# **COP - ACPE Accreditation milestones (2011-2016)**

Reports from College:	Year	Month	Notes/comments on panel or outcome
Comprehensive Self study report	2011	February	
Self study progress report	2012	February	
Progress report to ACPE	2013	February	
Full Self study report to ACPE	2014	October	
Interim Monitor Report to ACPE	2015	October	
Standards 2016 Readiness Report to ACPE	2016	April	(Readiness on new standards: 4, 10, 11 & 20)
Self study report to ACPE	2016	September	
On-site visits:			
ACPE (focused) site visit	2011	March	
ACPE (full) site visit	2012	March	Wendy Duncan; Lisa Deziel; Judith Christensen; George Spratto
ACPE (full) site visit	2013	April	Wendy Duncan; Joan Straumanis; Dennis McAllister; Peter Vlasses; Randy Kajioka
ACPE (full) site visit	2014	November	Peter Vlasses; Lamar Pritchard
ACPE (focused) site visit	2016	October	Greg Boyer; Michael Mone; William Zito
Reports from ACPE:			
ETR report from ACPE	2012	March	
ETR report from ACPE	2013	April	
ETR report from ACPE	2014	November	
ETR report from ACPE	2016	October	
A&R report from ACPE	2012	June	Partial compliance on 3 standards; monitoring on 11.
A&R report from ACPE	2013	June	Monitoring on 10 standards
A&R report from ACPE	2015	January	Monitoring on 6 standards
Interim Action Report	2016	January	Monitoring on 6 standards
ACPE letter re readiness report	2016	July	response re readiness to 2016 standards
A&R report from ACPE	2017	February	Partially compliant on 1 standard (18); monitoring on 5
Accreditation status:			
ACPE granted pre-candidate status	2008	June	
ACPE granted candidate status	2010	January	
ACPE candidate accreditation status cont.	2012	June	
ACPE granted full accreditation status	2013	June	Full accreditation for 2 years - till June 2015
ACPE granted full accreditation status	2015	January	Full accreditation for 2 years - till June 2017
ACPE granted full accreditation status	2017	January	Full accreditationfor 2 years - till June 30, 2019

# Appendix 2

# College milestones and key changes 2008- 2016

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	Year	Month
First cohort of students admitted	2008	Fall
Faculty Annual Evaluations began	2008	Fall
First program review	2011	December
New Dean (Desselle) appointed	2012	June
Seed Grant Program introduced	2012	Fall
Strategic Plan approved	2013	Fall
Inaugural campus health fair	2013	Fall
Pilot annual program review	2013	February
IPE with Sac State implemented	2013	Spring
Campus relocated to Elk Grove	2014	Spring
ExamSoft implemented for all summative exams	2014	Fall
PLOs reviewed and aligned with CAPE standards	2015	Summer
MMIs added to admissions interviews	2015	Fall
Admission requirements changed	2015	Fall
New Dean (Tran) appointed	2015	August
CSI program implemented	2015	Spring
CANVAS replaced ASAP as the College's LMS	2015	Fall
Curriculum 3.0 implemented	2016	Fall
Strategic plan reviewed and revised	2016	June
PCOA conducted for 1st time	2016	May
IPE with CNU College of Medicine began	2016	Spring
Completion of new sterile compounding lab	2016	March
Student research fellowship implemented	2016	Spring



# College of Pharmacy Strategic Plan 2014-2019 (2016 review and update)

September 22, 2016

#### **Process**

Review original strategic plan, determine completed activities, and update plan for 2016-2019 as well as recognition of growth of University relationship with the College of Pharmacy

All faculty and staff involved in the review and update

June 2016 faculty/staff retreat spent on review and update within team assigned to specific theme

July-August 2016 teams work to refine team-assigned theme with College facilitator September 2016 update reviewed by teams and finalized prior to ACPE October visit Plan for Spring 2019 review and update to follow similar model

#### Strategic Plan has six themes

- 1. Innovative leader in EDUCATION
- 2. Enhanced faculty reputation in RESEARCH & SCHOLARSHIP
- 3. Deliver innovative PHARMACY PRACTICE
- 4. Create high standard of COMMUNITY ENGAGEMENT
- 5. Create POSITIVE WORKPLACE
- 6. Achieve PROGRAM EXCELLENCE

#### Theme 1 - Education

#### Completed:

Established and implemented Center for Excellence in Teaching and Learning

Have in place an active mentoring program for current and new faculty

Established Interprofessional Education Programs with CNUCOM and CSUS Nursing and healthcare outreach opportunities

Incorporated longitudinal practice laboratory component into the curriculum

Established sterile compounding/IV processing teaching laboratory

Supported training of specialists in Team-Based Learning active learning pedagogy

Ongoing:

Support training active learning pedagogies

**Support Co-Curricular Learning Outcomes** 

Planned:

Preceptor and resident development and training

Center to support existing programs and establish new programs digital education and online learning

#### Theme 2 - Research and Scholarship

#### Completed:

Established grant-writing program, scholarly activity infrastructure

Identified common research interests of faculty and appropriate places to publish scholarship

Seed grant program established

Ongoing:

Increase faculty productivity in scholarly activities

Enhance faculty professional service

#### Theme 3 – Pharmacy Practice

Ongoing:

