



**Comprehensive Review**

**Self-Study Report to the  
Accreditation Council for  
Pharmacy Education**

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**Submitted by:**  
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## Abbreviations

**AACP-** American Associate of Colleges of Pharmacy  
**ACCP-** American College of Clinical Pharmacy  
**ACPE-** Accreditation Council for Pharmacy Education  
**APhA-** American Pharmacist Association  
**APhA-ASP-** American Pharmacist Association - Academy of Student Pharmacists  
**APPE-** Advanced Pharmacy Practice Experience  
**ASHP-** American Society of Health System Pharmacists  
**CANVAS-** Learning management system (access to guided reading, syllabi, and grade books for all courses)  
**CAPE-** Center for the Advancement of Pharmacy Education  
**CAS-** Clinical and Administrative Sciences  
**CC-** Curriculum Committee  
**CEs-** Continuing Education  
**CLOs-** Course Learning Outcomes  
**COM-** College of Medicine  
**COP-** College of Pharmacy  
**CPJE-** California Pharmacy Jurisprudence Examination  
**CSI-** Classroom Supplemental Instruction Support  
**CSUS-** California State University, Sacramento  
**CV-** Curriculum Vitae  
**DEC-** Dean Executive Committee  
**DOCLINE-** Interlibrary loan system  
**EE-** Experiential Education  
**ExamSoft-** Learning management system  
**FERPA-** Family Educational Rights and Privacy Act  
**FTE-** Full-Time Equivalent  
**GPA-** Grade Point Average  
**HPLC-** High Performance Liquid Chromatography  
**IACUC-** Institutional Animal Care and Use Committee  
**IBATs-** Individual-Based Application  
**ICATs-** Individual Cumulative Assessment Tests  
**ILOs-** Institutional Learning Outcomes  
**IPE-** Interprofessional Education  
**IPPE-** Introductory Pharmacy Practice Experience  
**IRATs-** Individual Readiness Assurance Test  
**IRB-** Institutional Review Board  
**IT-** Information Technology  
**LLC-** Learning Library Center  
**LLO-** Liberal Learning Outcomes  
**LPPK-** Longitudinal Pharmacy Practice Knowledge Exam

**Milestone-** Cumulative and comprehensive examination  
**MMI-** Multiple Mini Interview  
**NAPB-** National Association of Boards of Pharmacy  
**NAPLEX-** North America Pharmacist Licensure Examination  
**OAA-** Office of Academic Affairs  
**OSA-** Office of Student Affairs  
**OSCE-** Objective Structured Clinical Examination  
**PAC-** Preceptor Advisory Council  
**PBS-** Pharmaceutical and Biomedical Sciences  
**PCOA-** Pharmacy Curriculum Outcomes Assessment  
**PEC-** President Executive Council  
**PHAR-** Pharmacy Courses  
**PLO-** Program Learning Outcomes  
**PRC-** Longitudinal laboratory Practicums  
**PRIDE-** Professionalism Responsibility, and Involvement in my Dedication to Excellence  
**P1-** Pharmacy Student Year 1  
**P2-** Pharmacy Student Year 2  
**P3-** Pharmacy Student Year 3  
**P4-** Pharmacy Student Year 4  
**SAN-** Storage area network  
**SI-** Supplemental Instruction  
**SOAP-** Subjective, Objective, Assessment, Plan  
**SWOT-** Strengths, Weaknesses, Opportunities, Threats  
**TBATs-** Team-Based Application Tests  
**TBL-** Team-Based learning  
**TCATs-** Team Cumulative Assessment Tests  
**TRATs-** Team Readiness Assurance Tests  
**Turning Point-** Learning management system  
**UCD-** University of California, Davis  
**WSCUC-** Western Senior College and University Commission

## College's Overview

**The college or school is invited to provide an overview of changes and developments related to the program and the college or school since the last comprehensive on-site evaluation. The summary should be organized by the three sections of the Standards.**

California Northstate University College of Pharmacy is very pleased to highlight the changes and developments that we have accomplished in the areas of educational outcomes, structure and process, and assessment elements.

### A. Educational Outcomes

CNUCOP has made many changes and improvements impacting educational outcomes (outlined below):

- Remapping our curriculum with the ACPE Standard 2016, ACCP Toolkit, and the PCOA domains. The Pharmacist Patient Care Process (PPCP) and Entrustable Professional Activities (EPA) were embedded within the didactic and experiential education curriculum
- Rearrangement of courses (from outcomes' results, students and preceptors' feedback) to better prepare students for their IPPE training
- Development of the Inter-Professional Experiences (IPE) with California State University, Sacramento (CSUS) School of Nursing, CNUCOM, and the Samuel Merritt School of Nursing
- Establishment of four new laboratories: A full semester of compounding with practice and calculations, a full semester of hands on practice in Sterile IV compounding, SimMan simulation with medical students on clinical-based discussion, and the Advanced Pharmacy Practice Simulation lab (APPS) which prepares our students with respect to their skills and competency for the function of dispensing, clinical decision, medication reconstitution, and patient counseling
- Addition of a longitudinal Practicum Lab series (I-VI) as part of P1 to P3 years. Inclusion of the "must" and "recommended" tasks for preceptors in addition to the commonly seen disease topics for P4 APPE
- Creation of a pre-orientation pharmacy program preparation (The Pharmacy Primer Program), launched in August of 2018. Establishment of a three-week faculty-led NAPLEX review process in addition to the current NAPLEX and CPJE board review courses administered to P3 and P4 students
- Augmentation of four essential components of the IPE program at CNU: 1) orientation and student's onboarding, 2) IPE readiness, 3) IPE design and case delivery and 4) assessment

### B. Structure and Process

Many modifications and changes have been implemented driven by the learning outcomes and assessment results, as well as our own commitment to the continuous quality improvement precept and to data-informed decision-making. For example, we have instituted several measures to enhance our students' academic performance, learning outcomes' results, health and wellness, and preparedness for APPE, and IPE namely:

- Required review sessions for Milestone exams at the end of P1 and P2 years, for PCOA at the end of P3, NAPLEX preparation (from an outside vendor) for P3 and P4 students
- Required NAPLEX preparation review for P4 students and a Capstone at the end of P4 year
- Consideration of end-of-the-year exams (Milestones P1, P2 and PCOA) as high stakes: students are now required to pass in order to progress to the next level and for Capstone P4 to be allowed to apply for Board examination
- Creation of the COP Health and Wellness Committee, comprised of students, faculty, and staff to promote a culture of physical, psychological, and emotional well-being for our students, staff, and faculty with student-centered programming, which is also made available to faculty and staff
- Provision of on-site personal counseling services from licensed counselors for all CNU students
- Initiation of a data mining and modeling project and the hiring of a data-mining expert to study and analyze correlations among students' academic performance and Board pass rates
- Development of a self-learning on-site review session, culminating in two separate tests that are similar to the PCOA test format
- Provision of Classroom Supplemental Instruction (CSI) for P1 students with certain basic science courses offered during the P1 year as part of our tutorial program
- Development of a calendar listing the upcoming financial aid programs
- IPE institutional committee expansion to include CNUCOM, and CNUCOPsy
- Addition of courses in public health, geriatric, and pediatrics and two online courses
- Creation of a grant-writing program to support external grant applications, establishment of an infrastructure to support scholarly activities: lab space, sustainable practice sites for clinical research and research personnel, a mentoring program, and a Summer Research fellowship program for students to experiment research with faculty (two then three fellows per Summer)
- Conversion of the Annual Research Symposium to an Annual Translational Research Symposium

## **B. Assessment Elements**

CNUCOP updated the Master Assessment Plan (MAP) to include IPE, Co-curricular experiences, and the experiential education. Results are shared with faculty to drive the CQI effort, which has resulted in a strong faculty buy-in. Regular assessment of curriculum content, student learning, and delivery is key to CNUCOP's goal of maximizing students' academic performance. Starting in 2018, standardized action plans were adopted, which include a brief description of changes to the process being evaluated, including initiatives described in the previous year's plan, novel initiatives not mentioned in the previous Action Plan, and modifications to the assessment process itself. Additionally, the CNUCOP 2014-2019 Strategic Plan underwent a series of assessments, updates, and significant changes to make the plan more strategic and impactful.

## Summary of the College's Self-Study Process

**The college or school is invited to provide a summary of the self-study process. ACPE does not require any supporting documentation for the Summary of the Self-Study Process; however, the college or school may provide supporting documentation (such as, a list of the members of the self-study committees) as an appendix in the self-study report.**

California Northstate University College of Pharmacy (CNUCOP) began the Accreditation Council for Pharmacy Education (ACPE) self-study process in November 2017. The Dean Executive Council (DEC) appointed Dr. Ruth Vinall (associate professor, Pharmaceutical & Biomedical Sciences), who has been a CNUCOP faculty member since 2011, to chair the self-study steering committee. In collaboration with, Dr. Vinall subsequently selected five other steering committee members: Drs. Tibebe Woldemariam (associate professor and department vice-chair, Pharmaceutical & Biomedical Sciences), Olivia Phung (assistant professor and department vice-chair, Clinical & Administrative Sciences), Eugene Kreys (assistant professor and director of assessment, Clinical & Administrative Sciences), Welly Mente (assistant professor and director of IPPE, Experiential Education), and James Jin (associate professor, Pharmaceutical & Biomedical Sciences). A strategy for the self-study was discussed and a plan prepared. A first step was the formation of appropriate subcommittees which would compile, analyze the data, and write the synopsis for their respective standards. The Chair of the Steering Committee formed four subcommittees which were comprised of faculty, staff, preceptors, and student members; subcommittee 1 (chair: Dr. Woldemariam, standards 5 – 9 and 16), subcommittee 2 (chair: Dr. Phung, standards 10 – 15), subcommittee 3 (chair: Dr. Jin, standards 18 - 23), and subcommittee 4 (chair: Drs. Kreys and Mente, standards 1 – 4, 17, 24, 25).

There was an official ‘kick-off’ meeting to orient subcommittee members (faculty, staff, students, and preceptors) to the self-study plan on February 15, 2018. Participants were asked to review the ACPE standards and subcommittee charges prior to attending the meeting. At the beginning of the meeting participants were asked to complete a pop quiz as individuals and then as teams to encourage engagement and identify gaps in knowledge, understanding, and expectations regarding the 2016 ACPE Standards and the self-study process. The answers to these questions were discussed and then participants were encouraged to ask additional questions and voice any concerns that they had. The subcommittee chairs organized subsequent follow-up meetings with their subcommittee members. Between February and May, Dr. Vinall met with the steering committee bi-weekly or on an as-needed basis to help address problems or concerns. Dr. Vinall attended DEC meetings to provide updates, and met with Dean Tran bi-weekly or as needed for follow up.

Subcommittees located the required supporting documentation for their assigned standards and then saved this information in the appropriate folder for each standard on our public drive. The senior faculty members of each committee were given this task. All faculty and staff members of the committee were asked to review the information and generate the major findings in bullet point format in response to the respective standard. The summary was emailed to preceptors



and student members for review as they do not have access to our public drive. All subcommittee members (faculty, staff, preceptors, and students) were asked to review the summary and provide feedback. Subcommittee members then voted on each sub-standard for their assigned standards and subcommittee chairs provided details of their subcommittee votes as well as their documentation to Dr. Vinall who compiled the subcommittee votes and summaries for each standard into one document which was saved on our public drive and/or e-mailed to all participants (faculty, staff, preceptors, and students) from all subcommittees for review.

All participants met on May 15, 2018 to discuss and vote on the self-assessment for the ACPE standards. Clicker technology was used for voting purposes. Dr. Vinall recorded the votes and shared voting tallies ('compliant', 'compliant with monitoring', 'partially compliant', or 'non-compliant') in real-time with all participants during the meeting. When participants felt that there was insufficient information or the information was confusing for one standard (standard 17, progression), after the meeting the subcommittee charged with this standard (subcommittee 4) updated/clarified their documentation and sent it to all participants for an electronic vote via e-mail and the vote was recorded.

Faculty reviewed and voted on the first draft and the final version of the Self-study and the Dean briefed the faculty, staff, students, CNU Administration, and preceptors along the preparation process on the progress of the self-study at the full faculty meeting, student classrooms' briefing, and emails. We wanted this document to be faculty and stake holders driven and the process was approved by all faculty to assure a full buy-in and transparency.

☒ College Self-Study Process-Appendix 0

# Documentation

The members of the on-site evaluation team will use the following form to evaluate the college or school's self-study process and the clarity of the report, and will provide feedback to assist the college or school to improve the quality of future reports.

	Commendable	Meets Expectations	Needs Improvement
<b>Participation in the Self-Study Process</b>	The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff, administrators and a range of other stakeholders, such as, patients, practitioners, and employers. <input type="checkbox"/>	The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff and administrators. <input type="checkbox"/>	The self-study report was written by a small number who did not seek broad input from students, faculty, preceptors, staff, and administrators. <input type="checkbox"/>
<b>Knowledge of the Self-Study Report</b>	Students, faculty, preceptors, and staff are conversant in the major themes of the report and how the program intends to address any deficiencies. <input type="checkbox"/>	Students, faculty, preceptors, and staff are aware of the report and its contents. <input type="checkbox"/>	Students, faculty, preceptors, and staff have little or no knowledge of the content of the self-study report or its impact on the program. <input type="checkbox"/>
<b>Completeness and Transparency of the Self-Study Report</b>	All narratives and supporting documentation are thorough, clear and concise. The content appears thoughtful and honest. Interviews match the self-study findings. <input type="checkbox"/>	All narratives and supporting documentation are present. The content is organized and logical. <input type="checkbox"/>	Information is missing or written in a dismissive, uninformative or disorganized manner. Portions of the content appear biased or deceptive. <input type="checkbox"/>
<b>Relevance of Supporting Documentation</b>	Supporting documentation of activities is informative and used judiciously. <input type="checkbox"/>	Supporting documentation is present when needed. <input type="checkbox"/>	Additional documentation is missing, irrelevant, redundant, or uninformative. <input type="checkbox"/>
<b>Evidence of Continuous-Quality Improvement</b>	The program presents thoughtful, viable plans to not only address areas of deficiency, but also to <b>further advance the quality of the program</b> beyond the requirements of the Standards. <input type="checkbox"/>	The program proactively presents plans to address areas where the program is in need of improvement. <input type="checkbox"/>	No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. <input type="checkbox"/>
<b>Organization of the Self-Study Report</b>	All sections of the report are complete and organized or hyper-linked to facilitate finding information, e.g., pages are numbered and sections have labeled or tabbed dividers. <input type="checkbox"/>	The reviewer is able to locate a response for each standard and the supporting documentation with minimal difficulty. <input type="checkbox"/>	Information appears to be missing or is difficult to find. Sections are not well labeled. <input type="checkbox"/>

## Summary of the College or School's Self-Evaluation of All Standards

Please complete this summary (☑) **after** self-assessing compliance with the individual standards using the Self-Assessment Instrument.

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

# Section I

## Educational Outcomes

## Standard No. 1: Foundational Knowledge

The professional program leading to the Doctor of Pharmacy degree (hereinafter “the program”) develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data [Appendix 1.1](#)
- ☐ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years **broken down by campus/branch/pathway** (*only required for multi-campus and/or multi-pathway programs*) Template available to download [Appendix 1.2 NOT APPLICABLE TO CNUCOP](#)
- ☒ Performance of graduates (passing rate, Competency Area 1<sup>1</sup> scores, Competency Area 2 scores, and Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years. Template available to download [Appendix 1.3](#)
- ☒ Performance of graduates (passing rate of first-time candidates) on California Pharmacist Jurisprudence Examination® (CPJE®) for the last 3 years [Appendix 1.4](#)
- ☒ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years. Template available to download [Appendix 1.5](#)

#### Optional Documentation and Data (Uploads)

- ☒ ILO/PLO outcome report based on individual assignments [Appendix 1.6](#)
- ☒ AACP standardized survey data (Students - Questions 12-14, 77. Preceptor - Questions 19-21) [Appendix 1.7](#)
- ☒ Action plan for addressing the PCOA results of class 2019 (year taken: 2018) [Appendix 1.8](#)

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

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

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

3) **College or School's Comments on the Standard:**

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

**College or School's Comments:**

A CNUCOP Doctor of Pharmacy (PharmD) graduate has successfully completed a rigorous curriculum consisting of courses and practice provided by faculty from the Pharmaceutical and Biomedical Sciences (PBS), Clinical and Administrative Sciences (CAS), and Experiential Education (EE). The CNUCOP curriculum is designed to provide students with the knowledge, competency, skills, ability, values, and habits of mind that will serve them throughout their careers. The four (4) year curriculum facilitates student learning in a progressive and integrated manner both in didactic and experiential courses. The curriculum is composed of three didactic years (P1, P2, and P3) integrated with experiential education training. Introductory Pharmacy Practice Experiences (IPPE) start in P1 and P2 years. The fourth year (P4) is dedicated to the Advanced Pharmacy Practice Experiences (APPE). The curriculum content was mapped against the ACPE Standards, the AACP CAPE document, the ACCP Toolkit, the Pharmacists' Patient Care Process (PPCP), and the PCOA topics. A Master Assessment Plan is utilized to assess the Program Learning Outcomes (PLO) of the curriculum, and the results were reviewed by the Assessment and Curriculum committees and the Dean's Executive Council (DEC) for modifications. The Office of Academic Affairs maintains the map of the institutional (ILO) and program learning outcomes in collaboration with the curriculum and assessment committees. The curriculum committee reviews the course syllabi for approval before every semester and collaborates with the assessment committee, the Director of Assessment,

and the Office of Academic Affairs to review and analyze the outcome data to maintain an up-to-date curriculum with the requirements of accreditation and the profession to deliver a quality education to students. The first PLO addresses Foundational Education. PLO 1.1 centers on the evaluation of scientific topics (taught in nine courses). PLO 1.2 focuses on the explanation of the mechanisms of drug action (taught in 19 courses). PLO 1.3 applies to the use of foundational sciences to advance population health and patient-centered care (taught in 11 courses). The learning outcomes introduced early in the curriculum are developed in the succeeding courses. Students are expected to achieve satisfactorily all the outcomes at the completion of the didactic curriculum, as well as in the experiential portion of the curriculum.

In the didactic curriculum, 15 signature assignments directly assess students' ability to evaluate scientific literature. Along with the drug information courses conducted in the P2 year of the curriculum, three subsequent practicum courses specifically include literature evaluation assignments as a major assessment component of the course. Based on these assignments, 85% of the students demonstrated proficiency. Fourteen signature assignments directly assess explanation of drug action, with 80% of students demonstrating proficiency. Nine signature assignments directly assess the use of foundational sciences to advance population health and patient-centered care with 87% of students demonstrating proficiency.

Advanced Pharmacy Practice Experiences (APPEs) assess student performance of foundational knowledge, skills, ability, and values primarily within the hospital and general medicine rotations. Three to four questions (depending on rotation type) directly address foundational knowledge, with the evaluation of students completed by the preceptors. In the 2018 graduating class, 86.86% of students were proficient for this standard in Hospital APPEs, while 78.81% graded as proficient in General Medicine APPEs. The AACP survey results over the past several years showed interestingly that students rate their competency in these areas significantly below the national benchmark data while their preceptors rate them on par with national data.

The College also employs standardized tests, such as the PCOA, NAPLEX, and CPJE to compare student performance in reference to their peers. Due to the results on the PCOA exam in 2017, the College undertook several initiatives to ensure that the curriculum addresses all of the appropriate topics and provides incentives for students to realize the importance of the exam in demonstrating a true reflection of their knowledge and to improve the utility of the exam in guiding curricular changes. For example, the PCOA coordinator and the Office of Academic Affairs, in conjunction with all departments, developed a PCOA Action Plan, which mapped PCOA topics against the curriculum, to ensure that all topic areas were covered. In addition, faculty offered mandatory review sessions on PCOA topics during the P3 year. In addition, integrated activities, which specifically include foundational knowledge content, have been added to the practicum courses.

The PCOA exam has been considered high-stake since 2018 (class of 2019). The minimum competency level for the PCOA is defined as achieving no less than two standard deviations below the National Scaled Score. A required remediation was instituted for students scoring below this level. The College conducted a correlation analysis between student performance within the college curriculum and the PCOA results. As a result, student performance from the 2019 class, who took the test in 2018, significantly increased as compared to that from the classes of 2018 and 2017. Furthermore, the overall College percentile obtained in 2018 was 1.4 and 3.3 times higher than that in 2016 and 2017, respectively. In 2018, the overall average scaled score for CNU students was 339 while the average scaled scores in 2016 and 2017 were 296 and 277, respectively. The 95% confidence interval (CI) for the overall mean scaled scores in 2018 calculated was 326-352, which contains the mean scaled scores from the national normed reference group (352). This implies that our school's overall performance is not statistically different relative to the national average. Based on these results, the college developed an action plan to further improve student performance and will continue to conduct correlation analyses to identify areas for improvements.

For NAPLEX examinations, CNU graduates demonstrated a passing rate of 96% in 2015, 88% in 2016, 84% in 2017, and 89.7% in 2018. As reference, the average national pass rates were 93%, 86%, 88%, and 94% respectively. This trend could be partially explained by a change in the format and the content of the NAPLEX exam. There was an increase in the number of exam questions from 185 to 250. The length of time allotted for the exam increased from 4.5 hours to 6 hours. To improve student performance, the College established a faculty-led NAPLEX review process in addition to the current NAPLEX and CPJE board review courses administered to P3 and P4 students. The faculty review sessions are comprised of 24 three-hour segments, delivered over a three-week period after successful completion of APPE rotations. As students complete their board examinations, the data will be used in comparative analyses to identify associations between students' performance on the board examinations with key performance indicators throughout the PharmD program at CNU aimed at identifying areas for improvement.

CNUCOP CPJE performance was an 89.7% passing rate in 2015, 92.2% in 2016, 83.0% in 2017 and 92% in 2018 compared to the CPJE passing rate of all schools in California as 78.4%, 65.4%, 70.3%, and 78.2% in 2015, 2016, 2017, and 2018, respectively. The MPJE passing rate of graduates across the nation showed an 84.7%, 70.1%, 78.3%, and 78.2% passing rate in 2015, 2016, 2017, and 2018, respectively.



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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance.</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 2: Essentials for Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework. [Appendix 2.1](#)
- ☒ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE). [Appendix 2.2](#)
- ☒ Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE). [Appendix 2.3](#)

#### Optional Documentation and Data (Uploads)

- ☒ AACP standardized survey data (Students - Questions 15-19. Preceptor - Questions 22-26. Alumni - Questions 29-33) [Appendix 2.4](#)

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

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

**3) College or School's Comments on the Standard:**

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

**College or School's Comments****Patient-Centered Care**

To achieve the CNUCOP mission of educating students to provide high-quality patient-centered care, the College has mapped the didactic and experiential education of the curriculum against ACPE 2016 Standards, the AACCP CAPE educational outcomes, the components of PPCP, and the ACCP Toolkit to achieve the development of pharmacy graduates who are able to provide patient-centered care.

The curriculum begins with a focus on the biomedical and pharmaceutical sciences to provide students with the basic foundational knowledge that underpins quality patient care. Along with the basic sciences, students in the P1 year also study biostatistics, pharmaceuticals, and calculations to gain an understanding of the interactions between complex drug delivery systems and biological systems. Students are also introduced to the pharmacy profession with the courses as Self-care, Drug Information and Evaluation, Introduction to Pharmacy Practice, Communication and Counseling. During this year, the students also take Longitudinal Practicum I, the first in a series of six courses that provide students with the opportunity to practice essential skills and use the knowledge learned in their didactic courses, building and developing these skills in a sequential and integrated way.

Longitudinal Practicum I focuses on a hands-on introduction to bench-top pharmaceutical compounding and calculations. In Practicum II in the second semester, students learn how to perform manual blood pressure and to counsel patients as well as introducing IV sterile compounding calculations and regulations, aseptic techniques, and personal and patient safety measures. Activities are deliberately designed to progress in difficulty and depth in the courses, allowing students

to build their knowledge and apply information to new situations. Students apply the knowledge gained from these introductory courses as they perform their Community IPPE (IPP 707) in the summer of their P1 year.

Pharmacy practice skills are reinforced in the P2 year while also increasing in complexity. Students apply their knowledge of pharmacotherapy to clinical scenarios through the use of an oral clinical exam. Skill sets related to conducting medication reconciliation and motivational interviewing are further refined. Professionalism, including communication, behavior, and attitudes that are consistent with being a healthcare professional are reinforced. In the second semester of the P2 year, students develop and practice clinical skills through the assessment of cases, laboratory findings, pharmacologic principles, and evidence-based guidelines. Students learn to demonstrate clinical skills relevant to providing patient care in simulated learning activities with other health care professional students (IPE).

In the P3 year, students develop the ability to practice “real life” pharmacy inpatient and outpatient experiences and challenges in a structured environment such as the Simulation lab with IPE case study and the APPS lab where students will circle the dispensing of a prescription going through the act of filling the prescription to reviewing it clinically and counseling the patient before the prescription leaves the pharmacy. In addition, students review patient cases using disease states from previous or concurrent pharmacotherapeutic course topics such as cardiovascular, endocrine, respiratory, neuropsychology, geriatrics, and infectious disease. In the second semester of the P3 year, students participate in IPE simulations exercises and present presentations that solidify their communication skills. This third year of practicum build on skills developed in previous didactic courses in order to optimize personal performance going into the Advanced Pharmacy Practice Experiences (APPEs).

### **Medication Use System Management**

The College supports the development of pharmacy graduates to manage medication use systems through various courses and activities during the didactic years and experiential education rotations. The curriculum introduces the management of medication use systems in the P1 year where students learn the basic dosage forms and drug delivery systems as well as an overview of drug quality control and regulation. This knowledge is reinforced throughout the didactic curriculum in courses such as Pharmacy and the Health Care System, Pharmacy Law and Ethics, and Pharmacy Management. In order to assure sufficient achievement of content, students are evaluated through an assessment process based on individual assignments in courses, such as longitudinal practicum, communications, pharmacy management, medication safety, and health care systems. Program Learning Outcomes have also been developed to assess the students’ performance in each area. During the IPPE and APPE rotations, students were evaluated by clinical pharmacists and/or faculty preceptors on their ability to manage the medication use system to fulfill patient healthcare needs. The evaluation instruments among the various health care settings of community, institutional, general medicine and ambulatory care differ in order to align the assessment to the respective healthcare institutions.

Sixteen signature assignments across the curriculum were evaluated with the mean scores of 94%, with 86% of students reaching the level of proficient, 12% of students reached the level of developed. Outcome assessment data summarizing overall student achievement of the learning objectives for Introductory Pharmacy Practice Experience (IPPE) shows that preceptors have evaluated CNUCOP students as proficient, with student proficiency ranging from 82% to 95.93% across all indicators for Community IPPE. Moreover, the interpretation of the data for IPPE Community proficiency level distribution by question shows students demonstrated a consistent level of proficiency throughout their IPPE Community rotation.

Likewise, preceptors have evaluated students as proficient, with proficiency ranging from 77% to 95% across all indicators for Hospital IPPE. The interpretation of the data for IPPE Hospital proficiency level distribution by question also shows students demonstrated a consistent level of proficiency throughout their Hospital rotation.

During the APPE core rotations, students are expected to demonstrate the role of a pharmacist in managing legal, human, financial and/or physical resources. Students' performance score in this domain approximates 98%. Students are expected to demonstrate the ability to receive a drug order, enter it into the electronic health record (EHR), or review a prescription entered by a pharmacy technician, for safety, accuracy and appropriateness for the patient. Eighty seven percent (87%) of the students were proficient and 13% of students were at the developed stage. In addition, students are expected to follow health system policies, procedures and guidelines for documenting his/her patient care activities, including the method of documentation after receiving authorization and with any required co-signature. In the Ambulatory Care rotations, in order to develop the students' management of patient healthcare needs, students are expected to accurately assess the personnel needed to effectively execute the clinic's service model. Ninety percent (90%) of students were at the level of proficient and 10% of students were at the level of developed.

In summary, based on the evidence from given activities and the students' performance in various assignments, the data indicates that CNUCOP students develop the ability to engage effectively in medication use systems, with average grades of more than 90%. Despite these strong results, both students and preceptors perceive their competence to be lower than the data indicates, with scores slightly below the AACP survey national benchmark data in this area, indicating that their performance is actually stronger than their perceptions. The performance of students in APPE Community and Ambulatory Care were equally strong with more than 90% of students reaching the proficient level. There is room to improve the scores of APPE experiences in General Medicine and Institutional rotations with 80% of students reaching the level of proficient in several individual scoring activities.

## **Health and Wellness**

The objective of this standard is to gauge the ability of the pharmacy program to develop graduates who can design strategies for the prevention, intervention, and education of individuals and communities for improving overall health and

wellness. Opportunities exist within the co-curriculum such as the involvement of student organizations in the development and implementation of community health fairs. The systematic integration of “signature” individual assignments allows academic freedom for faculty to create and implement health and wellness awareness and educator rubrics within the didactic curriculum. Within the didactic curriculum, 16 signature assignments evaluate students’ ability to promote patient’s health and wellness. Summary assessment data based on these assignments demonstrated that 86% of the students were deemed proficient for this portion of the standard, while 12% of student assessments provided evidence for achieving the level of developed competency status. During the academic year 2017-2018, data from assessment on signature assignments served to provide strong support that students had acquired the knowledge and development of skills for Standard 2.3. Moreover, APPE Community evaluation data documented that 84% of the students met descriptors for the level of proficient and 16% were at the level of developed.

### **Population-Based Care**

Population based care is robustly covered in the CNUCOP core pharmacy curriculum. Inclusion and implementation of this standard begins early, including foundational science courses such as Biochemistry in the P1 year, which includes topics such as pharmacogenomics. This course develops concepts pertinent to health and medical issues in populations including the idea of genetic and phenotypic diversity. Following an initial program for the development of these concepts, curricular inclusion of this standard emphasizes the development of practice guidelines and evidence based practice, particularly in the Longitudinal Practicum courses (i.e., PRC 610, PRC 710, PRC 809 and PRC 810) offered during the P2 and P3 didactic years of the program. Some examples of student-centered learning assignments include creating lipid-disease and HTN-based SOAP notes, IPE assignments, and Ambulatory Care OSCEs. Activities focusing on these and similar topics enabled students to apply their knowledge of pharmacotherapy to clinical scenarios. The standard was assessed through individual signature assignments that provided opportunities for faculty assessment of individual student’s learning. During academic year 2017-2018, standard 2.4 was assessed by 13 signature assignments. The mean score for this standard was 95%, where 89% percent of the students demonstrated the level of proficient, and 10% demonstrated a level of developed.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 3: Approach to Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Examples of student participation in IPE activities (e.g. didactic, simulation, experiential) [Appendix 3.1](#)
- ☒ Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework [Appendix 3.2](#)
- ☒ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE) [Appendix 3.3](#)
- ☒ Outcome assessment data summarizing overall student achievement of learning objectives for advanced pharmacy practice experiences (APPE) [Appendix 3.4](#)
- ☒ Outcome assessment data summarizing overall student participation in IPE activities [Appendix 3.5](#)
- ☒ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3 [Appendix 3.6](#)
- ☒ Outcome assessment data of student achievement of problem-solving and critical thinking [Appendix 3.7](#)
- ☒ Outcome assessment data of student ability to communicate professionally [Appendix 3.8](#)
- ☒ Outcome assessment data of student ability to advocate for patients [Appendix 3.9](#)
- ☒ Outcome assessment data of student ability to educate others [Appendix 3.10](#)
- ☒ Outcome assessment data of student demonstration of cultural awareness and sensitivity [Appendix 3.11](#)

#### Optional Documentation and Data (Uploads)

- ☒ AACP standardized survey data (Students - Questions 20-26. Preceptor - Questions 27-33) [Appendix 3.12](#)



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

	S	N.I.	U
<b>3.1. Problem solving</b> – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	■	○	○
<b>3.2. Education</b> – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.	■	○	○
<b>3.3. Patient advocacy</b> – The graduate is able to represent the patient's best interests.	■	○	○
<b>3.4. Interprofessional collaboration</b> – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	■	○	○
<b>3.5. Cultural sensitivity</b> – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.	■	○	○
<b>3.6. Communication</b> – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.	■	○	○

### 3) College or School's Comments on the Standard

- ☒ How the college or school supports the development of pharmacy graduates who are to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally
- ☒ How the college or school incorporates interprofessional education activities into the curriculum
- ☒ How assessments have resulted in improvements in patient education and advocacy.
- ☒ How assessments have resulted in improvements in professional communication.
- ☒ How assessments have resulted in improvements in student problem-solving and critical thinking achievement
- ☒ Innovations and best practices implemented by the college or school
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements

### College or School's Comments

#### Problem Solving

CNUCOP provides an academic program that fosters critical thinking, problem-solving, ethical reasoning, and self-directed learning skills with a didactic curriculum based on active learning strategies and an experiential program which sequentially develops student skills, attitudes, values, judgment, professional behavior, and expertise in patient-centered care.

