPE Standards. A link provides additional information about the ACPE Standards as well as the CPHS's ACPE Standards Comment Form. The form is electronically directed to the Associate Dean, where it is assessed and recorded.

Complaints since the last accreditation visit: The Associate Dean for Academic and Student Affairs maintains a file of all student complaints. These are available for review during the ACPE site visit.

At present, there have not been any complaints filed regarding the College's adherence to ACPE Standards.

Application: In addition to complaint policies related to the ACPE Standards, policies are also in place for students to file complaints and appeals for other circumstances. The Honor Code, which can be found at <https://www.drake.edu/cphs/handbookspolicies/honorcode/>, outlines the process for students to assess and appeal charges of academic dishonesty and unprofessionalism. Also, students may appeal the final grade in a course using the Grade Appeal Policy, found at <https://www.drake.edu/cphs/handbookspolicies/appealoffinallettergrade/>. Current students who wish to request a waiver of any University or College policy may complete the Exception to Program Policy Form, as noted in Standard 18. In addition, the CPHS Staff Member Form gives students the opportunity to provide feedback regarding any of the staff members in the College (<https://www.drake.edu/cphs/currentstudent/cphsstaffmembercommentform8080>).

Students can also refer to the Drake University complaint procedure at <http://www.drake.edu/complaint/>.

This website has a summary of complaints that are covered, including appeal of a charge or violation of academic integrity, appeal of a grade, complaint alleging violations of the Americans with Disabilities Act (ADA), harassment complaints, or other complaints about academic procedures or personnel.

Noteworthy Achievements and Quality Improvements: Areas marked for improvement in 2009 have been addressed. We continue to publicize how students can provide anonymous feedback via our on-line form.

In addition to periodically notifying the student body on the process for complaints directed to the College and to ACPE, there are noteworthy methods of distributing information to students regarding the Drake CPHS Student Complaint Policy. A poster describing the process for complaints and available resources and options for students is placed near the printing station in the Cline atrium, for easy viewing by students. If complaints are brought forward that involve an Honor Code violation, the Honor Code Committee (five students and two faculty members selected on a case-by-case basis) determine whether a violation occurred and if so, deliberate the consequences of the violation.

AACP Data: General student complaints and those initiated from an ACPE Comment Form will continue to be evaluated by the Student Affairs Office. The College and the Student Affairs Committee will continue to monitor whether the 2013 results indicating that students were not aware of the process of raising issues compared to the national level is a trend in future years. The Committee will continue to include programming in the P1 Orientation. The poster that explains the process will be relocated to different high-traffic locations to increase visibility and awareness. The College will continue to publicize the options students have for filing complaints to the College and ACPE.

Students feel that the College does an adequate job of responding to complaints. According to the 2011, 2012 and 2013 GPSS:

- 82% (2011), 82% (2012) and 90% (2013) “Strong Agree/Agree” that “The college’s administration responded to problems and issues of concern to the student body” (2013 national average: 82%).
- 69% (2011), 78% (2012) and 71% (2013) “Strongly Agree/Agree” that “I was aware of the process for raising issues with the college/school administration” (2013 national average: 81%).

The Student Affairs Committee assessed the lower agreement to the 2013 results regarding the process for raising issues and concerns while there was agreement that the administration responded to issues. The Student Affairs Committee asked for additional questions to be added to the survey in 2013 to better interpret the question based on student feedback. Some students’ comments indicated that they did not have any issues to raise so they did not pay attention to the policies and the processes even though the college had made effort to raise the awareness among students.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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.	Satisfactory
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

3. College or School's Comments on the Standard

Focused Questions

- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Application: Information for current and prospective students regarding the professional pharmacy program is available on the College and University websites, www.drake.edu/cphs and www.drake.edu, respectively. The former provides information related to programs of study, admissions, accreditation, faculty and staff, student organizations, and handbooks and policies, such as the Student Handbook.

There is direct access to the College's current accreditation status within the Institutional Data and Assessment page.

Major topics in the Student Handbook include: Curriculum Goals, Curriculum, Course Registration, Policies on Grading and Academic Credit, Academic Probation and Suspension, Policies and Honor Code, Student Services, Academic Advising, Pharmacy Scholarships, Career Development, Board of Pharmacy Internship Requirements, and Student Organizations. The University catalogs are available on the University's Office of Student Records web site.

The College also publishes a weekly, online newsletter for current students and faculty listing upcoming events, deadlines, organization happenings, employment and professional opportunities, birthdays, professional activities, and Dean's Student Advisory Council minutes. This venue is also used by the College for both the Professional and Career Development Services and the library liaisons to provide tips for success related to these areas.

Information is disseminated to students in a variety of other ways: electronic postings of upcoming events and deadlines via flat screen monitors in Cline Hall; posters displayed in the Cline Hall lobby

and Fitch building hallway provide program information, accreditation information, professional opportunities, and upcoming events; a one-day orientation for entering professional students is held the week before fall classes begin; CAPS classes also serve as conduits for College information to pre-pharmacy students and P1 transfers; and advisors discuss the professional program with their advisees. Additionally, social media internet sites are utilized to connect and inform perspective students, current students, alumni and faculty and staff.

Noteworthy Achievements and Quality Improvements: Areas marked for improvement in 2009 have been addressed. A formal process has been implemented for updating information on the site so that the information is clear, complete and accurate. Each summer, the various offices within the College update their web pages, in addition to providing changes as necessary. Minor enhancements and continued monitoring are necessary to ensure that program information is complete, accurate, and error-free. To this end, processing guidelines have been created and implemented to ensure that the College's website is reviewed and updated on a regular basis. In January 2012, the college web pages were all updated as a new Content Management System (CMS) was implemented. CPHS staff are able to edit the pages and directly publish the changes as needed.

AACP Data: The College takes significant efforts to inform students through a variety of sources. Results of the 2012 and 2013 Graduating Student Survey provide tangible evidence that students are well informed of the policies of the College and the professional and academic expectations. More specifically:

- 96% (2011), 99% (2012) and 97% (2013) responded "Strongly Agree/Agree" that the College/University provided timely information about news, events and important matters within the College (Statement 49).
- 97% (2011), 100% (2012) and 98% (2013) respondents agreed/strongly agreed that they were aware of expected behaviors with respect to professional and academic conduct (Statement 61).
- 86% (2011), 94% (2012) and 95% (2013) responded "Strongly Agree/Agree" that the admissions process was satisfactory and well organized (Statement 55).

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	The participation and contribution of students on college or school committees
<input checked="" type="checkbox"/>	The organization, empowerment, and implementation of a student government association or council
<input checked="" type="checkbox"/>	The other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self study activities, review of student complaints) used to gather student perspectives
<input checked="" type="checkbox"/>	Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives
<input checked="" type="checkbox"/>	How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/>	Any other notable achievements, innovations or quality improvements
<input checked="" type="checkbox"/>	Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Student Representation: The College policies require students on all standing committees, except Faculty Affairs. Students are also included in all accreditation committees and in planning retreats. Opportunities are listed on the CPHS website, are described in CAPS and during orientation, and appear in weekly announcements.

Student Government: The Dean's Student Advisory Council (DSAC) was the College's student government until 2013-14. As part of this structure, students brought issues to their DSAC representatives who met monthly with the Dean and Associate Dean. During 2013-14 and continuing

into the current academic year, the students have initiated a completely new design for governance—the Student Governance Association (draft bylaws in Appendix 22.2.2). In addition, the college has a student senator as a member of the campus-wide Student Senate.

Other Student Perspectives: How students can raise issues is highlighted online. Included is information on academic dishonesty or professionalism concerns, appealing grades, filing complaints, or raising other issues. These are also highlighted during orientation, in CAPS, and appear in weekly announcements. In 2013, a link to this information was added to the Current Students webpage.

Changes Made: A student focus group, along with other factors, resulted in the development of the PSA sequence and the change to 3 semesters of Pharmacotherapeutics. Other examples initiated by students include the addition of the Cline Atrium to increase student lounge and study areas, the addition of the Johansen lab for more small meeting space, and input on the remodel of HI 104.

Issues raised through the GPSS:

- Approximately 25% of P4s were unaware of how to raise issues (national average 14.9%). Thus, a direct link to the webpage was added to increase visibility. Signs were posted in high traffic areas on who to contact with issues, including a list of DSAC representatives. In 2011, DSAC developed a standard electronic process to raise issues. Several of these changes were implemented in 2012 or 2013, and are not reflected in the 2013 GPSS. The College will continue to monitor these.

In 2012 and 2013, we added questions to the GPSS which demonstrated:

- 18-31% don't feel the roles of DSAC and the College in raising issues were clear. This is a decreasing trend despite attempts to increase awareness. In 2013, the direct link to the website was added, outlining how to raise issues. This question will continue to be asked and evaluated.
- 7-28% indicated they were not comfortable raising issues with DSAC and 11% (2012) and 23% (2013) disagreed that DSAC effectively represents them. Scores in 2013 appear to have worsened. The reason is unclear; however several of the changes would not be reflected in the 2013 survey data, as the changes primarily impact students earlier in the curriculum. The College and student response has been the formation of the Student Governance Association.

Application: The College involves students in almost all committees and planning activities. This includes their involvement in all faculty hires, strategic planning, the self-study, and the self-study steering committee.

Student feedback is sought annually with the GPSS. Every course taught by our faculty is evaluated and results provided to chairs and faculty. Students comprise the majority of the members of the Honor Code Committee.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. Improved communications with students has been accomplished through reformatting and personalizing College announcements, updating websites, emphasis and visibility of DSAC, and posters reminding students how to raise issues. Student involvement in College activities and governance, its importance, and the process to raise issues will continue to be publicized. This standard requires on-going monitoring, since student perceptions and needs continually change.