Place all clinical faculty at practice sites related to their expertise and interests

Planned:

Implement professional development program for clinical faculty practitioners

#### Theme 4 – Community Engagement

Ongoing:

Collaborate with external stakeholders/constituents to provide educational opportunities and community outreach activities

Planned:

Incentivize, recognize, and reward community engagement and involvement

#### Theme 5 – Positive Workplace

Completed:

Established and implemented an effective college-wide faculty orientation program

Ongoing:

Increased recognition rewards for staff excellence

Social activities program to recognize faculty and staff excellence

Planned:

Organize regular team building activities and communication workshops

#### Theme 6 - Program Excellence (formerly Financial Stability)

#### Completed:

Changed theme name in recognition of establishment growth and implementation of the University-College relationship permits focus on excellence rather than financial stability

Established and implemented comprehensive tutoring program to assure student pharmacist academic success

#### Ongoing:

Professionalized student pharmacist recruitment, engagement, and matriculation processes Identifying and monitoring issues regarding student pharmacist retention and remediation *Planned*:

Establish pre-remediation programs to enhance student pharmacist academic success

Increase the number of faculty and staff to support projected growth without compromising the quality of the program



# COLLEGE OF PHARMACY ACADEMIC PROGRAM ACADEMIC YEARS 2014-CURRENT

COURSE NUMBER	COURSE TITLE	UNITS
	SEMESTER I	
PHAR 621	Cellular & Molecular Biology/Biochemistry	5
PHAR 631	Medicinal Chemistry & Physical Pharmacy	5
PHAR 632	Biopharmaceutics, Drug Delivery/Calculations	5
PHAR 641	Self Care I	4
	Semester Total:	19
	SEMESTER II	
PHAR 622	Pathophys & Pharm I (Neuro/Neuro-Endo/Psych)	6
PHAR 633	Pharmacokinetics	5
PHAR 634	Biostatistics & Pharmacoepidemiology	3
PHAR 642	Self Care II	3
PHAR 661	Principles of Pharmacy Practice	2
	Semester Total:	19
	SEMESTER III	
PHAR 724	Pathophys & Pharm II (CVS/Diabetes/Thyroid)	6
PHAR 743	Drug Literature Evaluation & Drug Information	3
PHAR 757	Integrated Sciences I (Neuro/Psych/NeuroEndo)	8
PHAR 761	IPPE I	2
	Semester Total:	19
	SEMESTER IV	
PHAR 712	Communications	2
PHAR 725	Pathophys & Pharm III (Pulm/Renal/GI/GU)	5
PHAR 752	Integrated Sciences II (CVS/Diabetes/Thyroid/Pulm)	8
PHAR 762	IPPE II	2
PHAR 781	Elective	2
	Semester Total:	19



# COLLEGE OF PHARMACY ACADEMIC PROGRAM ACADEMIC YEARS 2014-CURRENT

COURSE NUMBER	COURSE TITLE	UNITS
	SEMESTER V	
PHAR 811	Pharmacy & the Health Care System	3
PHAR 827	Immunology & Rheumatology	4
PHAR 853	Integrated Sciences III (Renal/GI/GU/Heme/Onc)	8
PHAR 861	IPPE III	2
PHAR 881	Elective	2
	Semester Total:	19
	SEMESTER VI	
PHAR 813	Pharmacy Law & Ethics	3
PHAR 815	Management & Economic Principles	3
PHAR 858	Skills Lab	2
PHAR 856	Integrated Sciences IV (Infectious Diseases/Microbiology)	8
PHAR 862	IPPE IV	2
	Semester Total:	18
	SEMESTER VII and SEMESTER VIII	
PHAR 971	APPE Community Practice	6
PHAR 972	APPE Hospital Pharmacy Practice	6
PHAR 973	APPE General Medicine	6
PHAR 974	APPE Ambulatory Care	6
PHAR 975	APPE Specialty Practice I	6
PHAR 976	APPE Specialty Practice II	6
	Year Total:	36
PROGRAM TOTAL	:	149