The College employs active learning pedagogy with in-class application activities, student discussion of various solutions requiring supporting evidence, and selection of a final response to solve the problem. Various aspects of active learning strategies include instructor facilitation and a student peer-evaluation process to ensure that all students participate in the activities. During the didactic curriculum, there are 18 signature assignments that evaluate problem-solving with at least 8 distinct methods of verbal and nonverbal evaluations including presentations, SOAP notes, patient counseling, Interprofessional Education (IPE) experiences, inpatient hospital team simulations, calculation practice, and reflections. The overall mean score of the assignments for this standard is 94%, with 81% of students identified as proficient and 15% identified as developed.

The culmination of efforts is apparent in the Advanced Pharmacy Practice Experience (APPE) program. Students' problem-solving skills are assessed with the preceptors' evaluations. Three to four questions (depending on rotation type) addressing Standard 3.1 on APPE rotation evaluations are completed by preceptors. During the 2017-2018 academic year, 88.18% of students were proficient in Community APPEs, 89.9% were proficient in Institutional APPEs, 78.68% were proficient in General Medicine APPEs, and 83% were proficient in Ambulatory Care APPEs.

## **Education**

During the didactic curriculum, 18 signature assignments specifically evaluate student proficiency in educating the public/patients and serving as a patient advocate, with at least seven distinct methods of verbal and nonverbal evaluations. The evaluations include: presentations, SOAP notes, patient counseling, IPE exercises, inpatient hospital team simulations, and self-reflections. The mean score for assignments assessing this standard is 94%, with 83% of students identified as being proficient and 13% identified as developed.

Since graduates must be able to educate a broad audience and advocate for the patient's best interests, students are introduced to these skills beginning in the P1 year. During the P1 year, a number of courses provide an introduction to foundational issues related to patient advocacy and cultural sensitivity in the following courses: Introduction to Pharmacy Practice and Professionalism, Communications, and Self Care. Longitudinal Practicum I, which also occurs during the P1 year, provides an overview of the value of compounded dosage forms, and their limitations and relationship to FDA-approved drugs. Content is taught regarding the use of compounding pharmacies for the preparation of clinical trial materials, and various compounded preparations are made.

Students begin their IPPE rotations in the summer following the P1 year. In the P2 year, the Longitudinal Practicum II course provides students with hands-on introduction to aseptic techniques and personal safety measures as well as practice in patient counseling and interviewing skills. Students learn how to conduct a physical assessment of patients, with a focus on smoking cessation, blood pressure monitoring, and blood glucose assessment. Students also practice physical assessment techniques on simulated patients, are certified in an immunization certification program, and are introduced to

the concept of Medication Therapy Management (MTM). Longitudinal Practicum II emphasizes oral presentation skills, leadership, professionalism, and ethics.

Longitudinal Practicum III enables students to apply their knowledge of pharmacotherapy to clinical scenarios through evaluating patient cases and developing SOAP notes as well as pharmacotherapeutic debates. Basic laboratory elements are introduced and skill sets related to conducting MTM/motivational interviewing are refined. Students enhance their oral communication skills through patient counseling exercises and debates on topics related to psychiatry and/or neurology. Professionalism is practiced in alignment with the CAPE definition of professionalism, including behaviors and attitudes entrusted to a healthcare professional by patients, other healthcare professionals, and society.

The following semester, Longitudinal Practicum IV provides students with an opportunity to develop and practice clinical skills through the assessment of case reports laboratory findings, pharmacologic principles and evidence-based guidelines. Journal Clubs, MTM, SOAP Notes and Care Plans are revisited using various cardiovascular, endocrinology, and pulmonary disease states as a platform. Students demonstrate clinical skills relevant to providing patient care in simulated learning activities with other healthcare professional students. Evidence-based patient case discussion and patient therapeutic treatment plan recitation are practiced throughout the practicum. Students must demonstrate proficiency in professional skills, attitudes, and values necessary to enter a clinical service.

Longitudinal Practicum V provides students with practice in nutritional calculations, MTM review of cases using specific topics such as renal, gastroenterology and oncologic diseases from the semester pharmacotherapeutic course. In addition, students participate in IPE simulation exercises, and team-based topic presentations are delivered to consolidate oral communication skills. All of these longitudinal practicum collectives allow students to refine their clinical skills and solidify their understanding of the roles and responsibilities of the pharmacist in various practice settings. In particular, this longitudinal practicum builds upon skills developed in previous didactic courses and practicums in order to optimize individual performance in preparation for Advanced Pharmacy Practice Experiences (APPEs). There is an emphasis on infectious disease case scenarios in this practicum.

Throughout Longitudinal Practicum VI, students are exposed to simulation situations in community, institutional, and ambulatory care environments, and they reinforce their skills in prescription processing, order entry and evaluation, and disease state management. Students practice patient case scenarios assessing, evaluating, and prioritizing patient problems to provide appropriate treatment recommendations. The overall student accomplishments are reflected in the Advanced Pharmacy Practice Experiences (APPEs) program assessment. In the 2017-2018 academic year, 91.86% of students were proficient in Community APPEs and 85.57% were proficient in Institutional APPEs.

**Patient Advocacy**

CNUCOP recognizes the importance of patient advocacy within the profession of pharmacy. This involves educating the patient with knowledge and empowering them to ask the right questions to understand disease states and to take an active role in the maintenance of their health. CNUCOP also wants students to be able to relate to the patient so they are able to make patients feel comfortable knowing that their information is protected by the healthcare providers and that they have the ability to speak for themselves regarding their care and delivery. During the didactic curriculum, there are 17 signature assignments that evaluate patient advocacy with at least seven distinct methods of verbal and nonverbal evaluations including presentations, SOAP notes, patient counseling, IPE experiences, inpatient hospital team simulations, a final term paper, and reflections. The overall mean score for assignments assessing this standard is 94%, with 84% of students identified as being proficient and 13% identified as DEVELOPED. APPE data shows student performance for patient advocacy using preceptor evaluations in 2017-2018 as 97% proficient for this standard in Ambulatory Care APPEs.

**Interprofessional Collaboration**

Interprofessional collaborative activities include the interprofessional education curriculum (defined in Standard 11) as well as student participation in professional organizations, community service initiatives, and research projects. These activities are threaded throughout the didactic and experiential curriculum, enabling students to develop the skills needed to serve as an advocate for the profession. The longitudinal practicum courses integrate IPE experiences, in conjunction with the College of Medicine (CNUCOM) and CSUS School of Nursing (SON), to promote collaboration and the development and mastery of clinical-reasoning skills through the inclusion of clinical scenarios.

For instance in an IPE event involving diabetes mellitus, the IPE goal was to provide patient centered care, utilize informatics, and apply quality improvements. Students worked in IPE teams to develop evidence-based practice recommendations, while demonstrating interprofessional communication. Clinical reasoning through collaborative communication from a discipline-specific perspective was employed to explain their point of view when exercising IP teamwork. The teams had a sense of shared leadership and communication. Their reflection question involved answering what their role was in the team, identifying instances where IP care could improve patient outcomes, describing the context and culture of an IP environment that facilitates or inhibits collaboration. Students were asked about what they found valuable with the IPE experience, what could be improved for future IPE sessions, and to write a reflection response.

During their patient case discussion, team members had various roles. One role was to interpret signs and symptoms within the case and attributed them to potential problems. Another involved in organizing a list of potential problems related to patient management of disease processes and prioritizing care (Level 1 = most urgent (only one), Level 2 =

urgent (today or tomorrow), Level 3 = chronic or manage at discharge). Another student evaluated safety interventions related to drug, disease, or presentation. Other roles planned collaborative management of identified problems as new information became available. Still, another would monitor patient response to a treatment plan including identification of monitoring parameters. Students prepared for their experiences by going over the disease state review and reviewing their notes from the diabetes mellitus didactic course. Students were allowed to bring their notes and electronic resources and were assigned into groups. Faculty provided an introduction to IPE, introducing the “typical role” of the professional in the hospital before the session. Later, they transitioned to a different room for a debriefing of their experience.

The didactic curriculum includes ten signature assignments that assess collaboration, with at least four different methods of verbal and nonverbal evaluations, including presentations, SOAP notes, a final term paper, and reflections. The mean score for assignments assessing this standard is 95%, with 90% of students identified as being proficient and 9% identified as developed. Introductory Pharmacy Practice Experiences (IPPEs) assess student performance in the context of the collaboration using preceptor evaluations of student performance. In the 2017-2018 academic year, 90.5% were proficient for this standard in the community IPPE. Advanced Pharmacy Practice Experiences (APPEs) assess student performance in the context of collaboration using preceptor evaluations of student performance. In the 2017-2018 academic year, 86.5% of students were proficient (mean score 3.9/4) for this standard in General Medicine APPEs and 86% were proficient (mean score 3.9/4) for Ambulatory Care APPEs.

### **Cultural sensitivity**

CNUCOP provides our students with educational opportunities that enable them to adapt their behaviors and attitudes appropriately when working with culturally diverse patient populations. CNUCOP’s curricular program emphasizes this area with the understanding that cultural competency and sensitivity is an important component of overall excellence in health care delivery.

CNUCOP’s program allows students to explore cultural sensitivity issues as they develop cultural competency throughout their education at CNUCOP, which provides a rich environment in term of cultural diversity. Students are engaged in a variety of community services activities, where they are exposed to cultural diversity within Sacramento and the surrounding areas. Student achievement is evidenced with CNUCOP students receiving the US Public Health Service Award in 2014, 2016, 2017, and 2018.

Within the didactic curriculum, nine signature assignments evaluate cultural sensitivity, with at least 4 different types of verbal and nonverbal evaluations including presentations, SOAP notes, a final term paper, and reflections. The mean score for assignments assessing this standard is 94%, with 84% of students identified as being proficient and 10% identified as developed. Advanced Pharmacy Practice Experiences (APPEs) assess student performance in cultural

sensitivity based on preceptor evaluations. In the 2017-2018 academic year, 90% of students were proficient for this standard in Ambulatory Care APPEs.

## Communication

Graduates of the CNUCOP PharmD program demonstrate proficiency in a variety of areas including verbal and nonverbal communication. In the didactic curriculum, 18 signature assignments evaluate communication, with 8 different methods of verbal and nonverbal evaluations including presentations, SOAP notes, objective structured clinical examinations (OSCEs), patient counseling, IPE experiences, inpatient hospital team simulations, formal disease state presentations, and self-reflections. The mean score for assignments assessing this standard is 94%, with 81% of students identified as being proficient and 15% identified as developed. Communication skills are specifically assessed within the didactic curriculum in Self Care, Introduction to Pharmacy Practice and Professionalism, the longitudinal practicums, Pharmacy Management, and Advanced Pharmacy Practice Experiences (APPEs). Written communication skills are assessed extensively through reflections, which are required of all students participating in IPE and co-curricular activities. Advanced Pharmacy Practice Experiences (APPEs) assess student performance in communication based on preceptor evaluations. In the 2017-2018 academic year, 86.61% of students were proficient in this standard in Institutional APPEs, 83.41% were proficient for General Medicine APPEs, and 89% were proficient in Ambulatory Care APPEs. All outcome assessments are evaluated by Curriculum and Assessment committees for improvements and action plans are developed.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 4: Personal and Professional Development

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Outcome assessment data summarizing students' overall achievement of professionalism [Appendix 4.1](#)
- ☒ Outcome assessment data summarizing students' overall achievement of leadership [Appendix 4.2](#)
- ☒ Outcome assessment data summarizing students' overall achievement of self-awareness [Appendix 4.3](#)
- ☒ Outcome assessment data summarizing students' overall achievement of innovation and entrepreneurship [Appendix 4.4](#)
- ☒ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4 [Appendix 4.5](#)
- ☒ Description of tools utilized to capture students' reflections on personal/professional growth and development [Appendix 4.6](#)
- ☒ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning [Appendix 4.7](#)
- ☒ Outcome assessment data summarizing student achievement of learning objectives for didactic coursework [Appendix 4.8](#)
- ☒ Outcome assessment data summarizing student achievement of learning objectives for introductory pharmacy practice experiences [Appendix 4.9](#)
- ☒ Outcome assessment data summarizing student achievement of learning objectives for advanced pharmacy practice experiences [Appendix 4.10](#)

#### Optional Documentation and Data (Uploads)

- ☒ AACP standardized survey data (Students - Questions 27-31. Preceptor - Questions 34-37) [Appendix 4.11](#)

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

	S	N.I.	U
<b>4.1. Self-awareness</b> – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.	■	○	○
<b>4.2. Leadership</b> – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.	■	○	○
<b>4.3. Innovation and entrepreneurship</b> – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.	■	○	○
<b>4.4. Professionalism</b> – The graduate is able to exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.	■	○	○

- 3) **College or School's Comments on the Standard:** Description of tools utilized to capture students' reflections on personal/professional growth and development

- ☒ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning
- ☒ Description of curricular and co-curricular experiences related to professionalism, leadership, self-awareness, and creative thinking.
- ☒ How assessments have resulted in improvements in professionalism, leadership, self-awareness, and creative thinking.
- ☒ Innovations and best practices implemented by the college or school
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements

### College or School's Comments

#### Self-Awareness

Students at California Northstate University College of Pharmacy (CNUCOP) participate in an organized program of activities that integrate the classroom experience with both co-curricular and extra-curricular activities. These activities improve students' understanding of themselves and develop a sense of self-awareness in order to become better leaders and professionals. The activities, programs, and learning experiences purposefully compliment what students are learning in the classroom, and thereby guide our students to examine their self-awareness. Participation in health fairs while serving diverse populations (e.g. Celebrando, Aloha, and Mandarin health fairs) is an important part of our students' pharmacy education. These experiences help students learn how to communicate information to individuals from various social and/or cultural backgrounds. Student self-reflection papers synthesize their academic training with real world experience and communicate to the faculty their experiences and learning. Our assignments ask students to reflect and provide specific examples from their experiences to explain how they adapted their behaviors, interpersonal skill



techniques such as empathy, language use, tone of voice, and verification of patient understanding. This will help students to know how to appropriately convey information to patients in a clear and concise manner.

Students develop the skills needed to critically self-assess through the completion of the didactic pharmacy curriculum, IPPEs, and participation in co-curricular learning activities. Introductory exposure to self-awareness is incorporated into IPP 607: Introduction to Pharmacy Practice and Professionalism (P1 Year), and a developed level of self-awareness is conferred through Introductory Pharmacy Practice Experiences (P2 Year). Students master self-awareness by completing their Longitudinal Practicums (P3 Year). At the mastered level of self-awareness, students should be committed to continuous development of their self-awareness throughout their professional lives. To reinforce student development of self-awareness, each semester students must complete an evaluation of themselves and their peers in terms of team effectiveness using CATME (Comprehensive Assessment of Team Member Effectiveness) software program.

To assess student mastery of self-awareness, six signature assignments in the pharmacy curriculum are used to quantify proficiency in PLO 4.1. The mean score for the six signature assignments was 96%, with 95% of students being proficient, 3% being developed, 2% developing, and 0% initial. Outside of the didactic curriculum, students are required to complete at least one Co-Curricular Learning Outcome (CoCuLO) self-reflection that focuses on self-awareness and learning. As of 2018, 17 different CoCuLO experiences offered exposure to self-awareness and learning.

## **Leadership**

CNUCOP is committed to the development of leadership in our students and accordingly provides numerous opportunities to develop leadership qualities. Students develop leadership through the completion of the didactic pharmacy curriculum, including IPPEs, APPEs, and CoCuLO experiences. Introductory exposure to leadership is introduced in PBS 602: Pathophysiology and Pharmacology I, PRC 610: Longitudinal Practicum II. Leadership is further developed in Community Practice IPP 707, CAS 801: Pharmacy and the Health Care System, and IPPE IV: Specialty. At the mastered level of leadership, students are committed to continuous development of their leadership skills throughout their professional lives. Student mastery of leadership is assessed using an APPE report for the Ambulatory Care APPE and a signature assignment from CAS 804: Pharmacy Management and Economic Principles. The APPE report showed 96% of students were proficient with PLO 4.2, 3% of students were developed, and 0% of the students were developing or initial.

In addition to classroom work and rotations, students are required to complete a self-reflection essay on their service and leadership activities. Based on their participation in chosen events, they described specific instances where they collaborated with peers, healthcare providers, and/or others to create, develop, and implement shared goals that improve healthcare.

The partial list of activities below indicates some of the many opportunities for students to develop leadership both on and off campus:

- Serving on a college committee
- Presenting a poster at a local, state, or national conference
- Participating in a national leadership challenge
- Holding office in student government or an organization
- Participating in an IPE activity outside of the classroom
- Participating in a state or national competition focused on patient counseling and clinical development
- Serving as a Student Admissions Ambassador, participating in Legislative Day or an advocacy campaign
- Serving as a CAPSLEAD (California Pharmacy Student Leadership) team member
- Serving as a Board of Trustees member of CPhA

### **Innovation and entrepreneurship**

Students at CNUCOP have the opportunity to participate in basic science, clinical, and/or social and administrative science research with faculty. These activities encourage and support interested students in obtaining research education to develop further their skills through careful research practice and studies for creative new theories. Additional examples of innovation and entrepreneurship opportunities occurring outside of the classroom include:

- Participating in an independent pharmacy business plan competition
- Participating in McKesson's Rx Technology IdeaShare Day for students
- Participation in CPhA Rx Bootcamp
- Competing in an IPhO-related drug development and discovery competition– CNUCOP's IPhO student representatives selected as 2018 national winner
- Hosting regional and/or national student conferences on-campus

Students develop skills of creative thinking and entrepreneurship through completion of the didactic pharmacy curriculum, IPPEs, APPEs, and CoCuLO experiences. Introductory exposure to innovation and entrepreneurship skills is achieved through the didactic course CAS 801: Pharmacy and the Health Care System (P2 Fall), whereas a developed level of innovation and entrepreneurship is conferred through the didactic course CAS 804: Pharmacy Management and Economic Principles (P2 Spring). Students are expected to master innovation and entrepreneurship through completion of all their APPEs (P4 Year). At the mastered level of PLO 4.3, students are committed to continuous development of their innovation and entrepreneurship skills throughout their professional lives. To assess student mastery of innovation and entrepreneurship, a signature assignment is used from CAS 804: Pharmacy Management and Economic Principles, in addition to the APPEs reports.

According to the analysis of the CAS 804 Final Term Paper, the mean score of the students was 95%, and 100% of the students were proficient. Per the APPE report, 90.3% of students were proficient, 9% were developed, and 1.8% of the students were developing or initial for the Community APPE. For the Institutional APPE, 88.3% of students were proficient, 11% were developed, and 0.7% of the students were developing or initial and for the General Medicine APPE, 83.4% of students were proficient, 16% were developed, and 0.6% of the students were developing or initial. Finally, for the Ambulatory Care APPE, 88% of students were proficient, 12% were developed, and 0% of the students were developing or initial.

## **Professionalism**

Professionalism in health care at CNUCOP aims to instill in our students the value of a lifelong commitment to their patients and the societies they will eventually serve. CNUCOP students are encouraged to dress professionally, act courteously, and be punctual for all classes, meetings, and events. Ample venues at CNUCOP exist for students to develop their skills related to professionalism through their completion of the didactic pharmacy curriculum, IPPEs, APPEs, and CoCuLO experiences.

To fulfill CoCuLO #2: Professionalism and Advocacy, students have the opportunity to practice and demonstrate professionalism through their participation in IPE community health fairs, Legislative Day, shadowing a state or national professional association executive member, providing a presentation to a pre-health club on current legislative initiatives focused on improving public health, participating as a competitor for local, state, or national competitions, and/or serving as an organization delegate. Following their participation in these events, students are required to complete a self-reflection that describes how they demonstrated professional attitudes and behaviors. As of 2018, 11 CoCuLO experiences offered exposure to professionalism skills.

Introductory exposure to professionalism skills is currently embedded in the didactic courses through PBS 604 Pharmacokinetics, PRC 610: Practicum II, and IPP 607: Introduction to Pharmacy Practice and Professionalism (P1 year) and IPP 707: Introductory Pharmacy Practice Experience Community Experience (P2 Year). A developed level of professionalism is conferred through the practicum courses PRC 709: Practicum III and PRC 710: Practicum IV. A developed level of professionalism is also embedded in IPP 807: Introductory Pharmacy Practice Experience Institutional Practice, CAS 802: Pharmacy Law and Ethics, CAS 805: Pharmacotherapy III, and IPP 808: Introductory Pharmacy Practice Experience Specialty Practice.

Students are expected to master professionalism through the didactic course PRC 809: Practicum V (P3 Year) and through completion of all their APPEs (P4 Year). At the mastered level of professionalism, students are committed to continuous development of their professionalism as self-learners throughout their careers. To assess student mastery of professionalism skills in the pharmacy curriculum, 17 signature assignments are used to quantify proficiency in addition

to the APPE reports: one from PRC 610, three from CAS 702, two from PRC 709, three from PRC 710, five from PRC 809 and three from PRC 810. The mean score for the 17 signature assignments was 94%, with 81% of students being proficient, 15% being developed, 4% developing, and 1% initial.

The APPE report showed the proficiency level was:

- 94.17% of students were proficient, 6% were developed, and 0% of the students were developing or initial for Community APPE

- 89.09% of students are proficient, 11% were developed, and 0% of the students were developing or initial for Institutional APPE

- 88.88% of students were proficient, 11% were developed, and 0.12% of the students were developing or initial for General Medicine APPE

- 95% of students were proficient, 5% were developed, and 0% of the students were developing or initial for Ambulatory Care APPE.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## **Section II: Structure and Process To Promote Achievement of Educational Outcomes**

## Subsection IIA:

# Planning and Organization

### Standard No. 5: Eligibility and Reporting Requirements

The program meets all stated degree-granting eligibility and reporting requirements.
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#### 1) Documentation and Data:

##### Documentation requested by ACPE:

##### Uploads:

- ☒ University organizational chart depicting the reporting relationship(s) for the Dean of the college or school. [Appendix 5.1](#)
- ☒ Document(s) verifying institutional accreditation. [Appendix 5.2](#)
- ☒ Documents verifying legal authority to offer/award the Doctor of Pharmacy degree [Appendix 5.3a](#), [Appendix 5.3b](#)
- ☒ Accreditation reports identifying deficiencies (if applicable) [Appendix 5.4](#)
- ☒ Description of level of autonomy of the college or school [Appendix 5.5](#)
- ☐ Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program. [Appendix 5.6 NOT APPLICABLE TO CNUCOP](#)

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

	S	N.I.	U
<b>5.1. Autonomy</b> – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations.	■	○	○
<b>5.2. Legal empowerment</b> – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.	■	○	○
<b>5.3. Dean's leadership</b> – The college or school is led by a dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all accreditation requirements of ACPE are met.	■	○	○
<b>5.4. Regional/institutional accreditation</b> – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.	■	○	○
<b>5.5. Regional/institutional accreditation actions</b> – The college or school reports to ACPE within 30 days any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.	■	○	○
<b>5.6. Substantive change</b> – The dean promptly reports substantive changes in organizational structure and/or processes (including financial factors) to ACPE for the purpose of evaluation of their impact on programmatic quality.	■	○	○

3) **College or School's Comments on the Standard:**

- ☒ How the college or school participates in the governance of the university (if applicable)
- ☒ How the autonomy of the college or school is assured and maintained
- ☒ How the college or school collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements

**College or School's Comments**

CNUCOP is an autonomous College within the University. This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations.

The Dean exercises autonomy to determine the class size and collaborates with the President and Chief Financial Officer to budget the resources needed for the total enrollment. After the budget is approved by the University President and the Trustees, the Dean has full autonomy for administering the budget and maintaining fiscal control and oversight of budgetary discretion (examples: capital spending, faculty development, experiential education, departmental

restructuring and expansion). Since the Dean's arrival in 2015, CNU administration has supported the development of five practice lab facilities: a compounding lab, IV lab (to mimic the requirements from USP 800), an IPE simulation lab, an expanded research lab, and lastly the completion of the Advance Pharmacy Practice Simulation (APPS) lab.

The CNUCOP Dean reports directly to the CNU President, and attends a bi-weekly President's Executive Council (PEC) meeting. This reporting structure, along with bi-weekly individual scheduled meetings, provides the Dean with a structured approach to request additional support or resources as deemed necessary by the Dean.

The Dean is the Chief Administrative and Academic Officer of CNUCOP and as such is fully responsible for ensuring that all ACPE accreditation requirements are met. The Dean's Executive Council (DEC) meets regularly to provide input for shared decision-making, support, and advisement, and to facilitate cooperation amongst the various offices and departments within the College to assure fulfillment of the CNUCOP mission. DEC membership includes the Associate Dean of Academic Affairs; the Assistant Dean of Student Affairs and Admissions; the Assistant Dean of Research, the Chairs of the Pharmaceutical & Biomedical Sciences and Clinical and Administrative Sciences departments, and Experiential Education, and a COP faculty representative to the Faculty Senate.

Three CNUCOP faculty members serve on CNU's Faculty Senate, along with members from the other three CNU colleges (CHS, COM, and CoPsy). A member of the Faculty Senate attends the regularly scheduled DEC meetings and the Faculty Senate chair, who is a voting member of PEC, attends the weekly PEC meetings, where the Faculty Senate chair has the opportunity to voice faculty concerns to upper administration. The Faculty Senate chair position rotates yearly among the four colleges.

On June 30, 2017, WSCUC granted an eight year approval of continued regional accreditation to the University through 2025.

WSCUC gave the following commendations:

- A strong sense of institutional identity and a clearly articulated mission shared by faculty, staff, and students
- Dedication to and engagement with the community outside of the university
- A student-centered approach to learning and a commitment to the implementation of innovative educational practices
- A thoughtful and realistic approach to expanding the current infrastructure to provide increased support for students
- The positive engagement of the Board of Trustees with evidence-based decision-making and accreditation processes



In addition, at the Board meeting held on January 19-21, 2017, the ACPE Board approved CNUCOP for continued accreditation through June of 2019.

The Dean promptly reports substantive changes to ACPE and works with DEC members to address these changes. In July of 2017, Dr. Parto Khansari, Chair of the Pharmaceutical & Biomedical Sciences department, vacated the position. Dr. Suzanne Clark temporarily served as Interim Chair prior to the hire of Dr. Uyen Le in October of 2017. ACPE was notified of this change by Dean Hieu Tran. In December of 2017, Dr. Karen Hassell, who was Associate Dean of Academic Affairs, resigned from her position. ACPE was notified of this change by Dean Hieu Tran. Dr. Suzanne Clark served as Interim Assistant Dean of Academic Affairs until the appointment of Dr. Linda Buckley in June of 2018.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 6: College or School Vision, Mission, and Goals

The college or school publishes statements of its vision, mission, and goals.

### 1) Documentation and Data:

Documentation requested by ACPE:

Uploads:

- ☒ Vision, mission and goal statements (college/school, parent institution, and department/division, if applicable)  
*Appendix 6.1*
- ☒ Outcome assessment data summarizing the extent to which the college or school is achieving its vision, mission, and goals *Appendix 6.2*

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

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

### 3) College or School's Comments on the Standard:

- ☒ How the college or school's mission is aligned with the mission of the institution
- ☒ How the mission and associated goals<sup>2</sup> address education, research/scholarship, service, and practice and provide the basis for strategic planning
- ☒ How the mission and associated goals<sup>2</sup> are developed and approved with the involvement of various stakeholders, such as, faculty, students, preceptors, alumni, etc.
- ☒ How and where the mission statement is published and communicated
- ☒ How the college or school promotes initiatives and programs that specifically advance its stated mission

- ☑ How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

### College or School's Comments

California Northstate University College of Pharmacy mission “*To Advance the Art and Science of Pharmacy*” aligns with California Northstate University mission – “*To Advance the Art and Science of Healthcare*” – which provides a purposeful umbrella for the institution’s four colleges: the College of Medicine, the College of Pharmacy, the College of Psychology, and the College of Health Sciences. Each college fulfills this mission by distinguishing itself with a more specific vision of how the college aligns with the mission. CNUCOP is a teaching-focused institution, and as such emphasizes active learning through a variety of pedagogical approaches, direct patient care experiences, innovative research, and diverse community service in advancing the profession of pharmacy to meet the CNUCOP mission, vision, and goals. Statements of the mission and vision appear throughout the CNU and COP informational material such as the General Catalog, the Student Handbook, the Faculty Handbook and the COP webpage.

On June 17, 2017, COP held its annual retreat to evaluate its progress on the strategic priorities, which operationalize the College vision and core values to ensure that they are aligned with CNU mission and vision (see Standard 7). In November 2018, the College organized another review to summarize the work accomplished in the 2014 – 2019 Strategic Plan, setting the stage for a major revision of the strategic plan in 2019 and to ensure that the planning and review processes comply with ACPE Standards 6 and 7. Faculty, administration, preceptors, staff, and student representatives participated in these reviews.

As an institution focused on student learning and active pedagogy, the didactic curriculum provides innovative strategies that develop teamwork, accountability, critical thinking, problem-solving, ethical reasoning, communication, lifelong learning habits, and self-directed learning skills. Our success in achieving our intended outcomes in these areas is measured through the Master Assessment Plan process. Innovative teaching is fostered through the College’s Center for Teaching and Learning, and now under the CNU newly established Institute for Teaching and Learning Excellence (ITLE). [www.cnsu.edu/institute-for-teaching-learning-excellence-itle/home-itle](http://www.cnsu.edu/institute-for-teaching-learning-excellence-itle/home-itle). The didactic component of the curriculum is comprised of foundational knowledge in the biomedical, pharmaceutical, social and behavioral, and clinical sciences. Within the didactic curriculum CNU has incorporated an IPE program through the collaboration between the College of Pharmacy, the College of Medicine, and the Sacramento State University Nursing Program. IPE begins in the

fall of P1 year with the introduction in the first IPPE course. In the P2 practicum course and in the P3 year, there are four main IPE events. (See Standard 11 for complete description and evidence) The IPE program is managed by the University IPE Committee, which includes the Dean of the College of Medicine, the Dean of the College of Pharmacy, faculty from both colleges, the co-directors of the IPE committee, and the CSUS Nursing program, staff, and student representatives. The committee is currently engaged in discussions around the project of harmonizing the IPE into the curricula across colleges to create a thoroughly integrated program. (See Standard 11 for further discussion)

Prior to the APPEs, students are well-equipped with knowledge-based concepts, hands-on activities, co-curricular engagement, IPE learning activities, and IPPEs. These activities provide students with the fundamental knowledge about the profession of pharmacy as well as the functional essentials of practice, care, and personal and professional development before they begin the APPEs experiential education. In the APPE training period, students advance their approach to practice and care along with continuous personal and professional development to prepare the students to be practice ready. In the current year, special attention has focused on ensuring that Entrusted Professional Activities (EPAs) are thoroughly embedded in the didactic and the APPE curriculum.

In an effort to ensure a continuous quality improvement process, the College maintains and reviews student's educational outcomes with the assessment of the achievements of the institutional learning outcomes (ILOs), program learning outcomes (PLOs), course learning outcomes (CLOs), OSCEs, PCOA, Blooms Taxonomy, six co-curricular learning outcomes, P1- and P2- cumulative milestone assessments, P3 PCOA exam, Longitudinal Pharmacy Practice Knowledge exams (LPPKs), and the P4 Capstone exam. The assessment reviews serve to identify areas of strength, weakness, opportunities, and threats. Action plans are generated to address the areas in need of improvements.

To fulfill the College's commitment to research, CNUCOP's research focuses on laboratory, clinical, pedagogical areas of scholarship, and educational outcomes. The College provides funding to promote faculty development, collaboration, innovation, and discovery in research/scholarship. Each year the college provides \$3000 per faculty member for individual faculty development, and over the last three years the college has provided nearly \$100,000 for internal seed grants, \$33,000 for the student summer research fellowship program and 4 external grants with values of \$323,000. COP has developed four laboratories for clinical sciences (i.e., Compounding, IV preparation, Simulation patient mannequins, Advance Pharmacy Practice Simulation) and expanded the Research lab. The College also initiated the Summer Research Fellow program in 2016 for students to work with faculty in research and converted the Annual Research Symposium into the Translational Research Symposium where students, residents, faculty from all Colleges at CNU and the surrounding areas can participate. As a result, the faculty and students published 55 manuscripts from 2015 through 2017 and 9 in 2018. The College provides short and long-term mentoring programs for new and current faculty. Short-term mentors orient new faculty to University and College policies, procedures, and resources available at CNU. Long-term mentors provide continued guidance to faculty to assist the mentee in achieving his or her professional goals. The College of

Pharmacy in collaboration with CNU College of Medicine provides bi-monthly seminars related to research, teaching, and topics of faculty interest defined with an annual faculty survey on topics of interest.