AACP Data: Results of the 2013 GPSS provide some evidence that students were satisfied with their input and concerns:

- 82% (2012) and 90% (2013) of “Strongly Agree/Agree” (SA/A) that the administration responded to problems and issues of concern to the student body (2013 national average: 82%).
- 93-95% of the respondents were aware that student representatives served on college committees (2013 national average: 90%).
- 95% SA/A that the College used a variety of means to obtain student perspectives (2013 national average: 91%).
- 78- 81% SA/A that the College student government effectively communicated student opinions and perspectives (2013 national average: 85%). While below the national average, the trend is improving, particularly from the 2009 Self Study. The College will continue to assess this area.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

None

Drake University / College of Pharmacy and Health Sciences

23. Professional Behavior and Harmonious Relationships	
<p>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.</p>	

2. College or School's Self-Assessment

The college or school provides an environment and culture that promotes professional behavior and harmonious relationships among students, faculty, administrators, preceptors, and staff.	Satisfactory
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.	Satisfactory
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.	Satisfactory
The activities undertaken by the college or school to promote professional behavior are effective.	Satisfactory
The activities undertaken by the college or school to promote harmonious relationships are effective.	Satisfactory
The activities undertaken by the college or school to promote student mentoring and leadership development are effective.	Satisfactory
Faculty receive support from peers to participate in student mentoring and leadership development activities, and these efforts are viewed favorably by college or school administration.	Satisfactory
The college or school supports students, faculty, administrators, preceptors, and staff participation, where appropriate, in pharmacy, scientific and other professional organizations.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	Strategies that the college or school has used to promote professional behavior, and the outcomes
<input checked="" type="checkbox"/>	Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes
<input checked="" type="checkbox"/>	Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes
<input checked="" type="checkbox"/>	How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/>	Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Strategies for Professional Behavior: The College has held a White Coat Ceremony since beginning the PharmD in 1998. An alumni sponsorship program was created to develop a mentor relationship with a student. One such relationship was featured in the October 2013 issue of Drake Blue magazine (<http://www.drake.edu/magazine/?p=6127>).

To mark the progression from didactic coursework into APPEs, the College implemented a pinning ceremony. Each student is presented with a lapel pin and professional nametag.

The Honor Code asks that students, staff, and faculty behave honorably in their interactions and hold themselves to the same standards and expectations as those to which they hold peers. The Honor Code discusses self-reporting events and membership of the Honor Code Committee. Students, staff, and faculty are required to sign a Pledge of Honor to mark their agreement to abide by the Code.

The College monitors issues of unprofessionalism. Over the past 2 years, one case of unprofessional conduct has been referred to the Honor Code Committee. At each semester end, a report is included in the Student Announcements that provides a summary of violations. This has contributed to student awareness of the issue and how to address situations.

The University utilizes online reporting to track academic integrity violations. In addition to providing documentation and tracking, the system notifies the College of violations in courses that are outside of the College. This reporting indicated 3 violations by pharmacy students over the past 2 years.

Students are encouraged to participate in student organizations. DRxUGS (Drake Unified Group of Students) is the umbrella organization comprised of the national student pharmacy groups: NCPA, AMCP, SNAPhA, APhA-ASP and ASHP. DRxUGS membership totaled 226 for 2013-14 (>50% of the total professional enrollment).

There is strong faculty commitment to develop and mentor student membership in professional organizations. Fifteen faculty serve as advisors for the pharmacy professional student organizations (6 chapters of national organizations, 3 professional fraternities, 2 honor societies, and the Pharmacy & Health Sciences Day Committee). A Mentor of the Year award for faculty based on student nominations is presented annually to a faculty member who displays superior mentorship to students.

There are also several opportunities for students to broaden their professional horizons. Pharmacy & Health Sciences Day is an annual student-run event featuring a keynote, recognition of faculty and alumni achievements, workshops for students, an exhibit hall, and a poster session.

The College provides financial support for students, faculty, and staff to participate in professional activities. Faculty and administrative staff are each provided approximately \$2,000 annually for professional development. Financial support is also provided to student organizations that hold community health screenings and to students who attend national pharmacy meetings or are authors/presenters at other national meetings. Financial support for student professional travel includes: approximately \$200/student to attend national pharmacy meetings, up to \$1,000 per organization to fund local competition winners for national competitions; \$8,000 for participants in the Student Leadership Development Series (SLDS) to attend a leadership/professional meeting (approximately \$1,000/

student); and \$5,000 is provided for student attendance at the Utah School on Alcoholism and Chemical Dependencies by the Iowa Pharmacy Recovery Network.

Strategies to Promote Harmonious Relationships: Relationships between students, faculty, staff, administrators and preceptors are facilitated through a number of activities. In addition to the professional events previously discussed, events such as Mistletoe Mingle, the DRxUGS Auction, Day Free for Study breakfasts, end-of-year class gatherings, and Pharmacy and Health Sciences Day, all promote interaction at social and professional functions.

In addition to social aspects, students also collaborate with faculty in research and community service projects coordinated by either student groups or individual faculty. These include projects such as “brown bag” and screening programs in the community and service projects such as Habitat for Humanity.

Strategies to Promote Mentoring and Leadership: The SLDS and the Don Adams Leadership Program are two ways for student leaders to advance their leadership skills and interact with peers. The latter is a campus-wide program with a history of high, pharmacy student involvement. The Granberg Leadership Award is presented annually to a faculty member who then speaks to the SLDS group on their professional leadership.

The College encourages participation of students and faculty in IPA events, including IPA College Night, and Legislative Day. The College pays for the College Night and up to 40 registrations at IPA Legislative Day. Students are also required to attend professional meetings to meet curricular requirements of the Pharmacy Skills and Applications (PSA) series. Faculty members support student attendance at Legislative Day and other professional events, by allowing excused absences.

Students in the professional program take part in service learning through the PSA series. Students visit long-term care facilities and spend time with residents. Students also participate in diversity service learning in a variety of settings such as free clinics and Planned Parenthood.

Student groups are actively involved in service and philanthropy to the community on their own. In AY 2012-2013, student pharmacy organizations planned and participated in an annual health fair organized by the student organizations at Southridge Mall in Des Moines, and a number of other health education events and screenings.

Application: Students, faculty and staff are very collegial and model professionalism. Students and faculty display community and professional service through individual and group volunteerism. The faculty support each other through collaboration on scholarship and teaching. Faculty are active in professional organizations and have accepted leadership positions both nationally and locally, thus modeling professionalism. Nationally, faculty members have held offices in APhA, ACCP, AACP, and serve as committee members in several national pharmacy organizations.

Students and student organizations provide significant community service. The College monitors activities by the professional student organizations beyond required service work of the curriculum. Besides medication reviews and other screening events, activities include fund-raising for organizations such as St. Jude's and Organization HOPE (Health Opportunities for People Everywhere), educational sessions for younger students (Katy's Kids, Generation Rx, Des Moines University's Health Careers Exploring Post 141 Learning for Life, packaging hygiene/health kits) and projects at the local Ronald McDonald House and Ruby VanMeter school.

Noteworthy Achievements and quality improvements: Areas marked for improvement in 2009 have been addressed. Review of harmonious and professional relationships in the College are monitored through tracking of the AACCP surveys. We've also increased the number of social events between students and faculty. At this time, there are no aspects related to professional behavior and harmonious relationships that require action. Evidence of mentoring includes a history of successful Walmart Scholar teams.

Students are held accountable for the Honor Code. In 2014, a class party resulted in actions taken for an entire class, including self-reporting of the incident. As a result, students are now more involved with orientation sessions on professional expectations.

AACP Data: The Alumni, Faculty and GSS surveys address professionalism and harmonious relationships. Of note, 97.8% of the graduating students indicated they are aware of expected behaviors with respect to professional and academic conduct (SA/A, 2013). Most alumni (95.3%, 2013) agreed that the CPHS provided an environment and culture that promoted professional and harmonious behavior. Also, 93.9% of alumni in 2013 agreed (SA/A) that faculty, administrators, and staff were committed to developing professionalism, leadership, and to serving as mentors and role models.

Most of the faculty agreed (SA/A, 91.8%, 2013) that the college effectively manages professional misconduct. Similarly, 97.3% agreed (SA/A) that the college provides an environment that promotes professional behavior.

The majority of 2013 graduating students (SA/A, 95.6%) agreed that the program included opportunities to develop professional attitudes, ethics and behaviors. They also agreed that the college is welcoming to students with diverse backgrounds (SA/A, 86.9%, 2013). The 2013 data represent a decline from 2012 and is greater than 5% below the national average. This area will be closely monitored to determine if this represents a trend or is an aberration in one year's survey data.

Other notable areas include, "Faculty, administrators and staff were committed to serving as positive role models for students" (SA/A, 97.8%, 2013; 100%, 2012); and "Overall, preceptors modeled professional attributes and behaviors in the pharmacy practice experience" (SA/A, 98.9%, 2013; 100%, 2012). Students also said the administration and faculty encouraged them to participate in regional, state or national pharmacy meetings (SA/A, 91.3%, 2013); and the college was supportive of student professional organizations (SA/A, 96.7%, 2013); and that they developed the skills needed for continued learning after graduation (SA/A, 98.9%, 2013).

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

- A description of the process and interval for conducting faculty workload and needs assessments
- An analysis of teaching load of faculty members, including commitments outside the professional degree program
- The rationale for hiring any part-time faculty, and the anticipated duration of their contract
- Evidence of faculty and staff capacity planning and succession planning
- A discussion of the college or school's student-to-faculty ratio and how the ratio ties in with the college or school's mission and goals for the program
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Workload and Needs Assessments: The CPHS has 40 faculty with an average length of employment of 8 years. The College utilizes part-time adjunct faculty, instructors, contracted adjuncts, residents, and library personnel to provide an additional 2.9 FTEs of instructional support. Any new programming will require a feasibility study, including an analysis of needed staff and faculty.