# College of Pharmacy Academic Program 2016-2017

## COP Pharm D Curriculum 3.0 (2016-2017)

Part			COP Pilatiti D Curriculuii 3.0 (2016-2017)		
1	Semester	Course #	COURSE TITLE	Credits	Coordinator
1	-				
1					
1			, , ,		
PRC 609					
Spring   P1 - Spring Semester II			·		
P1 - Spring	1	PRC 609			Atef & Elkeeb
PBS 602				18	
2					
2					
2					
PRC 610					•
Semester total   19					
P2 - Fall Semester III	2	PRC 610			west
3	Fall			19	
CAS 703		DDC 704		-	1.
CAS 705					
3   IPP 707   Introductory Pharmacy Practice Experience I (Community Practice I)   2   Eid					
Semester total   19					•
Spring P2 - Spring Semester IV  4 CAS 702 Communications 2 Courtney  4 PBS 704 Pathophysiology & Pharmacology III: (Pulmonary, Renal, GI & GU) 6 Ho  4 CAS 706 Pharmacotherapy II: (CV, Diabetes & Pulmonary) 6 Cao  4 IPP 708 Introductory Pharmacy Practice Experience II (Community Practice II) 2 Pauli  4 PRC 710 Longitudinal Practicum IV 2 Eid  4 ELC 700 Elective I 2 Various  Fall P3 - Fall Semester V  5 CAS 801 Pharmacy and the HealthCare System 3 Kreys E  5 PBS 803 Immunology and Rheumatology 4 Cusick  5 CAS 805 Pharmacotherapy III: (Renal; GI; Hematology & Oncology) 6 Rasty  1 PP 807 Introductory Pharmacy Practice Experience III (Hospital) 2 Pauli  5 PRC 809 Longitudinal Practicum V 2 Pauli  5 PRC 809 Elective II 2 Various  Fall P8 Pharmacy Law and Ethics  P3 - Spring Semester VI  6 CAS 802 Pharmacy Law and Ethics  P3 - Spring Semester VI  6 CAS 804 Pharmacy Law and Ethics  Fall Renal (Hilliam) A Practicum V 2 Pauli  6 CAS 805 Pharmacy Law and Ethics  Fall Renarotherapy IV: (Microbiology and Infectious Diseases) 6 Lenhard  6 IPP 808 Introductory Pharmacy Practice Experience IV (Specialty elective) 2 Pauli  6 PRC 810 Longitudinal Practicum V 2 West  Fall & Spring Pharmacy Harmacy Practice Experience IV (Specialty elective) 2 Pauli  6 PRC 810 Longitudinal Practicum V 3 Porter-Fraser  Fall & Spring Pharmacy Practice Experience: Community 6 Eid  Fall & Spring P4 - Fall Semester VII and Spring Semester VIII  7 APP 901 Advanced Pharmacy Practice Experience: Community 6 Eid  7 APP 903 Advanced Pharmacy Practice Experience: Community 6 Eid  8 APP 904 Advanced Pharmacy Practice Experience: Community 6 Eid  8 APP 905 Advanced Pharmacy Practice Experience: Community 6 Eid  8 APP 906 Advanced Pharmacy Practice Experience: Community 6 Eid  8 APP 907 Advanced Pharmacy Practice Experience: Community 6 Eid  8 APP 908 Advanced Pharmacy Practice Experience: Community 6 Eid  8 APP 909 Advanced Pharmacy Practice Experience: Specialty I 6 Eid  8 APP 909 Advanced Pharmacy Practice Experience: Specialty I 6 Eid  8 APP 906 Advanced Ph					
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Year total 36	8	APP 905	Advanced Pharmacy Practice Experience: Specialty I	6	Eid
	8	APP 906	Advanced Pharmacy Practice Experience: Specialty II	6	Eid
Program total credits 147			Year total	36	
			Program total credits	147	

Version date: 9/14/2016 (may be subject to change)

	PBS 601: Cell and Molecular Biology and Biochemistry	PBS 603: Medicinal Chemistry & Physical Phamacy	PBS 605: Biopharmaceutics, Drug Delivery, and Calculations	IPP 607: Introduction to Pharmacy Practice and Professionalism		PBS 602: Patrophysiology & Pharmacology I (Neuro & Psychiatric)	PBS 604: Pharmacokinetics	CAS 606: Biostatistics and Pharmacoepidemiology	CAS 608: Self Care	PRC 610: Practicum II	PBS 701: Pathophysiology and Pharmacology II (CV, Diabetes Mellitus & Thyroid)	CAS 703: Drug Literature Information & Evaluation	CAS 705: Pharmacotherapy I (Neuro & Psychiatric)	IPP 707: Introductory Pharmacy Practice Experience I (Community I)	PRC 709: Practicum III		PBS 704: Pathophysiology & Pharmacology III (Pulmonary, Renal, GI & GU)	===	IPP 708: Introductory Pharmacy Practice Experience II (Community II)	PRC 710: Practicum IV	CAS 801: Pharmacy and the Health Care System	PBS 803: Immunology and Rheumatology	CAS 805: Pharmacotherapy III (Renal; GI; Hematology & Oncology)	IPP 807: Introductory Pharmacy Practice Experience III (Hospital)	PRC 809: Practicum V	CAS 802: Pharmacy Law and Ethics	CAS 804: Pharmacy Management and Economic Principles	CAS 806: Pharmacotherapy IV (Microbiology and Infectious Diseases)	IPP 808: Introductory Pharmacy Practice Experience IV (Specialty elective)	PRC 810: Practicum VI
1. Biomedical Sciences					21 CO	URSE	S			1				P	2 CO	URSES	<u> </u>	П						F	3 COI	JRSES	5			
1.A Biochemistry  Structure, properties, biological functions, applicable kinetics, and metabolic fate of macromolecules essential to life (proteins, lipids, carbohydrates, and nucleic acids).  Application of these concepts to identify endogenous targets for drug therapy and rational drug design strategies.	х					х					x						x						x							
Biostatistics     Appropriate use of commonly employed statistical tests, management of data sets, and the evaluation of the validity of conclusions generated based on the application of those tests to the data sets.								х				х								х										
<b>1.C Human Anatomy</b> Structure of major human body systems at the cellular, tissue, organ, and system level.	х					x					x											×								
<b>1.D Human Physiology</b> Homeostatic function and normal response reactions across the lifespan of non-diseased human cells, organs, and systems.	х					х	x				x						x					х								
<b>1.E Immunology</b> Human immune system components, innate and adaptive immune responses to infection, injury and disease, and augmentation of the human immune system to prevent disease.						х											x					х	х					x		
Medical Microbiology  Structure, function, and properties of microorganisms (bacteria, viruses, parasites, and fungi) responsible for human disease, and rational approaches to their containment or eradication.	х																					х						х		
1.G Pathology/Pathophysiology Basic principles, mechanisms, functional changes and metabolic sequelae of human disease impacting cells, organs, and systems.	х					х	х				x		х				x	х				х	х					х		