CNUCOP has created a variety of initiatives and programs aligned with and specially designed to advance our stated mission. Student outreach programs advance the CNUCOP mission by facilitating students to provide health screenings, immunization, and wellness education to surrounding communities. These programs reach out to a diverse population with a multitude of healthcare challenges and needs. Our simulation and training labs allow students to practice teamwork and collaboration within pharmacy alongside students from the College of Medicine and CSUS School of Nursing. These labs allow participants to better understand the roles, challenges and opportunities of each health care discipline and at the same time put their didactic knowledge into simulated practice situations. In addition, the CNUCOP Preceptor Continuing Education programs provide current and future preceptors the opportunity to learn interactive and engaging ways to precept students, and to provide up to date educational and regulatory information about the profession.

Our vision and mission are again showcased by our student scholarship recognition with a variety of national, state and local awards. The College of Pharmacy and the Northern California Scholarship Foundation provide funding for five categories of CNUCOP scholarships. These categories include academic, leadership, research, WECARE financial need, Dean and President Scholarships. The Annual Scholarship and Award ceremony creates a platform to promote recognition, endowment, and giving. These funds provide assistance to those students in need financially and who might not otherwise be able to pursue a career as a healthcare professional. Lastly, our Student Faculty Advisor and Faculty mentorship programs provide students with the direction and mentorship necessary to pursue areas of interest within the practice of pharmacy.

CNUCOP supports postgraduate education and training through a variety of activities. The College PharmD/EMBA degree is an education opportunity afforded to students in collaboration with Sacramento State University to offer students a unique dual degree program for PharmD students who would also like to obtain an Executive Masters of Business Administration (EMBA) while in the pharmacy program. This Dual degree program enhances students' business, planning and leadership skills, providing them with the training needed to serve as administrators in a variety of healthcare settings. We also have a combined degree program with the CNU Master of Pharmaceutical Sciences (PharmD/MPS) to enhance the career pathway for graduates who are interested in working for the Pharmaceutical industry after graduation.

[www.pharmacy.cnsu.edu/executive-masters-of-business-administration-program-developing-exemplary-leaders](http://www.pharmacy.cnsu.edu/executive-masters-of-business-administration-program-developing-exemplary-leaders)

The College also offers an experiential program that develops student skills, attitudes, values, judgement, professional behavior, and expertise in patient-centered care with the sites across California and out of state. The college provides an ongoing level of residency preparedness incorporated within classroom instruction. Residency directors provide feedback and provide students with necessary insights and preparation to advanced areas of practice. To support post-graduation

training, the College has expanded the residency program from four to seven programs PGY1 in affiliation with different institutions in Sacramento, Central Valley, Bay area, and Los Angeles. Courses in leadership, ethics, managing outcomes and interviewing prepare students to accept and be successful in management and administrative positions. Coursework includes the business aspects of pharmacy and its relevance to successful new cognitive services that improve patient outcomes. Lastly, the College's Student Senate provides students a central governance organization for the student body. As the principal advocates for the interests of the students, this organization promotes citizenship, responsibility, diversity and service. The organizations provide the basis for lifelong service to their communities.

CNUCOP supports a number of initiatives in support of student achievement and quality improvement. The COP provides group and individual tutorial and the COP-Supplemental Instruction (CSI) program is a student-led supplemental instruction or assistance program. Chosen students provide assistance typically for high-stakes, science and math courses. CSI is a form of academic assistance where CSI student leaders hold regularly scheduled review sessions using the problem sets they develop, hold office hours for their classmates who need assistance. Sessions are open to all students in P1s as they transition to a rigorous PharmD curriculum. This program actively engages students with the course material to promote durable learning.

In the area of research, CNUCOP implemented a grant-writing program to support external grant applications, established an infrastructure to support scholarly activity with lab space, sustainable practice sites for clinical research, and research personnel such as students and technicians. COP established a formal research mentoring program for new investigators. This helps to identify common research interest of faculty that may offer the opportunity for co-publications and co-presentations and to promote relevant professional meetings where faculty have the opportunity to present their scholarly work and (external collaborators). Faculty provide professional development seminars on a routine basis. These seminars serve to further promote and develop research and scholarship.

In addition, CNUCOP developed the Translational Research Symposium. This research day program, which has completed its second year, is composed of a full day of presentations where all CNU faculty, pharmacy summer research fellows, students, and area pharmacy residents present research from a range of topics from specific cancer survival and cellular protective mechanisms, to trends of hospitalization as a result of infectious causes.

We are particularly proud of the achievements sustained by our students. Students have received awards and recognition within local, state and national areas. CNUCOP incorporates a longitudinal practice laboratory component in the curriculum to emphasize real time the practice of the knowledge they have learned in the classroom, adding more clinical practice skills such as compounding, IV practice, OSCE case study, and patient counseling into the curriculum. Students are offered a broad range of didactic, co-curricular, and experiential educational opportunities. Lastly, CNUCOP believes scholarship and research are enhanced by a culture and atmosphere of collaboration and cooperation. The college has

therefore incorporated team-building along with faculty retreats. Participation in bowling and escape room teambuilding games create fellowship among faculty which translates to greater productivity and a better workplace

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 7: Strategic Plan

The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

### 1) Documentation and Data:

Documentation requested by ACPE:

Uploads:

- ☒ College or school's strategic planning documents [Appendix 7.1](#)
- ☒ Description of the development process of the strategic plan. [Appendix 7.1](#)
- ☒ Outcome assessment data summarizing the implementation of the strategic plan [Appendix 7.2](#)

### Optional Documentation and Data:

- ☒ AACP standardized survey data (Faculty-Questions 11-12) [Appendix 7.3](#)

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

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

### 3) College or School's Comments on the Standard:

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



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

**College or School's Comments****Planning Process**

The CNUCOP Strategic Plan is an important and living document that guides COP major projects and initiatives. The plan was revised in 2014 as the 2014-2019 Strategic Plan when it underwent major changes and a series of annual assessments and updates. The long-term goals of the current plan were generated through programmatic review and included input from all stakeholders, including administration, faculty, staff, students, preceptors. Based on these reviews, rubrics were developed and the 2014-2019 Strategic Plan was modified to become more strategic and to encourage more buy-in to ensure its achievements. It is aligned with CNU Strategic plan. COP strategic plan will be reviewed and a new plan formed in Spring 2019 for a duration of three years with an annual mini-review as follow up.

Following the planning process in 2014, the College has reviewed and assessed long-term, goal-related data at annual retreats. Working groups for each strategy were formed during these retreats and each group was charged with presenting their findings and suggestions for improvement. Groups were also required to generate a written report, which was shared with all stakeholders to allow for further feedback. The final reports were given to the Dean and shared with DEC and the faculty and staff. The 2016-2018 program review is also a part of the College planning process and provided significant analysis of program quality.

**Evaluation and Assessment**

Relevant committees and/or administrators have overseen the monitoring and evaluation of progress. Annual reports were shared with all stakeholders during retreats. Improvements in achieving the goals and objectives of the Strategic Plan were examined, assessed and acknowledged using: annual performance reviews, satisfaction surveys, ExamSoft data, mapping of learnings outcomes, end of the year assessment course evaluations, student evaluations and curriculum committee evaluation, applications for employment for students and staff, pass rates on state boards, Scholarly/research activities

## Accomplishments

The strategic planning assessment results of the 2014-2019 Strategic Plan has served as the principal document in guiding improvements and initiatives at CNUCOP. The paragraphs that follow highlight some of the major accomplishments to date.

### Goal 1 Education: Accomplishments

Efforts undertaken through the Education goal achieved a number of notable improvements for the past four years. The Center of Teaching and Learning was established in 2015. In fall 2018, a university-wide Institute of Teaching and Learning Excellence was developed to integrate and give support to the college-level efforts. One of the CTL initiatives has been to enhance teaching effectiveness through faculty development. To this end regular active learning and team based learning trainings have been offered to new and senior faculty and two faculty members have become licensed TBL trainers. IPE and EPA have been integrated into the didactic and the experiential curriculum, a set of robust electives have been added to the curriculum, Longitudinal practice laboratories have been added to improve students' skills in areas of weakness as indicated by assessment results and the co-curricular learning outcomes (COCULOs) have been mapped to the program learning outcomes (PLOs). The College has also implemented preceptor training conferences that fostered the learning needs for the preceptors and the Teaching certification is incorporated into the pharmacy residency program.

### Goal 2 Research: Accomplishments

Processes utilized to meet this strategy included a grant writing workshop, industry funding presentations and an AACPNIA grant writing workshop. Pertinent outcomes are listed in Appendix 7.7. These include 4 external grant/contract awards during 2016/2017, as well as 13 external grant submissions during 2018. As illustrated in the relevant table, infrastructure related processes (2015-2018) included establishing an off-site animal facility for faculty research in 2016, as well as expanding the space capacity of our on campus laboratory facility during 2018. We also established a student-summer research fellowship program starting in the summer of 2016. To date, we have awarded 7 summer research fellowships to CNUCOP students. There has been an increase in the number of seed grants provided to CNUCOP faculty during the applicable time period. Finally, we established a Faculty Development and Mentoring Committee, with 18 faculty members now reporting to have a relevant scientific mentor.

We established a joint COM/COP seminar series in 2015, which has led to one joint NIH grant submission by faculty from these colleges. Our CNUCOP faculty chemist collaborates with a number of internal faculty biology investigators. Such collaborations have resulted in presentations at national meetings. During 2015-2018, faculty have done numerous presentations at national meetings. This included 44 presentations during 2017-2018. In a similar fashion, faculty have been productive with scientific publications (i.e., 36 during 2017-2018). Finally, we have been able to establish processes

(e.g., Industry MSL Visits, CNU Research Days) to help faculty to identify potential new collaborators. Faculty publications currently indicate a high rate ( $\geq 67\%$ ) of external collaborators.

### **Goal 3 Pharmacy Practice: Accomplishments**

In July of 2017, all full-time, non-administrative clinical faculty in the Clinical and Administrative Sciences (CAS) Department had a practice site. Since this time, two of the faculty have left the institution and four full-time clinical faculty have been hired, requiring additional clinical site placement. Once the four faculty have been placed, all full time, non-administrative faculty with the CAS department will have an active clinical practice. Of the four full time, non-administrative faculty within the Experiential Education department, three currently have an active clinical practice and the fourth is not practicing as a result of new administrative duties. The committee discovered several explanations in achieving the plan for this goal: 1. Due to a number of faculty and site staff changes, previous affiliation agreements have not been renewed and the practice sites have to be renegotiated 2. A number of new faculty did not have a California Pharmacist License at the time of hire, therefore a delay existed between the hiring time and the placement at a site.

### **Goal 4 Community Engagement: Accomplishments**

Our student organizations are very active in the community where they host and/or participate in a variety of health fairs focused on delivering healthcare services to a diverse community within Northern California. Services provided by our student organizations include blood pressure and glucose screenings, the administration of flu immunizations, and the provision of education related to chronic disease states (HIV, diabetes, cancer, kidney disease, stroke, substance use). Furthermore, our students also provide naloxone training, poison control education, smoking cessation counseling, and discuss the importance of medication adherence at community events. Each semester, CNUCOP student organizations participate in a wide variety of community social and health related activities in Elk Grove. Additionally, over the past three years, our students have received the US Excellence in Public Health Service Pharmacy Award for their significant contribution to public health initiatives. All student accomplishments and awards are archived on the p-drive under P:\Student Affairs\Student Accomplishments, Posters and Awards

CNUCOP has become very active on social media sites, including Facebook and Instagram. Photos from community services activities, as well as flyers promoting upcoming events, are frequently posted to these pages. Preceptors are notified of pertinent events that the COP is offering through communications sent from the EE department. Prior to 2015, individual student organizations were recognized internally for their community service achievements. The College will review its plans to re-establish these awards for organizations to enable them to be recognized for their commitment to community service.

### **Goal 5 Positive Workplace: Accomplishments**

Within the past four years, the College of Pharmacy has accomplished many of the goals set in the 2014 Strategic Plan. Department chairs have created plans for orienting new faculty and the Center for Teaching and Learning has implemented a mentor/mentee system among faculty. Communications have also improved as a part of this strategic theme. The College has engaged greater external and internal awareness of community service activities by issuing a variety of reports to constituents, and preceptors now receive newsletters in a timely manner outlining updates from the College. In addition, the University and the College organize regular social activities for faculty and staff. Welcome receptions for new employees, holiday parties, birthday celebrations, an intramural softball team and taekwondo lessons led by Dean Tran are some of the many social activities offered. A defined salary compensation process based on merit and rewards has been developed. In addition, the institution has agreements with businesses about fringe benefits for CNU employees such as Costco membership, Nissan car dealerships, Verizon company. While much has been accomplished, much remains to be done in this area like job descriptions need to be updated to more accurately depict any additional tasks assigned to personnel since the last version was developed. The job descriptions have been updated since.

### **Goal 6 Program Excellence: Accomplishments**

Program Excellence is a multifaceted goal that includes such aims as attracting high quality students, outreach, and improving retention. This was undertaken through multiple strategies. First increased collaboration with Northern California Education Foundation through the scholarship and awards committee led to 45 scholarships being given out in a single academic year worth up to \$62,750. The applicant review process was improved by expediting applications to interview offer within 24-48 hours for the most deserving applicants and averaging about a week for all other qualified applications. In addition, the interview experience was enhanced by adding presentations regarding IPPEs and APPEs as well as presentations by Academic Affairs, Student Affairs, and Research. The Orientation program has been improved and is now well developed. A key part of this improvement occurred in the 2018-2019 academic year, when a transition program for incoming students was designed and implemented (Pharmacy Primer program). This free voluntary four-day program aims to strengthen the foundational knowledge of the incoming class, while providing opportunities for establishing connections with future classmates.

To increase the number of faculty and staff support an aggressive recruitment effort was undertaken which resulted in seventeen new faculty being hired. The hiring led to a stabilization and growth of the CAS department. In addition, one adjunct faculty member has decided to dedicate more time for academia and became an assistant professor in CAS department. Furthermore, an Associate Dean of Academic Affairs was hired, as well as a CAS administrative assistant and two experiential education coordinators. To improve the academic performance of current students pre-emptive tutoring was established. Supplemental Instruction (SI) has been adapted and developed for PharmD education and is now offered

at several colleges and schools of pharmacy in addition to ours. CSI leaders develop concept reviews, run regularly scheduled CSI sessions, and hold office hours. Sessions are open to all students in hopes of avoiding remediation for P1s as they transition to a rigorous PharmD curriculum.

Results from the AACP Faculty Survey have shown significant increases in faculty's sense of the effectiveness and inclusiveness of the strategic planning process between 2016 and 2018. In 2016, responses on the two questions related to effectiveness and inclusion were substantially below the national average. In contrast, the scores in 2018 are now slightly above the national average. Data included in the appendices for this standard reflect a high degree of involvement, buy-in, and activity based on the plan and the process that has been implemented over these past several years.

### **Appropriate Resources**

Support from University administration for the College was sought and achieved by aligning the School's Strategic Plan with the University's Strategic Vision. Members of CNU's administration were included in the generation of the COP strategic plan along with faculty, staff, students, and preceptors. The CNUCOP Dean is a voting member of PEC and attends PEC meetings twice monthly. Progress is reported at these meetings and requests for additional resources are made when necessary.

The ACPE standard guidelines were carefully considered during the generation of the 2014-2019 Strategic Plan reviews and have been integrated into the annual review process to ensure compliance. The College desired inclusivity and sought input from administrators, faculty, staff, students and preceptors. These stakeholders have continued to be involved in the review process. Results from the AACP faculty survey years indicates a dramatic increase over the past three years in the faculty's perception of their involvement with the strategic planning process and currently exceeds the 2018 national benchmark data. The resources necessary for success were clearly stated in the strategic plan, and reassessed annually at retreats (e.g., expansion of the research lab space). In addition, the strategic plan has been used as a roadmap to help guide substantive changes, such as the inclusion of a longitudinal lab practicum within the curriculum.

The plan will undergo a major revision in the Spring of 2019, incorporating recommendations from the ACPE March reaccreditation review.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 8: Organization and Governance

The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

##### Uploads:

- ☒ College or school organizational chart [Appendix 8.1](#)
- ☒ Job descriptions and responsibilities for college or school Dean and other administrative leadership team members [Appendix 8.2](#)
- ☒ List of committees with their members and designated charges [Appendix 8.3](#)
- ☒ College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning [Appendix 8.4](#)
- ☒ Curriculum Vitae of the Dean and other administrative leadership team members [Appendix 8.5](#)
- ☒ Evidence of faculty participation in university governance [Appendix 8.6](#)

#### Optional Documentation and Data:

- ☒ AACP standardized survey data (Faculty-Questions 1, 2, 5, 10) [Appendix 8.7](#)
- ☒ Table: Distribution of Full-Time faculty by Department and Rank [Appendix 8.8](#)

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

	S	N.I.	N.I.
<b>8.1. Leadership collaboration</b> – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program.	■	○	○
<b>8.2. Qualified dean</b> – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.	■	○	○
<b>8.3. Qualified administrative team</b> – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program.	■	○	○
<b>8.4. Dean's other substantial administrative responsibilities</b> – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.	■	○	○
<b>8.5. Authority, collegiality, and resources</b> – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.	■	○	○
<b>8.6. College or school participation in university governance</b> – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.	■	○	○
<b>8.7. Faculty participation in college or school governance</b> – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school.	■	○	○
<b>8.8. Systems failures</b> – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.	■	○	○
<b>8.9. Alternate pathway equity*</b> – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation.	■	○	○

3) **College or School's Comments on the Standard:**

- ☑ A description of the college or school's organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit
- ☑ A self-assessment of how well the organizational structure and systems of communication and collaboration are serving the program and supporting the achievement of the mission and goals
- ☑ How college or school bylaws, policies and procedures are developed and modified
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ How the college or school's administrative leaders are developing and evaluating interprofessional education and practice opportunities



- ☑ How the credentials and experience of college or school administrative leaders working with the dean have prepared them for their respective roles.
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms
- ☑ How the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals
- ☑ The authority and responsibility of the dean to ensure all expectations of the standard and guidelines are achieved
- ☑ How the dean interacts with and is supported by the other administrative leaders in the college or school
- ☑ How the dean is providing leadership to the academy at large, and advancing the pharmacy education enterprise on local, regional, and national levels.
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

### College or School's Comments

CNUCOP is comprised of the Office of the Dean, three Departments, five Offices, Service units, committees, staff, faculty, and faculty officers. Members of the Dean's Executive Committee (DEC) include the Dean, the Associate Dean for Academic Affairs, the Assistant Dean for Research, the Assistant Dean for Student Affairs, the Department Chairs of Pharmaceutical and Biomedical Sciences (PBS), Clinical and Administrative Sciences (CAS), and Experiential Education (EE), and the faculty member of CNU Faculty Senate. The administration, faculty, and staff support officers all serve to fulfill the College Mission. The Assistant/Associate Deans, Department Chairs, Directors of Assessment, and Data mining faculty report directly to the Dean.

Per the CNU policy, the Dean appoints the College Administrators. The Associate Dean of Academic Affairs has primary responsibility for the Office of Academic Affairs, serving as the College's Acting Dean in the absence of the Dean. The Assistant Dean for Student Affairs and Admissions is the administrator with primary responsibility for development, implementation, and oversight of student services, student professional development, and support of the admissions process. The Assistant Dean of Research has the responsibility of optimizing the research environment within the College and increasing research productivity, external funding, and collaborative research programs.

The Dean has an open-door policy and is available to meet with DEC members, students, staff, and faculty.

Faculty report directly to their department chairs. The department chairs provide valuable feedback to the Dean concerning any faculty issues. (PBS, CAS, and EE). The Dean's Executive Council meets weekly to discuss and provide support to the dean through partnerships and recommendations. The Dean of CNUCOP continues to provide leadership at the national and international levels by attending various professional pharmacy meetings, including AACP and NABP and being an active invited speaker and consultant to several countries relevant to their desire to advance their curriculum to the Doctor of Pharmacy degree and to advance the Clinical Pharmacy Practice in their countries. The Dean serves on the AACP Council of Deans, as well as several different Resolution Committees for both NABP and AACP. The Dean has also served as a site visitor for ACPE and the Southern Association of Colleges and Schools.

The PBS and CAS Departments each have a Vice-Chair while the EE Department has a Director of IPPE and a Director of APPE to assist the Chair to lead the Department. CNUCOP has three service units, including the Center for Outcome Research (COR), the Center for Advanced Pharmacy Practice (CAPP), and the Center for Excellence in Teaching and Learning (CETL). Each of the centers is headed by a Directors or Co-Directors, who report directly to the Dean. Faculty participate in shared governance of the College by serving on committees as defined by the College by-laws. All faculty and staff collaborate to lead the College in achieving its mission, goals, and meeting ACPE accreditation standards.

To follow the process of continuous quality improvement, all staff and faculty members are annually evaluated by their direct supervisors. Internal 360 degree evaluations of the Dean, Assistant/ Associate Deans, and Department Chairs are conducted annually. External evaluations are achieved through the annual AACP Faculty Survey, Preceptor Survey, and Graduating Student survey. Individual courses and instructor evaluations are provided by students and peer evaluation at the end of each semester. Preceptors are also evaluated at the end of the experiential experience by the students and the results are reported to the preceptors and their supervisors.

### **Organizational Structure, Communication, and Collaboration**

The organizational structure and systems of communication and collaboration at CNUCOP are effective for program delivery and support the achievement of the mission and goals. Regular evaluation of the organizational structure and communication chain is conducted through the COP's Dean's Executive Council, and departmental faculty meetings and retreats. CNUCOP's 360 degree evaluation of administrators helps to provide critical feedback between staff, faculty and administration. CNU also has anonymous online reporting mechanisms for students and employees to voice concerns and/or complaints. Department chairs/vice chairs have open door policies whereby clarification, explanation or concerns of faculty can be immediately addressed. In addition, administrators and department chairs have regular weekly meetings with the dean and/or as needed. Communication and feedback with the experiential sites are established via the Preceptor Advisory Council where information and decisions about the experiential education of the curriculum receive feedback and input from the preceptors.

**College bylaws, policies and procedures**

CNUCOP bylaws, policies, and procedures are developed and modified (if needed) by Dean Executive Committee (DEC) and then brought to full faculty meetings for review and vote. Subsequently, they are submitted to the President's Executive Council (PEC) for approval. To facilitate the successful fulfillment of the mission, vision, goals and objectives of CNUCOP, the faculty as part of the College governance, review student policies, curricular matters, faculty promotion guidelines, and committees' responsibilities as specified in the bylaws. A regular review of COP policies is performed annually. This could be triggered at all levels of the College organizational units or committees. This process helped to adapt and/or correct any deficiencies identified after the implementation of the policies. Examples like the revision and clarification of the progression policy proposed by the Office of Academic Affairs and a redefined grade structure proposed by the Curriculum committee are under review at the President Executive Council (PEC). All CNUCOP policies are maintained on a COP intranet drive and in each appropriate academic unit. The Executive Administrative Assistant to the Dean maintains a comprehensive CNU and COP Policy and Procedures binder in addition to a depository space on the CNU data drive. COP also nominates and elects COP faculty representatives to serve on the University's Faculty Senate and CNU committees (examples: Dr. Tuan Tran serves as the Chair of the Online Instruction Committee; Dr. Le, Clark, and Jin serve on the Graduate committee).

**Administrative Credentials**

The Dean and other college administrative leaders have the credentials and experience needed to prepare them to assume their respective roles. Dean Tran was the Founding Dean at Sullivan University College of Pharmacy where he led the Pharmacy program to a successful accreditation and later became the Founding Vice President of the College of Health Sciences where he led the formation of the Physician Assistant program, the online Nursing division, and the General Education Department for the University in addition to overseeing the Doctor of Pharmacy program and the Pharmacy Technician programs. Under his leadership, he has established the pharmacy residency PGY1 and Community (8 residents), both accredited by ASHP and the ACPE accredited continuation education program. Previously, Dean Tran was the founding Chair of the Department of Pharmacy Practice at the newly established Lake Erie College of Osteopathic Medicine School of Pharmacy in Erie, PA. Dean Tran initiated a tele-pharmacy project to explore and implement the delivery of pharmacy services to an underserved rural population. He founded the International Center for Advanced Pharmacy Services (INCAPS), and developed the first collaborative project between academia and a third party payer (Humana). The collaboration with the Kentucky Retirement System provided reimbursable student run Clinical Pharmacy Medication Therapy Management (MTM) services and MTM certification for students on rotation. He has been an invited speaker and consultant for the modification and implementation of the Doctor of Pharmacy curricula and programs in India, Vietnam, and the West Indies University. He has implemented the Clinical Practice Models for the hospitals in Vietnam.

The credentials and experience of the Dean, as well as the college administrative leaders working with the Dean, have prepared them for their respective roles. While the Associate Dean of Academic Affairs and the Assistant Dean of Research are not licensed pharmacists, both have many years of experience in the functions of their respective roles in the CNUCOP. Dr. Buckley has extensive experience in academic curricular development, assessment, program review, professional accreditation, and currently is a Commissioner for the Western Association of Schools and Colleges. Similarly, Dr. Fitzpatrick has extensive experience as a faculty member in colleges of medicine and pharmacy and has a long history of leadership in drug development and research in industry.

Additionally, Dean Tran and Dr. Cao recently attended the Higher Education Management and Leadership training at Harvard University during the summer of 2018.

### **Notable Achievements**

In congruence with the vision and mission of the University and CNUCOP, resources were provided to expand the research laboratory space providing the necessary means to continue current and expanded research. In addition, a fully functioning pharmacy has been added to the current facilities at CNUCOP.

### **Interpretation of AACP Data**

Data from the AACP faculty survey over the past three years reflect the reorganization and evolution of the CNUCOP administrative staff. In 2015, Dean Tran began his tenure at CNUCOP following the departure of the previous dean and a major turn-over in faculty. Since that time, Dean Tran has worked arduously to rebuild a trusting and collaborative environment among faculty, staff, and administrators. The steady and significant improvements in the AACP faculty survey results regarding the administration of CNUCOP is a reflection of the Dean's continuing efforts to restore administrative and faculty stability as expected in Standard 8 of the ACPE guidelines. His many efforts at transparency and collaboration have created a foundation for building a solid reputation of academic excellence.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 9: Organizational Culture

**The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.**

### 1) Documentation and Data:

Documentation requested by ACPE:

Uploads:

- ☒ College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors [Appendix 9.1](#)
- ☒ Examples of intra/interprofessional and intra/interdisciplinary collaboration [Appendix 9.2](#)
- ☒ Examples of affiliation agreements for practice or service relationships (other than experiential education agreements) [Appendix 9.3](#)
- ☒ Examples of affiliation agreements for the purposes of research collaboration (if applicable) [Appendix 9.4](#)
- ☒ Examples of affiliation agreements for academic or teaching collaboration (if applicable) [Appendix 9.5](#)

### Optional Documentation and Data:

- ☒ AACP Standardized Survey Data (Faculty-Questions 3, 4, 6, 35, 37. Student-Questions 54, 59-61, 63. Preceptor-Questions 38) [Appendix 9.6](#)

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

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

**3) College or School's Comments on the Standard:**

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

**College or School's Comments**

In alignment with its mission statement, CNUCOP is committed to promoting leadership, professionalism, and collaborative behavior among all internal and external stakeholders. The College engages students in leadership activities hosted on campus, in the community as well as at regional and national levels through student fraternities, professional organizations, and clubs. In addition, COP pays for professional memberships in certain pharmacy organizations. The College also promotes the establishment and enhancement of community, educational, and professional partnerships through community outreach activities and continuing education opportunities. The College extolls professionalism and leadership throughout the program beginning with orientation and successively within the P1, P2 and P3 years as part of a didactic and practicum series. Professionalism is included in courses, such as Pharmacy Management, the Professional Practice IPPE course sequence, and Pharmacy Law/Ethics. Students participated in professional events that COP hosted namely the Board of Pharmacy meetings, the conferences organized by CPhA, CSHP, and CNUCOP Preceptor Development Conference...Students also had opportunities to serve in professional projects like one of our students was elected to be a student member in CPhA Board of Trustees. Students also joined with students from other schools of pharmacy in California for the CPhA leadership project CAPSLEAD.

The college continues to develop and strengthen post- graduate education and training through the establishment of residency opportunities affiliated with the College, and by providing programs and services that promote a supportive atmosphere for lifelong learning and continued personal and professional development for students, faculty and staff. Additionally, the College Bylaws provide a mechanism for faculty and staff to participate and have a voice in the implementation of the College's policies, procedures, and practices governing educational programs, faculty and student

development. <http://pharmacy.cnsu.edu/policies-and-procedures> The College has an active Student Body Council to help ensure student governance effectiveness and promote harmonious relationships and communication between students and faculty, and administration.

### **Student Organizational Culture**

The COP Student Body Council (SBC), comprised of an executive board and two representatives from each class (P1-P4), aims to cultivate an environment of professional growth and development for the students. SBC serves as a liaison between the student body, the COP student organizations, and College/University leadership. The SBC provides a channel for COP students to share their concerns and perspectives with administrators and faculty on issues with direct impact on the student body. SBC supports student-centered programming related to leadership, professional development, community outreach, and co-curricular learning activities. Additionally, SBC oversees the operations of the Student Organization Leadership Council, which is comprised of the presidents of each student organization, and facilitates collaboration among the different organizations for events and activities. Members of SBC also serve on a number of college and university committees, such as the Student Health and Wellness Committee and CNU's IPE Committee.

The Dean of the College and Assistant Dean of Student Affairs and Admissions serve as the co-advisors to the Student Body Council. Additionally, the Assistant Dean of Student Affairs and Admissions serves as an advisor to the Student Organization Leadership Council. The Assistant Dean of Student Affairs meets biweekly with the Student Organization Leadership Council, which is comprised of the presidents from each fraternity and organization. Several guidelines, including the Student Travel Guidelines, Student Officer Regulation Guidelines, along with the Co-Curricular Program, have been revised with the SOLC input and feedback.

The SBC conducts at least two Town Hall meetings per semester to ensure that students are represented and that their perspectives are addressed. Additionally, the Dean and Assistant Dean of Student Affairs hosts Town Hall meetings for the P1-P3 classes individually at the end of each semester, which serves as an additional venue for administration to update students on important issues, policy changes, etc. and likewise provides each class the opportunity to share any concerns or feedback with administration.

Student representatives are involved in the College's Committees, including the Curriculum Committee, the Student Health and Wellness Committee, the WSCUC Committees, the Standards for Students ACPE Committee, and the Strategic Planning committee, and student representatives from the College serve on the University Interprofessional Education Committee.



## **Policies and Practices of Professionalism**

The College of Pharmacy and the University outline expectations for professional behavior in policies and in interactions with students. The Honor Code is a policy for a formal code of conduct developed by the Honor Board that emphasizes the four core principles of respect, honesty and integrity, legal and ethical behavior, and professionalism to which all students, faculty, and staff are accountable. All members of the CNUCOP community are required to follow all applicable provisions of this Honor Code. Any violations of the Honor Code shall be reviewed through the Professional and Academic Standards Committee (PASC), the Office of Academic Affairs, and the Office of Student Affairs and Admissions. Any person accused of academic or non-academic violations is afforded a fair hearing under due process of law. Violations of an academic, professional, or other nature will be subject to appropriate disciplinary action, which may include, but is not limited to, warning, probation, remediation, suspension, dismissal, expulsion, legal prosecution, or failure of the course. The PASC reviews specific instances of student misconduct and provides a recommendation to the Dean, which may include sanctions for professionalism issues or honor code violations. Honor Code violations may subsequently impact a student's ability to assume a leadership position within an organization or to represent CNU at professional conferences and/or events. Expected professional behaviors for staff/administrators as well as faculty, are outlined by the University's Human Resources Manual and the Faculty Handbook. The College's academic policies and procedures also outline expected behaviors for the students. In addition, College-wide retreats and meetings of faculty and staff are the main events in which issues relating to professionalism and collegiality are addressed.

## **A Culture of Professional Practice, Recognition and Fellowship**

The College institutes numerous strategies to promote professional behaviors among student, faculty and staff, for example, the Annual White Coat Ceremony each fall semester in which the first-year professional students recite the Oath of Professionalism and the Toast for P3 students before they begin their experiential training. Students also sign an integrity statement at the beginning of important and high stakes exams. The Annual Scholarship and Award Ceremony recognizes student academic achievement and leadership. Students have an opportunity to develop their Leadership, Professionalism and Research skills at the CNU Annual Research Day.