Faculty are heavily engaged. Based on faculty profile data, approximately 16% of the aggregate faculty time is spent on scholarly work, 11% on service, 10% on administration, 8% on practice, and 4% on advising. All types of teaching account for approximately 47% of the faculty's time.

Input on staff support has been gathered from faculty who have expressed a desire to redistribute administrative duties to staff. Utilization of staff continues to evolve and clarification of responsibilities is conducted continually.

Faculty self-evaluate their perception of time spent in each of the academic areas through an annual activity report while also providing their comfort with these levels. This leads to discussions with department chairs about balance of workload with individual faculty members. In 2013, 70.2% of faculty agreed that their allocation of effort is clearly stated (national average 76.4%). The College Administrative Committee action plan for 2013-2014 included developing recommendations to evaluate and address workload.

Teaching load: Based on faculty profiles, approximately 32.6% of faculty efforts are teaching in the professional years of the PharmD program. Another 11.5% of faculty time is spent precepting students. Faculty also teach in other programs such as the HSCI program and in pre-professional years.

Part-time Faculty Hiring: The College has one faculty member at 0.6, one at 0.8, and one adjunct assistant professor at 0.33FTE. These are ongoing appointments. The College uses part-time adjuncts, residents, and a librarian for instructional support; primarily in lab settings and to cover some sabbaticals and other needs as they arise to insure delivery of the curriculum. In FY14, the CPHS received additional part-time funding for adjunct didactic instructors.

Capacity planning and succession planning: There are 13 full-time staff and 2 liaisons to the college – a career development person (80% to the CPHS) and a major gift officer (50%). Two staff expansions to 12-month full-time appointments have been made. Average length of employment for staff is 7.5 years. The Dean requested 3 new staff positions for AY 2013-14 {1 experiential staff position and 2 lab assistants}, none were funded. Staff responsibilities were reorganized for improved efficiencies.

Faculty development funds (\$2000/year) are provided to faculty. Also, the Harris Endowment and Jorndt Faculty Development Funds allow faculty to submit proposals for extra support. The University has grant awards and supports sabbaticals for all regular faculty.

The composition of faculty is continually reviewed based on curricular needs and strategic planning. The faculty has been enhanced over the past 5 years with 5.0 new FTE (4 in HSCI). All previous 9-month faculty positions were also converted to 12-month.

The need for faculty is multi-factorial, including the expansion of IPPE and enhanced APPEs. The 2013 Faculty Survey indicated that 35.1% felt the College had a sufficient number of faculty to deliver the professional program (nationally 69.9%). This has decreased and is an area of concern. The growth of the HSCI program may be the cause of this perception. Departments have reviewed faculty needs and requested new faculty lines to the University, some of which have been approved.

The College has a 3-prong succession plan. First, College administrators have generated extensive policy and procedures related to their areas of oversight. Any individual coming into a specific role would have access to these policies and procedures.

Secondly, administrators take on development programming. This allows individuals to function in existing roles and to enhance skills for new roles. Faculty are also tapped for committee leadership roles. This has led to faculty gaining experience and expertise in key content areas, as well as experience in leading.

Thirdly, administrators have worked to identify faculty to function in their positions on an interim or permanent basis. When succession is needed, the faculty has undertaken a review of needs and existing expertise. This has led to determining whether succession has taken the form of internal searches or national searches.

The pool of voluntary adjunct faculty is large, totaling 1290 licensed preceptors as of December 2013. There are also our 21 paid faculty precepting students. These numbers are more than adequate to educate students in the experiential component of our program. Quality of adjuncts is monitored closely. After achievement of Adjunct Instructor, adjuncts are reviewed every three years for either reappointment or promotion in rank (see Faculty Handbook in the Site Team reading room). Appendix 24.6.1 is a listing of volunteer preceptors.

Student-to-faculty ratio: Based on P1 to P4 enrollment (452) and faculty FTE (40.4) for AY2013-14, the student to faculty ratio is 11:1. The improvement (12:1 at 2009 site visit) allows our professional program to offer meaningful student and faculty interactions in and out of the classroom. The College plans to continue examining workload in both programs to ensure adequate coverage of didactic and experiential components of the curriculum. This ratio is representative of the CPHS mission of excellence in teaching and student emphasis.

Application: The faculty mentorship program began in 2009 and has been fully implemented. Approximately 30 faculty have participated as mentees. The mentor pairs exist from the date of hire until after the pre-tenure/promotion review. In 2013, 94.6% of faculty said programs were available for developing teaching and student learning, which is higher than the national average of 87.6%. Other changes that may improve faculty retention include: increased salaries, modified workload following maternity leave, and faculty development opportunities. Sabbaticals are taken by faculty, and split sabbaticals are possible. The College benefits from a core group of experienced staff providing high levels of service.

Noteworthy Achievements/Quality Improvements: Areas marked for improvement in 2009 have been addressed. The formal mentoring program and orientation programs are in place for new faculty, as well as college-wide faculty development sessions. Workload is continually addressed. The FAC and department chairs have worked on aspects of monitoring and measuring a balanced service and workload for faculty. This was re-enforced in the 2013 CPHS summer retreat where workload was a major issue.

Departments have reviewed needs and requested new lines. A University Faculty Development workshop in 2013 initiated purposeful dialogue across disciplines on teaching. The College also hosted two workshops in 2013 & 2014 addressing writing exam questions, technology, and research in clinical practice. The College also sponsors participation in the ACCP Research Certificate Program.

The College has adequate faculty to administer the curriculum, yet we do not have a surplus. Some current faculty may be over extended. With the HSCI program, the faculty has undertaken new advising and some teaching responsibilities. Although teaching loads have increased, we have 5.0 additional FTE and additional resources are being sought. In addition, any faculty departure or leave produces additional work on the rest of the faculty. Thus, the College is assessing current and acceptable workloads that support the mission of the College.

Likewise, we have evaluated needs for teaching support. Initial implementation of new technologies and voluntary service can produce strains on faculty time and may shift work away from scholarship and teaching.

AACP Data: The surveys indicated that while most faculty agree that the College encourages curricular collaboration among disciplines (75.6%), this value is below the national average of 84.8%. The recent addition of the curricular review meetings is expected to improve this area. In the 2013 survey, 32.4% (compared to 42.4% nationally) agreed that programs were available to non-pharmacist faculty to orient them to the profession and professional education (up from 18.8% in 2012). 56.7% said that programs were available to develop competence in research and scholarship (70.3% nationally).

While 81% replied that teaching time was appropriate (78.6% nationally), 48.6%, 73.0% and 54.1% were satisfied with the time spent in research, service, and clinical service, respectively (national averages of 58.4%, 74.3%, and 46.6% in 2013).

The 2012 and 2013 surveys suggest some concerns for time spent in clinical practice, service, and scholarly work. We continue to investigate faculty perceptions on the distribution of teaching, scholarship, and service to determine if and where problems exist. One way the College has addressed this concern is by creating new workload model calculations which take into account team-taught courses and precepting.

GSS survey data confirms that students receive appropriate support from Academic and Student Services. Students responded positively about academic advising in recent years, 64.6% (2012) and 79.1% (2013) (National benchmark 71.6%). Our College now ranks higher than the national average.

4. College or School's Final Self-Evaluation

<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Since many faculty feel that there are not sufficient faculty to deliver the curriculum, more investigation will be done to determine the areas of highest need. If additional faculty lines are not approved, the College will explore other non-traditional appointment options. The health science program also continues to grow, so support to this program and its relationship to the PharmD program will be

monitored. While the College pursues additional new programs, adequate resources must be available to maintain the standards of the program.

Workload measurement has been discussed and the College leadership is aware that it is a significant issue. The first step will be to collect accurate reflections of effort related to teaching. With new workload calculators and improved written communication with faculty regarding allocation of effort, the College will monitor for an improvement. Adjustments will be made if necessary.

Drake University / College of Pharmacy and Health Sciences

25. Faculty and Staff - Qualitative Factors

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

2. College or School's Self-Assessment

The college or school has qualified <u>faculty</u> who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	Satisfactory
The college or school has qualified <u>staff</u> who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	Satisfactory
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.	Satisfactory
Faculty generate and disseminate knowledge through scholarship. Scholarship by faculty members, including the scholarship of teaching, is evident and demonstrated by productive research and other scholarly activities.	Satisfactory
Faculty whose responsibilities include the practice of pharmacy satisfy all professional licensure requirements that apply to their practice.	Satisfactory
Pharmacy practice faculty possess additional professional training (residency, fellowship, or equivalent experience)	Satisfactory
Pharmacy practice faculty either have or are working toward additional credentials (for example, specialty certification) relevant to their practice and teaching responsibilities.	Satisfactory
The college or school ensures that policies and procedures for faculty recruitment, promotion, tenure (if applicable), remuneration and retention are established and applied in a consistent manner.	Satisfactory
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.	Satisfactory
Faculty, regardless of their discipline, have or are developing a conceptual understanding of current and proposed future pharmacy practice in a variety of settings.	Satisfactory
Faculty members have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective	Satisfactory

communication skills, and an understanding of pedagogy, including construction and delivery of the curriculum, and a commitment to learning outcomes assessment.	
The college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residency and fellowship programs.	Satisfactory
The college or school fosters an environment that encourages contributions by the faculty to the development and transmission of knowledge.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions
<input checked="" type="checkbox"/> The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences
<input checked="" type="checkbox"/> How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings
<input checked="" type="checkbox"/> A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty
<input checked="" type="checkbox"/> Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching
<input checked="" type="checkbox"/> A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning
<input checked="" type="checkbox"/> How the college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residencies and fellowship programs
<input checked="" type="checkbox"/> How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
<input checked="" type="checkbox"/> Any other notable achievements, innovations or quality improvements
<input checked="" type="checkbox"/> Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms.