	PBS 601: Cell and Molecular Biology and Biochemistry	PBS 603: Medicinal Chemistry & Physical Phamacy	sceutics, Drug Delivery, and Calculations	Pharmacy Practice and Professionalism	PRC 609: Practicum I	rsiology & Pharmacology I (Neuro & Psychiatric)	PBS 604: Pharmacokinetics	istics and Pharmacoepidemiology	CAS 608: Self Care	PRC 610: Practicum II	ogy and Pharmacology II (CV, Diabetes hellitus & Thyroid)	iterature Information & Evaluation	CAS 705: Pharmacotherapy I (Neuro & Psychiatric)	IPP 707: Introductory Pharmacy Practice Experience I (Community I)	PRC 709: Practicum III	CAS 702: Communications	ology & Pharmacology III (Pulmonary, Renal, GI & GU)	CAS 706: Pharmacotherapy II (CV, Diabetes & Pulmonary)	uctory Pharmacy Practice Experience II (Community II)	PRC 710: Practicum IV	CAS 801: Pharmacy and the Health Care System	PBS 803: Immunology and Rheumatology	CAS 805: Pharmacotherapy III (Renal; GI; Hematology & Oncology)	armacy Practice Experience III (Hospital)	PRC 809: Practicum V	CAS 802: Pharmacy Law and Ethics	acy Management and Economic Principles	erapy IV (Microbiology and Infectious Diseases)	armacy Practice Experience IV (Specialty elective)	PRC 810: Practicum VI
	PBS 601: Cell and	PBS 603: Medicin	PBS 605: Biopharmac	IPP 607: Introduction to Pharmacy Pract	id	PBS 602: Pathophysiology & Pha Psychiatric)	PBS	CAS 606: Biostatistics and Pha	0	A.	PBS 701: Pathophysiology and Pharmaco Mellitus & Thyroid)	CAS 703: Drug Literature Inforn	CAS 705: Pharm	IPP 707: Introducte	PR	CAS	PBS 704: Pathophysiology & Pharmac Renal, GI & GU)	CAS 706: Pharmaco	IPP 708: Introducto	PR	CAS 801: Pharn	PBS 803: lm	CAS 805: Pharma∝	IPP 807: Introductory Ph	Я	CAS 802:	CAS 804: Pharmacy	CAS 806: Pharmacott	IPP 808: Introductory Pha	<b>X</b>
2. Pharmaceutical Sciences					P1 CO	URSES									P2 CO	URSES									РЗ СО	URSES				
2.A Clinical Chemistry Application of clinical laboratory data to disease state management, including screening, diagnosis, progression, and treatment evaluation.						х	х				х		х					х					х					х		
2.B Extemporaneous Compounding Preparation of sterile and non-sterile prescriptions which are pharmaceutically accurate regarding drug product and dose, free from contamination, and appropriately formulated for safe and effective patient use. Analysis of the scientific principles and quality standards upon which these compounding requirements are based.			х		x																									
2.C Medicinal Chemistry Chemical basis of drug action and behavior in vivo and in vitro, with an emphasis on pharmacophore recognition and the application of physicochemical properties, structure- activity relationships, intermolecular drug-receptor interactions and metabolism to therapeutic decision-making.		x				x																	x					x		
Descriptions     Descriptions (including prepare prescriptions (including extemporaneously compounded dosage forms) that are therapeutically sound and safe for patient use. Calculation of patient-specific nutritional and drug dosing/delivery requirements.			x		x								x							х			x					x		
2.E Pharmaceutics/Biopharmaceutics  Physicochemical properties of drugs, excipients, and dosage forms important to the rational design and manufacture of sterile and non-sterile products. Application of physical chemistry and dosage form science to drug stability, delivery, release, disposition, pharmacokinetics, therapeutic effectiveness, and the development of quality standards for drug products.			х		х		x																х							
2.F Pharmacogenomics/Genetics Genetic basis for disease and individual differences in metabolizing enzymes, transporters, and other biochemicals impacting drug disposition and action that underpin the practice of personalized medicine.	х	х				×	x				х		x					х				х	х							
2.G Pharmacokinetics Mathematical determination of the rate of drug movement from one therapeutic or physiologic compartment to another. Application of physicochemical and kinetic principles and parameters to therapeutically important issues, such as drug delivery, disposition, therapeutic effectiveness, and beneficial or adverse interactions in general and specific populations.						x	x													х										
Pharmacology     Pharmacodynamics, mechanisms of therapeutic and adverse drug actions and interactions, lifespan-dependent variations in physiology or biochemistry that impact drug action and effectiveness, and application of these principles to therapeutic decision- making.	х	х		х		x	x				x		x					х				х	х					х		
2.I Toxicology  Pharmacodynamics, mechanisms, prevention, and treatment of the toxic effects of drugs and poisons, including poisons associated with bioterrorism.						х					х							х												