In addition to cultivating students' professionalism and recognition for academic excellence, CNUCOP also promotes a professional culture and recognizes faculty and staff achievement. At the Faculty Retreat we acknowledge faculty excellence in teaching, scholarship, and collegiality. Staff recognition in the form of a Staff-of-the-Year is recognized during the retreat. The University provides staff recognition through a Staff-of-the-Quarter Award, which is based on nominations. An annual "Preceptor of the Year" for different types of practice is selected based on student nominations.

<http://pharmacy.cnsu.edu/about-student-affairs>

The College hosts various informal activities for the College community to nurture harmonious relationships: a Halloween Costume Contest, monthly Birthday Celebrations, Employee Appreciation Day, potlucks, basketball games, Fun and Spirit Committee social outings, and student and faculty recognition programs.

The Board of Pharmacy regularly holds their Board meeting at the CNU Event Center with students' attendance. The intent is to allow students learn from the real life situation involving professionalism issues.

### **Professionalism beyond the Campus**

The College has developed numerous types of affiliations with local, state, and national organizations to further the College mission and goals and enhance both professional and Interprofessional Education. The College is an accredited provider of ACPE continuing education programs. It has sponsored several continuing education programs in conjunction with the Board of Pharmacy for CNUCOP faculty and preceptors, as well as for pharmacists in the community and surrounding areas.

The College also develops and cultivates affiliations, partnerships and collaborations in the area of research. Examples of intra/interprofessional collaboration research agreements include:

- a. Collaboration between Dr. James Jin (CNUCOP, PI) and Dr. Valerie Gerriets (CNUCOM, Collaborator) on NIH RO1 Grant in June of 2017.
- b. Dr. Fitzpatrick received a certificate from the CNUCOM in August of 2017 to be a facilitator for their Clinical Case- Based Learning program.
- c. Agreement for use of animal research facilities between California Northstate University and Antibodies Inc. (Davis, CA): Executed on 4/1/2016.
- d. Established MOU with UC Davis Cancer Center for cancer-related animal research
- e. Research collaboration between Simeon Kotchoni (PI), Tuan Tran (Co-PI), Ahmed Elshamy (Co-PI), Catherine Yang (Co-PI) on machine learning-based screening of childhood brain cancer.
- f. Research collaboration between Uyen Le (PI) and Tuan Tran (Co-PI) on a multilayer adaptive educational game using data mining.

Additionally, the College promotes relevant professional meetings where faculty have the opportunity to present their scholarly work and develop a system to help faculty identify external collaborators. The College formally integrates IPE into the didactic curriculum and developed a collaboration with Sacramento State University School of Nursing for joint simulation and case experiences. Additionally, IPE activities between the College of Pharmacy and the College of Medicine are offered.

## Survey Responses on Organizational Culture

AACP survey results from faculty indicate significant positive increases in the faculty's perception of organizational culture over the past three years. These results are strong also when benchmarked against the national data. The student responses to their experience, however, present an area of deep concern for the College. Responses to three of the five AACP survey questions related to the student experience scored more than 20 percentage points below the national response. This gap represents an area in need of immediate attention. We have enhanced the communication process with regular meetings between the Office of Student affairs and the Student Body Council (SBC) and the Dean has established a monthly (and more often as needed) meeting with the Students' officers so concerns from the students' body would be addressed and at the same time communicated the College business to the students.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

**Subsection IIB:**  
**Educational Program for the Doctor of  
Pharmacy Degree**

## Standard No. 10: Curriculum Design, Delivery, and Oversight

The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☑ Description of curricular and degree requirements, including elective didactic and experiential expectations [Appendix 10.1](#)
- ☑ A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program [Appendix 10.2](#)
- ☑ A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards [Appendix 10.3](#)
- ☑ Curriculum vitae of faculty teaching within the curriculum [Appendix 10.4](#)
- ☑ Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments [Appendix 10.5](#)
- ☑ List of the professional competencies and outcome expectations for the professional program in pharmacy [Appendix 10.6](#)
- ☑ A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school [Appendix 10.7](#)
- ☑ A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years [Appendix 10.8](#)
- ☑ Examples of instructional tools, such as portfolios, used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development [Appendix 10.9](#)
- ☑ Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback [Appendix 10.10](#)
- ☑ Policies related to academic integrity [Appendix 10.11](#)
- ☑ Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development) [Appendix 10.12](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners [Appendix 10.13](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum [Appendix 10.14](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills [Appendix 10.15](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program [Appendix 10.16](#)

- ☑ Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills [Appendix 10.17](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes [Appendix 10.18](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles [Appendix 10.19](#)
- ☑ Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities [Appendix 10.20](#)

#### Optional Documentation and Data:

- ☑ AACP standardized survey data (Faculty-Questions 9, 32-36. Student-Questions 31-36, 63, 68. Preceptor-Questions 10, 17) [Appendix 10.21](#)

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

	S	N.I.	U
<b>10.1. Program duration</b> – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.	■	○	○
<b>10.2. Curricular oversight</b> – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.	■	○	○
<b>10.3. Knowledge application</b> – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.	■	○	○
<b>10.4. Skill development</b> – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.	■	○	○
<b>10.5. Professional attitudes and behaviors development</b> – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.	■	○	○
<b>10.6. Faculty and preceptor credentials/expertise</b> – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.	■	○	○
<b>10.7. Content breadth and depth</b> – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).	■	○	○
<b>10.8. Pharmacists' Patient Care Process</b> – The curriculum prepares students to provide patient-centered collaborative care as described in the <i>Pharmacists' Patient Care Process</i> model endorsed by the Joint Commission of Pharmacy Practitioners.	■	○	○

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

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

### 3) College or School’s Comments on the Standard:

- ☒ A description of the professional competencies of the curriculum
- ☒ A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes
- ☒ The curricular structure and content of all curricular pathways

- ☑ How the curricular content for all curricular pathways is linked to Appendix 1 of Standards 2016 through mapping and other techniques and how gaps in curricular content or inappropriate redundancies identified inform curricular revision
- ☑ Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values
- ☑ Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum
- ☑ A description of the curricular structure, including a description of the elective courses and experiences available to students
- ☑ How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length
- ☑ Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- ☑ How the results of curricular assessments are used to improve the curriculum
- ☑ How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision
- ☑ How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.
- ☑ A description of the college or school's curricular philosophy
- ☑ A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery
- ☑ A description of teaching and learning methods and strategies employed in the delivery of the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable), and how those methods are expected to advance meaningful learning in the courses in which they are employed.
- ☑ Efforts of the college or school to address the diverse learning needs of students
- ☑ The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms



**College or School's Comments****Professional Competencies**

The current CNUCOP Program Learning Outcomes (PLOs) are mapped to the 2013 Center for the Advancement of Pharmacy Education (CAPE) outcomes. IPE competence is also included as a CNUCOP PLO in addition to the four domains included in CAPE educational outcomes. The CNUCOP PLOs consist of five domains: foundational knowledge, essentials for practice and care, approach to practice and care, personal and professional development, and IPE competence.

**Curricular Structure and Content**

CNUCOP aims to graduate competent pharmacists who are also active, self-directed, and lifelong learners. The curriculum at CNUCOP requires a minimum of four years professional program coursework (147 semester credit units) to lead to the Doctor of Pharmacy (PharmD) degree. The curriculum consists of three years of didactic coursework integrated with the Introductory Pharmacy Practice Experience (IPPE), followed by one year of Advanced Pharmacy Practice Experience (APPE) at selective experiential education sites. The core didactic curriculum covers a series of courses within the major sub-disciplines of biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences. Biomedical/pharmaceutical sciences are introduced in the curriculum first, then Social/behavioral/administrative and clinical sciences. Elective experiences are provided both in didactic and experiential education. In the didactic education, students are required to take two elective courses totaling four credit units. Approximately three to five electives are offered every semester across a wide variety of content areas. In experiential education, students are required to take one specialty/elective Introductory Pharmacy Practice Experience (IPPE) and two specialty/elective Advanced Pharmacy Practice Experiences (APPEs).

All core didactic courses offered in the PharmD curriculum are mapped to Appendix 1 of Standard 2016. To ensure appropriate content coverage and eliminate inappropriate redundancies, curricular content is also mapped to the Pharmacy Curriculum Outcome Assessment (PCOA) blueprint and the 2016 American College of Clinical Pharmacy (ACCP) Pharmacotherapy Didactic Curriculum Toolkit. The curriculum is designed to first introduce the Program Learning Outcomes (PLOs) at a very early stage, followed by coursework to develop the necessary skills for the outcome, and ultimately mastery of the outcome at an advanced stage.

As students matriculate through the program, patient cases in Pharmacotherapy and Practicum courses increase in complexity to incorporate multiple disease states, allowing students to integrate and apply the knowledge they have learned over the semesters. The Pharmacists' Patient Care Process (PPCP) is utilized to prepare students for patient-centered care. The Pharmacy Practice Care Process is initially introduced during the first semester of the P2 year,

reinforced throughout Practicum courses with Subjective, Objective, Assessment, and Plan (SOAP) which are a commonly used method for documenting in patient charts. This is finally mastered during patient care APPEs. The professional curriculum is incorporated into all of the longitudinal laboratory courses. The Pharmacy Laws and Ethics course is incorporated into all of the laboratory courses. Within the co-curriculum, students are required to fulfill leadership activities and promote the profession among the six core outcomes of the co-curricular program

### **Integration of Didactic and Experiential Education**

The curriculum consist of three years of didactic work interspersed with 300 hours of Introductory Pharmacy Practice Experience (IPPE), followed by one year (1440 hours) of Advanced Pharmacy Practice Experience (APPE).

During the first three years, students are on-campus for two semesters each year, taking 16-21 total units per semester. Four units of IPPEs are part of the second and third year of pharmacy education. During the fourth year, students are required to take six APPEs, which are each six-weeks in duration. Of the APPEs, four are required and two are specialty/electives.

The curriculum is structured to first provide students with strong foundational knowledge in pharmaceutical and biomedical sciences and then to integrate this knowledge in subsequent pharmacotherapeutic courses. Active learning is utilized to promote critical thinking and application of knowledge. This is embedded and assessed during class time, immediately following the introduction of concepts.

During the first semester of the curriculum, the importance of professional behavior is introduced in the Introduction to Pharmacy Practice and Professionalism course. These concepts are reinforced and advanced through the Longitudinal Practicum (PRC) sequence, which is offered every semester. Finally, a recent crosswalk of the Entrustable Professional Activities (EPA) domains have been mapped to the APPE training content to ensure that students competence in patient care is marked with indicators to reflect the demands of the profession.

A comprehensive high-stakes milestone examination is administered to students at the end their first and second year. A number of questions on the exam are specifically designed to integrate basic pharmaceutical sciences and pharmacotherapy concepts. A comprehensive high-stakes PCOA exam is administered to students at the end of their third year. A series of Longitudinal Pharmacy Practice Knowledge (LPPK) assignments are administered to students during their fourth year of pharmacy education with one LPPK assignment administered via ExamSoft with each APPE rotation, constituting 30% of the student's APPE grade.

Several strategies (co-written application exercises, co-written milestone exam questions, longitudinal lab exercises and, PCOA review sessions) allow faculty from different disciplines to integrate and reinforce content across the curriculum.

Taken as a whole these processes ensure both vertical and horizontal delivery and assessment of the PharmD curriculum.

### **Teaching and Learning Methods**

CNUCOP pedagogy incorporates multiple active learning strategies. Our pedagogy emphasizes the importance of individual accountability, group collaboration, and the application of basic concepts through team application exercises. The role of the instructor is to clearly articulate the learning objectives, create challenging problems for students to solve, and probe their reasoning in reaching conclusions, ultimately promoting self-directed and lifelong learning.

Applications exercises comprise the majority of class time and are designed to actively engage learners in the class content, as demonstrated by the examples. CNUCOP faculty members use a variety of application exercises including use of clinical cases/clinical data, role-playing, poster presentations, and education games (e.g. jeopardy games). Application exercises are designed to test higher Bloom's level thinking skills including problem solving skills.

The use of a longitudinal lab practicum series further promotes active engagement and usage of knowledge in a practical setting. A longitudinal lab series which includes sterile and nonsterile compounding labs, skills training (blood pressure, inhaler, blood sugar testing), simulation and IPE exercises, Objective Structured Clinical Examinations (OSCEs), and counseling skill, has been integrated throughout the didactic curriculum. All P1, P2, and P3 students must complete these courses, and assessments are performed to ensure individual competency.

The inter-professional education (IPE) experiences with CNUCOM and CSUS School of Nursing promote the development and mastery of clinical-reasoning skills through the inclusion of clinical scenarios as well as preparing students to function as members of the healthcare team. All students participate in IPE experiences.

A variety of teaching strategies are utilized, including voice-over PowerPoint pre-class assignments, reading assignments, audiovisual technology in the classroom, and auditory reinforcement. Students are encouraged to prepare for class with the pre-class assignments, seek out tutoring, and interact with professors or advisors. All classrooms are equipped with a document camera which allows faculty to engage visual learners by drawing and projecting diagrams helping to explain concepts and answer student questions. Organization of the classroom into team tables allows each student to interact with their team members and/or instructor during class. Receiving feedback from multiple people and discussing problems helps address and accommodate all learning styles.

Multiple active learning exercise formats are employed by instructors to help promote engagement and to accommodate different learning styles (examples: scenario-based clinical case studies, analysis and interpretation of clinical lab data, role playing, generating diagrams and drawings to explain concepts, jeopardy games to test both knowledge and understanding of key concepts, poster and oral presentations, interpretation and usage of clinical guidelines, analysis

and interpretation of journal articles, and calculations). Many instructors provide links to online videos, and/or to additional textbook resources (including textbook DVDs) as well as voiced over PowerPoint presentations to supplement instruction.

All instructors hold office hours which students can attend and receive personalized instruction for concepts they need additional mentorship to understand. Office hours are listed on all course syllabi. A number of support services are offered to ensure students' academic success. Students who are placed on Academic Alert are eligible for individual tutoring services free of charge. Group tutoring services, or Curricular Supplemental Instruction (CSI), is available for certain challenging course topics to all students free of charge. Friday review sessions have been offered to P1 students with a course average below a C in certain challenging courses.

### **Assessment Measures and Methods**

The Course Learning Outcomes (CLOs) from each individual course are mapped to the Program Learning Outcomes (PLOs) and are evaluated at the end of the semester. The results from the evaluation report are used for the preparation of the course action plan for improvement.

Formative assessment of student learning includes Individual Readiness Assessment Tests (IRATs), Team Readiness Assessment Tests (TRATs), in-class applications, and midterm examinations, while summative assessments of student learning include LPPK assignments, final examinations, Milestone examination, and PCOA.

In order to ensure grading integrity, faculty are required to follow strict procedures when administering exams. Exam procedure includes: all exams require two or more proctors, student seating is randomized, exam questions and answers are randomized, no more than 50% of questions may be taken from a previous exam, all electronic devices must be stored at the front of the classroom, and students must sign an honesty statement at the beginning of the exam. These requirements were reviewed, discussed, and updated at an in-service training in December 2018.

Faculty teaching quality is assessed using peer evaluations each year and with the course evaluations each semester. These evaluations are shared with Department Chairs for discussion with individual faculty during their annual evaluations. In addition, the data is aggregated by course and shared with the faculty for action plans. The Curriculum Committee reviews all syllabi each semester to make course improvements. Faculty performing the peer evaluation are provided with an evaluation template, which directs evaluator analysis to include issues of content, delivery, and interaction based on Bloom's taxonomy. Faculty colleagues discuss their evaluations with one another, and a written report is submitted to the Department Chair and the Associate Dean of Academic Affairs. In fall 2018, an in-service training included refresher training on best practices in faculty peer evaluation.

**Examples of Assessment and Student Performance**

Formative and summative evaluation of knowledge attainment is assessed throughout the pharmacy curriculum. Practical skills are assessed in the Longitudinal Practicum (PRC) sequence through individual student presentations, patient counseling sessions, skill demonstrations, OSCEs, and during the APPEs.

ExamSoft software is used to administer all examinations. All faculty members map their exam questions to course learning objectives and topics as well as Bloom's taxonomy, and reports can be generated and shared with students and thereby provide formative and summative feedback which both faculty and students can reflect on.

Experiential education software program E-Value is used to allow preceptors to provide midpoint and final evaluation of APPE students' performance. These evaluations are shared with students and provide formative and summative feedback which both preceptors and students can consider and discuss.

To evaluate team functional status, CATME software is used to administer midpoint and final self and peer evaluations for students each semester. This software allows students to evaluate their team members with regard to several parameters. The CATME software asks students to use rubrics to score their teammates based on 5 key behaviors ('contributes to team meetings', 'facilitates the contributions of team members', individual contributions outside of team meetings', 'fosters constructive team climate', and 'responds to conflict') and to allow students to provide constructive feedback. The CATME results are used by faculty to recognize where there may be conflicts within specific teams or specific students to make potential interventions in a timely fashion. Faculty also use the assessment results to coach students in the practice of peer evaluation and the benefits of this strategy.

**Quality Improvement Methods**

The Curriculum Committee (CC), Assessment Committee (AC), the Office of Academic Affairs (OAA), Dean Executive Committee (DEC), and faculty are collaboratively responsible for providing oversight of the PharmD curriculum. All curricular changes at CNUCOP are reviewed by CC. Major curricular changes also go through all faculty approval. Membership of CC includes faculty from all CNUCOP departments, the Associate Dean of Academic Affairs (ex-officio), Department Chairs (ex-officio), and a P2 and P3 student representative. An assessment/curriculum liaison is appointed every term to facilitate discussion between AC and CC. AC and CC have one joint meeting every semester to discuss how to best utilize available assessment data to improve the current curriculum.

All course syllabi are required to have CC approval every time the course is offered. In addition to the course syllabus, a course action plan is also required, which details how results from the course evaluation and CLO report from the previous course offering is used to improve the subsequent delivery of the course. Results from the North American

Pharmacist Licensure Examination (NAPLEX), California Pharmacy Jurisprudence Exam (CPJE), Milestone and Capstone examinations, and Pharmacy Curricular Outcomes Assessment (PCOA), as well as feedback from faculty and preceptors are used to drive large-scale curricular changes.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 11: Interprofessional Education (IPE)

The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Vision, mission, and goal statements related to interprofessional education [Appendix 11.1](#)
- ☒ Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs [Appendix 11.2](#)
- ☒ Relevant syllabi for required and elective didactic and experiential education course that incorporate elements of interprofessional education to document that concepts are reinforced throughout the curriculum and that interprofessional education related skills are practiced at appropriate times during pre-APPE [Appendix 11.3](#)
- ☒ Student IPPE and APPE evaluation data documenting the extent of exposure on interprofessional, team-based patient care [Appendix 11.4](#)
- ☒ Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum [Appendix 11.5](#)

#### Optional Documentation and Data:

- ☒ AACP standardized survey data (Student-Questions 11, 46) [Appendix 11.6](#)

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

	S	N.I.	U
<b>11.1. Interprofessional team dynamics</b> – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.	■	○	○
<b>11.2. Interprofessional team education</b> – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.	■	○	○
<b>11.3. Interprofessional team practice</b> – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness.	■	○	○

**3) College or School's Comments on the Standard:**

- ☒ How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
- ☒ How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education
- ☒ How the results of interprofessional education outcome assessment data are used to improve the curriculum
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

**College or School's Comments**

CNU IPE Mission, Vision, and Values: The Mission of Interprofessional Education (IPE) at the California Northstate University is to prepare students to be practice ready by seamlessly integrating with interprofessional healthcare teams for the provision of patient-centered care. Our vision is to educate students in the appropriate choice of pharmacotherapy thereby improving patient outcomes by engaging interdisciplinary expertise and working as an integrated member of the healthcare team.

**Structure:** The CNU Colleges of Medicine (COM) and Pharmacy (COP) have IPE programs led by a faculty Coordinator for each program. The IPE Coordinator interfaces with faculty, students, staff, committees, directors and Chairs of the Departments within their own programs, continually assessing and evaluating the IPE-related curriculum. Within the COP, the IPE Chair reports to the Office of the Dean, obtaining guidance from the Dean and the Dean's Executive Council (DEC), and interfaces with both internal (College of Medicine) and external (CSUS School of Nursing and Samuel Merritt School of Nursing) partners to ensure the IPE experiences are successful and have the depth and breadth that our students need. To facilitate collaborative and peer-reviewed university-wide curricular development for IPE, the University formed the CNU IPE Committee in 2015, which until the spring of 2018 was led by the Director of IPE at the College of Pharmacy. Committee membership includes COP and COM students, faculty and administrators and faculty from the CNU College of Health Sciences. In AY 2018-2019, recognizing the collaborative nature of IPE, faculty chairs of IPE were appointed as the Co-Chairs of the CNU IPE Committee which broadened its oversight to centralize and operationalize policies and procedures relevant to IPE. To further centralize IPE operationalization and enhance the development and implementation of an IPE program, the University established the Institute of Teaching and Learning Excellence (ITLE). Dr. Ashim Malhotra coordinates the IPE program at



CNUCOP and also serves as the Director of ITLE. The ITLE is comprised of faculty nominated by the Deans of the Colleges of Medicine and Pharmacy. Deans of the CNU Colleges serve on its Advisory Board.

Overview of the CNUCOP IPE Curriculum: The CNUCOP IPE program is notable in including various modalities for IPE instruction such as 1) Simulation manikin-based patient case scenarios addressed by teams of pharmacy, medical, and nursing students for hands-on learning, 2) IPE Case Conferences with patient cases co-developed and led by Pharmacy and Nursing faculty, 3) hospital simulation to introduce learners to the flow of work and team-based effort of patient care in a hospital, and 4) participation in complex-care IPE through a nationally-offered elective that engages our students in home visit based long-term patient care.

The CNUCOP IPE program is vertically and horizontally integrated through required courses in all three years of the didactic pre-APPE curriculum, with a goal to prepare our students to be practice ready as they commence APPE rotations in the P4 year. At the CNUCOP, IPE commences with a required didactic pre-IPPE IPP 607 course which introduces the goals, objectives and principles of IPE using the 2011 Interprofessional Educational Collaborative (IPEC) guidelines. Through this experience, students learn interprofessional team dynamics and roles and responsibilities of different members of the healthcare team (Std. 11.1) Additionally, P1 students are instructed in the structure and layout of a hospital room and use of the various devices, patient lines and set-up for patient care in a hospital room using video capture of an Introduction to the Simulation Manikin (Sim Man) by a Nursing faculty from our IPE partner, the Sacramento State University School of Nursing (SON).

Alignment with Program Learning and Institution Learning Goals: The CNUCOP IPE program aligns with CNUCOP program learning outcome (PLO) 5; Interprofessional Competence Uses the knowledge, skills, abilities, behaviors, attitudes necessary to demonstrate appropriate values and ethics, roles and responsibilities, communication, and teamwork for collaborative practice (page 11 of the CNUCOP student handbook). The CNUCOP IPE Chair also works with the CNUCOP Assessment Director, as well as the college Curriculum Committee to ensure outcomes are being met and any necessary changes are implemented. It should be noted that a P2 and P3 student serve on the Curriculum Committee each year (please see pages 63 and 64 of the CNUCOP student handbook for details) and they are actively engaged in discussions about all components of our curriculum, including IPE components. The experiential education (EE), clinical & administrative sciences (CAS), and pharmaceutical & biomedical sciences (PBS) department chair also serve on the curriculum committee, and the EE chair ensures feedback from preceptors is integrated into all discussions, including discussion of IPE. In conclusion, there is seamless integration of the IPE mission and vision between COM and COP and other new and developing programs within CNU, especially in the adoption, implementation of IPE curriculum and its programmatic alignment with student learning outcomes.

CNUCOP PLO 5 “Interprofessional Competence” directly relates to IPE. PLO 5 is further divided into four related components for the ease of curricular design, delivery and assessment. These sub-domains include:

PLO 5.1. Values and ethics. Demonstrates ability to work with individuals of other professions to cultivate a climate of mutual respect and shared values

PLO 5.2. Roles and responsibilities. Uses the knowledge of one’s own role and those of other professions to assess and address the healthcare needs of the patients and populations served

PLO 5.3. Interprofessional communication. Demonstrates ability to communicate with patients, families, communities, and other health professionals

PLO 5.4. Teamwork. Apply relationship-building values and the principles of team dynamics to perform effectively in various team roles

**IPE Assessment:** In general, the required and elective courses which include an IPE component map to PLO 5 and its sub-domains. Graded components of the IPE courses are internally mapped to PLO 5 thereby allowing for outcomes assessment across the entire program. These data are funneled into the University’s Institutional Learning Outcomes (ILOs) All CNUCOP syllabi include rubrics which allow for meaningful assessments to be made. The assessment and curriculum committees as well as the Chair of IPE work in tandem to ensure that the data generated from formative and summative assessments, student surveys, and self-reflections are reviewed and that appropriate improvements are made. The assigned IPE cases whether used in a Case Conference or simulation format are graded components of the required courses. Assessment data are analyzed by placement into “needs development/initial”, “developing”, “developed”, and “proficient” categories based on rubrics. A brief summary of assessment pertaining to IPE across the CNUCOP curriculum for the latest completed AY follows.

In AY 2017-2018, for the P2 year spring course PRC-710, each of the IPE cases on Congestive Heart Failure and Medication Errors (COP and SON) comprised 10% of the final grade. Overall, for the 2017-2018 academic year, assessment data for PRC-710 show that 99% of the students attained proficiency in the Congestive Heart Failure IPE simulation activity, while only 1% were at the initial development stage. Similarly, for the Medication Errors Case Conference, based on individually graded self-reflections of 117 students, 97% attained proficiency in the goals and outcomes of the IPE event, with 1% at the developed and 2% at the initial stage. This Medication Error Case, for example, measured the ability of students to work in interprofessional teams for a 3-stage simulation case unfolding in the Emergency Room, involving Telemetry, and discharge phases, where the students had to learn to assess the patient, review their medications, and plan for discharge, all of which were assessed in the individual reflection.

For the P3 year, fall PRC 809 course, for the IPE team management of diabetic ketoacidosis case, assessment data showed that 93% students attained proficiency while 6% were at the developed and 1% at the developing stage. Similar trends were observed for the IPE in acute pancreatitis case that unfolded in three stages. PRC 809 reflection paper #3 (SON at CNU): 78% proficient, 12% developed, 7% developing, and 3% initial.

Efforts have been made to increase faculty expertise in IPE. Several CNUCOP faculty members have attended annual regional and/or national IPE conferences to help ensure we are fully compliant with ACPE standard 11. Effective communication between all stakeholders has helped our IPE program be successful. A University level IPE Committee has been established to further improve communication. This committee is composed of the COP and COM directors of IPE, faculty members from COP and COM, and student representatives from COP and COM. External stakeholders are also invited to participate in meetings. This Committee discusses planning for future collaborative IPE events and expansion of the program. The Committee meets at least quarterly and immediately prior to any scheduled events.

As already noted, multiple improvements have been made and new IPE components have been added over the last year. Some of these are described in more detail below.

In AY 2018-2019, the IPE Coordinator at the CNUCOP instituted a number of additions to augment four essential components of the IPE program at CNU. These include 1) orientation and student onboarding, 2) IPE readiness, 3) IPE design and case delivery and 4) assessment. Briefly, for student orientation and onboarding, the didactic components regarding Introduction to IPE and subsequently the review of IPE in the P1 and P2 years of the program were expanded to include a readiness reading assignment and lecture. For IPE readiness, the Intro to IPE lecture was video captured and made available to students again in the P3 year. This lecture included an intro/review of IPE principles, goals and objectives, including curricular objectives at CNU and specific learning objectives and expected outcomes for the IPE event under consideration. For IPE design and case delivery, the disease state was briefly described, the case was presented, drugs and patient lab data were emphasized, logistical information including rules and regulations were outlined, team formation and the stages of the simulation (or types of IPE cases to be used in the Case Conference) were explained. Students were made aware of the assessment strategy ahead of time and a formative assessment administered through ExamSoft and 20-question student survey based on the CAPE domain on interprofessional education was administered. Student feedback will be shared with the Office of the Dean, the DEC, and the CNUCOP Director of Assessment. Survey feedback will be analyzed and aggregate data will also be shared with the CNU IPE Committee to help augment the IPE process.

Camden Coalition of Healthcare Providers: In 2017, CNUCOP has been invited by Samuel Merritt College to participate jointly in an Interprofessional Student Hotspotting Learning Coalition. This program is associated with Camden Coalition of Healthcare Providers, where CNUCOP students will become members of various California teams

and work with students from other health professions. CNUCOP's third year pharmacy students and the Samuel Merritt nursing students formed joint teams in the Sacramento, Vacaville/Fairfield and Antioch/Concord areas.

In AY 2017, CNUCOP participated by having one or two P3 students for each of the areas listed for the upcoming six months period, beginning with a "Kick-Off" day in Oakland on September 24, 2017.

In AY 2018, the number of students enrolled in this challenging and rewarding advanced IPE elective was expanded to nine students. The students will learn through using an asynchronous curriculum, skills labs hosted online through Zoom, monthly online preceptor-led case conferencing, and a "Wrap-Up" event. As part of the collaboration, each team will interview patients through home visits regarding their past and current health and medical history, and then formulate a care plan for the patient by working collaboratively as a team. Importantly, student teams will learn to design and deliver sustained care to complex care individuals who are dealing with socio-economic issues in addition to chronic illnesses or substance abuse issues.

For AY, 2018-2019, CNUCOP P3 students are collaborating with teams comprised of nursing, psychology, pharmacy, social work and other professional students. CNUCOP is offering an IPE Independent Elective, ELC 850 A and B, for our third year pharmacy students to award them credit for participating in the six month event. To get full credit for the elective, participation and a final reflection paper are mandatory. CNU's future plan with the Learning Collaboration, after piloting the program, is to create our own teams next year, using CNUCOP and COM students as the core members for the CNU team. We plan to add other local health professional college students, such as students from Sacramento State Social Work, Physical Therapy, and Speech, to complete the team. We will also consider continuing the successful collaboration with CSUS and Samuel Merritt SONs.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum

The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Description of curricular and degree requirements, including elective didactic and experiential expectations [Appendix 12.1](#)
- ☒ A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments [Appendix 12.2](#)
- ☒ Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum [Appendix 12.3](#)
- ☒ Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4 [Appendix 12.4](#)
- ☒ Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies) [Appendix 12.5](#)
- ☒ Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements [Appendix 12.6](#)
- ☐ List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement [Appendix 12.7 NOT APPLICABLE TO CNUCOP](#)
- ☒ Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure [Appendix 12.8](#)
- ☒ Introductory pharmacy practice experiences student and preceptor manuals [Appendix 12.9](#)
- ☒ Introductory pharmacy practice experiences student and preceptor assessment tools [Appendix 12.10](#)
- ☒ Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs [Appendix 12.11](#)
- ☒ Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes [Appendix 12.12 \(See Appendix 12.5\)](#)

#### Optional Documentation and Data:

- ☒ AACP standardized survey data (Student-Questions 11, 46) [Appendix 12.13](#)

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

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

3) **College or School's Comments on the Standard:**

- ☒ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- ☒ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
- ☒ How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings
- ☒ How the college or school uses simulation in the IPPE curriculum
- ☒ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- ☒ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences

- ☑ How quality improvements are made based on assessment data from practice sites
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

## College or School's Comments

### IPPE Expectations

Extensive efforts are made by the Experiential Education Department (EED) to ensure that all IPPE rotation placement opportunities expose students to common contemporary U.S. practice models. This includes IPE practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning their APPE rotations. From the very beginning of their contact with the PharmD program, students are oriented to the Pre-APPE component of the curriculum. During the recruitment interviews, in addition to the introduction of the didactic program, the chair of Experiential Education (EE) provides students with a description of what they can expect from the IPPE and the APPE experiential education portion of the curriculum. First year students (P1) receive further information during their first year didactic and practicum courses. An extensive overview which includes EE faculty and a number of preceptors, is presented during the P3 year. These sessions bridge the IPPE curriculum during the didactic program with the APPE experience.

### Didactic Curriculum

In the IPPE program, students are exposed to a variety of clinical settings: community, hospital, and specialty. Students are required to complete three different IPPEs: one in community, one in hospital, and one as an elective in a variety of specialties. Examples of specialties include: long-term care, toxicology, managed care, compounding, and others. Available IPPEs are located in a variety of geographic locations, such as the greater Sacramento area, Northern California, Northern Nevada, and Southern California, all serving diverse patient populations.