(School comments begin here)

Faculty Credentials: The CPHS's faculty is dedicated to teaching, scholarship, and service. The faculty is concerned with maintaining a curriculum, stream of cognitive information, and experiential applications that are relevant to contemporary pharmacy practice and integrate the scientific undergirding through biomedical, administrative, and pharmaceutical sciences.

The University has a process to ensure qualified faculty members are hired. The letter of appointment from the Provost's office makes the faculty appointment contingent upon receipt of a transcript verifying the most recent degree. Faculty members hired who will be practicing pharmacy are required to be licensed in Iowa, a fact noted by the Dean in the letter to all incoming practice faculty.

Faculty Composition: The College follows search processes for ensuring that all faculty are qualified to teach in their respective disciplines. Candidates must submit a letter of intent, current CV, and 3 professional references to complete their initial application. All candidates who are considered for an on-campus interview receive a telephone interview by a majority of the search committee to make a final decision on who to invite for a campus interview. All faculty have an opportunity to meet and evaluate each faculty candidate. A standard, on-line evaluation form is used to provide faculty feedback to the search committee.

Appendix 25.6.1 depicts the formal qualifications of the faculty. The faculty is diverse in composition and covers the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences disciplines. For a complete review, faculty curriculum vitas are available through AAMS and on site.

The Experiential Office has a process for ensuring qualified voluntary adjunct faculty precept students. An application and CV must be submitted to the Assistant Dean for Clinical Affairs who reviews initial appointments and collaborates with the Faculty Affairs Committee on promotions for adjunct faculty. Student evaluations of preceptors are documented in the E*Value system and provide feedback on the quality of the preceptor's teaching and students' learning experiences. The Experiential Office maintains detailed records of site capabilities, adherence to regulatory/licensing requirements, practice focus for each experiential site, and ensures that each student has a balance of experiences.

The CPHS faculty is committed to effective teaching. Many instances have been cited earlier in this Self-Study. From promotion and tenure guidelines that require excellence in teaching, to the institutionalized efforts to measure and improve our teaching, the faculty is committed to its core value of quality teaching. As further evidence, recent college-wide faculty development workshops have continued to focus on educational issues. These sessions have been attended by the majority of faculty and are listed in Appendix 25.6.2.

Awareness of Scientific Basis: There is collaboration between both departments in the College which has resulted in research projects. Some faculty have been involved in cross-disciplinary research which emphasizes an understanding of current and future trends in the sciences. There is also a new course review process in which faculty meet to review, integrate, and coordinate course materials. This occurs as a discipline group and as an academic year group. Additionally, faculty are invited to attend student seminars and research presentations each spring with the Health Science Capstone Projects.

Awareness of Practice Issues: Faculty are involved in the profession and are up to date on relevant issues. In addition to their own expertise, faculty gain insight from others. Alumni assist the College in its quality assurance through their active participation on the Dean's National Advisory Council, committee membership, and participation as guest lecturers. Members are leaders who represent diverse areas of pharmacy practice.

The experiential program staff and the clinical faculty with practice responsibilities are also important sources for keeping faculty abreast of significant influences on practice and the profession's responses to those influences. Students who are completing internships or who are employed as technicians

are valuable sources of feedback. Most faculty encourage the concept that faculty and students are educational partners, thereby creating an atmosphere of open exchange.

The majority of faculty are not only active members of the IPA, serving as Board members or chairing committees, but are also members of at least one national professional organization. Many new faculty are selected to the annual IPA young leadership conference. AACP membership is high with a substantial number of faculty attending the annual summer meeting. In addition, faculty have held several leadership positions in AACP, APhA, and other associations, including chairing sections, SIGs, and serving on the Board of Directors.

Research Expectations: The respective department chair establishes initial scholarship expectations for each faculty member, dependent upon teaching load, practice responsibilities, and service commitments.

Tenure-track faculty, for whom scholarship expectations are high, will frequently have a reduced course load and access to start-up funds. The respective chair also assists the new faculty members to establish collaborative relationships within and outside the department. Scholarship expectations are included in the Faculty Handbook as a component of promotion and tenure decisions.

A total of 20 Clinical Sciences faculty have practice responsibilities that incorporate clinical services and experiential teaching at a health care site, summarized in Appendix 25.2.1. All faculty practicing pharmacy in Iowa are required to maintain an active Iowa pharmacist license, requiring completion of 30 hours of ACPE-accredited programs every 2 years. All of these practicing faculty meet this regulatory requirement.

Disseminating Knowledge: The faculty of the CPHS is committed to productive scholarship and meaningful committee activities. Over the course of the past three years, faculty have produced 53 publications in peer-reviewed journals and 15 books/book chapters. Faculty have also completed 53 research presentations or posters at professional or scientific meetings during the past year. (Appendix 25.6.3)

Distance Education: The College does not employ a distance education program.

Post-Graduate Affiliations: The College affords PGY-1 residents at Mercy Medical Center, Unity Point, and the VA Central Iowa Health Care System, opportunities to engage in teaching (in addition to our faculty precepting them at their practice sites). Residency directors meet with the department chair annually to review needs and plan for the academic year. Each resident is assigned to work with a faculty member each semester in an elective or required course. The resident is mentored to prepare and deliver a lecture or lead a lab. Feedback is given to the residents from students and the faculty mentor. Residents are also encouraged to attend the College's New Faculty Development Series.

Application: The College is well-balanced between pharmacy practice and the sciences. Faculty are engaged and excel in their areas of expertise and focus on mission related activities: teaching, scholarship, and leadership. New initiatives to support faculty include the peer mentor program to guide new faculty through the first 3 years at Drake and the pretenure/prepromotion evaluation. Other initiatives include the DELTA Rx entrepreneurial leadership activities (including website resources and courses developed with the College of Business and Public Administration) and collaborations with the IPA & the University of Iowa COP for sharing preceptor development resources via CEI. In addition, interdisciplinary collaboration is encouraged with shared committee work, shared teaching within courses, and college-wide participation in faculty forums and other programming.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. The January 2013 and 2014 workshops covered active learning and classroom technology, as well as other topics such as time management and exam writing. Other programs to increase teaching quality include: annual peer review of teaching (mandatory at Assistant Professor rank); use of valid and reliable course evaluations focusing on teaching quality and improvement; development sessions and web resources providing opportunities to improve teaching; and encouragement of new faculty to attend ACCP programs which can result in certificates and other national programs such as APhA's Self-care Institute.

Also of note is the faculty's intent on being innovative and up-to-date. This is evidenced by continual pursuit of additional credentialing and certifications (ex. BCPS, CGP, CDM-diabetes, Fellow appointments).

AACP Data: Survey data related to quality faculty are all positive and above the national average. For example, the 2013 GSS revealed that 97.8% (100% in 2012) felt that faculty, administrators, and staff served as positive role models (national average of 92.1%). A majority of respondents (94.6% in 2013) felt there were programs available to improve their teaching and facilitate student learning compared with 93.8% in 2012 (national average 87.6%). The College will continue development support and will monitor these areas in future surveys.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The College will continue to track trends in AACP data to ensure that faculty have the support they need to be effective teachers and students continue to rate faculty positively. Feedback related to faculty development programs will guide future programming for the College. Continued discussion on faculty development programs geared towards scholarship have taken place. College-wide development programs have included and will continue to include programs that support faculty research skills.

Drake University / College of Pharmacy and Health Sciences

26. Faculty and Staff Continuing Professional Development and Performance Review	
The college or school must have an effective continuing professional development program for full-time, part-time, and voluntary faculty and staff consistent with their responsibilities. The college or school must review the performance of faculty and staff on a regular basis. Criteria for performance review must be commensurate with the responsibilities of the faculty and staff in the professional degree program.	

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions	
<input checked="" type="checkbox"/>	A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff
<input checked="" type="checkbox"/>	A description of the relationship between faculty, preceptor, and staff continuing professional development activities and their performance review
<input checked="" type="checkbox"/>	A description of faculty development programs and opportunities offered or supported by the college or school
<input checked="" type="checkbox"/>	A description of staff development programs and opportunities offered or supported by the college or school

- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

(School comments begin here)

Performance Review Process AND Relationship to CPD: (Faculty) The chair of each department completes an annual evaluation of each faculty member's performance for the purpose of faculty development and merit-based pay increase recommendations. During this review process, faculty submit an activity report that, while not constituting a formalized teaching portfolio, describes their teaching, scholarship and service activities along with previous year goals. The chair then meets with each faculty member, reviews this document and new goals are established for the upcoming year. Recently, some faculty have expressed concern of the performance evaluation and the effectiveness of feedback. It is recommended to monitor this situation and supervisors have been encouraged to provide a written feedback for each faculty member.

(Preceptors) In addition to college faculty, the CPHS uses voluntary faculty as preceptors in the experiential program. The Assistant Dean of Clinical Affairs or her designate evaluates all routinely used experiential sites in person at least once every two years. Sites taking less than five students per year and those not within driving distance may be evaluated via telephone. Sites may be evaluated more frequently if needed (e.g., poor student evaluations, change in preceptor at the site). These evaluations are used to determine continued approval as an experiential site.

(Staff) The Drake University performance management system (for full and part-time staff) encompasses a three-part process as follows:

- Setting Goals – Near the beginning of the fiscal year, each supervisor and employee work together on a set of 4-6 employee goals for the upcoming year. Supervisors and employees work together and discuss how the goals link to the University Strategic Plan.
- Evaluating Performance – The supervisor assesses whether the employee reached his/her goals, using specific examples and providing an overall rating. This includes an assessment of the employee's performance in the context of the core values of the University.
- Recognizing Educational Achievement and Discussing Development Needs – Managers should recognize any educational or development achievements of the prior year. In addition, employees are encouraged to discuss employee development needs for the upcoming year.

This three-step process is in addition to other formal and informal conversations supervisors and employees have about performance and goals throughout the year.

Although some information on faculty and staff development was presented in Standard 25, additional details are provided below.