3. Social/Administrative/Behavioral Sciences	PBS 601: Cell and Molecular Biology and Biochemistry	PBS 603: Medicinal Chemistry & Physical Pharmacy	PBS 605: Biopharmaceutics, Drug Delivery, and Calculations	IPP 607: Introduction to Pharmacy Practice and Professionalism	PRC 609: Practicum	PBS 602: Pathophysiology & Pharmacology   (Neuro & Psychiatric)	PBS 604: Pharmacokinetics	CAS 606: Biostatistics and Pharmacoepidemiology	CAS 608: Self Care	PRC 610. Practicum II	PBS 701: Pathophysiology and Pharmacology II (CV, Diabetes Mellitus & Thyroid)	CAS 703: Drug Literature Information & Evaluation	CAS 705: Pharmacotherapy I (Neuro & Psychiatric)	IPP 707: Introductory Pharmacy Practice Experience I (Community I)	PRC 709: Practicum III	CAS 702: Communications	PBS 704: Pathophysiology & Pharmacology III (Pulmonary, Renal, Gl & GU)	CAS 706: Pharmacotherapy II (CV, Diabetes & Pulmonary)	IPP 708: Introductory Pharmacy Practice Experience II (Community II)	PRC 710: Practicum IV	CAS 801: Pharmacy and the Health Care System	PBS 803: Immunology and Rheumatology	CAS 805: Pharmacotherapy III (Renal; Gl; Hematology & Oncology)	IPP 807: Introductory Pharmacy Practice Experience III (Hospital)	PRC 809: Practicum V	CAS 802: Pharmacy Law and Ethics	CAS 804: Phamacy Management and Economic Principles	CAS 806: Pharmacotherapy IV (Microbiology and Infectious Diseases)	IPP 808: Introductory Pharmacy Practice Experience IV (Specialty elective)	PRC 810: Practicum VI
<b>3.A Cultural Awareness</b> Exploration of the potential impact of cultural values, beliefs, and practices on patient care outcomes.									x	x				х					x		x			x			x		х	
3.B Ethics Exploration of approaches for resolving ethical dilemmas in patient care, with an emphasis on moral responsibility and the ability to critically evaluate viable options against the needs of patients and other key stakeholders.																				х				х	х	х		х		х
3.C Healthcare Systems Examination of U.S. health systems and contemporary reimbursement models in which patient- centered and/or population-based care is provided and paid for, and how social, political, economic, organizational, and cultural factors influence providers' ability to ensure patient safety and deliver coordinated interprofessional care services.																					х						x			
3.D History of Pharmacy Exploration of the evolution of pharmacy as a distinct profession, the transition from a focus on the drug to a focus on the patient and the drug (including pharmacist-provided patient care), and major milestones and contributors in the evolution of pharmacy.				х																						x				
<b>3.E Pharmacoeconomics</b> Application of economic principles and theories to the provision of cost-effective pharmacy products and services that optimize patient-care outcomes, particularly in situations where healthcare resources are limited.								x													x						x	x		
3.F Pharmacoepidemiology Cause-and-effect patterns of health and disease in large populations that advance safe and effective drug use and positive care outcomes within those populations.								х				х																		
3.G Pharmacy Law and Regulatory Affairs Federal and appropriate state-specific statutes, regulations, policies, executive orders, and court decisions that regulate the practice of pharmacy, including the mitigation of prescription drug abuse and diversion.				x																	х					x				
3.H Practice Management Application of sound management principles (including operations, information, resource, fiscal, and personnel) and quality metrics to advance patient care and service delivery within and between various practice settings.																х									х		x			x
3.1 Professional Communication  Analysis and practice of verbal, non-verbal, and written communication strategies that promote effective interpersonal dialog and understanding to advance specific patient care, education, advocacy, and/or interprofessional collaboration goals. Exploration of technology-based comunication tools and their impact on healthcare delivery, healthcare information, and patient empowerment.						x				х				x		x			x	x				х	х	x	x		х	х
3.J Professional Development/Social and Behavioral Aspects of Practice     Development of professional self-awareness, capabilities, responsibilities, and leadership. Analysis of contemporary practice roles and innovative opportunities, and inculcation of professional attitudes, behaviors, and dispositions.  3.K Research Design				x											x					х	х			х	х		х			х