In aggregate, the IPPE practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings. The sum of hours of all IPPE rotations will consist of no less than 300 total onsite hours. This requires students to participate in Community 150 hours, Institution 75 hours and Specialty 75 hours. Students typically begin the first IPPE in a Community placement. After the student's second didactic year, the Institutional and Specialty IPPEs are interchangeable by order but both must be successfully completed in order to advance to APPEs. The allocation of required hours supports CNUCOP's plan that the majority of students' IPPE hours must be provided and balanced between community pharmacy and institutional health system settings. Optimization of



student/preceptor slot placement is conducted by the EED. The student may be given the opportunity to select preferences based on their individual professional interests or other factors. The match may or may not account for the student preferences when assigning sites to the student. The preceptor may require the student to be present at the site for a variety of shifts (e.g. evening, night, or weekend hours) so the student may be exposed to the differences in practice experience, workload or pace. All IPPE hours must be completed onsite only, unless otherwise approved by the EED and preceptor. Any absences must be coordinated with EED and preceptor.

As shown in the Academic Program, the didactic curriculum provides the appropriate breadth of instruction in topics essential to the profession of pharmacy. Throughout the didactic years, in addition to the longitudinal integration of IPPE experiences, a series of longitudinal practicum courses aims to provide reinforcement and integration of essential pharmacy practice knowledge, skills and competencies acquired during the didactic curriculum. Examples of exercises that students are expected to develop longitudinally include patient counseling, sterile compounding, prescription processing, literature evaluation, IPE with simulation exercises. These exercises are designed with increased complexity with each sequential semester to encourage maturation of student performance.

In addition, six outcome elements from the Co-curricular Learning Outcomes (COCULOs) are longitudinally integrated in the didactic curriculum as well. These outcomes reinforce the knowledge, values, and skills required for a proficient experience when students go to APPEs. While the majority of the curriculum emphasizes adult pharmacotherapy, care across the patient lifespan is a priority for curricular improvements. In the current curriculum, there are a limited number of pediatric and geriatric topics within the required pharmacotherapy courses. However, students have the opportunity to enroll in a didactic elective course that specifically discusses pediatric and geriatric populations.

### **Distinguishing IPPEs from APPEs**

CNUCOP establishes objectives and criteria to distinguish introductory from advanced practice experiences via the use of preceptor checklists. Preceptors are asked to sign off on the completion of the Preceptor Checklist and verify hours logged in E\*Value. Each student on rotation is required to fulfill a course checklist ensuring appropriate tasks are met as deemed applicable by the preceptor. The checklist is signed and submitted by each student by the end of each rotation. The preceptor meets with the student on the first or second day of the IPPE rotation to review what is expected of the student during the rotation. EED invites preceptors to create a calendar of activities and schedule for the rotation. This helps ensure that the student gets an appropriate orientation to the site and is introduced to appropriate persons at the work site. Preceptors are asked to give detailed instruction to the student concerning tasks which are required and set expectations for the rotation. Students may also have personal goals to be addressed. Questions, suggestions, requests and other concerns are initially addressed by dialogue between the student and preceptor. The preceptor must complete a midpoint and final evaluation of the student.

**Quality of Sites and Improvement Process**

Student performance on IPPE is assessed and documented through a program called E\*Value. The course learning outcomes for IPPE are targeted for the introductory level and cover basic knowledge and understanding of the practice of pharmacy. The learning outcomes for IPPE assess the application of all knowledge, skill, values, and competencies learned during the didactic and the IPPE curriculum.

At the end of the IPPE rotation experiences, students prepare a concise (500 to 1,500 words) written reflection essay of their practice experience addressing the following questions: 1) What were your perceptions and expectations before you began this course? 2) What techniques did the pharmacists use to ensure dispensing accuracy? 3) How would you link the experience to what you are learning in the didactic component of the curriculum? 4) What difference did you notice between this practice site/Preceptor and any previous pharmacy experiences? 5) How do you feel this experience will enhance your skills as a practicing pharmacist? This essay is an additional process that allows the college to assess the quality of sites for improving processes by observing what students are learning while on rotation.

The quality of sites used for practice experiences is evaluated continually by the Experiential Education Department. In order to become a practice site, the qualifications of the site and the preceptors are evaluated by the Experiential Education directors and the Chair of EE with a visit, review of preceptors' CV, and with the students' evaluation of the site and the preceptors. At the review, should a score fall below 3.5 out of 4, the directors and/or the chair of EE will visit the related site to conduct a review. If the scores of either the site or the preceptors consistently remain poor for more than two times and without improvements, the related sites or preceptors will no longer be on our experiential site listing. EE faculty also communicate with preceptors on a regular, on-going basis via email and telephone conference calls.

Based on the feedback received from preceptors through evaluations of students and through the Preceptor Advisory Council, student knowledge and curriculum gaps are identified. If any gaps are noted, this is communicated from the Experiential Education Department to the Curriculum Committee. The Curriculum Committee discusses whether any of these areas need to be improved within the didactic curriculum.

AACP data from faculty over the past several years indicates a high degree of confidence with regard to the depth of understanding taught in areas covering central concepts and principles. Scores have increased from 90% in 2016 to 96.4% in 2018. This result is a full 10% higher than the national average in 2018. AACP survey results from students were not as positive. On questions that explored students' notion of their preparedness to enter the profession, CUNCOP graduates did not feel as confident as those in the 2018 national population. Results from this data set in general are not as strong as the national average and represent an area that needs to be explored further. The changes

made recently to the curriculum in 2016 and 2017 can only be seen in the next four years with its full implementation. CNCUOP is following the outcomes closely with our assessment and our longitudinal data analysis.

**IPPE Activities and/or Simulation**

At this time, CNUCOP maintains sufficient IPPE rotation slots and has not resorted to using simulation as hours within the IPPE curriculum. Tasks, assignments, and projects are assigned by the Preceptor. Preceptors are provided with the syllabi delineating the types of clinical experiences and activities needed for student learning, including but not limited to basic dispensing, medication order processing, and inventory control, pharmacy technology systems, patient counseling tips and techniques, medication reconciliation tips and techniques. Delineating roles, responsibilities and challenges of pharmacists on a daily basis are also addressed as well as learning how to work collaboratively and communicate with healthcare professionals, describing medication safety issues at the site, preparing a report on a drug, treatment of disease state, and answering a drug therapy question.

CNUCOP assures, measures, and maintains the quality of sites used for practice experiences. Preceptors are encouraged to determine the schedule that works best for them and the student. Preceptors may also request the assistance of the EED staff to establish a schedule which recognizes the students' didactic courses. Preceptors or students should refer any IPPE related complaints or concerns to the IPPE Director for Experiential Education. If necessary, preceptors should notify the Regional Hub Coordinator as early as possible of any potentially negative or problematic situations and issues concerning students. These include but are not limited to attendance issues, serious clinical performance issues, medication dispensing errors that might have consequences to the patient, preceptor or institution, and matters relating to breaches in professional behavior.

CNUCOP Quality improvements are made based on assessment data from practice sites. Timely, constructive feedback, both verbally and in writing, is an effective tool for aiding students to improve their performance toward achieving competency as practicing pharmacists. The final evaluation represents the cumulative, final performance assessment for students in their IPPE and APPE courses. As such, it is also a means by which the college receives feedback on how well our program is doing in preparing our students for their IPPE and APPE coursework, as well as a tool from which to analyze any potential curriculum gaps.

As far as other notable achievements, innovations or quality improvements at CNUCOP, a moderate amount of time is allocated during IPP 607, Introduction to Pharmacy Practice and Professionalism, in the fall semester for the first year pharmacy students, to facilitate their preparation for IPPE. Such topics typically covered include professionalism, site placement process, Board of Pharmacy requirements, pharmacy law, medical terminology, top 200 drugs, and preceptor and program expectations.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No. 13: Advanced Pharmacy Practice Experience (APPE)

A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

##### Uploads:

- ☒ The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable [Appendix 13.1](#)
- ☒ A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. (Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.) [Appendix 13.2](#)
- ☒ Overview of APPE curriculum (duration, types of required and elective rotations, etc.) [Appendix 13.3](#)
- ☒ Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives [Appendix 13.4](#)
- ☒ Advanced pharmacy practice experience student and preceptor manuals [Appendix 13.5](#)
- ☒ Advanced pharmacy practice experience student and preceptor assessment tools [Appendix 13.6](#)
- ☒ Preceptor recruitment and training manuals and/or programs [Appendix 13.7](#)
- ☒ Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care [Appendix 13.8](#)
- ☒ Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes [Appendix 13.9](#)

#### Optional Documentation and Data:

- ☒ AACP standardized survey data (Student-Questions 37-46) [Appendix 13.10](#)

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

	S	N.I.	U
<b>13.1. Patient care emphasis</b> – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings.	■	○	○
<b>13.2. Diverse populations</b> – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states)	■	○	○
<b>13.3. Interprofessional experiences</b> – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.	■	○	○
<b>13.4. APPE duration</b> – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care.	■	○	○
<b>13.5. Timing</b> – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE.	■	○	○
<b>13.6. Required APPE</b> – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.	■	○	○
<b>13.7. Elective APPE</b> – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.	■	○	○
<b>13.8. Geographic restrictions</b> – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.	■	○	○

3) **College or School's Comments on the Standard:**

- ☑ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- ☑ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings
- ☑ How the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings
- ☑ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team
- ☑ How the college or school provides students with elective advanced practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors
- ☑ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.

- ☑ How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- ☑ How quality improvements are made based on assessment data from practice sites
- ☑ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities
- ☑ How the college or school is applying the guidelines for this standard, and the additional guidance provided in Appendix 2, in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

### College or School's Comments

In the APPE program, students are required to complete six blocks of experiential rotations of six week each. The four required areas are advanced community, advanced hospital / health system, general medicine, and ambulatory care advanced practice. Students also participate in two electives in a variety of specialty areas. These experiences are located in a variety of geographic locations, which are defined as "hubs" in the Sacramento, Bay area, Los Angeles, Central Valley, Palm Springs, and Reno/Tahoe City with a patient population from a variety of socioeconomic and ethnic backgrounds. The diverse sites also provide to the students an exposure to a variety of medical conditions and situations, from which they can learn and apply their pharmacy knowledge and skills. The APPEs learning outcomes have been mapped against the ACPE Standards 2016, AACP Cape document, the PPCP, and the EPA domains leading to a more advanced level of practice readiness compared to the IPPEs experiences.

The APPE experiences are built on a core of disease states with the evidence-based guidelines that were commonly seen in the patients' population. A list of recommended topics is on the syllabi and student checklists to provide more flexibility to preceptors based on their own sites or practice. The specialty experiences provide flexibility to the preceptors per their own specialty (e.g., nuclear pharmacy, industry, research). In addition, certain required activities such as presentations, journal club, and drug information are also listed on the syllabi. Students on the General Medicine (APPE 903) rotation for example, are embedded with rounding teams composed of physicians, nurses, dieticians, pharmacists, and case managers providing comprehensive recommendations for overall patient care. Students are trained during the didactic sessions with the longitudinal practicum courses, embedding them with students from the School of Nursing at CSUS and CNU College of Medicine. The pharmacy students shadow either a pharmacist or non-physician providers for (but not limited to) recommendations on drug therapy, pharmacokinetic calculations, summary of recent clinical trial pertinent to patient care and drug information. Specialty elective experiences are available in a variety of settings, such as, but not limited to, research, academia, long-term care, managed care, and industry, as well as specific clinical areas.

During the six blocks of APPE, students are required to perform satisfactorily on the Longitudinal Pharmacy Practice Knowledge Examination (LPPK), which accounts for 30% of the APPE grade. At the conclusion of APPE experiences, students return to campus for a three week faculty-led board review, followed by an additional week of review offered by an outside vendor. Following the review, students sit for a cumulative P4 capstone exam. Beginning with the Class of 2019, students must successfully pass the P4 Capstone examination to be eligible for on-time graduation.

Students receive a mid-point evaluation and a final evaluation from their preceptors in addition to the informal daily evaluations from their preceptors. Students received a recommended checklist of various APPE related learning activities to ensure homogeneity across the experiential spectrum. Midpoint and final evaluations are collected and analyzed by the assessment committee, along with the data from the LPPK examination to determine whether various learning outcomes are being met. Students will be required to repeat the same experiential activity at a different site should they not pass.

The college ensures that all students fulfill the required experiential hours using a course evaluation to be completed by the preceptors during the final week of each APPE rotation. Preceptors verify the satisfactory completion of the required hours of the APPE rotation.

### **Selection/Quality of Sites and Improvement Process**

The quality of sites used for practice experiences is evaluated continually by the Experiential Education Department. A site visit by a representative from the EE department, along with the use of a qualification form is used to determine eligibility of a rotation site. Preceptor CVs are used to determine academic appointments. Continued eligibility is determined by preceptor responsiveness as well as students' evaluation of the site and preceptors. Should a student concern arise or the site's yearly average score fall below 3.5 out of 4, an EE representative will visit the related site to conduct a review. Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabi, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program. The college solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component. If the scores of either the site or the preceptors consistently remain poor for more than two consecutive years and without improvement, the related sites or preceptors will no longer remain on our experiential site listing. EE faculty also communicate with preceptors on a regular, on-going basis via email, telephone, and conference calls.



Based on the feedback received from preceptors via their evaluation of our students and through the Preceptor Advisory Council, student knowledge gaps are identified. Any gaps are communicated from the Experiential Education Department to the Curriculum Committee for review and potential curricular improvements and/or modifications.

Student responses from the AACP annual survey indicate a high degree of satisfaction in their APPE experience over the past several years. On all questions related to the APPE experience, student survey results demonstrate an increase in satisfaction from 2017 to 2018. Moreover, on all but a few questions, the 2018 data results from CNUCOP were higher compared to the national average benchmark data. While there are a few areas of opportunity for improvement, in general CNUCOP shows strong outcomes in this area.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.14: Student Services

The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

### 1) Documentation and Data:

Documentation requested by ACPE:

#### Uploads:

- ☒ Synopsis of the Curriculum Vitae of the student affairs administrative officer [Appendix 14.1](#)
- ☒ An organizational chart depicting student services and the corresponding responsible person(s) [Appendix 14.2](#)
- ☒ Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.) [Appendix 14.3A, Appendix 14.3B](#)
- ☒ Copies of policies that ensure nondiscrimination and access to allowed disability accommodations [Appendix 14.4](#)
- ☐ Student feedback on the college/school's self-study [Appendix 14.5 \(Available on Site\)](#)

### Optional Documentation and Data:

- ☒ AACP standardized survey data (Student-Questions 47-51, 53, 57, 58. Preceptor-Question 13) [Appendix 14.6](#)

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

	S	N.I.	U
<b>14.1. FERPA</b> – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices.	■	○	○
<b>14.2. Financial aid</b> – The college or school provides students with financial aid information and guidance by appropriately trained personnel.	■	○	○
<b>14.3. Healthcare</b> – The college or school offers students access to adequate health and counseling services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied.	■	○	○
<b>14.4. Advising</b> – The college or school provides academic advising, curricular and career-pathway counseling, and information on post-graduate education and training opportunities adequate to meet the needs of its students.	■	○	○
<b>14.5. Nondiscrimination</b> – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.	■	○	○
<b>14.6. Disability accommodation</b> – The college or school provides accommodations to students with documented disabilities that are determined by the university Disability Office (or equivalent) to be reasonable, and provides support to faculty in accommodating disabled students.	■	○	○
<b>14.7. Student services access*</b> – The college or school offering multiple professional degree programs (e.g., PharmD/MPH) or pathways (campus and distance pathways) ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.).	■	○	○

**3) College or School's Comments on the Standard:**

- ☒ A description of student services offered and, if applicable, how the college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling)
- ☒ A description of the sections of the student handbook that deal with specific requirements of the standard and guidelines
- ☒ How the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

**College or School's Comments****Description of Services**

Student services are housed within the Office of Student Affairs and Admissions, which is staffed by an Assistant Dean and two Student Affairs Coordinators. Students are provided with information regarding services during recruitment sessions, orientations, and in the Student Handbook. A description of these services follows:

<http://pharmacy.cnsu.edu/sharedocs/StudentHandbook.pdf>

**Mentoring and Student Success Program**

Each student entering the pharmacy program is assigned a faculty advisor during orientation; their advisor will remain the same throughout the first three years of the program. During the students' fourth year, their preceptor becomes their advisor since students are no longer on-campus and are located in different geographical areas. Fourth-year students are strongly encouraged to maintain contact with their original advisor. Each student is expected to meet with his or her advisor at least once a semester. Faculty advisors help their advisees to become acclimated to the program and introduce them to different resources and services available to CNU students. Faculty advisors also meet with advisees, when encountering academic difficulties, to provide guidance and assistance. In addition to academics, faculty advisors also assist in preparing students for a variety of career pathways and ensure students have the resources needed to be successful at CNU. Advisors are tasked with evaluating advisees' self-reflection essays to ensure their advisees fulfill the co-curricular learning outcomes in a timely manner.

**Tutorial**

The Office of Student Affairs and Admissions offers free individualized or group tutoring services to our students based on academic need, which includes low Individual Readiness Assessment Tests (iRAT) or exam scores. Students experiencing any difficulty in any course or courses are urged to seek the help and assistance of the course coordinator and/or their academic advisor early in the course. If academic problems arise, school-funded peer tutoring services are offered to the students. For select basic science courses (e.g. Pharmaceutics, Biochemistry, Pharmacokinetics) offered during the P1 year that tend to be inherently challenging, optional and free Classroom Supplemental Instruction (CSI) sessions are available to all P1 students. Select members of Rho Chi Honor Society serve as CSI leaders and work closely with course coordinators to prepare review material for CSI.

**Disability Accommodations**

CNU has in place policies and rules to comply with Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act (ADA) specified in the Student Handbook. Students requiring disability accommodations may apply for services through the Office of Student Affairs and Admissions. The Office is committed to promoting equal access to programs and facilities, thereby ensuring students with disabilities experience the opportunity to participate fully in all academic experiences. Specialized services and academic accommodations are provided to meet the individual needs of students with disabilities to help them successfully complete the program. The Office of Student Affairs reviews information related to disability accommodations during orientation.

**Career Planning**

The Office of Student Affairs and Admissions hosts a variety of events (i.e. Pharmacy Internship Fair; Graduate Interview Day) that provide students with the opportunity to network and interview with key retail pharmacies and hospitals in the area for internship or pharmacists positions. Additionally, mock interviews and CV/resume reviews are offered to students by faculty advisors as well as through the Office of Student Affairs and Admissions. Student workshops focused on professional development are also available through the Office of Student Affairs. Student organizations host a number of events on-campus related to preparing for residency and/or fellowship training, as well as exploring other career opportunities within the field of pharmacy. CNUCOP provides updated information about career opportunities on the College of Pharmacy website at <http://pharmacy.cnsu.edu/career-services>. Data from the AACP student survey indicate that students are not as aware of as we expect about the career planning service. In the 2019-2020 academic year, the College plans to define a better communication process to the student body about these services.

## **Healthcare Insurance and Wellness**

All students are required to maintain health insurance while enrolled at CNU. The university offers a student health plan through Western Health Advantage (WHA). Students not participating in the WHA Student Health Plan must obtain other insurance and provide evidence of coverage through their online health records tracker (Myrecordtracker).

## **Immunizations**

A comprehensive list of all immunization requirements and their corresponding documentation is provided to all incoming students. All students must show proof of receipt of all immunizations required by the University prior to the date of matriculation.

## **Alcohol & Drug Prevention and Referral Services**

The Assistant Dean of Student Affairs is available to connect our students with different resources and/or programs related to alcohol and drug prevention and treatment. Students seeking assistance will be provided with contact information for local agencies, treatment facilities, and/or providers. Assistance in making an appointment to obtain treatment is also provided.

## **Counseling Services**

On-site counseling is a student service which has been recently added. CNU now has two counselors who offer individual, group, and couple therapy to reduce challenges related to academic stress, time management, relational stress, domestic violence, and mental health conditions. The counselors also provide referrals for long-term therapy or other mental health-related services in the community.

## **FERPA**

CNU employs procedures and policies that align with the Family Educational Rights and Privacy Act (FERPA). All faculty and staff members involved with student records are annually trained via FERPA online courses. All information related to FERPA and student records can be found in the Student Handbook.

## **Nondiscrimination**

CNU is committed to cultivating a diverse community that recognizes and values the inherent worth in individuals, fosters mutual respect, and encourages individual growth. The University and College believe that diversity enhances and enriches the quality of our academic program. CNU has policies and procedures to ensure equal opportunity in

education and employment and does not discriminate on the basis of race, color, creed, religion, national origin, ethnicity, gender, age, sexual orientation, political affiliation, veteran status, or disability. Appendix 14.4

**Orientation**

All first-year pharmacy students entering CNUCOP are required to attend New Student Orientation, which is a four-day program focused on acclimating students to CNU and introducing students to the services offered by CNUCOP as well as the College's policies and procedures. The mission, goals, values and educational philosophy of the College is also highlighted during this time. In fall 2018, an additional academic orientation was added to the usual student orientation program, free of charge.

**Financial Aid**

Financial aid information is provided by the Financial Aid Department to each class in the pharmacy program through email communications as well as through on-campus workshops. Information related to loan programs offered at CNU, preparing for the upcoming academic school year, tuition and fee due dates, financial aid documents and due dates, managing credit and preventing identity theft, budgeting, borrowers rights and responsibilities, repayment expectations, default consequences, as well as entrance and exit counseling are provided. The Financial Aid Manager also invites student loan consultants and lender representatives on campus to deliver additional workshops focused on debt management and different loan programs. Additionally, the Financial Aid Department also provides information about scholarships available to pharmacy students on the Financial Aid section of the CNU webpage, and sends email notifications to students on external scholarship opportunities and their corresponding deadlines. The Financial Aid Department has also developed a calendar listing the upcoming financial aid programming offered each month. During the month of April, which is designated as Financial Literacy month, the Office sends email notifications weekly on different financial literacy topics. The Financial Aid Department also conducts one-on-one Financial Aid workshops when requested by the student.

**Student Misconduct Procedure**

The Honor Code of CNUCOP is a formal code of conduct developed by the Honor Board that emphasizes the four core principles of respect, honesty and integrity, legal and ethical behavior, and professionalism, to which all students, faculty, and staff are held responsible for maintaining. The Honor Code is stated in the General Catalogue and Student Handbook and is reviewed during student orientation and at College 30 sessions for second and third year students. All members of the CNUCOP community are required to follow all applicable provisions of this Honor Code. Any violations of the Honor Code shall be processed as appropriate through the Professional & Academic Standards Committee, the Associate Dean of Academic Affairs, the Assistant Dean of Student Affairs & Admissions, and/or

another governing body. Any person accused of academic or non-academic violations will be afforded fair jurisprudence and due process of law. Violations of an academic, professional, or other nature will be subject to appropriate disciplinary action, which may include, but is not limited to, warning, probation, remediation, suspension, dismissal, expulsion, legal prosecution, or failure of the course.

The Professional and Academic Standards Committee (PASC) of the College of Pharmacy, which is comprised of up to two faculty members from each academic department and a committee chair, along with the Associate Dean of Academic Affairs (ex officio) and the Assistant Dean of Student Affairs (ex officio), monitors the academic progression, performance, and professional behavior of students in the Doctor of Pharmacy degree program reviews specific instances of student misconduct and provides a recommendation to the Dean, which may include sanctions for professionalism issues or honor code violations. To incentive students to adhere to the Honor Code, Honor Code violations may be filed, which may subsequently impact a student's ability to assume a leadership position within an organization or travel to represent CNU at professional conferences and/or events.

### **Responding to Complaints**

Professionalism and integrity are two of CNU's core values and the College remains vigilant in upholding these values. In the fall of 2018, the complaint process proved to be effective in alerting administration to a number of alleged instances of cheating. The complaints led administration to strengthen the exam administration process. Students are now required to sign an honor statement at the beginning of exams, the number of proctors has been increased, faculty are required to randomize test questions, answers, and seating. Prior to this incident most faculty were employing most of these practices. However, these test administration procedures are all now required of everyone.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>



## Standard No.15: Academic Environment

The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads

- ☒ URL or link to program information on the college or school's website [Appendix 15.1](#)
- ☒ Copy of student complaint policy related to college or school adherence to ACPE standards [Appendix 15.2](#)
- ☒ Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits) [Appendix 15.3](#)
- ☒ List of committees involving students with names and professional years of current student members [Appendix 15.4](#)
- ☒ College or school's code of conduct (or equivalent) addressing professional behavior [Appendix 15.5](#)

#### Optional Documentation and Data

- ☒ AACP standardized survey data (Faculty-Questions 38, 39. Student-Questions 52, 55-56, 58, 65-65, 68. Preceptor-Question 11-12) [Appendix 15.6](#)

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

	S	N.I.	U
<b>15.1. Student information</b> – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, handbooks, academic calendars, and catalogs.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15.2. Complaints policy</b> – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15.3. Student misconduct</b> – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15.4. Student representation</b> – 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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15.5. Distance learning policies*</b> – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3) College or School's Comments on the Standard:**

- ☒ The participation and contribution of students on college or school committees
- ☒ The organization, empowerment, and implementation of a student government association or council
- ☒ The other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) used to gather student perspectives
- ☒ Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives
- ☒ How the complaint policy is communicated to students
- ☒ How the college or school handles student misconduct
- ☒ How the college or school provides information regarding distance education opportunities (if applicable)
- ☒ The number of complaints since the last accreditation visit and the nature of their resolution
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

**College or School's Comments**

During the recruitment interviews and during the student orientation, students received information on the COP Mission, Goals, and Educational Philosophy by the President and the Dean. At these points, students also receive information regarding the curriculum, co-curriculum, student support services, and important policies via presentations by the Associate Dean of Academic Affairs and the Assistant Dean of Student Affairs and Admissions. All of this information also resides in the General Catalog, the Student Handbook, and on the Academic Affairs and Student Affairs websites, and students are reminded of this important information at the beginning of each academic year. Financial aid guidance and information regarding tuition and fees and the refund policy are provided to students in their Enrollment Agreement and through counseling sessions with the Financial Aid Office. <http://pharmacy.cnsu.edu>. The Graduation rates, post-graduation placement rates, pass rates on the NAPLEX and CJPE for first time takers are published on the COP website. CNUCOP values the involvement of students in College governance and understands the importance of their feedback and participation. Current student involvement and recent notable achievements from their involvement are outlined below.

**Student Involvement in College Committees**

Accreditation Review Committee: Student interest in serving on ACPE and/or WSCUC accreditation committees is solicited when these committees are formed. Students in good standing are then appointed by the Dean of the College

to the committee. Student representatives assist in reviewing documents related to ACPE or WSCUC standards prepared by faculty and administrators and provide input on the program and accreditation standards.

Curriculum Committee: Student interest in serving on the Curriculum Committee from the P2 and P3 class is solicited at the beginning of each academic year. The Office of Academic Affairs then verifies that the interested students are in good academic standing. One student representative from the P2 and P3 class is then appointed to the committee by the chair of the Curriculum Committee. The student representatives are responsible for reporting any student concerns and issues regarding the curriculum to the committee at each meeting, and they provide input on matters discussed at each meeting. In fall of 2018 the chair of the Curriculum Committee solicited student interest in joining a COP Curriculum Focus Group, which provided the opportunity for student feedback on the curriculum. Student representatives have actively participated in this committee, for example providing valuable feedback during recent discussions of the CATME peer evaluations and how those results reflect perceptions of team effectiveness.

The students serving on the committee for the 2017-2018 academic year included:

- Ms. Vinna Nam, P3 Student Representative, Class of 2019
- Ms. Bixian (Annie) Chen, P2 Student Representative, Class of 2020

The students serving on the committee for the 2018-2019 academic year included:

- Mr. Tejpal Kang, P3 Student Representative, Class of 2020
- Ms. Tiffany McMurtry, P2 Student Representative, Class of 2021

Graduation Committee: The Student Body Council class co-presidents of the graduating class, as well as two to three additional graduating P4 students are appointed to serve on the Graduation Committee by the Dean of the College and/or the Assistant Dean of Student Affairs and Admissions. The student representatives serve as a liaison between the Graduation Committee and the graduating class and provide student feedback regarding the Commencement Ceremony.

Student Health and Wellness Committee: This committee focuses on providing student-centered programming that will enhance the health and wellness of the student body. Student interest from the P1 to P3 class is solicited, and four students in good academic standing are subsequently appointed to the committee by the Dean of the College and/or Assistant Dean of Student Affairs and Admissions.

**Student Involvement in University Committees**

Interprofessional Education Committee: The IPE Committee is currently developing the process for student representation in this committee. The draft proposal calls for two student representatives from COP, one from the P2 or P3 class and one student in the APPE year. The student body presidents will solicit volunteers, who will be nominated to the committee by the Assistant Dean of Student Affairs, and then will be selected by the IPE committee. This is a university wide committee that develops policy regarding curriculum and coordination of the IPE programs and activities in all three colleges. Student input on this committee has been instrumental in providing a student perspective with regard to event timing and program coordination.

**Student Government**

The COP Student Body Council (SBC), comprised of an executive board and two representatives from each class (P1-P4), aims to cultivate an environment of professional growth and development for the students. SBC serves as a liaison between the student body, the COP student organizations, and the College/University, and provides a channel for COP students to share their concerns and perspectives with administrators and faculty on issues directly impacting the student body. SBC supports student-centered programming related to leadership, professional development, community outreach, and co-curricular learning activities. Additionally, SBC oversees the operations of the Student Organization Leadership Council, which is comprised of the presidents of each student organization, and facilitates collaboration amongst the different organizations for events and activities. Members of SBC also serve on a number of college and university committees, such as the Student Health and Wellness Committee as well as CNU's Interprofessional Education Committee.

**Other Avenues for Student Feedback**

The Dean of the College and Assistant Dean of Student Affairs and Admissions serve as the co-advisors to the Student Body Council. The Dean and Assistant Dean meet with the SBC each semester to review important initiatives and discuss any student-related concerns. Additionally, the Assistant Dean of Student Affairs and Admissions serves as an advisor to the Student Organization Leadership Council, which is comprised of organization presidents and the Student Body Council. The Dean and Assistant Dean of Student Affairs and Admissions conduct Town Halls for each class each semester to provide updates related to policies and procedures, improvements in the program, introduce new faculty, and address any student concerns.

**Improvements resulting from Student Representation**

Because a number of P1 students experience difficulty with certain basic science courses offered during the P1 year, Classroom Supplemental Instruction (CSI) was offered. CSI is offered once weekly during the fall and spring semester for certain P1 courses and is led by Rho Chi student members, who collaborate with course coordinators to develop extra practice exercises related to classroom content for P1 students. These free and voluntary CSI sessions offer an opportunity for students to obtain extra practice with material learned in the classroom.

In response to students' requests for increased programming related to student support services, the College of Pharmacy's Health and Wellness Committee, comprised of COP students, faculty, and staff was created. This committee aims to promote a culture of physical, psychological, and emotional well-being for our students, staff, and faculty. Student-centered programming, which is also made available to faculty and staff, on a number of different topics pertaining to health and wellness, such as anxiety management, are offered. CNU also established on-site counseling services for all CNU students. The two licensed CNU counselors are available to speak with our students about issues related to school stress, anxiety, time management, relational stress, and other challenges. The counselors offer individual and group counseling services.

Student interest in psychiatric pharmacy led to the development of the COP student chapter of the College of Psychiatric and Neurologic Pharmacists (CPNP), which aims to increase mental health awareness in the community and beyond. The CPNP student chapter is focused on providing mental health education to reduce the stigma surrounding mental illness.

In an effort to recognize pharmacy student leaders and cultivate a culture of professionalism and leadership among the study body, CNUCOP established a Phi Lambda Sigma chapter in the Spring of 2018. Phi Lambda Sigma is a national pharmacy leadership society that is committed to recognizing leaders and fostering leadership development for the student body. The PLS student chapter will provide seminars focused on leadership development to the student body. (Link to or discussion of any specific achievements over the past few years.

**Complaint Policy**

The California Northstate University (CNU) General Catalog provides an overview of the process for filing a complaint, while the College of Pharmacy Student Handbook specifically details the steps that must be taken to file an academic or non-academic complaint. The complaint policy and process for filing a complaint is reviewed with all first-year pharmacy students by the Office of Academic Affairs and the Office of Student Affairs and Admissions during New Student Orientation Week. Additionally, an online anonymous reporting mechanism is available on the COP webpage

and the main CNU webpage. The Office of Student Affairs and Admissions emails an announcement to COP students each year about this online anonymous reporting mechanism.