Faculty Professional Development: Each faculty member receives financial support annually through faculty development accounts. This support (\$2000/yr) is intended to be used to enhance teaching and scholarship.

The College's New Faculty Development Series meets regularly throughout the year. New faculty members are expected to attend all sessions during their first academic year. All other faculty members are invited to attend at their discretion. Upon hiring, the College also provides new faculty with a College orientation manual and is reviewed with the department chair. (See Appendix 26.1.1)

Additionally, the University offers a series of short seminars for all new faculty beginning their academic career at Drake. All new CPHS faculty are highly encouraged to attend these to better understand the academic culture at Drake, become acquainted with other departments and new faculty, and learn what is available at Drake.

Drake Human Resources offers an 'Excellence in Learning and Development' program series for all faculty and staff (discussed under the 'staff' section). In addition, on-demand and scheduled workshops offered by the Office of Information Technology are available to all faculty and staff.

(Preceptors) A preceptor development curriculum is available free of charge to all preceptors and is located at: <http://www.gotoCEI.org/Preceptor.aspx>

The core program consists of three modules covering the following topics:

- The Role of the Preceptor
- Giving Experiential Students Constructive Feedback
- Site Development

Preceptors may also access an additional module which provides a summary of the CPHS experiential program, including a tutorial on the use of the program's online assessment tool, E*Value.

In addition to the core modules, a library of webinars covering a wide variety of teaching and learning topics is also available. Some of these include: Teaching the Science of Safety to APPE and IPPE Students, From Roots to Results: Enhancing Critical Thinking Skills in our Students, Instilling Professionalism and Confidence in Student Pharmacists, and many others.

Finally, through CEI, preceptors can participate in a collaborative learning experience with their students by logging on each month to *Login To Learn*. This is a monthly, live, online journal club designed to help pharmacists provide a journal club opportunity for students while polishing their own skills in reading, interpreting, and applying primary literature.

Because CEI is a collaboration between Drake, the University of Iowa and the Iowa Pharmacy Association, Drake faculty often are involved in the development or delivery of the learning modules or Login to Learn sessions. This provides the faculty member with another opportunity for development through their participation as a content expert and presenter.

The College also collaborates with the IPA, through CEI, regarding the implementation of CPD (Continual Professional Development) programs in Iowa. Members of our faculty have participated in a pilot program that will lead the way in transforming passive CE to active CPD programs for practitioners in Iowa.

Staff Professional Development: All staff are encouraged to participate in Drake's Excellence in Learning and Development Program. Faculty may also participate. Those completing eight credit hours earn a certificate of excellence. In 2013/14, courses were available in Health and Wellness, Technology, and Personal and Professional Development. Drake specific sessions include retirement options,

process management, budgets, Know Drake; as well as 5 separate book club discussions. In 2012/13 multiple staff participated with four receiving the certificate of excellence.

Application: The College initiates a variety of development programs for faculty, staff, and preceptors.

Collaboration with CEI for preceptor develop programming has been effective. Consistent annual evaluation processes are employed for faculty and staff and preceptors are also evaluated by every assigned student and through site visits.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. Revisions to the handbook are made through FAC. Department chairs are using workload measures and teaching evaluations to discuss and set annual performance goals with faculty. Others noteworthy items include: 1) Drake provides substantial development fund for faculty and staff. In addition, the College provides funding for other faculty development programs, both sponsored by the College and for national programs that will support the Strategic Plan. 2) The College has had an annual peer review of classroom teaching process for faculty at the assistant professor level. 3) The college arranges a robust faculty mentor program for new faculty members. Faculty also have mentor relationships outside of the College with colleagues around the country and via development programs at national meetings and workshops. 4) The College integrates a variety of structured development programs for faculty, including a New Faculty Orientation Manual, New Faculty Topic Series, classroom peer review of teaching, and faculty mentoring activities.

AACP Data: Most survey results related to this standard are largely better than the national average.

Faculty (73% in 2013) agreed that performance assessment criteria were explicit and clear (similar to 74.2% in 2008 and 76.9%, nationally). Some faculty do not agree that they receive formal feedback on their performance on a regular basis (24.3% disagree in 2013; 15.7% nationally) and that the feedback is effective (24.3% disagree in 2013; 14.3% nationally). The College will continue to work on making the process more explicit. A comprehensive revision of the CPHS Faculty Handbook, including provision of explicit and more detailed criteria for performance assessment, is reviewed by the faculty and approved. Department chairs have already initiated a process of clarifying performance criteria during their annual performance assessment conducted each spring, and use more clearly defined criteria included in the revised Faculty Handbook to further enhance their efforts.

Survey results also reveal that faculty who agree that programs are available to help develop competence in research and/or scholarship is lower than the national average (56.7% vs. 70.3%).

4. College or School's Final Self-Evaluation

<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The College will monitor the process for faculty receiving formal feedback from their superiors. Although annual evaluations are completed for faculty and staff, the formal written documentation of these evaluations for faculty may be inconsistent. AACP Survey data from faculty will be tracked to determine if trends improve over time with more thorough documentation.

Despite offering faculty development opportunities in research and scholarship, the AACCP data show that some faculty need additional assistance. Conversations in departments will seek to determine specific topics to assist faculty in their scholarly endeavors. These may take the form of department or college workshops. Faculty will also be encouraged to pursue College and/or University Funds to support meeting or conference attendance which matches their specific needs. Also, research mentoring has been introduced to the new strategic plan and faculty have ranked it low for inclusion.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The college or school has adequate and appropriate physical facilities to achieve its mission and goals.	Needs Improvement
The physical facilities facilitate interaction among administration, faculty, and students.	Satisfactory
The physical facilities meet legal standards and are safe, well maintained, and adequately equipped.	Satisfactory
Physical facilities provide a safe and comfortable environment for teaching and learning.	Satisfactory
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.	Satisfactory
Animal use conforms to Institutional Animal Care and Use Committee (or equivalent) requirements. Accreditation of the laboratory animal care and use program is encouraged.	Satisfactory
Space within colleges and schools dedicated for human investigation comply with state and federal statutes and regulations.	N/A
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.	Satisfactory
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.	Satisfactory
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.	Satisfactory
Faculty have office space of adequate size and with an appropriate level of privacy.	Satisfactory
Faculty have adequate laboratory resources and space for their research and scholarship needs.	Satisfactory
Computer resources are adequate.	Satisfactory
Laboratories and simulated environments (e.g. model pharmacy) are adequate.	Satisfactory
Facilities encourage interprofessional interactions (e.g., simulation laboratories)	Satisfactory
Access to quiet and collaborative study areas is adequate.	Satisfactory
Common space for relaxation, professional organization activities and events, and/or socialization is adequate.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, offices, laboratories, etc.
- A description of the equipment for the facilities for educational activities, including simulation areas
- A description of the equipment for the facilities for research activities
- A description of facility resources available for student organizations
- A description of facilities available for student studying, including computer and printing capabilities
- How the facilities encourage and support interprofessional interactions
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Physical Facilities: The College has space in 3 conjoined buildings. Total square footage including study spaces and proprietary classrooms totals 24,627 ft² (Appendix 27.5.2). Since 2009, CPHS has increased its space by more than 4100 ft² –primarily with the addition of the atrium and renovating chemistry space.

Administrators, faculty and staff are provided office space. On-campus faculty have private offices.

Clinical Sciences (CS) faculty offices are located both at their practice site and on campus. CS on-campus offices are typically shared. Student services offices are typically larger to accommodate private meetings with students and family.

Educational Space: Drake has a shared classroom philosophy but space can be designated for a single program. Drake utilizes a classroom management system for scheduling that includes seating limits that adhere to federal codes. The CPS classifies the Davidson and the Johansen Skills Labs as proprietary. The College also has priority use for Cline 206 lecture hall, and Harvey Ingham (HI) 115 (Mayhew Compounding Lab). To support teaching and learning, HI 104 was recently renovated. The space is equipped with advanced technology. It also has movable seating conducive to small group work. A computer laboratory was recently renovated into the Johansen Skills Lab. The lab is modular and adjustable from 9 individual patient care rooms to larger, open meeting rooms. HI 19b was also renovated into a slightly larger classroom. HI was further renovated in the summer of 2014, including several classrooms, labs, and common areas.

Information and communication technologies: Campus and College communication pathways include the Drake University portal, the University and College web pages, LCD television monitors, email, classroom announcements, and signage. The College has an administrative assistant responsible for communication pathways and has had a systems administrator responsible for IT infrastructure. Since summer 2014, the IT person has been moved to centralized campus IT support but with 2 days/week on site. Remote access and ghost imaging software is available for daily work and disaster recovery and

management. The College maintains paper and electronic archives, maintained in a secure environment and protected through an IT mitigation/disaster recovery plan. Computers are backed up via that plan. College specific records are maintained on servers within the University.

Technology infrastructure is maintained on servers by Drake Technology Services (DTS). DTS is responsible for maintaining and supporting the portal, web management system, email, the University's records management system, calendar system, Blackboard, and telecommunications. The University has a general disaster recovery plan which has been shared with all campus units.

The campus has an on-site, 24/7 security office and a strong partnership with the Des Moines Police.

Both interior and exterior security phones are available throughout campus. Students enrolled in the CPHS have card swipe access to buildings after hours. Security cameras are in parking lots and strategic points within the College buildings. Finally, the University has an emergency notification system for use during environmental and campus emergencies. This communication path is supplemented by phone, email, and web-based communication. An emergency disaster plan has been developed and is being implemented (Appendix 27.5.3).

Instructional Laboratory Space and Resources: The expansion of lab space dedicated to professional instruction and simulation has been a priority. In addition to the Davidson lab, the Mayhew Compounding Lab is utilized for the PSA sequence and compounding elective. The "clean room" in the Compounding Lab is used for sterile product preparation training. The Johansen Skills Lab is also used for practicum experiences including communication skills, patient counseling, and patient assessment. Hi Fidelity Simulation Labs are accessed for IPE through a collaboration with DMU and DMACC.