ACPE 2016 Standards - COP Curriculum Mapping	
Updated January 5, 2017	

Evaluation of research methods and protocol design required to conduct valid and reliable studies to test hypotheses or answer research questions, and to appropriately evaluate the validity and reliability of the conclusions of published research studies.	x							x				x																			
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4. Clinical Sciences	PBS 601: Cell and Molecular Biology and Biochemistry	PBS 603: Medicinal Chemistry & Physical Pharmacy	PBS 605: Biopharmaceutics, Drug Delivery, and Calculations	IPP 607: Introduction to Pharmacy Practice and Professionalism		PBS 602: Pathophysiology & Pharmacology I (Neuro & Psychiatric)	PBS 604: Pharmacokinetics	CAS 606: Biostatistics and Pharmacoepidemiology	CAS 608: Self Care	PRC 610: Practicum II	PBS 701: Pathophysiology and Pharmacology II (CV, Diabetes Mellitus & Thyroid)	CAS 703: Drug Literature Information & Evaluation	CAS 705: Pharmacotherapy I (Neuro & Psychiatric)	IPP 707: Introductory Pharmacy Practice Experience I (Community I)	PRC 709: Practicum III	CAS 702: Communications	PBS 704: Pathophysiology & Pharmacology III (Pulmonary, Renal, GI & GU)	hama	IPP 708: Introductory Pharmacy Practice Experience II (Community II)	PRC 710: Practicum IV	CAS 801: Pharmacy and the Health Care System	PBS 803: Immunology and Rheumatology	CAS 805: Pharmacotherapy III (Renal; GI; Hematology & Oncology)	IPP 807: Introductory Pharmacy Practice Experience III (Hospital)	PRC 809: Practicum V	CAS 802: Pharmacy Law and Ethics	CAS 804: Pharmacy Management and Economic Principles	CAS 806: Pharmacotherapy IV (Microbiology and Infectious Diseases)	IPP 808: Introductory Pharmacy Practice Experience IV (Specialty elective)	PRC 810: Practicum VI
4. Clinical Pharmacokinetics					1100	ONSES						l l			72 00	ONSES	Ī	1	1			l	l	ı	1300	I	l	l		
Application of basic pharmacokinetic principles and mathematical models to calculate safe and effective doses of drugs for individual patients, and adjust therapy as appropriate through the monitoring of drug concentration in biological fluids.											х		х							x			x					х		
4.B Health Informatics Effective and secure design and use of electronic and other technology-based systems, including electronic health records, to capture, store, retrieve, and analyze data for use in patient care, and confidentially/legally share health information in accordance with federal policies.								x				x																		х
4.C Health Information Retrieval and Evaluation Critical analysis and application of relevant health sciences literature and other information resources to answer specific patient-care and/or drug-related questions and provide evidence-based therapeutic recommendations to healthcare providers or, when appropriate, the public.						х		x	х	x		х	х					x		x	x		х		х			х		х
4.D Medication Dispensing, Distribution, and Administration Preparation, dispensing and administration of prescriptions, identification and prevention of medication errors and interactions, maintaining and using patient profile systems and prescription processing technology and/or equipment, and ensuring patient safety. Educating about appropriate medication use and administration.			х											x					х					х		х			x	
4.E Natural Products and Alternative and Complementary Therapies  Evidence-based evaluation of the therapeutic value, safety, and regulation of pharmacologically active natural products and dietary supplements. Cultural practices commonly selected by practitioners and/or patients for use in the promotion of health and wellness, and their potential impact on pharmacotherapy.		х							х					x					х											
4.F Patient Assessment Evaluation of patient function and dysfunction through the performance of tests and assessments leading to objective (e.g., physical assessment, health screening, and lab data interpretation) and subjective (patient interview) data important to the provision of care.										х			х		x			x		x			х		х			х		х
4.G Patient Safety Analysis of the systems- and human-associated causes of medication errors, exploration of strategies designed to reduce/eliminate them, and evaluation of available and evolving error-reporting mechanisms.				x																	x		х	x		х				
4.H Pharmacotherapy Evidence-based clinical decision making, therapeutic treatment planning, and medication therapy management strategy development for patients with specific diseases and conditions that complicate care and/or put patients at high risk for adverse events. Emphasis on patient safety, clinical efficacy, pharmacogenomic and pharmacoeconomic considerations, and treatment of patients across the lifespan.		x						x			х		х		x			x		x		x	x		x			x		х
4.1 Public Health Exploration of population health management strategies, national and community-based public health programs, and implementation of activities that advance public health and wellness, as well as provide an avenue through which students earn certificates in immunization delivery and other public health-focused skills.								x													х									
4.J Self-Care Pharmacotherapy Therapeutic needs assessment, including the need for triage to other health professionals, drug product recommendation/selection, and counseling of patients on non-prescription drug products, non- pharmacologic treatments and health/wellness strategies.									х	х				х					x									х		x



#### **Spring 2016 ELECTIVES**

# PHAR 781AB: Discovery and Development of Drugs for IBD and Rheumatoid Arthritis Dr. Leo Fitzpatrick

The course will focus on drug development and discovery approaches for Inflammatory Bowel Disease (IBD) and Rheumatoid Arthritis (RA). The first block of classes will focus on pre-clinical models used to discover drugs for IBD. A special emphasis will be placed on animal models of IBD. Clinical protocols for both Ulcerative Colitis and Crohn's Disease patients will also be reviewed. The second block of classes will focus on drug discovery for Rheumatoid Arthritis (RA). The anti-inflammatory and analgesic effects of various drugs will be discussed, including DMARD's. Clinical trial methodology for RA will also be discussed. The course will utilize both relevant literature references, as well as real-life experiences of the instructor. Students will be expected to actively participate by way of group presentations, as well as each class participant composing a final drug discovery/development project.