### **Student Misconduct Procedure**

The Honor Code of CNUCOP is a formal code of conduct developed by the Honor Board and emphasizes the four core principles of respect, honesty and integrity, legal and ethical behavior, and professionalism, to which all students, faculty, and staff are held responsible for maintaining. The Honor Code is stated in the General Catalogue and Student Handbook and is reviewed during student orientation and at College 30 sessions for second and third year students. All members of the CNUCOP community are required to follow all applicable provisions of this Honor Code. Any violations of the Honor Code shall be processed as appropriate through the Professional & Academic Standards Committee (PASC), the Associate Dean of Academic Affairs, the Assistant Dean of Student Affairs & Admissions. Any person accused of academic or non-academic violations will be afforded fair jurisprudence and due process of law. Violations of an academic, professional, or other nature will be subject to appropriate disciplinary action, which may include, but is not limited to, warning, probation, remediation, suspension, dismissal, expulsion, legal prosecution, or failure of the course.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.16: Admissions

**The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.**

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ The list of preprofessional requirements for admission into the professional degree program [Appendix 16.1](#)
- ☒ Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable) [Appendix 16.2](#)
- ☒ Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway). Template available for download [Appendix 16.3](#)
- ☒ Organizational chart depicting Admissions unit and responsible administrator(s) [Appendix 16.4](#)
- ☐ Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes (required for nonparticipating PharmCAS institutions only) [Appendix 16.5 NOT APPLICABLE TO CNUCOP](#)
- ☐ GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes (required for nonparticipating PharmCAS institutions only) [Appendix 16.6 NOT APPLICABLE TO CNUCOP](#)
- ☐ GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes (required for nonparticipating PharmCAS institutions only) [Appendix 16.7 NOT APPLICABLE TO CNUCOP](#)
- ☐ Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (nonparticipating PharmCAS institutions will not have access to peer data) [Appendix 16.8 NOT APPLICABLE TO CNUCOP](#)
- ☒ List of admission committee members with name and affiliation [Appendix 16.9](#)
- ☒ Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies [Appendix 16.10](#)
- ☒ Professional and technical standards for school, college, and/or university (if applicable) [Appendix 16.11](#)
- ☒ Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication [Appendix 16.12](#)
- ☒ Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions [Appendix 16.13](#)
- ☒ Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality [Appendix 16.14](#)

**Optional Documentation and Data:**

- ☐ PCAT Scores (Mean, Maximum and Minimum) for past 3 admitted classes (if applicable; for participating PharmCAS institutions only) **Appendix 16.15-NOT APPLICABLE TO CNUCOP**
- ☒ Mean GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only) **Appendix 16.16**
- ☒ Mean Science GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only) **Appendix 16.16**

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

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

3) **College or School's Comments on the Standard:**

- ☒ Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable
- ☒ How admission evaluations of students are documented and how records are maintained.
- ☒ A description of the college or school's recruitment methods
- ☒ A description of methods used to assess verbal and written communication skills of applicants to the program



- ☑ How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources
- ☑ How curricular outcomes data are correlated with admissions data
- ☑ The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements
- ☑ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

### **College or School's Comments**

#### **The Admission Process**

The College has an established Admissions Committee, consisting of a minimum of two faculty representatives from each of the three departments, the three Admissions staff members, one University representative, and the Assistant Dean of Student Affairs and Admissions (ex officio).

The Admissions committee along with the faculty, review applications for admission and forward applications of qualified candidates to the Dean to be offered an interview. After the interview process, applicants who have demonstrated a high overall score based on predetermined criteria and who possess no red flags are reviewed by the Admissions Office. The Admissions Committee Chair presents the accepted applicants to the Dean so he can review and assure that all has been done according to the regulations that the University and the College abide by.

#### **Transfer students**

In addition, a CNU College of Pharmacy Transfer Policy has been established, which details the application requirements for student who transfer into the Doctor of Pharmacy program, and provides a systematic approach for reviewing, accepting, and admitting transfer students.

#### **International students**

To assist with the on-boarding of international students into the College of Pharmacy, the University has one Principal Designated School Official (PDSO) who is the VP of Student Affairs and Admissions, and two Designated School Officials (DSOs). One is from the College of Pharmacy and one from the College of Medicine, who provide support to our international students and update and maintain all records in the Student and Exchange Visitor Systems (SEVIS).

**Early assurance agreement**

In partnership with CNU's College of Health Sciences, an Early Assurance Program has been established. The Bachelors of Science to Doctor of Pharmacy (BS-PharmD) combined programs allow students to complete prerequisites for admission to the College of Pharmacy, while attending the College of Health Sciences (CHS), for two years (2+4 program) or three years (3+4 program). Students in the BS-PharmD programs are guaranteed an onsite interview with the College of Pharmacy early in the admissions cycle, if all admissions criteria have been met. These students also receive a mock interview training session with the Outreach and Admissions Advisor. Additionally, each student in the combined program is partnered with a College of Pharmacy Student Ambassador, who serves as a peer mentor and resource to the undergraduate interested in a pharmacy career.

All information pertaining to how to apply to our pharmacy program and admission criteria are available on the College of Pharmacy webpage as well as through the PharmCAS School Directory. Information related to accreditation and licensing, postgraduate employment rates, graduation and retention data, and NAPLEX and CPJE pass rates, are made available on the College of Pharmacy webpage. <http://pharmacy.cnsu.edu/sharedocs/cnucop-program-quality-indicators.pdf>

**Admissions Evaluation Process**

WebAdmit is used to document application evaluations through the use of a rubric, interview assessments, writing sample scoring, and notes. If an application requires further review by the Admissions Committee to determine if an interview or offer of acceptance is appropriate, then each applicant is placed into an excel spreadsheet for voting. These excel spreadsheets are housed on an internal drive available only to the Admissions Committee. All pre and post-interview scores are entered into the rubric scoring module in WebAdmit and all information is exportable for Committee and Admissions Office review.

An applicant's complete application and accompanying documents, including the supplemental application, are downloaded and housed on the Admissions Committee internal drive. IT has provided our Admissions Office with security settings, which only allow Admissions Committee members and staff to access these folders. All applicant data is also uploaded into CAMS, the University's official record tracking program.

**Recruitment Methods**

The College of Pharmacy's Admissions and Outreach Coordinator participates in a number of recruitment activities at large health fairs including the Southern California Pre-Pharmacy Association Fair, Northern California Pre-Pharmacy Association Fair, Pre-Health Professions Fair for UCLA, UC Irvine, UC San Diego, and UC Riverside, since many of

our applicants originate from these universities. Recruitment efforts are focused on geographical areas with a large Hispanic and African American population, including but not limited to Texas and the mid-West to increase the diversity of our student body.

The COP Outreach Coordinator also hosts Meet-and-Greets with students who have confirmed their acceptance. These Meet-and-Greets are held prior to the start of classes in different geographical areas to enable our incoming students the opportunity to begin networking with their peers. Social media platforms (i.e. Facebook and Instagram) are used to recruit and retain applicants through disseminating information about College events, student achievements, student organization activities, etc. CANVAS learning management system allows incoming students access to important information related to the College and University, including class schedules, the academic calendar, student organization information, newsletters, required forms, team-based learning information, etc.

### **Assessment of Verbal and Written Communication Skills**

Verbal communication skills are formally evaluated during the on-site interview, students' responses to two different Multiple Mini-Interviews (MMI) questions. A rubric is used to evaluate the applicant's critical thinking skills along with verbal and non-verbal communication skills. Any time remaining after the MMI question is dedicated to faculty discussion with the applicant about his or her interest in pharmacy and/or the program. Casual discussions with faculty, staff, and/or students during lunch also provide an opportunity to evaluate an applicant's communication skills in a more-relaxed environment.

Written communication skills are first evaluated through the personal statement component of the PharmCAS application. During the onsite interview, applicants are given a writing exercise in which they must analyze a controversial statement and provide a response. The applicant's response is evaluated using a rubric to assess the applicant's critical thinking skills, organization and development of the response, as well as language and mechanics.

### **Enrollment Management Alignment with Resources**

#### **a.) Enrollment Management**

Class size is collectively determined by the Dean of the College of Pharmacy, the President of the University, and the Chief Financial Officer of the University to ensure that the College maintains sufficient resources to support the entire incoming class. Specific consideration is given to student/faculty ratios in order to ensure individualized attention of students.

#### **b.) Physical Resources**

The COP has sufficient classroom space with three large classrooms of 5,000 square feet each, which permit three classes to be held on campus simultaneously. Each classroom is able to accommodate up to 200 students. Sufficient

study space is also provided on-campus in the library as well as through a number of rooms outside the library area and in the newly built Event Center with a total number of 11 study rooms available for student and group study. Students are permitted to study in the large classrooms after classes have ended as well. The College of Pharmacy (COP) has approximately 2,100 square feet of dedicated research space. The equipment housed in the labs include advanced imaging systems, cryo storage units, environmental/growth chambers, and separation science technologies.

**c.) Financial**

Prior to the next budget year, the Dean of the College submits a budget proposal to the President and the Finance Office for a collaborative review for the next year budget. The financial department, at the end of the audit period and financial year, allocates sufficient resources to support administration, student, faculty, and staff as needed for the functions of the College of Pharmacy.

**d.) Faculty**

Faculty resources, surveys, the capacity chart for IPPE/APPE sites, and the number of preceptors and site agreements demonstrate that the College has sufficient resources to deliver the didactic and experiential portions of the curriculum.

**e.) Administrative Resources**

Every year, the Dean, in conjunction with College of Pharmacy administrators, establishes the budget and the resources needed for the upcoming year to submit to the Finance Office. After the Board of Trustees has approved the budget, it is sent to the Dean. The budget is then delivered to the respective departments and offices for implementation.

**Program Description and Quality Indicators**

The PharmD program is completely described and available to prospective students through the Student Handbook, University General Catalog, COP webpage, and brochures for recruitment. In addition to the enrollment data, COP maintains careful records of withdrawals, dismissals, progression and graduation. CNUCOP has recently hired a data mining expert who has performed a correlation analysis between the admission characteristics and the students' academic performance. It shown that admission science GPA is strongly correlated to the P1 curriculum and weakly to other semesters. In addition, the data analyses also shown the strong correlation between the end of the year GPA with the success at the Milestones and PCOA examinations. We are in the process to study the correlation of these academic characteristics with the success at NAPLEX examination.

**Notable Changes**

A pharmacy program preparation program, entitled The Pharmacy Primer Program, launched in August of 2018. This free, voluntary, four-day long session was offered the week before New Student Orientation to all incoming pharmacy

students. The Pharmacy Primer Program is dedicated to reviewing important prerequisite content to prepare students for the first-year of the pharmacy program.

Approximately three years ago, in an attempt to retain students who confirmed their acceptance with our program, Meet-and-Greet events were established by our Outreach and Admissions Advisor. During these events, incoming students meet future classmates and have the opportunity to speak one-on-one with our Outreach and Admissions Advisor about any of their questions or concerns. These Meet-and-Greets are hosted throughout multiple geographical areas during different times of the year, based on incoming student interest.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.17: Progression

The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals [Appendix 17.1](#)
- ☒ Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression [Appendix 17.2](#)
- ☒ Correlation analysis of admission variables and academic performance [Appendix 17.3](#)
- ☒ On-time graduation rates for the last three admitted classes (compared to national rate) [Appendix 17.4](#)
- ☒ Percentage total attrition rate for the last three admitted classes (compared to national rate) [Appendix 17.5](#)
- ☒ Percentage academic dismissals for the last three admitted classes (compared to national rate) [Appendix 17.6](#)
- ☒ AACP Standardized Survey (Faculty-Question 40) [Appendix 17.7](#)

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

	S	N.I.	U
<b>17.1. Progression policies</b> – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:			
• Academic progression	■	○	○
• Remediation	■	○	○
• Missed course work or credit	■	○	○
• Academic probation	■	○	○
• Academic dismissal	■	○	○
• Dismissal for reasons of misconduct	■	○	○
• Readmission	■	○	○
• Leaves of absence	■	○	○
• Rights to due process	■	○	○
• Appeal mechanisms (including grade appeals)	■	○	○
<b>17.2. Early intervention</b> – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.	■	○	○

**3) College or School's Comments on the Standard:**

- ☒ How student matriculation, progression and graduation rates correlate to admission and transfer policies
- ☒ How academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively they are utilized
- ☒ How early intervention and remediation rates correlate to progression
- ☒ How academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates correlate to progression
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

**College or School's Comments****Progression Policy**

The CNUCOP Policy on Academic Progression ensures that students reach and maintain high standards of learning throughout their time at the college. The policy states that a grade of D or below in a course indicates a lack of understanding of the course's fundamental concepts necessary for progression. It indicates that students must complete the program within five years (60 calendar months) from the time they register and attend their first core course. In addition, the policy states that for a student to successfully progress through our COP PharmD program, they must pass all courses each semester with at least a grade of C and maintain a minimum total grade point average (Total GPA) of 2.0. Students only have the opportunity to remediate a maximum of four courses throughout the didactic program; therefore, more than 4 D grades will result in dismissal. Failing more than two courses in one semester also results in dismissal. Students will not be allowed to take a course if the prerequisite courses (s) have not been satisfactorily completed.

**Progression Data**

For the COP class of 2015-2019: The percentage attrition is 4.5%. For the COP class of 2016-2020, the percentage attrition is 4.9%, for the class of 2017-2021: the percentage attrition is 2.2%; which is less than half of the attrition rate of class 2016-2020.

Extensive correlation analyses were performed to identify associations between admission criteria and academic performance. The analysis demonstrated a correlation between admission science GPA and science courses, which were

found to be correlated with most P1 courses. The strength of association, however, decreased for P2 and P3 courses. Likewise, admission GPA solely based on math courses did not demonstrate a strong association with academic performance in the pharmacy program. The strongest association was between science admission GPA and P1 GPA ( $r^2 = 0.51$ ), P2 GPA ( $r^2 = 0.48$ ) and P3 GPA ( $r^2 = 0.49$ ), all demonstrating statistical significance at  $p\text{-value} = 0.001$ . Separate analysis was completed evaluating aggregate data of student progression throughout the program. The data demonstrated that while admission GPA did not change drastically over time, this has not had any clear effect on the proportion of students graduating on time from the pharmacy program ( $r^2 = 0.072$ ). Science admission GPA did not demonstrate this association to the graduating GPA ( $r^2 = 0.10$ ). Science GPA has previously been regarded as a stronger predictor of academic success in the pharmacy program. Analysis evaluating overall student progression over time from students that have matriculated into the program did not find clear trends in terms of the proportion of students graduating on time versus those that have been dismissed or withdrew.

### **Remediation and Academic Probation**

The CNUCOP policy on remediation states that a student achieving a course grade of D is eligible for remediation. A course grade of F must be repeated the next time it is offered. Remediation consists of taking a comprehensive remedial examination that covers the material presented throughout the course. The format of a remediation examination is at the discretion of the course coordinator. The preparation for a remedial examination is the sole responsibility of the student, and may consist of, but is not limited to, self-study, tutoring, and/or meetings with the course instructor (s). The student remediating must score at least 70% on the remedial examination. Remediation must be completed within 10 business days after the last exam. Failure to remediate within this timescale will result in dismissal, unless there are exceptional circumstances making this remediation within the time frame impossible.

The faculty reports a grade of C to the registrar for the student who successfully remediated a course with a notation on the transcript that the course was remediated. If the course is not successfully remediated, a grade of D is recorded for the course and will be used in the calculation of the student's GPA.

Academic probation will be mandatory for those who remediate three or more courses, and for students who receive one or two F grades. Academic probation denotes placing the student on a five-year plan, in which case the program must be completed within five years from the first day the student begins the program. Students on academic probation are not eligible to progress to any course that requires the unsuccessfully completed course as a prerequisite that resulted in probation. Within one week, the student on probation is expected meet with the Office of Academic Affairs to discuss their academic probation and to develop their five-year academic plan. Once the plan is developed, the student must sign the required documentation. Failure to sign will mean the student will not be allowed to continue in the program. A copy of the five-year plan is shared with the business office, registrar, and the office of experiential education. A



student on academic probation may not hold office in any College or University organization. The student is required to pass the failed course on the subsequent time the course offered or otherwise face dismissal from the program. As of December 2018, a total of 16 students were on a 5-year plan among the four classes.

### **Dismissal**

According to the CNUCOP policy, a student may be dismissed if they fail to meet any terms of remediation or academic probation. A student may also be dismissed if a student misses a semester without obtaining an approved leave of absence or if they fail to complete the degree requirements in five consecutive years from the date of the first day the student begins the program. Finally, students may be dismissed as a result of misconduct by failing to adhere to the expectations stipulated in the honor code section of the student handbook. In the last four years there have been a total of seven students dismissed from the program as a result of academic reasons: two from class of 2018, three from class of 2019, four from class of 2020, and one from class of 2021. The college has not dismissed any students in the last three admitted classes due to misconduct reasons.

### **Absence Policy**

Per CNUCOP policy students are expected to attend and participate in all classes and all introductory and advanced practice experiences, and complete all the exams and assessments as scheduled. Missed coursework has the potential to disrupt individual and team learning, invalidate assessment of learning outcomes, and divert faculty and student resources away from teaching and learning. Students are responsible to contact the course coordinator to arrange for makeup of missed coursework, or receive zero. The ability to makeup missed coursework, as well as the makeup time, date, format, duration, and scoring is determined at the sole discretion of the course coordinator. Students who do not adhere to the excused absence policy or the makeup policy will receive zero for the missed coursework.

### **Leaves of Absence**

CNUCOP policy states that a leave of absence is approved for a specific period of time, not to exceed one year except for certain special situations such as medical conditions, and the University permits the students to return to the College without formally reapplying for admission into the University/College. The student is allowed to return to the College at the semester in which the leave of absence was granted. Students asking for a Leave of Absence must complete a Leave of Absence form and must get approval and signature from the Associate Dean of Academic Affairs. Absence from classes does not constitute notification of intent to apply for Leave of Absence. The date of leave status is the date the Registrar's Office receives the signed form. Before students return to the College, they must file an Intent to Return Form with the Registrar's Office. As of December of 2018, 2 students were on a leave of absence, one from class of 2019, one from class of 2020.

**Readmission**

CNUCOP policy states that students who fail to return from a leave of absence, who are dismissed, or who withdrew from the program must reapply for admission. Candidates seeking readmission must apply through PharmCAS and adhere to all guidelines of new applicants. Applicants, who are seeking readmission, are evaluated by the Admissions Committee and are not given special consideration over first time applicants. The committee decision on their admission is final. If a student is readmitted to the pharmacy program, the student may be required to restart the program beginning with the first professional year regardless of the academic standing before withdrawal or dismissal.

**Grade Appeal**

Students at the College have the right to appeal a course grade. The course grade appeal must adhere to the following steps: 1- The statement of appeal (appeal form) completed and submitted to the course coordinator who responds within five business days

2- If the appeal is denied by the course coordinator, the student can take the matter further to the Associate Dean of Academic Affairs within two business days of the course coordinator's decision and return of appeal form; the Associate Dean of Academic Affairs is to make a decision regarding within five business days

3- If the appeal is denied by Associate Dean of Academic Affairs, the student can take the matter further to the Dean within two business days. Students dismissed from the College may appeal to the Dean of the College the dismissal decision in writing within 30 days of notification. The Dean must render a final decision in writing within 15 days of receipt of the formal written appeal.

**Academic Alert Procedure**

To identify potential students in need of academic support, the COP has instituted an academic alert "red flag" system so faculty and administration have early indications of academic issues and can provide tutorial help. Per the Student Handbook and General Catalog, an academic alert policy is in place to allow a course coordinator to refer a student who has demonstrated academic difficulty for academic support at any point during the semester. Such a step may be taken based on an exam grade or cumulative iRAT score or observation of behavior such as participation in team work. The plan for academic support is determined jointly by the course coordinator and the student.

Each student at CNUCOP is assigned an academic advisor on the first day at CNU and this advisor serves as the student's academic advisor until the completion of the third professional year of the PharmD program. The student's academic advisor provides information to the advisees regarding the academic process, developmental skills necessary

for academic success, guidance on career pathways, and resources to help the student succeed in the PharmD program. The Office of Academic Affairs notifies the student's academic advisor of any student who is not in good standing or is receiving an academic alert. The Office of Student Affairs will also be notified to provide tutoring assistance if requested by the student. The student is encouraged to work with the course coordinator, academic advisor, the Office of Academic Affairs, and the Office of Student Affairs to ensure all resources are being utilized to improve academic performance. Follow up data has shown the majority of the alerts happen during the first semester of P1 year.

Correlation analyses were conducted to evaluate the effectiveness of early intervention, specifically the tutoring program, on academic performance. In 2018 a total of 70 individual students received tutoring provided by the tutoring program. Ninety percent were prompted to receive tutoring as a result of poor performance on high-stakes examinations, while the other 10% received tutoring as a result of poor performance in low stakes assessments, such as IRATs, or as preemptive measure as a result of students expressing the need for additional instruction and poor performance in previous courses.

On average each student attended 4.7 tutoring sessions with the assigned tutor resulting on average 11.6 hours of instruction. Ninety-one percent of students receiving tutoring services passed their respective course, with a majority receiving a grade of B or above. Correlation analyses revealed a strong association between the students receiving an A in their respective remedial course and the number of times they met with their tutor.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Subsection IID:

### Resources

#### Standard No.18: Faculty and Staff - Quantitative Factors

**The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.**

##### 1) Documentation and Data:

##### Documentation requested by ACPE:

##### Uploads:

- ☒ Organizational chart depicting all full-time faculty by department/division [Appendix 18.1](#)
- ☒ ACPE Faculty Resource Report related to number of full-time and part-time faculty. Template available for download. [Appendix 18.2](#)
- ☒ List of faculty turnover for the last 5 years, by department/division, with reasons for departure [Appendix 18.3](#)
- ☒ Description of coursework mapped to full-time and part-time faculty teaching in each course [Appendix 18.4](#)

##### Optional Documentation and Data

- ☒ List of key university and college or school administrators, and full-time and part-time ( $\geq 0.5$ FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable) [Appendix 18.5A](#), [Appendix 18.5B](#)
- ☒ AACP Standardized Survey: Faculty – Questions –25, 30 [Appendix 18.6](#)
- ☒ Table: Allocation of Faculty Effort (total for all faculty with  $\geq 0.5$ FTE) [see example table at <http://www.acpe-accredit.org/pdf/Excel%20Documents/AllocationFacultyEffort.xls>] [Appendix 18.7](#)
- ☒ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank [Appendix 18.8](#)

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

	S	N.I.	U
<b>18.1. Sufficient faculty</b> – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Teaching (didactic, simulation, and experiential)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Professional development	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Research and other scholarly activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Assessment activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• College/school and/or university service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Intraprofessional and interprofessional collaboration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Student advising and career counseling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Faculty mentoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Professional service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Community service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Pharmacy practice	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Responsibilities in other academic programs (if applicable)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Support of distance students and campus(es) (if applicable)*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18.2. Sufficient staff</b> – The college or school has a sufficient number of staff to effectively address the following programmatic needs:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Student and academic affairs-related services, including recruitment and admission	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Experiential education	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Assessment activities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Research administration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Laboratory maintenance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Information technology infrastructure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Pedagogical and educational technology support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Teaching assistance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• General faculty and administration clerical support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Support of distance students and campus(es) (if applicable)*	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) **College or School's Comments on the Standard:**

- ☒ 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 AACCP standardized survey questions, especially notable differences from national or peer group norms.

### College or School's Comments

Adequate faculty and staff are essential for the stability and development of the PharmD program at California Northstate University. The three departments within the California Northstate University College of Pharmacy include: Pharmaceutical & Biomedical Sciences (PBS), Clinical & Administrative Sciences (CAS), and Experiential Education (EE). Faculty members from these departments provide didactic, simulation, and experiential education to our students. In response to the recommendation from ACPE Board at their January 2018 meeting, COP has successfully hired additional faculty since last the last and current academic years (five faculty for CAS and seven for PBS Departments). Nevertheless, we still are actively interviewing additional faculty (two to three) for the CAS Department. The Chair and faculty from the CAS Department attended the ASHP recruitment forum and have interviewed 18 candidates on site. Four candidates are being scheduled for an on campus interview between February and March 2019.

### Faculty Workload and an Analysis of Teaching Load

Faculty workload is distributed into three areas: teaching, research/scholarly activity, and service. The PBS Department has 15 full-time faculty and two part-time faculty members, offers nine didactic core courses covering the scope of biomedical and pharmaceutical sciences to P1, P2, and P3 students and six elective courses to P2 and P3 students as well as independent study to students who are interested in research-oriented learning. Some faculty are also involved in the experiential education research rotation for P4 students. Faculty members from the PBS played a major role in the creation of a new graduate program-Master degree in Pharmaceutical Sciences (MPS), which was approved by the WSCUC on July 25, 2018. PBS faculty are involved in didactic teaching and thesis advising of graduate students in the MPS.

The CAS Department has 12 full-time faculty and six part-time faculty members, offers 16 didactic core courses to P1, P2, and P3 students and three electives to P2 and P3 students. These courses include drug information, pharmacotherapy, health care system, statistics, etc. Simulation teaching and IPE are provided by the faculty members from CAS and EE. CAS Department attended ASHP for the recruitment of additional faculty and four candidates came to interview for an on campus interview.

The EE Department has five Full-time faculty members and offers seven core courses covering Introduction to Pharmacy Practice Education (IPPE) to P1, P2, and P3 students and Advanced Pharmacy Practice Education (APPE) to P4.

Faculty workload is determined by the Department Chair in consultation with the faculty. Teaching workload depends on the content of the course and the experience of the faculty member. New faculty with little teaching experience will have a reduced teaching load for the first year and will be allowed to have sufficient training and preparation before starting their first lectures. New faculty are assigned pair or team-teaching with seasoned faculty in any courses and are paired with seasoned faculty on peer evaluations for other faculty. Performance and teaching load are reviewed annually by the Department Chair and discussed with individual faculty during their annual evaluation.

### **Research and Scholarship**

Faculty are allowed a percentage of time annually to engage in basic or clinical research and scholarly activities. The Office of Research provides support and funding for pilot study to faculty. The scholarly activities are being reported and used as part of the faculty annual evaluation.

### **Faculty Service**

There are eight standing committees in CNUCOP and five institutional committees as well as Faculty Senate. Faculty serve as chairs or members in the university or college committees. Faculty assignments to committees are made through personal preference, capabilities, experience, and the college's consideration. All faculty members serves as advisor to students and the current ratio is 12.9:1. Some faculty serve as advisors to student organizations. In addition to the service to COP, some faculty also serve on CNU committees and some faculty provide professional service as members of journal editorial boards or reviewers for peer-reviewed journals.

### **Part-time Faculty**

PBS has a part-time faculty members who teaches Pharmaceutics, Drug delivery, and Pharmacokinetics based on their expertise. This faculty member was converted from full-time to part-time because of family considerations. Another part-time faculty member will be teaching Pharmacogenomics and Pharmacogenetics because of his multiple appointments with CNUCOM and San Joaquin Hospital. CAS has six part-time faculty members who teach Pharmacy Law or other clinical courses. Their contracts are renewable annually based on their teaching performance.

**Capacity and Succession Planning**

Faculty capacity planning and succession planning occur each year at the annual performance review with the Department Chairs of CNUCOP. At that time, faculty workload capacities and future plans are evaluated and leveled across the faculty. In addition, in the unanticipated occurrence of a family emergency or extended medical leave, the Department Chairs work in advance to plan for the faculty departure whenever possible. The progression of each faculty towards promotion is discussed during annual performance evaluation and review. Faculty members discuss the timing and appropriateness of application for promotion with their Department Chair. If the Chair agrees with the timing and appropriateness to the next rank, a petition of promotion will be presented by the faculty member to the Chair. Evidence of promotion is evaluated by the Promotion Review Committee of COP. Based on the recommendation from Promotion Review Committee, the Dean of the College, and the President of the University, the Board of Trustees renders a final decision regarding promotion.

CNUCOP gained a significant number of faculty during the 2017/2018 academic year. Eleven new faculty members have been hired during that period to fill up the vacancies created by retirement, family reasons, and new opportunities. Among these, three new faculty positions in PBS were created for the successful launch of the Master's degree in Pharmaceutical Sciences in 2018. New faculty are assigned short-term mentors and regular mentors to foster development of teaching and research by the Faculty Development, Orientation, and Mentoring Committee. Faculty development funds are provided for faculty members to attend professional conferences and disseminate research outcomes (presentation and publication) or other research/scholarship activities. Workshops (e.g., how to apply for a grant, write a research article, review paper, TBL, Pharmaceutical and Biotech Company Research Funding) to foster/enhance teaching and research of faculty.

There are eight standing committees at CNUCOP. Faculty members provide service by involvement in these committees as chairs or members. Faculty are also actively involved in university service, as chairs or members in university committees. Collaboration within a department or between departments is strongly encouraged. Faculty members of PBS have collaborations in cancer research, cardiovascular research, inflammation research, neurological research, medicinal chemistry, and pharmaceutical/drug delivery and collaborated with CAS faculty members in clinical research.

**Support Staff**

Support staff help support the needs of the faculty and students. Currently, there are 13 supporting staff. The support staff to faculty ratio is approximately 0.4 to 1. There are four support staff for Student Affairs and Admissions, four administrative assistants to three departments, one executive assistant to the Dean, and one administrative assistant to



the Office of Academic Affairs. In addition to regular administrative assistance, two staff in the EE department provide executive administrative work and coordination on IPPE and APPE. A Lab manager is in charge of the maintenance of the laboratories in addition to providing research assistance to faculty members and students. Three Information technology staff and one library staff provide indispensable educational resources to CNU faculty and students.

### **Student to Faculty Ratio**

In order to provide individualized teaching and advising to the students in our program, the student to faculty ratio has been carefully analyzed. Currently, the student to faculty ratio for the didactic course work in CNUCOP is 12.9 to 1 (we have 31 full-time teaching faculty members and 401 students enrolled). For experiential education, CNUCOP student-to-preceptor ratio for IPPE is less than 2:1. The student-to-preceptor ratio for APPE is less than 1:1.

### **Notable Achievements and Improvements**

- California Society of Health-System Pharmacists Editorial Excellence Award Presented at the CSHP Seminar 2017 in Las Vegas, NV.
- Regional Chapter Public Relations Recognition Program. DSHP Community Outreach Health Fair Event serving the underserved population in Contra Costa County. June 2017.
- A new program – Master program in Pharmaceutical Sciences has been established and approved by the WSCUC Commission. This program will significantly enhance faculty teaching, research and scholarly activities.
- Establishment of four centers within the college: Advance Pharmacy Practice; Excellence in Teaching and Learning; Geriatrics and Wellness; and Outcome Research.
- A faculty retention plan, including multiple year contracts and tuition remission, have been implemented.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

## Standard No.19: Faculty and Staff - Qualitative Factors

Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

### 1) Documentation and Data:

Documentation requested by ACPE:

#### Uploads:

- ☒ List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years. [Appendix 19.1](#)
- ☒ Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty [Appendix 19.2](#)
- ☒ Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention [Appendix 19.3](#)

### Optional Documentation and Data

- ☒ AACCP Standardized Survey: Faculty – Questions 7, 13-24 [Appendix 19.4](#)
- ☒ Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity [Appendix 19.5](#)
- ☒ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned [Appendix 19.6](#)
- ☒ Table: Research and Scholarly Activity of Full-Time Faculty by Department [Appendix 19.7](#)

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

	S	N.I.	U
<b>19.1. Educational effectiveness</b> – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.	■	○	○
<b>19.2. Scholarly productivity</b> – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.	■	○	○
<b>19.3. Service commitment</b> – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.	■	○	○
<b>19.4. Practice understanding</b> – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.	■	○	○
<b>19.5. Faculty/staff development</b> – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership.	■	○	○
<b>19.6. Policy application</b> – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner.	■	○	○

**3) College or School's Comments on the Standard:**

- ☒ The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities
- ☒ How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement
- ☒ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences
- ☒ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings
- ☒ A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty
- ☒ Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching
- ☒ A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning
- ☒ A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff
- ☒ A description of faculty and staff development programs and opportunities offered or supported by the college or school
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms.

**College or School's Comments**

**Recruitment of qualified faculty**

The College seeks qualified faculty and administrators with the posting of ads on AACCP, AAPS, ACCP, COP webpage. To recruit faculty, the department participates in the PPS recruitment forum at the Annual ASHP meeting. At the same time, a search committee is appointed by the department Chair and is responsible for the initial screening, which includes a review of the candidates' CVs and academic credential verification. Verification of education and training credentials of employees is performed via reference checks, publications or other scholarly productivity, and academic transcripts of the highest degree. Those selected after the initial screening will receive an invitation for a telephone interview. Official candidates are invited to campus for an on-site interview to meet with administrators, faculty, staff,

and human resources. The faculty candidate will also make a formal presentation on a research/teaching topic to the faculty. The search committee seeks input through the evaluations from COP faculty and administrators. After evaluation and discussion, the search committee submit their recommendation to the related department Chair and the Dean for approval. This process also applies to the hiring of part-time faculty.