Preceptors are provided with access to necessary tools through the College experiential web site, access to the library and its resources (full, unrestricted access), and development tools provided on an annual or as requested basis (books, professional development programs, etc).

Research Space and Resources: Research activities are supported through lab space in Cline. Animal facilities cover roughly 1800 ft² in Cline and Olin, providing easy access to animals for faculty research. The Institutional Animal Care and Use Committee is responsible for the regulatory oversight of animal research on campus. The animal facilities staff report to the chair of PBA Sciences. As supported by the USDA License and OLAW Certificate, the CPHS animal facilities meet or exceed relevant standards.

Shared lab equipment is available in common-use areas adjacent to individual labs. Six individual laboratory bays (5 at 330 ft² and 1 dopler lab at 137 ft²) and shared spaces (pharmacogenomics lab, cell culture lab, SAdS lab, and a Disease Prevention Lab) are available in Cline. Human clinical research occurs in the faculty practice environments. The Drake Institutional Review Board governs campus research involving humans.

Equipment needs are met through various sources— department operations budget, deans budget, endowed income, student technology fees, experiential education budget, University capital equipment budget and low-value equipment budgets. The latter two have annual request processes. Expendable goods and teaching supplies are budgeted and provided to each department. Practice-based laboratory equipment are inventoried and evaluated for need annually (See Appendix 27.5.2).

Scientific equipment used in faculty scholarship and undergraduate research is procured and maintained through interest from a Kresge Foundation Endowment (See Appendix 27.5.1). Recent laboratory renovations have also included an endowment to equip and maintain the laboratory space.

Student Organizations Space: Student organizations are provided space in lockable cabinets in Cline. Classrooms and conference rooms are reserved through the University for meetings. Also, a standard meeting time is kept available for organization meetings.

Study Space: More than 4300 ft² of CPHS space is student study space. This has increased approximately 2720 ft² since the last site visit. Select spaces are equipped with white boards, computers, electronic database access, and textbook resources. Also, the Langford Student Resource Room is equipped with a kitchenette, microwave, and eating bar.

The Morgan Cline Atrium is the most notable addition for student space. This complex houses experiential faculty and staff offices on the lower level, with the main atrium level dedicated to individual and group study space. In addition to casual seating, the space is equipped with state-of-the-art smart projection for shared group display and wireless printing services. Additional individual and small group study spaces are also available in Cline, HI, and Fitch Hall, as well as across campus.

Support for IPE: As described above, the new skills lab, student common spaces, and simulation labs promote IPE, not only between Drake programs, but with other programs in the city. Currently, the IPE Collaborative is working on better utilizing space at each institution for shared use. A new Drake STEM building is being designed specifically for collaboration across programs. Major areas of the building will be collaborative space for teaching and scholarship.

Application: The CPHS has proactively increased the quantity and quality of space for academic and scholarly use. As described above, the CPHS space is modern, state of the art, and consistent with curricular needs and with educating future practitioners in a collaborative and patient-centered practice.

Notable Achievements: Areas marked for improvement in 2009 have been addressed. In the 2009 Self-Study, the College noted a need for additional teaching space and conference rooms, including patient exam rooms with accommodations for student training, simulations and evaluation of clinical skills.

Since that time, major renovations have ensued including: renovations to Cline for labs (with operating endowments), classrooms, a larger conference room and 3 offices. In addition, the new atrium houses experiential faculty and staff offices, a conference room, and student study/collaboration space, thus bringing all faculty and staff together in a 3-building, conjoined complex. Also of note is the renovation of the Johansen Patient Skills Lab and teaching space. Finally, Cline 106 underwent renovation to add 2 additional offices for the Academic and Student Affairs staff. Even with these significant improvements, office space is a continuing concern. There is real movement in advancing the new STEM building which could free up space for CPHS use. Initial plans for the new buildings have been reviewed by faculty.

AACP Survey Data: Although responses are universally positive and above the national benchmarks, two areas of concern are faculty responses to resources to accommodate present enrollments and adequate lab resources. It is hypothesized that this is due to the expanding number of students in the undergraduate HSCI program which is placing more demands on faculty and facilities. The CPHS has requested additional resources to accommodate the growth in the HSCI program. These have been partially successful.

4. College or School's Final Self-Evaluation

<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The CPHS is at capacity for both faculty and staff office space and faculty research space. New appointments would require space not yet identified. The progress of the STEM building must be monitored to ensure CPHS needs are met.

Additional office space is also needed for APPE students on rotation with campus-based faculty. Space for adjunct faculty is also needed.

Faculty survey responses are generally favorable. The needs seem to be financial and human resource issues rather than space issues. Graduating students seem quite favorable towards the CPHS physical facilities.

The University is continuing to develop funding for the STEM building to address some of these space issues.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

- Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment
- Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements
- How the college or school is collaborating with practice sites to advance patient care services

- How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Site Capacity-IPPEs and APPEs: The capacity charts show a surplus of sites to meet the experiential needs of both IPPEs and APPEs. AY 2014 shows more than twice the number of rotations needed for the current P4 class. AY 2015 actual availability shows three times the number of placements needed for a class of 103. AY 2016 and AY 2017 are projected based on the current and next year's availability. Each shows 2-3 times the number of sites needed for the P4 curriculum. With the enrollment leveling off, the surplus of sites will actually grow in the future.

CPHS includes a large number of sites that are out of the Des Moines area to allow students to gain experiences in different areas of the country and around the world. Diversifying site placements allows the College some flexibility should there be a sudden change in a health system in the Des Moines area. Out of area and international sites help increase exposure of students to diverse patient populations and increase cultural competency skills. If the cost of education continues to rise, there may be fewer students who want to travel and that may impact the experiential program. Some of these distance sites offer low cost or no cost housing. We continue to work with sites to encourage reasonable housing options to maintain access for students. The University also offers three student scholarship options to encourage travel abroad. The college has a scholarship for students who are engaged in mission work in international settings that is available in any professional year.

The IPPE program relies heavily on sites in the Des Moines area. The College has built strong partnerships with area chains and health systems to create experiences that benefit both the students' educational experiences but also the health system while delivering quality care to the patient. Examples of these experiences are listed under the collaboration section.

Development of sites and agreements: The experiential office employs many strategies to assure quality in IPPEs and APPEs. There are an adequate number of placements available to meet the current needs with adequate excess if we incur losses. The College is constantly identifying new and different opportunities for students, especially through alumni. Alumni are dedicated to the excellent education that they received at Drake and seem determined to provide excellent opportunities for Drake students.

The experiential office works closely with our partners to make sure that needs are being met and to identify collaborative ways to expand our partnerships.

The College utilizes and helped develop the District V Quality Assurance Process. The goal is to visit nearby sites at least every other year, with distance sites being followed up by telephone. Students assess sites and preceptors after every experience and preceptors have real time access to these evaluations. During site visits, we discuss strengths as well as areas for improvement both for the site and for our program.

A contract is initiated with every new site. A standard template is used for sites with adjunct preceptors that require payment and a separate template for sites with no required payment. We also have a standard template for faculty sites with shared revenue and faculty sites with no shared revenue structure. Our office initiates the contract with the sites and works with the office of Drake's *Vice President, Finance and Administration* on any edits until the document is signed. All digital contracts are kept on the college server as well as updated to E*Value. E*Value is used to track all contracts to completion as well as any contract that needs periodic renewal.

Collaboration with practice sites: Collaborations are a strong part of the experiential program. One example is working with a local grocery chain to increase the care provided in their pharmacies. When the collaboration first began, nurses provided the immunization services; pharmacy services were distribution and patient counseling. Currently, the company provides immunizations, MTM services, screenings, lipid monitoring, and anticoagulation services.

We worked with a large metro health system to develop a Pertussis IPPE to counsel mothers in maternity wards about getting their families immunized (Published in AJPE in 2013). This health system also recently re-organized their clinical and education pharmacists. We collaborated through the process so that the re-organization will use student pharmacists as pharmacist extenders to provide medication reconciliation, drug monitoring and patient education with the pharmacist.

Currently, we are partnered with another regional grocery chain in an interprofessional nutrition project to support wellness and healthy eating. Over the years, we have worked closely with a national chain on their immunization and MTM efforts in the Des Moines area.

CPHS advocates for growth in the pharmacy profession. Through our partnership with CEI, preceptors are offered activities in preceptor development, clinical knowledge, practice development, and law. CPHS also hosts the DeltaRx Institute website that highlights innovative pharmacy practices and encourages practices.

*Assessing the Quality of Sites and Preceptors:*The experiential office uses site visits, student evaluations, and student work to assess the quality of the student experience. Daily logs and PxDx (interventions) are assessed to see if the level of skill development matches the expectation for the experience. A confidential comment section is provided at the end of each evaluation so that students can give immediate confidential feedback to the Assistant Dean. Confidential comments are evaluated for action. Concerns are evaluated, feedback is gathered from other students, and action is taken. The College tries to work with the site to make needed improvements prior to any discontinuation of a site. Occasionally, sites are discontinued (e.g. for alleged harassment). In all cases where there is a Board of Pharmacy action occurring, sites are discontinued until there is resolution and only restarted if quality can be assured.

Application: The college has a diverse mix of sites available for students in inpatient, outpatient, industry, management, regulatory, association, and specialty areas. Sites meet all the legal standards required. Diversity in patient population is sought and required as part of the IPPE (Diversity Service Learning) and APPE program (Diversity Rotation). Students have electronic access to more than an adequate supply of resources and primary literature databases.