# PHAR 781AI: Special Populations: A Focus on Pediatric and Geriatric Pharmacotherapy Dr Tiffany Kreys

This course will focus on common disease states affecting the pediatric and geriatric population and their management. These specific patient populations require special consideration as a result of their varying pharmacokinetic and pharmacodynamic profiles. Pathophysiological and pharmacological principles of each disease state and their respective treatments will be reviewed. The course will be based on team-led topic presentations and in-class discussion to enhance students' knowledge base and improve oral and written communication skills. Each team will be responsible for presenting an assigned topic and creating an in-class application exercise. Additionally, each student who is not presenting will be responsible for developing questions to ask each presenting team. Class participation points will be based on student engagement with in-class applications and presentation questions.

# PHAR 781B: Introduction to Clinical Toxicology: Poisoning and Drug Overdose Dr Grant Lackey

This course will focus on the pharmacotherapeutic and clinical interventions used in the

management of Poisoning and Drug Overdose. Students will gain understanding of toxicological disease state management through the interpretation of case reports, laboratory findings, application of pharmacologic principles and evidence based guidelines. These principles will be emphasized in reading assignments, assigned applications, and in class discussion. Relevant updates in clinical research and practice recommendations will also be discussed. Team based and evidence based patient case discussion and patient pharmacotherapeutic treatment plan recitation will be applied throughout the course.

### PHAR 781AG -Personalized Medicine Dr James Jin

This course describes the basic concepts of personalized medicine and molecular diagnostic, as well as therapeutic methods in personalized medicine. It outlines genetic and non-genetic factors in personalized medicine and indicates personalized drug therapy in cardiovascular disease, cancer, and neurological disorders. Personalized medicine is an evolving science to provide treatment as individualized as the disease. It integrates personal genomic and clinical information, as well as drug information that allows accurate predictions about a person's susceptibility to disease and treatment. After this course, students will be able to describe better-targeted therapies and methods to reduce probability of adverse effects. This course is taught in teambased learning (TBL) form, student presentation, case report, and assignment.

# PHAR 781P: Drug Discovery and Development Dr Parto Khansari

To protect public health, the federal food and drug administration (FDA) agency requires a set of pre-clinical and clinical data to approve a new drug. This course will cover the procedures and the structure of drug discovery and development from preclinical candidate selection to the new drug application (NDA) approval and the post marketing surveillances.

#### Fall 2016 Electives

# ELC 851 - Demystifying Formulary Decisions: an Evidence-Based Approach Dr Eugene Kreys

This course is intended to allow students to gain experience of the formulary management process. The Pharmacy and Therapeutics (P&T) Committee is responsible for developing, and administering the formulary system, a process through which policies ensuring medically appropriate and cost-effective use of drug treatment are implemented. Formularies are ubiquitous in our healthcare system and are utilized in acute as well as chronic care settings, by payers and providers, practicing within both the public and private sector. Pharmacists play a central role on the P&T committee and must have a keen understanding how to evaluate clinical and economic evidence and subsequently translate that evidence into real life clinical practice. This class will give students an opportunity to hone in on a verity of skills including critical analysis of medical evidence, monograph development, presentation skills.

#### ELC 853 - Preventing the Misuse & Abuse of Prescription Medications Dr Jennifer Courtney

This course is designed to raise awareness among the students about the misuse and abuse of prescription medications. Students will develop knowledge and understanding of drugs and substances of abuse, how to promote appropriate use of controlled substances, and minimize their abuse and diversion.

#### ELC 855 - Advanced Cardiology Dr. Diana Cao & Dr. Tony Eid

The goal of the Advanced Cardiology elective is to expand the students' knowledge of cardiovascular pharmacotherapy and to solidify the understanding of evidence-based cardiology. This course will provide an opportunity for students to practice literature evaluation skills on various cardiology topics. Students will integrate disease state knowledge with journal club presentations. This course is offered to students who have successfully completed PHAR 752.

#### ELE 857 - Advanced Neuropharmacology (Khansari & Clark)

The course introduces classical, emerging, and cutting-edge topics in neuropharmacology. It provides an opportunity for students to gain an in-depth understanding of the molecular mechanisms recognized as potential drug targets in the CNS, as well as exploring emerging therapies utilizing evolving knowledge in neuropharmacology. Each team will develop an indepth, TBL-style journal club presentation to lead the class on an important topic in neuropharmacology.



### **Course Syllabus for:**

Course ###: Course Name

#### Course Unit Value: ##

Per the Credit Assignment Policy one unit of credit equals one hour of instruction for didactic courses each week per semester; for classes containing lab work such as simulation or compounding, one unit of credit is equal to two hours each week. Thus, a one unit practicum which includes a mixture of didactic and hands-on activities may range from 15 to 30 hours per semester.