**Educational Effectiveness**

To ensure effective teaching, in addition to course evaluations, a peer-observation is implemented for each faculty member with teaching duties. Peer-observers attend the class and summarize their peers' teaching performance based on a rubric, which is discussed with the faculty member. The peer evaluation summary along with course evaluations from students serve as evidence for the annual review. Prior to each annual review, each faculty member completes a self-evaluation, which assesses teaching, service, and scholarship from the previous year, as well as projected goals for the forthcoming academic year. The Department Chair discusses the assessment outcomes of each faculty's performance and provides necessary feedback during the annual review meeting. CNUCOP has retention plans, such as: multiple-year contracts and personal benefits to stabilize faculty and staff in the professional program.

Voluntary faculty, including preceptors, are selected by the Department Chair and/or the Directors of the Experiential Education Department based on prior teaching experience and qualifications. Each voluntary faculty member is evaluated by both course coordinators and students on a semester basis. Each preceptor is evaluated by students at the end of each rotation, as well as by the Directors of Experiential Education Department annually.

The annual evaluation process summarizes the performance of faculty in teaching, research, and service during the entire academic year. Future plans are also delineated during the annual evaluation. The performance of faculty in teaching, research, and service are reviewed frequently. The quality and performance of teaching based on end-of-course student surveys are also considered as a part of the review. Publications and presentations as well as other scholarly productivity are reported by faculty members.

**Faculty and Staff Development**

The College has a Faculty Mentoring and Development Committee to orient and support new as well as seasoned faculty in their four pillars of accomplishment as a faculty (teaching, scholarly activities, service, and clinical development for clinical faculty). The University and the College provide a rich and sustained development program for all faculty in the University and specifically to the College, respectively. The needs of COP faculty in term of development topics are established from an annual survey of the faculty. Faculty are encouraged to attend regional, national conferences for the development in their specialty.

Faculty and staff development are highlighted in the handbook and strategic goals of COP. Faculty Development, Orientation, and Mentoring Committee (4 faculty members from 3 departments) is one of the College's standing committees. This committee develops and implements programs to enhance faculty development. A monthly faculty development seminar is provided to stimulate development and collaboration between COM and COP, which is coordinated by the Assistant Dean of Research and the Office of Continuing Education of CNU. Faculty development funds are provided for faculty members to attend professional conferences and disseminate research outcomes (presentation and publications).

Workshops (e.g., how to write a research article, review paper, TBL, pharmaceutical and biotech company research funding, and other educational technology, such as: Canvas, TurningPoint, ExamSoft, Turnitin, Prism.) are provided to foster the teaching and research of faculty members. A mentoring program has been launched to nurture development of new or junior faculty members. A new faculty member is usually assigned a short-term mentor and a long-term mentor by the Faculty Development, Orientation, and Mentoring Committee.

Collaboration among interdisciplinary faculty members is encouraged for their career development. Faculty members participate in interdepartmental peer teaching evaluations and review of syllabi in order to ensure students have the fundamental biomedical and pharmaceutical knowledge necessary to support their learning in the pharmacotherapy courses. As part of the new faculty reception, each new faculty member shares his/her research activities and accomplishments with current faculty from both the CAS and PBS departments. In addition, CAS and PBS faculty collaborate in developing and delivering curriculum throughout all three didactic years. Furthermore, both CAS and PBS faculty are invited to attend APPE student presentations, which focus on clinical and research topics in a variety of pharmacy practice settings. Both CAS and PBS faculty also serve as faculty evaluators and assess student performance in all practicum courses throughout the didactic curriculum.

### **Research and Scholarly Productivity**

Research and scholarly productivity are key elements for the evaluation of academic performance of faculty members in CNUCOP. During a new faculty hiring process, candidates must demonstrate their capabilities in research project development and evidence of scholarly productivity. Once hired, a faculty member's research expectations are determined by the Department Chair. Scholarly productivity is one of the elements in the annual evaluation of faculty and staff. Faculty members are required to provide a list of publications and presentations. Each faculty member in COP is provided \$3,000 each year as faculty development funds for academic meeting presentations and/or publication costs or other events that are related to faculty development. A productive faculty member is expected to be engaged in scholarly activities. A key component of the definition of scholarly activity is that it results in publications or other products or services that can be readily evaluated.

COP also provides faculty with the opportunity to apply for COP seed grants (up to \$10,000) for pilot study and/or to generate preliminary data for future application of external funding. The Ad hoc Seed Grant committee, or Research Committee, oversees CNUCOP seed grant applications. The amount of the seed grant was increased two times in the last two years. In addition, the Research Committee plans and coordinates the annual CNU Translational Research Symposiums. Research Day is a one-day event featured with a keynote speech, students, residents, and faculty presentation, and poster presentations. It is an opportunity for interprofessional collaboration among faculty at CNU.

CNUCOP Summer Research Fellowship Program: The Assistant Dean of Research and the Research Committee coordinate the Student Summer Research Fellowship Program. Two or three students are granted the summer research fellowship each year to work in research with their faculty advisors. This program is designed to encourage current students to engage in research/scholarship under the direction of a faculty in CNUCOP. A stipend of \$4,800 is provided to every fellowship awardee each year.

The Research Seminar provides an additional opportunity to promote interprofessional collaboration and stimulate a productive research atmosphere. CNU has monthly faculty development seminars where CNU faculty members or external speakers are invited to present their research outcomes.

Dissemination of research outcomes via publications and meeting presentations is required for full-time faculty in CNUCOP. The quality and quantity of publications have significantly improved in the current academic year (2015/2016: 15 publications and 18 presentations; 2016/2017: 19 publications and 37 presentations; 2017/2018: 27 publications and 36 presentations). In 2018, faculty published their articles in Pharmacotherapy, J Drug Target, BMC Vet Res, Acta Histochem, Angiogenesis, FASEB J, Frontier in Immunology, BCPS Ambulatory Care Review book, and other peer-reviewed journals as the primary authors or senior authors.

The grantsmanship has also been enhanced recently. Faculty apply for internal and external grant opportunities (such as: NIH, Department of Defense, and with biopharmaceutical companies, etc.) with the administrative support of the Assistant Dean of Research or Vice President of Research at CNU. During the past two years, some CNUCOP faculty members have received NIH-related funding (R15 grant and Subcontracts on SBIR Phase 2 grant).

### **Notable Achievements and Improvements**

Notable achievements and improvements include: 1). Successful grant application in NIH R15 program securing \$421,195 in 2016. 2). One faculty has been certified as a TBL consultant since 2017. 3). Six faculty members from the CAS and EE departments are board-certified pharmacotherapy specialists (BCPS, with one faculty certified as Advanced Pharmacy Practice in CA, one faculty with the additional qualification for Cardiology, and another faculty as Advanced Diabetes Management). Two faculty members are board certified psychiatric pharmacists (BCPP). 4).

Faculty have been invited to be reviewers for grant application (such as: Department of Defense, AACP) or manuscripts of peer-reviewed journals or Associate Editor/Members of Editorial Boards. 5). Commitment to the national committee service. One faculty members is current Chair of the Policy Committee of Pharmacy Special Primary Interest Group (SPIG), American Public Health Association (APHA); past Chair and Secretary of Public Health SIG, AACP. Two faculty members have been invited to participate in national organizations (AACP and AHA) mentoring program as mentors and have been matched with mentees from other institutions. 6). Three research articles have been published in peer-reviewed journals (Angiogenesis, FASEB J, and Frontier in Immunology) with impact factor  $\geq 5.0$  in 2018. 7). Faculty as principal investigators applied for NIH R01 and P20 program in 2017 and 2018. 8). Six posters prepared by our students or faculty have been accepted for presentation at American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting 2018.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>



## Standard No.20: Preceptors

The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ List of active preceptors with credentials and practice site [Appendix 20.1](#)
- ☐ Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience. [Appendix 20.2 NOT APPLICABLE TO CNUCOP](#)
- ☒ Description of practice sites (location, type of practice, student/preceptor ratios) [Appendix 20.3](#)
- ☒ Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention [Appendix 20.4](#)
- ☒ Examples of instruments used by preceptors to assess student performance [Appendix 20.5](#)
- ☒ Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum [Appendix 20.6](#)
- ☒ Description of the structure, organization and administrative support of the Experiential Education office (or equivalent) [Appendix 20.7](#)

#### Optional Documentation and Data:

- ☒ AACP standardized survey (Student- Questions 61-62. Preceptor- Questions 9, 14-18, 38-41) [Appendix 20.8](#)

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

	S	N.I.	U
<b>20.1. Preceptor criteria</b> – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.	■	○	○
<b>20.2. Student-to-preceptor ratio</b> – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.	■	○	○
<b>20.3. Preceptor education and development</b> – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.	■	○	○
<b>20.4. Preceptor engagement</b> – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component.	■	○	○
<b>20.5. Experiential education administration</b> – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.	■	○	○

### 3) College or School's Comments on the Standard:

- ☒ How the college or school applies quality criteria for preceptor recruitment, orientation, performance, and evaluation
- ☒ A discussion of the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners
- ☒ How the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program
- ☒ How the college or school solicits active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

### College or School's Comments

Dedicated preceptors play an indispensable role in the experiential education of the PharmD program. California Northstate University College of Pharmacy utilizes a combination of its own faculty and preceptors to provide pharmacy students with practical experience in various aspects of the profession of pharmacy. Students provide patient care services while applying the pharmacy knowledge and skills learned in the classroom and practice laboratories during

their didactic years at the College. Pharmacist preceptors direct the majority of practice experiences. Each experience provides the student with an opportunity to incorporate learned didactic information into the development of the skills necessary to be a competent pharmacy practitioner.

### **Criteria for Preceptor Recruitment, Orientation, Performance, and Evaluation**

The preceptor criteria are defined in both the Handbook of the Department of Experiential Education (EE) and the CNUCOP Preceptor Handbook. It includes the policies and procedures that apply to preceptors directly.

### **Preceptors**

A preceptor is an individual whom the student reports to for a specific experiential education course. Preceptors must be qualified to provide services and meet our minimum requirements. The purpose of qualifying preceptors for involvement in the Department of Experiential Education is to ensure a quality education and experience for the students. Each preceptor candidate must submit a Site Qualification and Profile Form, a Preceptor Information Form and a Preceptor Availability Form for IPPE and APPE. The EE will review preceptors' licenses and the licenses of their practice sites to ensure validity and good standing. Once approved, a new preceptor will be entered into the E\*Value database and sent log-in credentials for accessing student evaluations, projects and time logs.

Once a preceptor has been approved the EE provides orientation for them. Temporary mentors are predominantly provided by the Directors or HUB coordinators. New preceptors are required to attend workshops presented by the seasoned preceptors. As indicated in the CNUCOP Preceptor Handbook, preceptors must adhere to the policies and procedures in the following aspects: Professionalism; Relationship; and Communication.

Preceptors are expected to possess a high degree of professional competence and motivation, common sense, good judgment, and an unquestionable standard of ethics. Preceptors must reflect an attitude, professional stature, and character which is suitable in serving as a role model for the student. As such, preceptors are natural mentors to the student and spend one-on-one time with the student while assessing and communicating the student's progress. The focus for the student should be on learning and not necessarily on productivity. Nonetheless, students must learn to be productive in the pharmacy practice setting and understand the value of learning through repetition. A particular area of importance is balanced and fair treatment during rotational assignments as well as grading. Students may not be evaluated by a preceptor who has reports to a member of their immediate family or relatives.

**Communication**

The preceptor must thoroughly communicate all expectations of the rotation to the student at the beginning of the experience and verbally evaluate the student's performance weekly for APPE. This is accomplished by completing the electronic evaluations on E\*Value at the midpoint and the end of the rotation for both IPPE and APPE rotations.

Preceptors must meet with key healthcare personnel with whom the student may interact and other community-based and campus-based faculty and the EE team to exchange teaching experiences and to discuss, design, and implement ways of improving the learning experiences of the students. Preceptors must properly orient the student to the rotation site, including a tour of the site, discussion of expectations, review of syllabus and schedule, introduction to key personnel, computer access and basic training.

**Evaluation of preceptors**

Timely, constructive feedback, both verbally and in writing, is the most effective tool for aiding students to improve their performance toward achieving competency as practicing pharmacists. The final evaluation represents the cumulative, final performance assessment for students in their IPPE and APPE courses. As such, it is also a means by which the College receives feedback on how well our program is doing in preparing our students for their IPPE and APPE coursework, as well as a tool from which to analyze any potential curriculum gaps. Preceptors evaluate the students at the midpoint and end of the rotation. Every two years, the College will request Preceptors' participation in the American Association of Colleges of Pharmacy (AACP) Preceptor Survey. The link for this survey will be sent to the Preceptor's individual email.

The student evaluates the preceptor and practice site at the midpoint and end of each rotation. Assessments and evaluations are submitted via E\*Value. Subsequently, the data is forwarded to the APPE and IPPE Directors for review. The data is then forwarded to the Director of Assessment to be reviewed by the Curriculum and Assessment Committees. The Curriculum Committee further evaluates the assessment data and may recommend changes in the program to the Department where necessary. The Assessment Committee follows up regarding the changes made based on the data collection and ensures these changes are effective. This feedback loop is essential for continued quality improvement. Periodically and upon request, the information provided by the student about their impressions of their preceptor's performance is shared with the employers of the preceptor.

**Student-to-preceptor Ratio**

According to ACPE guidance, student-to-preceptor ratio for IPPE is expected to be up to 3:1 and student-to-preceptor ratio for APPE is expected to be up to 2:1. Currently, CNUCOP student-to-preceptor ratio for IPPE is less than 2:1. Similarly, CNUCOP student-to-preceptor ratio for APPE is less than 2:1. These preceptor ratios allow for individualized

learning and mentoring as well as personal academic growth. EE also provides students biomedical research rotations from experienced faculty members from the Department of Pharmaceutical & Biomedical Sciences. These faculty members serve as preceptors to cultivate our students in research design, literature review, data analysis, result discussion, and presentation. These rotations provided by non-pharmacists are restricted to less than 20% on average. The majority of preceptors for any given students at CNUCOP are U.S. licensed pharmacists.

### **Preceptor Development**

Preceptor career training is offered on and off campus by CNUCOP, and announcements are advertised on the website and via the Preceptor Newsletter. Training classes vary by topic, based on the needs of the preceptors and the EE. The training includes an overview of the EE and basic skills and expectations of the preceptor. This class is offered in sufficient quantity to encourage new preceptor participation. Additionally, Preceptor and Pharmacist CE events will be offered by expert speakers. Preceptors gain access to the growing library resources (<http://pharmacy.cnsu.edu/student-services/library-learning-resources>) for their commitment to educating future pharmacists. Pharmacist's Letter offers a variety of free preceptor training courses that can be available to our preceptors. Pharmacist's Letter provides ACPE accredited Continuing Education for preceptors via interactive webinar and online courses. CNUCOP offered a free CE Annual Preceptor Development Conference to encompass the topics relevant to preceptorship and practice.

### **Involvement of Preceptors in Improvement of the Experiential Education Program**

The college solicits active involvement of preceptors in order to maximize the educational quality of the PharmD program, especially in the segment of experiential education. Preceptors provide their input and comments through representatives at quarterly Preceptor Advisory Council meetings or the preceptor portal on the CNUCOP website. E-mail is used for timely communication between preceptors and the EE. Preceptors are invited to attend the white coat ceremony of CNUCOP and preceptor appreciation dinner. Outstanding services of preceptors are acknowledged at the preceptor appreciation dinner. Preceptors are required to participate in the AACP survey with respect to educational outcomes and relevant segments. These results and comments are useful for the continuous improvement of experiential education. In addition to the preceptor survey, each course of both IPPE and APPE has an assessment plan, including different aspects of preceptors. Action plans must be developed.

The Preceptor Newsletter is one of the platforms to enhance communication between the college and preceptors. Preceptors acquire the latest information and relevant events/activities from the Newsletters.

## Notable Achievements

Practice sites for experiential education of CNUCOP have been expanded. We have initiated a mean of communication with the practice community and our preceptors, namely the Preceptor Advisory Council is where changes to the experiential curriculum or documents were reviewed with the members for feedback and input. A Newsletter from the Experiential Education Department was created to provide a venue of communicating COP, students, and preceptors' news to the practice community and the Preceptor concern logs have been created to improve the effectiveness of experiential education. Additionally, the Annual Preceptor Conference was in its fourth with each time more than 90 pharmacists attended. We have partnered with the Board of Pharmacy to offer Update in Laws, regulations, and topics related to practice. We therefore, were able to attract more dedicated pharmacists to be involved in experiential education as preceptors.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.21: Physical Facilities and Educational Resources

**The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.**

### 1) Documentation and Data:

#### Documentation requested by ACPE:

#### Uploads:

- ☒ Floor plans for college or school's facilities and descriptions of the use(s) of available space [Appendix 21.1](#)
- ☒ Description of shared space and how such space promotes interprofessional interaction [Appendix 21.2](#)
- ☒ Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies. [Appendix 21.3 available on site](#)
- ☐ Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable [Appendix 21.4 NOT APPLICABLE TO CNUCOP](#)
- ☒ Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.) [Appendix 21.5](#)
- ☒ CV of the librarian(s) who act as primary contacts for the pharmacy program [Appendix 21.6](#)

#### Optional Documentation and Data:

- ☒ AACP standardized survey (Faculty-Questions 26-29, 31. Student-Questions 68-76. Preceptor-Questions 42, 43) [Appendix 21.7](#)

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

	S	N.I.	U
<b>21.1. Physical facilities</b> – The college or school's physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained.	■	○	○
<b>21.2. Physical facilities' attributes</b> – The college or school's physical facilities also include adequate:	■	○	○
• Faculty office space with sufficient privacy to permit accomplishment of responsibilities	■	○	○
• Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators	■	○	○
• Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology	■	○	○
• Laboratories suitable for skills practice, demonstration, and competency evaluation	■	○	○
• Access to educational simulation capabilities	■	○	○
• Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university	■	○	○
• Animal facilities that meet care regulations (if applicable)	■	○	○
• Individual and group student study space and student meeting facilities	■	○	○
<b>21.3. Educational resource access</b> – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors.	■	○	○
<b>21.4 Librarian expertise access</b> – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies.	■	○	○

3) **College or School's Comments on the Standard:**

- ☒ A description of how the college or school's physical facilities (or access to other facilities) utilize current educational technology
- ☒ A description of how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors
- ☒ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.
- ☒ A description of the equipment for the facilities for educational activities, including classroom and simulation areas
- ☒ A description of the equipment for the facilities for research activities
- ☒ A description of facility resources available for student organizations
- ☒ A description of facilities available for individual or group student studying and meetings
- ☒ How the facilities encourage and support interprofessional interactions
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms



**College or School's Comments****Physical Facilities**

California Northstate University College of Pharmacy is located on the 2nd floor of the main building on Elk Grove campus. The COP has sufficient classroom space with three large smart classrooms [for three classes (P1, P2, and P3) on campus at all times] of 5000 square feet each, able to accommodate up to 200 students each and two vocational rooms, each able to accommodate up to 30 students. We currently also have sufficient study rooms with two study rooms on the second floor (COP), four shared on the first floor (COM), and a large meeting room students and student organizations in the Library. CNU has dedicated 29 spaces reserved for a “quiet study area”. In addition to the availability of the large classrooms after classes that students can use, students have 11 study rooms located in the newly built Event Center. Each faculty has his/her individual office equipped with computer, desk, chairs, and bookshelf. The COP also has several individual offices reserved for future hires.

The COP has one sterile compounding laboratory, an IV sterile compounding lab in replicating USP 800 required by the regulation in the institution settings. Construction of the lab was completed in early 2016 and classes began utilizing the space in the Spring Semester of 2016. The College of Pharmacy and the College of Medicine share a simulation lab with two sophisticated mannequins, an internal clinic with 11 exam rooms for IPE, clinical and OSCE training. CNUCOP interprofessional education with students of COM and Sacramento State University uses the following rooms as shared space to perform IPE activities: the SimLab equipped with Laerdal SimMan 3G and SimMan Essential manikins, OSCE room area, Room 181 and the M2 classroom, or Room 176. COP just finished the building of an Advanced Pharmacy Practice Simulation (APPS) lab where students can practice a 360 degrees simulation of pharmacy practice from dispensing, clinical review, compounding, to patient counseling.

The College of Pharmacy (COP) occupies approximately 2,100 square feet of dedicated research space. The equipment includes advanced imaging systems, cryo storage units, environmental/growth chambers, incubators, and separation science technologies (HPLC, detector). This space is allocated for benchtop research applications for faculty research and teaching and their student mentorships. This research laboratory contains three separated rooms for the purposes of research: Cell Culture Room, Molecular Biology Laboratory, and Chemical Biology Laboratory. A new Lab with 700 sqft was finished in 2018 and will be utilized for drug discovery, pharmacology, and virology.

Study space for students has been expanded with a restructuring of the Library's study areas. After consultations between the Dean of the College of Pharmacy and the Director of Library and Learning Services, 22 stations in the main Library were added giving an additional 44 seats for student use. Recently, when the Library's book room was reclaimed for the creation of a new classroom, the College of Pharmacy restructured an auxiliary meeting room and allowed the Library to

expand into it. This new room houses the Library's physical resources collection and provides a quiet study room with doors separating it from the rest of the Library. This room also adds an additional 29 large cubicles with electrical outlets for each station.

## Equipment & Educational Resources

### Information Technology

To facilitate active learning pedagogical format, computer, projectors, microphones and DocCam are provided in each classroom. Computers and cameras are provided in all simulation rooms. Laptops and TVs are provided in the Simulation control room. Computers and Printers are provided in library study space and in all research labs.

- Canvas (Learning Management System) is used to upload and access course materials and grades by faculty and students.
- ExamSoft is utilized as a platform of teaching assessment of courses and used to securely take examinations downloaded to their own laptop computers by students.
- Students use clickers from TurningPoint to engage with the class activities
- Turnitin software program for checking on plagiarism
- Wifi is available throughout the whole campus

### Library

The following databases are available through the Library webpage for all the University community. The collection is reviewed annually based on the usage, the needs of the faculty, and the programs being added.

- **AccessMedicine** - from McGraw-Hill, is an online resource containing electronic copies of major medical and health related textbooks.
- **AccessPharmacy** – from McGraw-Hill, is an online curricular resource designed to meet the changing demands of pharmacy education. Containing electronic copies of major pharmacy textbooks. AccessPharmacy allows students to select a core curriculum topic, browse by organ system, review textbooks, or search across leading pharmacy online references.
- **APhA PharmacyLibrary** – features content from a selection of APhA authoritative textbooks, an interactive NAPLEX® review, case studies, and a variety of news sources.
  - Bates Visual Guide – A collection of physical examination videos for different systems.
  - Clinical Pharmacology – a complete drug and toxicology information solution for improved decisions and prevention of clinical quality shortfalls at any point of care.
  - EBSCO Academic Search Premiere – A bibliographic multi-disciplinary full-text database, with more than 8,500 full-text periodicals, including more than 7,300 peer-reviewed journals.

- **Micromedex** – a suite of databases including Drugdex which provides evidence-based, unbiased, fully referenced information and independently reviewed data from major drug centers and pharmacology services worldwide; Identidex which identifies pharmaceuticals by the imprint code and secondary characteristics such as color, size and shape; and Poisindex which identifies ingredients for hundreds of thousands of commercial, biological, and pharmaceutical products.
- **Natural Standards** – is a database founded by clinicians and researchers to provide high quality, evidence-based information about complementary and alternative therapies.
- **OVID** – A collection of approximately 50 full-text journals from the American Journal of Cardiovascular Drugs to Therapeutic Drug Monitoring. An additional 3000+ journals have indices and abstracts available here.
- **Resources A-Z** – A searchable electronic listing of all our current electronic journals over all our platforms.
- Online public access card catalog for books and other physical items.
- Interlibrary Loan Request form

#### Equipment for IPE

CNUCOP uses the following shared equipment for IPE:

- Laerdal SimMan 3G and SimMan Essential manikins, to portray Emergency Department patients, and the monitors and laptops supporting its use.
- Laerdal SimView system to record and project the active case to an observation room (Rm 181), including audio/visual screens and computers for its support.
- Emergency room items: IV poles, crash cart for Pharmacy medications, IV bags, respiratory items of nasal cannulas or face bags.
- Rm 176 or M2 classroom projection equipment.
- Desks and chairs for up to 200 participants in Room 176.

#### Equipment for Research Activities

##### A. Equipment in the Research Laboratories

- Cell culture facilities

A cell culture laboratory consisting of two Purifier Cell Logic+ Class II biosafety cabinets, two carbon dioxide incubators, Eppendorf centrifuge 5804R, two light microscopes, liquid nitrogen cell storage, a Sorval refrigerated swinging bucket centrifuge, inverted microscope for routine

examination of tissue culture cells, an optical Inverted fluorescence microscope with image capture capabilities, as well as other pertinent equipment.

- Cell/molecular biology

Available equipment includes: two -20°C refrigerators, two -80°C refrigerators (New Brunswick, Ultra Low temperature Freezer), light microscope, fluorescent research microscope, BD protein electrophoresis system, Plate Reader-DTX 880 Multimode Detectors, FluorChem E System-Proteinsimple, DU 530 UV/Vis spectrophotometer, Labconco-Freezone 2.5 Plus, VWR mini centrifuge Agilent Technologies Cary630 FTIR, Refrigerated centrifuge.

- Chemical biology

This section of the lab contains: a Hitachi HPLC with auto-sampler and photo diode array detector, and a Teledyne Combi-Flash, auto sample collection for the purification of natural products. The section is also equipped with Organic Chemistry hood, where the TLC isolation and identification of the natural products takes place.

B. Equipment in the Core-Research Facilities on CNU campus.

- Olympus IX83 Inverted Microscope
- Odyssey CLx LI-CoR CLX-0537 imaging system
- Eco illumina Real-Time PCR system
- Bio-Rad CFX Connect™ Real-Time PCR Detection System
- 2720 Thermal Cycler Applied Biosystems
- Benchtop 2UV Transilluminator-UVP PhotoDoc-it Imaging System
- Nanodrop 2000C Thermo Scientific Spectrophotometer
- Thermo Scientific Varioskan Flash Microplate Reader
- Beckman Coulter Optima XE-90 Ultracentrifuge
- SAVANT RVT5105 Refrigerated Vapor Trap
- Thermo Scientific Speedvac Concentrator

### Notable achievements and innovation

Recently, CNUCOP has implemented many improvements and innovations to maximize the educational environment for our students:

- A new quiet study room with 29 large cubicles on the 2<sup>nd</sup> floor has been established after remodeling from previous college meeting room
- A new university event center has been created to accommodate faculty and student activities and large meetings

- A new research Lab with 3 separated rooms has been generated to provide additional research space for COP faculty members
- A Compounding lab
- An IV Sterile compounding lab
- An Advanced Pharmacy Practice Lab (APPS)

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.22: Practice Facilities

The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

### 1) Documentation and Data:

Documentation requested by ACPE:

#### Uploads:

- ☒ Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits) [Appendix 22.1](#)
- ☒ Description of practice sites (location, type of practice, student:preceptor ratio) and involvement in IPPE, APPE, or both [Appendix 22.2](#)
- ☒ Policies and procedures related to site selection, recruitment, and assessment [Appendix 22.3](#)
- ☒ Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment [Appendix 22.4](#)
- ☒ ACPE IPPE Capacity Chart. Template available to download. [Appendix 22.5](#)
- ☒ ACPE APPE Capacity Chart. Template available to download. [Appendix 22.6](#)

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

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

### 3) College or School's Comments on the Standard:

- ☒ Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment
- ☒ Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements
- ☒ How the college or school employs quality criteria for practice facility recruitment and selection

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

**College or School's Comments**

Practice sites are critical structural elements of experiential education in the curriculum of the PharmD program. Practice sites with high quality lay a solid foundation for students to apply biomedical sciences, pharmaceutical sciences, clinical and administrative sciences learned in the classroom and practice laboratories into clinical practice and patient care.

**Capacity Assessment of IPPEs and APPEs Sites**

California Northstate University College of Pharmacy has sufficient practice sites for both IPPE and APPE for our enrolled students. As indicated in the Capacity Charts, a significant surplus of both IPPE and APPE rotations are available. For IPPE, there are 122 slots available in the academic year of 2018/2019, including Sutter Medical Center in Sacramento, Mercy San Juan Medical Center, Lodi Memorial Hospital, etc. One hundred eighteen slots have been filled this year. For APPE, there are 975 slots available in the academic year of 2018/2019, including four hubs for practice sites: Sacramento Area; San Francisco Bay Area; Los Angeles Area; and Reno Tahoe Area. Three hundred twenty three slots have been filled this year. Students are assigned to these practice sites on the basis of their geographical locations, elective courses, and availability of preceptors/practice sites.

Each student is given an opportunity to indicate preferences on selecting sites based on a lottery system and individual allotments. Students are encouraged to consider their professional interests and potential employment desires, preferred off blocks and necessary commute and living arrangements when selecting slot preferences. The Director of IPPE or APPE estimates the capacity for each rotation. Working with de-identified data, a contracted software platform optimizes student site placement based on special consideration, ranking, and the student's preferences. The Director makes the final adjustments to meet preceptor and program needs prior to releasing the placements for student review. Reasonable efforts will be made to place all of the students at the sites of their choices.

## **Selection and Evaluation of Practice Sites**

Quality criteria regarding selection and evaluation of practice sites are emphasized in CNUCOP EE Department Handbook. The recruitment and selection of practice facilities, the evaluation and quality assessment of practice facilities are described in the EE handbook. Site qualification and the profile form are prepared and implemented.

### Selection of Practice Sites

A potential site is presented to the EE Director for review. The Department then makes the decision as to whether or not the site meets the minimum standards for approval as an IPPE/APPE site. The EE department visits the potential site before incorporating in the listing of sites, visits each site on an annual basis, and when issues or poor evaluation of the site happens.

### **MINIMUM SITE QUALIFICATIONS**

All sites must meet the following qualifications:

- Meet all standards set by governmental agencies and applicable accrediting bodies.
- Maintain adequate staffing to allow the student a meaningful educational experience.
- Be free of any unresolved violations of state and/or federal laws.
- Reflect a professional image.
- Maintain an outstanding ethical and legal compliance record by all staff at the site.
- Be suitable to provide a rich learning environment including a well-rounded scope of services and volume of activities to allow the student to accomplish the required learning objectives for the courses offered.
- Offer sufficient reference materials for the provision of information to patients, pharmacists, and other health professionals.

CNUCOP has mechanisms to evaluate practice sites ensuring the quality of experiential education. The assessment criteria include the following:

- Compliance with legal and professional standards.
- Access to learning and information resources.
- Expressed commitment to education of pharmacy students.
- Expressed commitment to education of pharmacy students by management.
- Commitment to daily contact with preceptor or a qualified designee to ensure that students receive feedback and have an opportunity to ask questions.
- Access to technology needed to support student training and to reflect contemporary practice.



- Sufficient staffing: Pharmacist, technician, and clerical staff ratios.

### **Strategies for the Development of Sites and Preceptors**

Strategies have been proposed and implemented for the quantitative and qualitative development of practice sites and preceptors. Annual preceptor conferences take place at CNUCOP to enhance the connection and communication between the didactic faculty and the preceptors and among preceptors. Annual preceptor appreciation banquets, preceptor newsletters, faculty development seminars, and relevant resources were established. The Preceptor Advisory Council of CNUCOP provides input and advice for development of practice sites and preceptors. Coordinators of hubs also play a key role for the development of sites and preceptors

### **Formalization of Affiliation Agreements**

CNUCOP secures and maintains signed affiliation agreements with all practice facilities. Pharmacy experiential agreements between CNUCOP and practice sites have been established to strengthen our curriculum and to train students to obtain practical experience in a retail pharmacy setting and hospital pharmacy setting. Each affiliation agreement ensures that all experiences are conducted in accordance with the state and federal law. Affiliation agreements are maintained for all experiential practice sites.