Sites and preceptors are required to have a commitment to the experiences provided. A significant number of our health systems offer residency programs, including the largest inpatient contributors to our

experiential program: Unity Point-Iowa Methodist, Mercy Des Moines, VA of Central Iowa, Gunderson Lutheran, OSF-Peoria, Memorial Hospital Colorado, and Northwestern Memorial Hospital-Chicago.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. IPPE and PSA series are fully implemented. Actions have included quantifying preceptor numbers for IPPEs, annual retreats for PSA faculty to coordinate the series, revised rubrics for PSA outcomes, contracting with an external reviewer to examine the PSA/IPPE programming, and adding an additional 0.2 FTE to the series.

AACP Data: The experiential program rates high among all the standardized survey questions. The program meets or exceeds National Averages (NA) across every question from students and preceptors.

Student satisfaction is high and quality is on target even as we continue to strive for improvement. For example in AY 2014, geriatric service learning faculty revamped the required reflections to increase the student’s awareness of their learning and the geriatric partners.

Question 22 of the faculty survey has components that do not necessarily fit within Standard 28. It is difficult to separate laboratory need with clinical resources. For clinical faculty, our impression is that they are pleased with their sites and the access they have to journal materials or library resources. Note that the 2013 faculty data shows that 75.6% agree that they have adequate resources for research and scholarship- Drake exceeds the national average. The College requested one staff for AY2015 which was not approved. However, the experiential program has grown from one director and one half-time staff to an Asst. Dean, three faculty coordinators, and three staff. Our involvement in CEI, which has growth nationally, was the main reason for the staff request.

For faculty perceptions to program resources, 64.8% agreed resources can accommodate student enrollment (slightly below the national average) and trending down. The question does not identify the particular resources that the faculty would like more of: lab space, faculty, staff, or financial. The capacity sheets and other responses show that students have enough practice site opportunities to meet their needs.

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

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.	Satisfactory
The college or school fully incorporates and uses library and other educational resources in the teaching and learning process.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

- The relationship that exists between the college or school and their primary library, including the level of responsiveness of the Director and staff to faculty, student, staff needs, and any formal mechanisms (e.g., committee assignments) that promote dialog between the college or school and the library.
- A description of how the college or school identifies materials for the library collection that are appropriate to its programs and curriculum and assesses how well the collection meets the needs of the faculty and students
- A description of computer technology available to faculty and students
- A description of courses/activities throughout the curriculum in which students learn about the available educational resources
- A description of library orientation and support for faculty and preceptors
- A description of how remote access technologies and mechanisms that promote use of library information from off-campus sites by faculty, students, and preceptors compare with on-campus library resources
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

(School comments begin here)

Relationship with Cowles Library: Cowles Library is directed by a Dean and adheres to the Association of College and Research Libraries (ACRL) Standards for Library in Higher Education. Its mission is to support the educational goals of Drake University by providing services, collections, technology and learning opportunities that make it possible for faculty, students, and preceptors to successfully access and use information. Drake librarians have the appropriate terminal degrees from an accredited library

school program and hold tenured/tenure-track positions. The CV of Ms. Priya Shenoy, the College's Pharmacy/Science Librarian is available as appendix 29.5.1.

Identifying the Collection: The development of the collection is a shared responsibility of the teaching faculty and the library faculty. A College faculty liaison is appointed to serve as the primary Library contact in addition to the Pharmacy/Science Librarian who serves as the Library's liaison to the College. All important library related decisions are first discussed with the faculty liaison and then brought to the attention of the faculty and students.

Collection: Cowles Library is the largest private academic library in the state. The holdings include 400,000 print book volumes, 927 print journal subscriptions, 129,966 electronic journal titles, 152,559 electronic books (owned and subscribed to), 173,000 PDA electronic books not owned but in the catalog and available if requested, and 217 electronic databases (See Appendices 29.1(1-4), 29.3.1 and 29.4.1). The College also maintains subscriptions to Micromedex, Facts & Comparisons eAnswers (online), and Lexicomp series. Particular emphasis has been given to increasing access to electronic materials. Remote access to all electronic library holdings (databases, full-text journals, e-books) is available, including eScholarShare, the document delivery systems (interlibrary loan and Get It Now), and an on-line librarian. The aforementioned *Get It Now* is a document delivery system with a set fee per article, paid for by the library, that provides access to 3,512 scholarly journals within 2-8 hours of request. This model accesses more journals than the traditional subscription model, is faster than InterLibrary Loan, and helps save on costs. Cowles has also increased the breadth and depth of selection of print and eBook content for students and faculty through a format called Patron Driven Acquisitions (PDA). In PDA, book records that are not owned are loaded into the Library catalog and when patrons select a title, the book is automatically purchased for the library collections. Additionally, Cowles Library is working to help lower the cost of textbooks, by purchasing eTextbooks for the University through different vendors. We have been able to do this for the Therapeutics class course series, the PDA sequence, and the Self-Care course in the PharmD program. The Library has also added new indices to its *Web of Science* platform that include many large data sets, life science journals, patent information, conference proceedings, animal science journals, chemistry databases, as well as books. As for databases, the College did a review of the databases it currently subscribes to and decided to replace Medicines Complete with APhA's Pharmacy Library. APhA's Pharmacy Library has NAPLEX content, eTextbooks/eBooks, and active learning exercises. It has had 44,447 successful section requests by users in the last year (Jun 2013 to June 2014). This decision to purchase APhA's Pharmacy Library was completed after multiple meetings and faculty and student input. It was organized by the Pharmacy and Science Librarian and the Clinical Sciences Chair.

Technology and space: Cowles Library encompasses 94,000 square feet and is open 107.5 hours per week. The facility contains an Information Commons with 50 networked computer workstations. All computers are equipped with DVD-RW drives and a comprehensive array of software. A full service support center is staffed 72 hours per week.

The grand reading room is a favorite spot for quiet study (62 seats). Other features of the facility include wireless computer access, a classroom, a coffee cafe, and the James Collier Drake Heritage Room (display area). Cowles Library provides spaces for individual study and group study. Quiet study spaces are specifically designated. Seating is found in two quiet reading rooms, among the collection shelving, and in the entry area. Seating types include study tables, study carrels, study rooms, and casual seating.

In total, 715 seats are available in the Library. In 2012, the Library added a 24/7 study annex available

whenever the Library is closed that includes four collaboration stations, white boards, printing, vending and 86 seats.

Courses and Activities for Students: Students receive library instruction throughout the CPHS PSA curriculum. The Pharmacy and Science Librarian is integrated into the PSA group and teaches across the six course series. This consists of teaching as a guest lecturer and helping provide research skills and training for students in regards to library use and orientation, print as well as electronic drug information resources, database searching, journal access, website evaluation, and mobile medical app evaluation. The mobile medical app evaluation class was introduced this year after a 2013 AACP annual meeting session on the importance of pharmacists having an understanding of this new technology impacting patient health. The Pharmacy and Science Librarian also works in conjunction with the PSA teaching faculty to help create drug information exam questions, lab practical drug information questions, biweekly homework assignments, as well as assist with portions of grading, and meeting with students as necessary.

Faculty and Preceptor Orientation: New faculty members (and preceptors if requested) receive an introductory orientation to the library and its resources and one-on-one time with librarians to discuss resources for research and teaching. Faculty, students, and preceptors have access to reference services by phone, chat, email, and in-person. Rotation students and preceptors have access to retrieval services for content that is in print in Cowels Library. They and the College faculty also have access to “e-pub” content in PubMed that the Library will purchase for them.

Library Services. The Library produces a website called a “virtual library” or research guide for both faculty and students that lists all the important databases, books, journals, resources, as well as some instructional videos. This guide also includes information about web resources, important eTextbooks, interlibrary loan, contact help, and reference services. This webpage had 22,247 page views for the fall semester of 2013 and as of December 11th had 67,610 views for the year 2013. In addition to the researchguide, a Drake librarian is available online for help and support during Library hours.

Remote Access: Preceptors have access to all services and collections in the library after registration in the University’s Banner system. However, Micromedex can only be used for in-classroom use due to licensing restrictions.

Application: The College works closely with Cowles to maintain easy access of all relevant materials to faculty, students, and preceptors. Pharmacy-specific search portals have been established to aide in queries and the Cowles website has been overhauled to provide more intuitive searching. In addition, live, on-line chats with librarians have been implemented. In general, access and quality of resources, including student space are adequate. Ongoing review and consultation between Cowles faculty and the CPHS faculty liaison insure continued quality.

Noteworthy Achievements: The integration between Cowles and the CPHS is noteworthy. This integration includes a Pharmacy/Science Librarian who is teaches in the College and attends CPHS meetings, retreats, etc. The College and Cowles also has a fully functional faculty liaison program. The Librarian provides support for faculty and students and has teaching responsibilities in the CPHS. The collaboration between the library and the College in planning for enhanced library resources and development of additional educational resources is significant and noteworthy. Areas marked for improvement in 2009 have been addressed by continued collaboration with Cowles.

AACP Survey Data: The AACP surveys indicate a high level of satisfaction with library and educational resources. In the cases below, the survey responses (% Strongly Agree/Agree) from Drake constituents were higher than the national average. For 2013 graduates, 95.6% (98.4% in 2012) indicated that the on-campus educational and library resources met their needs. This level of satisfaction was sustained and when queried about whether off-campus access to library and educational resources met their needs (97.8% and 100% in 2013 and 2012, respectively). Most faculty (2013: 97.3%; 2012: 96.9%) felt they had access to a library and other educational resources that were sufficient to support their educational and research needs. In addition, preceptors felt that the College provided access to a library and other educational resources when needed (2013:87.3%; 2012:85.6%).

4. College or School's Final Self-Evaluation

<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

There is debate on the interpretation of license agreements for use at practice sites. Monitoring for special circumstances for faculty and preceptor use needs to take place, along with discussion with Cowles.

Faculty perception on resources being appropriate to accommodate student enrollment will be tracked. This is not thought to be related to library resources, but rather, budgeting and FTE's to accommodate the HSCI program.

Campus discussions for centralizing IT support needs to be monitored for its affect on instruction. IT support of labs and classrooms will be monitored for timely responses to requests and adequacy of support provided.

Drake University / College of Pharmacy and Health Sciences

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.

2. College or School's Self-Assessment

The college or school has the financial resources necessary to accomplish its mission and goals.	Needs Improvement
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.	Satisfactory
Tuition for pharmacy students is not increased to support unrelated educational programs.	Satisfactory
The college or school has input into the development of and operates with a budget that is planned, developed, and managed in accordance with sound and accepted business practices.	Satisfactory
Financial resources are deployed <u>efficiently</u> and <u>effectively</u> to:	Satisfactory
support all aspects of the mission, goals, and strategic plan	Satisfactory
ensure stability in the delivery of the program	Satisfactory
allow effective faculty, administrator, and staff recruitment, retention, remuneration, and development	Satisfactory
maintain and improve physical facilities, equipment, and other educational and research resources	Satisfactory
enable innovation in education, interprofessional activities, research and other scholarly activities, and practice	Satisfactory
measure, record, analyze, document, and distribute assessment and evaluation activities	Satisfactory
ensure an adequate quantity and quality of practice sites and preceptors to support the curriculum	Satisfactory
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.	Satisfactory
Business plans, including revenue and expense pro forma for the time period over which the change will occur and beyond, are developed to provide for substantive changes in programmatic scope or student numbers.	N/A
The college or school ensures that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways.	N/A

3. College or School's Comments on the Standard

Focused Questions

- How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.
- An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving
- A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees
- A description of how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets
- How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable
- An assessment of faculty generated external funding support in terms of its contribution to total program revenue
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

(School comments begin here)

Budget Development: Drake is committed to budgeting procedures that ensure long-term success and financial health. It operates using generally accepted accounting practices (GAAP), external financial audits, and campus budget presentations. Audited Year End Financial Statements are posted on the web. Over the period of FY01 to FY11, the University improved its fiscal health from a \$4.5 million deficit in FY01 to a \$5.5 million operations surplus in FY11. Through FY14, Drake has operated within its budget; although not at as great a surplus as through FY11.

Currently, Drake faces the same challenging financial environment as most institutions nationwide. Income arises from five primary revenue streams (net tuition and fees, endowments, annual giving, research indirect cost recovery, and entrepreneurial initiatives). Although Drake is fiscally sound, the President has proactively chartered a strategic budget working-group, of which the Dean is a member. Its charge is to develop a draft 5-year (FY15-FY19) strategic budget that:

1. Ensures Drake's continued financial health, while funding initiatives as identified in University's Strategic Plan 2013-2017
2. Provides predictability, direction and context for resource allocation
3. Ensures operations are carried out with efficiency and cost-effectiveness.

Additionally, a University administrative program review has been initiated. Its goal is to ensure that Drake is using funds in the most efficient and effective manner possible.

Budget process: The University uses an expenditure-based budget model and receives all tuition and fee revenue. Beginning in FY14, it also receives all additional revenue from alternative streams. An operating budget is allocated annually to each administrative and academic unit. The CPHS Financial summary is presented in Appendix 30.1.1.

The CAC is involved in all aspects of the College's budget. Unit leaders submit their budget requests for the next AY to the Dean. The CAC discusses all budget requests and collectively develops priorities.

A proposed budget is submitted to the Provost and all unit budgets are discussed in Dean's Council. The Provost then develops a budget that is presented to the VP for Finance and Administration. After review and potential modification, it is submitted to the BOT for approval. Once the Dean is informed of the approved college budget, the CAC reviews priorities. Each administrator is responsible for budget communications, decisions, and outcomes. The College budget is transparent and is communicated by the Dean and unit leaders to faculty and staff.

Analysis of Financial Resource Adequacy for Supporting Mission and Goals: The College generates revenue through tuition, grants, restricted gifts, endowment income, and practice income. The university allocates approximately 50% of enrollment income generated by the PharmD program to the college (Appendices 3.1.2 and 3.1.3). Salary, benefits, and most operating expenses are paid through this budget allocation.

CPHS is monitoring salaries, as this may emerge as a future concern (see Appendix 30.5.1). Salaries at all levels have decreased relative to our peers, ranging from 5% (Assistant Professor) to 14% (Associate Professor) and are, on average, at less than the 25th percentile. An average salary increase of 2% for the FY 15 year was implemented.

Start up funds for certain new faculty come from our Kresge endowment and the Provost's office. In general, the Provost's office provides \$10,000/year for 3 years for science faculty and an average total of \$4,000 for administrative sciences faculty. The College has supplemented funds for new science faculty at approximately \$10,000/year for 3 years.

Strategic and a small amount of ongoing operational needs are met through ancillary revenue and include requests for supplemental support from the Provost (low value and capital equipment, faculty development, research grants, strategic international partnerships - FY12 - \$15,7634; FY13 - \$651; FY14 - \$42,326), student fees (technology, international, MTM), restricted and endowed gifts (renovations, faculty development, endowed positions), and practice revenue. This model is not reliable given annual variability in restricted and endowed funds and the College is aware of its vulnerability.

The potential for new health sciences programs as well as a program prioritization process under development by the Provost's office provide as opportunity to recalibrate the funding and infrastructure available to the College of Pharmacy and Health Sciences. The new program approval process underway at the College will specify structural and infrastructure requirements needed to ensure that all of our programs meet the highest standards of quality. The program prioritization process includes, among other things, a reallocation of resources to strengthen existing, high-performing programs.

Enrollment Planning and Resources: The Dean provides tuition and fee recommendations annually to the Provost. The BOT approves tuition and fees each January. Enrollment in the Doctor of Pharmacy program has been maintained at approximately 110 to sustain the quality of education and meet ACPE standards. This enrollment has been maintained in the 5-year strategic budget plan. Our tuition is comparable to our peers (Appendices 30.2.1 and 30.3.1) although discount rates would be needed to provide an accurate comparison.

One area of concern arose after initiating the HSCI program in 2007. Enrollment has consistently been greater than what was initially projected and budgeted. This year CPHS requested increases in faculty (3) and staff (3) to offset the increased workload. We received one new faculty line. This resource/enrollment issue is a topic for discussion and planning by the Deans' Council and the Strategic Budget Committee.

Strategic Plan's Budget: In line with the 2009-14 Strategic plan, corporate, estate, and individual gifts have been directed towards enhancing facilities, student professional development and leadership. Restricted gifts have enhanced learning spaces, and created new faculty offices. Significant curricular improvements, including the adoption of team-based learning, interprofessional education, and the use of educational technology have been supported. Costs associated with the 2014 strategic plan will be covered using the income from the Iowa Clinic, requests to the Provost office, and alternatively, through grants and gifts.

Business Plan Development for Substantive Changes: Based on the CPHS strategic plan, the College is planning new revenue streams. Campus Deans are negotiating with the University Administration to assure a significant proportion of any revenue be retained to fund strategic priorities.

Faculty-Generated External Funding Support: Total income from contracts has totaled \$226,157 between 2009 and January 2014, varying from \$33K to \$43K per year. Annual extramural funding varies greatly and has ranged from \$50,000 to \$465,000 over the last 5 years. Recent NIH funding has occurred via 2 faculty grants with expenditures totaling over \$267,000 over the last 7 years. (Appendix 30.4.1)

Current efforts are directed at enhancing the College's revenue streams through practice-based income. Since the last self-study, practice based annual revenue has increased approximately 30% (\$33,300 in FY10 to \$43,000 in FY13). These dollars do not come back directly to the College, but may be requested in the next fiscal year. The College is currently contracting with the Iowa Clinic to provide Drug Information Services. This one year contract should generate an additional \$90K of revenue, \$30K of which is earmarked to stay with the University.

Application of Guidelines: The human resources of the College have been enhanced since the last accreditation visit. Since 2009, the College received approval for 4 new full-time faculty lines and an additional 1 FTE to expand faculty lines (change appointments from 9 month to 12 month or to increase a part-time line to a full-time line). Currently, faculty positions are fully funded by the University. This provides stability for faculty but can limit the ability to add new lines.

At the start of FY 15, the College has 40.4 FTE faculty (41 individuals) that includes 1 open line. Part-time paid faculty contribute approximately 3 additional FTEs. Staff numbers increased from 13 FTEs (14 people) to 14.8 FTEs (15 people) from 2009 to 2014.

The addition of the pharmacy skills series, introductory practice experiences, and the HSCI program has put a strain on faculty and staff. Increased faculty have, ironically, placed a burden on physical facilities: we are in need of additional office and laboratory space, especially if new programs develop. The University is currently planning a new STEM facility along with renovation of space currently used by CPHS and other science-based programs.

Noteworthy Achievements: Areas marked for improvement in 2009 have been addressed. Additional funding has decreased some pressure on the annual budget. Budgets for part-time faculty and staff for both departments were increased in FY14. There was a 1% increase in University allocation to the CPHS budget in the same year.

The collaborative relationship between the University and the College has played a role in enhancing our FTEs, technology, low value and capital equipment, and fiscal strength and improved facilities. It has

also allowed the College to expand international efforts. A major contributing factor is the collaborative nature of budgeting within the University's academic units.

4. College or School's Final Self-Evaluation

<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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5. Recommended Monitoring

(School comments begin here)

The current model, where the University receives all revenues and fees and then re-appropriates all or a portion back to the unit, requires further negotiation. The process does not allow for adequate budgeting and potentially provides a dis-incentive to develop additional revenue streams. We are currently negotiating incentives for new program and revenue sources with the University.

The new University Strategic Plan places emphasis on the graduate/professional programs to identify new programs and revenue. The expectation is that only initiatives with substantial revenue will be adopted. The development of these initiatives needs to be monitored to ensure proper funding to the College for all resources needed to administer and implement the initiatives. The effect of new programs for our infrastructure will need to be monitored to avoid contraction of our infrastructure (e.g., facilities, faculty, staff, and administrative resources)