### **Notable Achievements**

Practice sites for experiential education have been expanded. Two CNUCOP residency positions have been installed at the Adventist Health White Memorial Hospital and Lodi Memorial Hospital in 2018 to bring the number of affiliated CNUCOP residencies to seven residents.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.23: Financial Resources

The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

### 1) Documentation and Data:

Documentation requested by ACPE:

Uploads:

- ☒ Detailed budget plan or proforma (previous, current, and subsequent years) [Appendix 23.1](#)
- ☒ Description of college or school's budgetary processes [Appendix 23.2](#)
- ☒ In-state and out-of-state tuition compared to peer schools [Appendix 23.3](#)

### Optional Documentation and Data:

- ☒ In-state tuition for past five years, with peer school comparisons [Appendix 23.4 \(See Appendix 23.3\)](#)
- ☒ Out-of-state tuition for past five years, with peer school comparisons [Appendix 23.5 \(See Appendix 23.3\)](#)
- ☒ Total grant funding for past five years, with peer school comparisons [Appendix 23.6](#)
- ☒ NIH funding for past five years, with peer school comparisons [Appendix 23.7](#)
- ☒ Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. (Note: This report is available from AACCP on request.). Request form available for download. [Appendix 23.8 \(Available on Site\)](#)
- ☒ AACCP Standardized Survey: Faculty – Questions 27, 28 . Preceptor - Question 42 [Appendix 23.9](#)

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

	S	N.I.	U
<b>23.1. Enrollment support</b> – The college or school ensures that student enrollment is commensurate with resources.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23.2. Budgetary input</b> – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23.3. Revenue allocation</b> – Tuition and fees for pharmacy students are not increased to support other educational programs if it compromises the quality of the professional program.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23.4. Equitable allocation</b> – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3) College or School's Comments on the Standard:**

- ☒ 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

**College or School's Comments****Annual budgets**

The College of Pharmacy has a consolidated budget for all of its departments. Each department has their own budget, including the Office of the Dean. Every year each department develop a budget request and the justifications for expenditures. The faculty in each department will be integral in developing their departmental budget with their chairs. The responsible person from each department will work closely with the Dean to develop their departmental budget. Once completed, all the budgets are submitted to the Dean of the College of Pharmacy for review. The Dean and the Chief Financial Officer will work with the individual budget to develop a final proposed for each department. The Dean is responsible for developing the final overall proposed budget for the College of Pharmacy.

The final proposed budget for the College of Pharmacy is provided to the President of California Northstate University who, working with the College of Pharmacy and institutional budget units/departments at the University level, develops a final proposed budget to be presented to the Board of Trustees of California Northstate University.

## Enrollment

Class size is analyzed and determined on an annual review and evaluation by the Dean of the College of Pharmacy, the President of the University, and the Chief Financial Officer of the University, to ensure the adequacy of several key factors including the number of faculty, adequate space, library resources, and number of clinical rotations, finances, and adequate IT systems to support the incoming class.

## Resource Requirements

Each year the College of Pharmacy conducts an annual strategic plan and initiatives retreat consist of faculty, chairs, staff, students, and Board of Trustees to review current and future strategic plan and initiatives so that everyone knows what needs to be budgeted for the upcoming academic year. The budget is then built into the strategic plan in alignment with the College of Pharmacy's budget.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Section III:

# Assessment of Standards and Key Elements

## Standard No. 24: Assessment Elements for Section I: Educational Outcomes

**The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.**

### 1) Documentation and Data:

**Documentation requested by ACPE:**

#### Uploads:

- ☒ College or school's curriculum assessment plan(s) [Appendix 24.1A, Appendix 24.1B](#)
- ☒ Description of formative and summative assessments of student learning and professional development used by college or school [Appendix 24.2](#)
- ☒ Description of standardized and comparative assessments of student learning and professional development used by college or school [Appendix 24.3](#)
- ☒ Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program [Appendix 24.4](#)

#### Optional Documentation and Data:

- ☒ AACP Standardized Survey: Student – Questions 12-30; Preceptor – Question 19-37 [Appendix 24.5](#)

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

	S	N.I.	U
<b>24.1. Formative and summative assessment</b> – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24.2. Standardized and comparative assessments</b> – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24.3. Student achievement and readiness</b> – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Enter advanced pharmacy practice experiences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provide direct patient care in a variety of healthcare settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contribute as a member of an interprofessional collaborative patient care team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24.4. Continuous improvement</b> – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) **College or School's Comments on the Standard:**

- ☒ A description of formative and summative assessments of student learning and professional development used by college or school
- ☒ A description of standardized and comparative assessments of student learning and professional development used by college or school
- ☒ How the assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level
- ☒ A description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program
- ☒ How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness
- ☒ How the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes
- ☒ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☒ Any other notable achievements, innovations or quality improvements
- ☒ Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

**College or School's Comments****Assessment Plan**

The assessment plan incorporates knowledge-based and performance-based formative and summative assessments throughout the didactic curriculum and the experiential education curriculum. The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level.

In the didactic pharmacy curriculum, knowledge-based formative assessments are conducted through incorporating active learning strategies, such as team-based learning (TBL) in didactic courses. Through the use of active learning and TBL, formative assessments are conducted during each class period to evaluate individual and team competencies. Immediate feedback is provided to both students and instructors on areas needing improvement related to the course material, which can be addressed directly and instantaneously. Mid-term exams and/or students' in-class and homework assignments also serve as an effective formative assessment tool for evaluation of students' competency during each subject course. Knowledge-based objective summative assessments in the form of block exams and final exams facilitated by Examsoft, along with other summative team assignments (final team exams, team projects and/or poster presentations) are also incorporated for each course. These summative assessments serve to assess both individual and team competencies in achieving the course, program and institutional learning outcomes. In addition, comprehensive Milestone exams, in addition to other comparative and standardized assessments (discussed below) are administered throughout the pharmacy program and are designed to evaluate the summative retention of individual students' knowledge and to identify areas of strengths and areas for improvement in the curriculum.

Embedded within the didactic curriculum, longitudinal practicum courses, and IPE events, CNUCOP has developed comprehensive signature assignments aimed at evaluating students' ability to practically apply the skills that they have learned and to reflect upon their own strengths, weakness, and general learning experiences. Through these assignments, student readiness to enter APPEs and provide direct patient care is assessed through objective structured clinical examinations, SOAP notes, IPE exercises, patients' cases incorporating areas related to calculations, compounding, patient counseling, and professional and interprofessional communication. The assignments allow for a direct assessment of student performance on program learning outcomes, institutional learning outcomes, as well as Entrustable Professional Activities. Initially within the didactic curriculum these assignments are formative in nature, but they gradually increase in complexity and eventually develop into summative assignments. To evaluate student competency, rubrics are used to align performance in individual exercises to broader program learning outcomes.



Performance-based formative assessments for teamwork are also conducted in the didactic pharmacy curriculum through incorporating Comprehensive Assessment of Team Member Effectiveness (CATME) within the TBL methodology for students to evaluate team member performance in the middle and end of each semester. CATME provides both formative and summative assessment data on the performance of each team member as evaluated by their peers. CATME specifically collects student performance in five general areas: contribution to the team, interaction with teammates, ability to keep the team on track, expectation of quality, and possessing relevant knowledge, skills, and abilities. CATME results are monitored by both the assessment committee members and the director of assessment. These results help to identify students who are facing difficulty in performing their team tasks. Students with poor CATME formative evaluations are directed to the Office of Academic Affairs for further assistance.

Faculty, in coordination with the COP Director of Assessment, hold an annual assessment event, which incorporates a rater calibration session followed by the rubric-based assessment of student artifacts from signature assignments and assessments using the PLO and ILO rubrics. This is designed to review the results of the signature assignments for any modifications.

In the experiential education curriculum; performance-based formative and summative assessments are conducted during the IPPE and APPE rotations through mutual student-preceptor midpoint and final evaluations. These evaluations directly evaluate students' proficiency in achieving the course, program and institutional learning outcomes in addition to the corresponding EPA. Based on these aggregated performance-based assessments, reports are presented to the Experiential Education Department, Assessment Committee, and Curriculum Committee, as well as the Dean's Executive Committee to develop an action plan to improve the effectiveness of the experiential rotations and the curriculum overall.

Knowledge-based formative assessments are also conducted in the experiential education curriculum by incorporating Longitudinal Pharmacy Practice Knowledge (LPPK) exams. LPPK exams are administered during APPE rotations in the P4 year. These exams are comprised of 100 multiple choice questions with varying relevant topics and are conducted at the completion of every rotation block. To improve the validity of the results several changes have been applied beginning in the 2017-2018 academic year, including limiting the exam time to 3 hours with no backward navigation capability. Failing to score above 70% obligates the student to remediate the exam the following week. Based on the results of the exams, an aggregated LPPK report is generated and evaluated by the members of both the assessment and curriculum committees to identify areas of strengths or weakness in student's clinical knowledge through the APPE rotations.

**Co-Curricular Assessment**

In addition to curricular assessments, performance-based assessments are also incorporated through Co-Curricular (CoCuLO) activities. Students are required to complete at least two CoCuLO activities each academic year. Completion of at least six CoCuLO activities is required prior to the completion of the P3 year. Co-curricular activities aim to assess student performance in areas of: Social Awareness and Cultural Sensitivity, Professionalism and Advocacy Activities, Self-Awareness and Learning, Innovation / Entrepreneurship Activities, Public Health and Education Activities and Service and Leadership Activities.

**Standardized and Comparative Assessment**

The college of pharmacy administers several standardized assessments to evaluate student knowledge and professional development. The standardized Pharmacy Curriculum Outcomes Assessment (PCOA) exam is utilized as a standardized assessment of individual student competency after the completion of the didactic curriculum and allows national comparisons. At CNUCOP, students in the third professional year (P3) of the program are required to take the PCOA test within the April to May timeframe after the last final exam of the didactic program. Since 2018, the college has mapped blueprint topics against the core courses with specific types of assessments and assignments. (Appendix xxx PCOA mapping against core courses) The results of the PCOA exam are evaluated by the PCOA Coordinator, in conjunction with the Dean, and then presented to DEC, members of both the Assessment and Curriculum Committees. Subsequently, an action plan is formed to improve student performance and suggest necessary changes to the curriculum.

In 2018, the college began administering the PCOA exam as a high-stakes exam to the class of 2019. Students who score less than two standard deviations below the National Scaled Score average were required to remediate the exam. The remediation was instituted by CNUCOP in June-July. If a student who requires remediation has a rotation site that is situated in the Bay Area, Central Valley, or Sacramento, then the student will be expected to return to campus for remediation. Otherwise, the student will remediate at the rotation site and the remediation exam will be proctored by his/her preceptor or hub-coordinator. After two opportunities to remediate, if the student has not successfully completed the remediation exam, they will not progress to subsequent APPEs until competency in the areas that he/she has failed have been remediated.

Since 2018, CNUCOP has offered a Pre-PCOA Review for P3 students prior to the PCOA test. The review is integrated in the Longitudinal Practicum course in the Spring Semester (PRC810). Its topics are selected based on the PCOA performance of the previous class and topics taught in years 1 or 2 of the curriculum. At first, the college purchased the ExamMaster program to provide PCOA review questions with answers and explanations. In this review, students mainly

employed self-learning with ExamMaster questions, and faculty facilitated with Q&A sessions or mini-reviews based on faculty determined issues.

As a result, the PCOA performance of students in 2018 increased by more than three times as compared to that from students in 2017 (39 percentile in 2018 vs. 12 percentiles in 2017). However, based on a post-PCOA survey to students, most of them agreed that the high-stakes requirement motivated their efforts, but they did not highly evaluate the usefulness of the ExamMaster program. They strongly suggested face-to-face review and practice directly from faculty. Therefore, in 2019, the college changed the self-learning review to face-to-face review sessions. Specifically, the class of 2019 will attend review sessions on Biochemistry, Physiology, Pharmacology/Clinical pharmacology, Toxicology, Medicinal Chemistry, Pharmaceutics, Calculations, Pharmacokinetics, Patient Assessment, Immunizations, Biostatistics and Research Design, and Disease Prevention and Population Health. Each review session will be comprised of two to three hours and will have the following structure: (1) pre-review quiz, (2) discussions, (3) mini-lectures, and (4) post-review quiz. The ten-review sessions were then finally assessed by two separate tests, which are similar to the PCOA test format. After students take the PCOA test in May, they will receive a survey regarding the effectiveness of their PCOA preparation, review, learning, etc. The survey and PCOA test results will then be compiled and analyzed to form a PCOA action plan for the following class.

Pre-NAPLEX evaluation exams are administered through a third party contracting company for both third and fourth year pharmacy students, and likewise are comprised of standardized questions. The College assesses the results and uses the students' proficiency levels to identify areas of knowledge that require improvement. Pass NAPLEX Now tailors the subsequent course for NAPLEX and CPJE preparation. Student performance of NAPLEX and CPJE exams are monitored and compared to state and national pass rates by the Dean's Executive Committee as well as both the Assessment and Curriculum Committees for overall evaluation of the program effectiveness.

The standardized assessments described above, though varied in granularity and strength of association, are correlated to other assessments and students' individual attributes and subsequently used to identify reference points and develop thresholds.

The assessment plan utilized several approaches to assessing student proficiency of learning outcomes. The comprehensive Milestone exams are administered at the end of the academic year for both the first and second year pharmacy students and are designed to evaluate the summative retention of individual student's knowledge. In the 2017-2018 academic year, the students were required to pass the Milestone exams with either a 50% score or above two standard deviations under the class average. As a positive enforcement, the students were also granted extra points in a pre-chosen spring course if they scored above average in the overall exam score or above average in the pre-chosen course. Students who fail to demonstrate individual knowledge competency are allowed to remediate the exam once.

Failure to remediate the exam results in a comprehensive academic evaluation by the Office of Academic Affairs, which develops an individualized remediation plan, which may include placement on a 5-year plan to ensure competency at the didactic level before progressing to the APPE curriculum. Aggregate reports based on student performance are presented to the Curriculum Committee, which develops and implements an action plan to improve student attainment of professional competency within the curriculum. Likewise, each course coordinator receives a report detailing student performance on questions related to their corresponding courses. The course coordinators subsequently address the findings of these reports in the course syllabi for the following academic year.

As discussed above signature assignments are essential in assessing students' proficiency in key learning outcomes through performance-based evaluations. Integral to experiential education, students are evaluated by their preceptors during introductory pharmacy practice experiences using assessments designed to measure outcomes related to student readiness to enter advanced pharmacy experiences. An analogous assessment process occurs during the advanced pharmacy practice experiences with the exception that proficiency of outcomes are expected to be achieved at a mastered level indicating professional competency of a highly qualified pharmacist.

Multiple avenues are pursued to ensure that data generated from various forms of assessment are used to modify and improve the curriculum, bolster student learning, and advance the overall program. For example, a comprehensive learning outcome assessment is conducted annually for each course, where the results of the assessment are required to be integrated into an annual action plan that details practical and achievable modifications to the course, which will improve student mastery of relevant topic areas. In addition to objective assessments facilitated by Examsoft, students are asked to take subjective surveys of each course to identify areas where student learning may be enhanced. Course coordinators must address how student feedback will be used to improve their courses in the annual action plans. On a broader level, the Assessment Committee conducts aggregated assessments of student performance in IPPEs, APPEs, and clinical exercises conducted throughout the program to assess mastery of Educational Outcomes. The results of the aggregated assessments are discussed jointly with the Curriculum and Assessment Committees to identify areas of the curriculum that may be improved to optimize student learning and competency in the clinic.

Student performance on NAPLEX and CPJE exams are monitored and compared to State and National pass rates. The Dean's executive committee as well as both the assessment and curriculum committee use these results for an overall evaluation of the program effectiveness. An action plan is subsequently created and implemented based on these results on an annual basis. The implementation and the effectiveness of initiatives detailed within the previous year's action plan are explicitly evaluated in subsequent action plans. A similar process is employed by the curriculum committee in developing, implementing, and following-up on action plans based on the results of the Milestone exams, PCOA exam, reports based on student performance of program and learning outcomes assessed during the summative exams and

signature assignments. Likewise, the experiential department evaluates reports demonstrating student achievement of learning outcomes within experiential education and creates an action plan based on these reports.

### **Data Mining and Analysis**

To take full advantage of the robust data retrieved from the key exams discussed in the above section a correlation analysis is conducted to identify significant associations. The results are presented first to the Curriculum Committee, which develops an action plan that not only addresses areas of improvement but also identifies how the committee can promote the quality and usability of the data. Grade distribution reports are generated demonstrating grade distribution of all of the didactic courses in order to increase grading consistency and reduce grade inflation. These reports are presented to the entire faculty after each semester.

### **Surveys**

In addition to assessments of student performance, both internal surveys as well as surveys administered by AACP are used to make improvement to the overall program. Action plans based on these surveys are developed by the Dean's Executive Committee. AACP surveys demonstrated that nearly 90% of the students agreed or strongly agreed that as a result of the curriculum they were able to achieve professional competencies in all areas of foundational knowledge, essentials for practice, and approach to practice and care. These results are generally comparable to the national results, with national results. Similar to the student survey, around 90% of the preceptors agreed or strongly agreed that CNU students demonstrated professional competencies in all areas of foundational knowledge, essentials for practice, approach to practice and care, and personal and professional development. Likewise, results are also comparable to the national results.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

## Standard No.25: Assessment Elements for Section II: Structure and Process

The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

### 1) Documentation and Data:

Documentation requested by ACPE:

#### Uploads:

- ☒ The college or school's assessment plan (or equivalent) [Appendix 25.1](#)
- ☒ List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan [Appendix 25.2](#)
- ☒ Examples of instruments used in assessment and evaluation (for all mission-related areas) [Appendix 25.3](#) (See [Appendix 25.2](#))

#### Optional Documentation and Data:

- ☒ Graduating Student Survey Summary Report (all questions) [Appendix 25.4](#)
- ☒ Faculty Survey Summary Report (all questions) [Appendix 25.5](#)
- ☒ Preceptor Survey Summary Report (all questions) [Appendix 25.6](#)
- ☐ Alumni Survey Summary Report (all questions) (NA, Response rate too low to report)
- ☒ 2017-2018 Learning Outcome Norming Session Report [Appendix 25.7](#)

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

	S	N.I.	U
<b>25.1. Assessment of organizational effectiveness</b> – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.	■	○	○
<b>25.2. Program evaluation by stakeholders</b> – The assessment plan includes the use of data from AACCP standardized surveys of graduating students, faculty, preceptors, and alumni.	■	○	○
<b>25.3. Curriculum assessment and improvement</b> – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.	■	○	○
<b>25.4. Faculty productivity assessment</b> – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service.	■	○	○
<b>25.5. Pathway comparability*</b> – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs.	■	○	○
<b>25.6. Interprofessional preparedness</b> – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.	■	○	○
<b>25.7. Clinical reasoning skills</b> – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient's lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum.	■	○	○
<b>25.8. APPE preparedness</b> – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE.	■	○	○
<b>25.9. Admission criteria</b> – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.	■	○	○

3) **College or School's Comments on the Standard:**

- ☒ Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality
- ☒ How the college or school's assessment plan provides insight into the effectiveness of the organizational structure
- ☒ A description of how the college or school assesses its curricular structure, content, organization, and outcomes
- ☒ A description of how the college or school assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service
- ☒ A description of how the college or school assesses the comparison of alternative program pathways to degree completion
- ☒ A description of how the college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team
- ☒ How the college or school assesses clinical reasoning skills throughout the curriculum



- ☑ How the college or school assesses student competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program prior to the first APPE
- ☑ A description of how the college or school assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments
- ☑ How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- ☑ Any other notable achievements, innovations or quality improvements

**College or School's Comments****Assessment of Organizational Effectiveness**

The CNUCOP assessment plan maintains the most relevant assessments to provide insight on the effectiveness of the college processes and initiatives explicitly in the area of admissions, student services, faculty productivity and satisfaction, curriculum including both didactic and experiential curriculum, and other processes related to academic affairs and standardized testing. The Assessment Committee implements a system of liaisons that ensure that the appropriate assessments are collected, adequately analyzed, presented to the appropriate entities, and subsequently action plans are created and implemented.

Starting in 2018, standardized action plans were adopted, which require faculty and administration to include a brief description of any changes to the process being evaluated, including initiatives described in the Action Plan of the previous year, novel initiatives not mentioned in the previous Action Plan, and modifications to the assessment process itself. The newly developed plans allow for a better understanding of possible causes behind fluctuations in the data, identification of trends, and the effectiveness of implemented changes. In addition, the use of these standardized Action Plans enhances the follow-up process by ensuring that the effects of previous years' Action Plans are addressed.

Annually, pertinent assessments and corresponding action plans are compiled in comprehensive reports and submitted to the Office of Institutional Effectiveness and the President's Executive Committee to provide broader University wide understanding of the functions and effectiveness of the College.

The assessment plan includes a correlation analysis based on a variety of data gathered within the assessment plan to identify predictive variables that can subsequently be incorporated into initiatives that could affect both discrete and more global outcomes.

The College of Pharmacy also undergoes a five-year program review cycle. The Office of Institutional Effectiveness works with the Assessment Committee and the Office of Academic Affairs to compile the assessment data regarding student performance and program effectiveness. The data collected through this process as well as the analyses of multiple statistical data summaries and input from the external reviewers are incorporated into a program review report. This document specifically addresses the strengths and weakness of the curriculum, performance with department/program goals, program quality and resources, and student performance with respect to learning outcomes. Once identified, the strengths and weaknesses are incorporated into a plan for enhancing the program based on improving weaknesses and building on strengths.

Faculty, in coordination with the College's Assessment Director, host an annual assessment event, which incorporates a rater calibration session followed by the rubric-based assessment of student artifacts from signature assignments and assessments using the PLO and ILO rubrics. Assessment data from the designated courses are submitted by faculty who teach the courses to the program's Assessment Director, who is responsible for storing the assignments and corresponding student artifacts until the assessment day, as well as determining the appropriate number of artifacts to use, de-identifying the artifacts, and identifying the appropriate LO rubric in preparation for the assessment. Faculty input their ratings of each student artifacts into the assessment software, ExamSoft.

### **Program Evaluation by Stakeholders**

On an annual basis the Office of Academic Affairs serves as the liaison ensuring that the AACP Alumni Survey, the AACP Graduating Student Survey, AACP Preceptor Evaluation of Experiential Program Survey, and AACP Faculty Survey are conducted, results are analyzed and subsequently presented to the Dean's Executive Committee. The Dean's Executive Committee is then charged to develop and implement an action plan addressing the result of the AACP standardized surveys.

### **Curriculum Assessment and Improvement**

One of the primary responsibilities of the Assessment Committee is to work in conjunction with the Curriculum Committee to ensure that the most constructive assessment data are used to develop action plans to improve the curriculum and its delivery. One of the approaches by which this is accomplished is through consistent communication between the two committees. This is achieved by designating at least one faculty member to serve as a voting member for both of the committees. This faculty member functions as a liaison and regularly provides updates on the issues being addressed in each of the committees and communicates any inquiries the committees may have with each other.

In addition, at the end of each semester, a joint meeting of the Curriculum Committee and the Assessment Committee is held. During this meeting, the joint committees review various reports compiled by the Assessment Committee to evaluate

the curriculum of the college and develop action plans based on these results leading to positive changes to the curriculum and modifications to the assessments themselves in order to improve their validity and utility. The reports presented during the joint meeting include PLO/ILO reports based on student performance of signature assignments administered during the didactic curriculum as well as reports based on summative preceptor evaluations of students completing APPE rotations.

In addition, other reports evaluated to assess the effectiveness of the overall program include the results of the two Milestone exams, the PCOA exam, the Pre-NAPLEX evaluation exam reports from the Pass NAPLEX Now, the LPPK results, P4 Capstone, and pass rates for NAPLEX and CPJE exams.

**Faculty**

The Master Assessment Plan incorporates assessments, which systematically evaluate the productivity of each faculty member. Each faculty member is evaluated annually by the department chair based on performance which includes but are not limited to assessments such as peer-evaluation of teaching, anonymous student evaluations of teaching, faculty development activities as well as service and scholarly activities, each of which the assessment committee ensures are regularly administered.

**Pathway Comparability**

Not applicable.

**Interprofessional Preparedness**

CNUCOP engages in IPE collaboration with the School of Nursing School of Nursing at CSUS, CNU College of Medicine, and Samuel Merritt School of Nursing. COP IPE faculty coordinates the IPE sessions and simulation with the College of Medicine, Samuel Merritt and CSUS School of Nursing. During these sessions, students are formally evaluated for proficiency and for areas of improvement with respect to the desired IPE learning outcomes.

CNUCOPs Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) are designed to hone practice skills, professional judgment, behaviors, attitudes, values, confidence and a sense of personal and professional responsibility required to competently, independently and collaboratively practice in a variety of inter-professional, team-based health care settings. Three core APPE rotations (Institutional, General Medicine, and Ambulatory Care) specifically map inter-professional competence with the objectives to demonstrate students' mastery of inter-professional skills at the completion of the rotations. Student proficiency is being evaluated by their preceptors based on criteria that specifically incorporate inter-professional preparedness.

These evaluations are reviewed by the Curriculum and Assessment Committees and the Experiential Education Department for the development of enhancement action plans if needed.

### **Clinical Reasoning Skills**

Beyond the College's Program Learning Outcomes 2 and 3, which reflect ACPE standards related to clinical reasoning, several PLOs are mapped to courses across the didactic curriculum as well as IPPEs and APPEs within the experiential curriculum. The PLO include critical thinking (reasoned judgment to assess technical information and make well-informed decisions using evidence-based approaches), quantitative reasoning (ability to use mathematics and statistics in problem solving), and information literacy (ability to identify, search and synthesize information obtained from primary literature using properly referenced). These learning outcomes are assessed in a summative manner through cumulative exams and skill-based individual signature assignments. The results of these assessments are aggregated to create Learning Outcomes reports that are subsequently presented to the Curriculum and Assessment Committees, which are charged with developing and implementing action plans. Course coordinators of these courses also receive learning outcomes reports and similarly develop action plans that are submitted along with the course syllabi for the following year. Learning outcomes related to clinical reasoning are likewise assessed through-out the experiential training. Student proficiency is measured through preceptor evaluations that assess students based on criteria that specifically incorporates clinical reasoning.

### **APPE Preparedness**

The curriculum is explicitly designed to help students gain the knowledge and skills necessary to become competent pharmacists. To achieve this goal, our students progress in a stepwise fashion, beginning with the P1-P3 didactic courses and IPPEs, and finishing with APPEs. Students are allowed to move to the next level only after successfully demonstrating development/proficiency of relevant outcomes that are assessed at specific junctures across the didactic and experiential curriculum.

**Courses:** CNUCOP's IPPEs compliment the concurrent content of the didactic curriculum (pathophysiology, pharmacology, pharmacokinetics, disease management, drug information retrieval and interpretation, interprofessional communication, professional written and verbal communication, laboratory interpretation, physical assessment, pharmaceutical calculations, ethical and cultural competency) to attain requisite "Pre-APPE" practice, patient care and communication skills. IPPEs provide diverse actual pharmacy practice experiences including shadowing pharmacists, interviewing and counseling patients, performing patient assessments and performing practice operations in a variety of settings (i.e. community, institutional and specialty practice settings). For all courses, the relevant Institutional, Program

and Course Learning Outcomes are assessed through exams and signature assignments, components of which are developed to directly measure skills required for APPEs.

**Progression Requirements:** For example, P1 students must successfully complete the Introduction to Pharmacy Practice and Professionalism (IPP 607) course to progress to their first IPPE (Community Pharmacy). This P1 didactic course is specifically designed to ensure students are prepared to begin IPPEs. Also, they must pass their P1 Milestone to progress to the P2 year. Next, during or after the student's second didactic year, the Institutional and Specialty IPPEs are completed. P2 students must pass the P2 Milestone to progress to the P3 year and P3 students must pass the PCOA to progress to APPEs. Students are required to successfully complete all P1, P2, and P3 didactic and IPPE courses before advancing to APPEs.

During the APPE rotations students have the opportunity to fully apply their knowledge and skills acquired previously in the curriculum. They must exhibit development/proficiency of all APPE learning outcomes and are evaluated at the highest level.

**Assessment:** As previously described, CNUCOP systematically assesses and analyzes the preparedness of all students through high stake Milestone exams and the PCOA exam. Student-specific and overall outcomes are subsequently reviewed and respective action plans are jointly developed by the Assessment Committee, Curriculum Committee, and course coordinators. This includes evaluation of items within exams, signature assignments and the Milestone exams. The Curriculum Committee also conducts student focus groups to gather feedback for continuous quality improvement.

### **Admission Criteria**

The college regularly evaluates the assessment results, admission policies, and procedures to ensure the selection of qualified students to enroll in the pharmacy program. The Office of Student Affairs and Admissions develops reports based on PharmCAS data of the enrolling class and administers surveys to all applicants completing the interview process as well as students enrolling in the College. The generated results are used to create reports and develop action plans in conjunction with the Admissions Committee to ensure that students not only possess the competence but also that the student body reflects the diversity essential for success in our progressive team-centered curriculum. The college also uses correlation analyses to identify associations between student academic performance in the program and the characteristics of the applicants and to accordingly modify the admission criteria.

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	<ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul>	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul>
<input checked="" type="checkbox"/> <b>Compliant</b>	<input type="checkbox"/> <b>Compliant with Monitoring</b>	<input type="checkbox"/> <b>Partially Compliant</b>	<input type="checkbox"/> <b>Non Compliant</b>

# APPENDICES

Appendix 1.1- PCOA Summary

Appendix 1.2 - Not Applicable

Appendix 1.3 – NAPLEX Three Year Report

Appendix 1.4 - CPJE data

Appendix 1.5 – MPJE Three Year Report

Appendix 1.6 - ILO/PLO outcome report based on individual

Appendix 1.7 - AACP Survey Data Standard 1

Appendix 1.8 - PCOA Action Plan

Appendix 2.1 - Outcome Assessment Data for Didactic Coursework

Appendix 2.2 - Outcome Assessment Data for IPPE

Appendix 2.3 - Outcome Assessment Data for APPE

Appendix 2.4 - AACP Survey Data Standard 2

Appendix 3.1 - Examples of Student Participation in IPE Activities

Appendix 3.2 - Outcome Assessment Data for Didactic Coursework

Appendix 3.3 - Outcome Assessment Data for IPPE

Appendix 3.4 - Outcome Assessment Data for APPE

Appendix 3.5 - Outcome Assessment Data for IPE

Appendix 3.6 - Examples of Curricular and Co-curricular Experiences Related to Standard 3

Appendix 3.7- Outcome Assessment Data of Student Achievement of Problem Solving

Appendix 3.8 - Outcome Assessment of Communication

Appendix 3.9 - Outcome Assessment Data of Student to Advocate to Patient

Appendix 3.10 - Outcome Assessment of Student Ability to Educate Others

Appendix 3.11 - Outcome Assessment of Student Demonstration of Cultural Awareness and Sensitivity

Appendix 3.12 - AACCP Survey Data Standard 3

Appendix 4.1- Outcome Assessment of Professionalism Achievement

Appendix 4.2- Outcome Assessment of Leadership Achievement

Appendix 4.3 - Outcome Assessment of Awareness Achievement

Appendix 4.4 - Innovation and entrepreneurship

Appendix 4.5 - Examples of Curricular and Co-curricular Experiences Related to Standard 4

Appendix 4.6 - Tools to Capture Student Reflection on Personal-Professional Growth and Development

Appendix 4.7- Professionalism and Lifelong Learning

Appendix 4.8 - Outcome Assessment Data for Didactic Coursework

Appendix 4.9- Outcome Assessment Data for IPPE

Appendix 4.10 - Outcome Assessment Data for APPE

Appendix 4.11- AACCP Survey Data Standard 4

Appendix 5.1- University Organizational Chart

Appendix 5.2- ACPE Accreditation Certificate

Appendix 5.3a - BPPE Approval for Accredited Institution

Appendix 5.3b -WASC Letter Affirmation of Accreditation 170630

Appendix 5.4 - ACPE Interim Reports

Appendix 5.5 - Description of Autonomy

Appendix 6.1-Vision\_Mission\_Goal\_Core Values

Appendix 6.2- Outcome Assessment for Vision- Mission- Goals

Appendix 7.1- College Strategic Plan

Appendix 7.2 - Outcome Assessment of Strategic Plan

Appendix 7.3 - AACCP Survey Data Standard 7

Appendix 8.1 - College of Pharmacy Organizational chart

Appendix 8.2 - Job descriptions for Dean and other administrators

Appendix 8.3 - CNUCOP Committees' Roster



Appendix 8.4 - CNU Disaster Recovery Plan

Appendix 8.5 - CVs of Dean and Other Administrators

Appendix 8.6 - Evidence of Faculty Participation in University Governance

Appendix 8.7- AACP Survey Data Standard 8

Appendix 8.8 - Distribution of Full-Time Faculty and Rank

Appendix 9.1- Professionalism from Faculty Handbook

Appendix 9.2 - Examples of IPEs and IPE collaboration

Appendix 9.3 - Examples of affiliation agreement for practice and service

Appendix 9.4 - Examples of Affiliation Agreements for Research Collaboration

Appendix 9.5- Examples of Affiliation Agreements for Academic Collaboration

Appendix 9.6 - AACP Survey Data Standard 9

Appendix 10.1- Description of curricular and degree requirements

Appendix 10.2 - Map of Curriculum to Program Learning Outcomes

Appendix 10.3 - Map-crosswalk curriculum to Appendix 1

Appendix 10.4 - CV of faculty teaching within the curriculum

Appendix 10.5 - Courses and Teaching Faculty

Appendix 10.6 - Program Competencies and Outcomes

Appendix 10.7 - List of Curriculum Committee Members

Appendix 10.8 - Charges- Assignments and Major Accomplishments of Curriculum Committee the last year

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