Maximum Enrollment: (if applicable)

#### **Calendar of Important Dates:**

#### **Course Coordinator, Instructors and Contact Information**

#### Dr. First M. Last, Credentials (Coordinator)

Room: Faculty Office Complex – Room #

Phone: 916-###-####

E-mail: \_\_\_\_\_@cnsu.edu

Office hours: 0:00 xm to 0:00 xm (or by appointment)

#### <u>Dr. First M. Last, Credentials (Instructor)</u> (if applicable, otherwise remove)

Room: Faculty Office Complex - - Room #

Phone: 916-###-####

E-mail: @cnsu.edu
Office hours: 0:00 xm to 0:00 xm

#### **Classroom and Meeting Times**

Room: Classroom 261 – 1<sup>st</sup> Floor | Classroom 262 – 2<sup>nd</sup>Floor | Classroom 263 – 1<sup>st</sup> Floor

Time: 0:00 xm to 0:00 xm MON, TUES, WED, THUR, FRI

0:00 xm to 0:00 xm MON, TUES, WED, THUR, FRI (remove additional line if not needed)

#### **Course Description**

Text (this will be used to update the Course Catalog each year)

**Prerequisite Courses** (List all CNUCOP courses that must be successfully completed prior to taking this course, or co-requisites, in the case of practicums, which must be completed concurrently.)

PBS/CAS/IPP/PRC XXX: Course Name

(please reference the new (Fall 2016) course catalog number to ensure the current/correct course names and course numbers are used)

#### **Prerequisite Knowledge**

Text - Knowledge of material that faculty expects students to know, appropriate SLO# from the prerequisite course.

#### Required Textbook(s) and Material(s) (consult with Scott Minor for edition updates)

- 1. Text
- 2. Text

### Optional Textbook(s) and Material(s) (if applicable, otherwise remove)

- 1. Text
- 2. Text

#### Web Links (if applicable, otherwise remove)

- 1. Text. <a href="http://www.">http://www.</a>
- 2. Text. <a href="http://www.">http://www.</a>

#### **Technology**

- 1. Computer-assisted instruction (Clickers) and SCANTRON Sheets
- 2. Web-based course management (CANVAS)
- 3. Computer-assisted assessment (ExamSoft)
- 4. Audio/Video recordings and demonstrations where applicable

#### **Evaluation Components**

In keeping with the Team Based Learning (TBL) approach, grades will be determined as follows:

Individual Components	70%
Text	%
Text	%
Team Components	30%
Text	%
Text	%
Peer Evaluation	%

#### **GRADING**

All students must demonstrate minimal individual competency. Therefore, students earning less than 70% on the total Individual component score will not have team component scores added to calculate their final course grade. During the course, students who score less than 70.0% on individual components may be subject to periodic course content review and may receive an Academic Alert.

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Revised 12-12-2016

In order to progress from one semester to the next, students must pass all courses with a letter a grade of C or higher and maintain a minimum cumulative grade point average (GPA) of 2.0. The breakdown for assignment of letter grades and grade points for each letter grade are as follows:

90.0-100% A 80.0-89.9% B 70.0-79.9% C - Pass 60.0-69.9% D - Requiring remediation Below 60.0% F - Fail Incomplete I

#### Incomplete

During a semester, a student may not complete all required assignments and/or examinations due to extenuating circumstances, such as, but not limited to, an illness or a family emergency. In such a case, the course coordinator may give a grade of Incomplete for the course. The course with the incomplete grade has to be completed successfully within the time frame as being defined by the student's academic plan.

#### **Core-Course Policies**

All students are required to adhere to the Academic Policies that impact on student progression and conduct while attending the Pharm D program, including the following: Academic Progression Policy, Excused Absence Policy, Exam Policy, Course Grade Appeal Policy, Course Add/Drop Policy and Attendance Policy. Refer to the current Student Handbook for the detailed policies.

#### Course Specific Policies (if applicable, otherwise remove)

List any course specific policies or coordinator expectations <u>in addition</u> to the core-course policies listed above, particularly those impacting participation, student conduct, and procedures for missed assessments. These policies should be reviewed and approved by the department chair and curriculum committee prior to implementation.

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Revised 12-12-2016

## **Appendix 7**

## **Topics and Schedule**

(Subject to change. Updates will be posted to CANVAS and announced by email)

Include all dates, topics, reading assignments (be specific), exams, labs, OSCEs, holidays, other important dates/times in your calendar. Any <u>required</u> time outside of normal class hours must be included in your course calendar and calendar of important dates.

#### **Course Learning Outcomes**

No.	Learning Outcome	CNUCOP PLO <sup>a</sup>	CNUCOP ILO	ACPE Required Elements <sup>b</sup>	Learning Hierarchy <sup>c</sup>	Assessment Method <sup>d</sup>

<sup>&</sup>lt;sup>a</sup> CNUCOP (2012-present) Program Learning Outcomes (P1-5), Institution Learning Outcomes (I1-6)

### **Teaching/Learning Methodology**

- 1. Team-based learning (TBL) class discussions
- 2. Learning Activities:
  - a. Text
  - b. Text

<sup>&</sup>lt;sup>b</sup> ACPE Required Elements as listed in ACPE Standards and Guidelines Appendix 1

<sup>&</sup>lt;sup>c</sup> Learning Hierarchy based on Bloom's Taxonomy with 1=Memorization and/or Comprehension; 2=Application and/or Analysis; 3=Synthesis and/or Evaluation.

<sup>&</sup>lt;sup>e</sup> Suggestions include (but not limited to) iRAT=Individual Readiness Assurance Test; tRAT=team Readiness Assurance Test; MT=Midterm Exams; BAT=Application Exercises; SOAP=SOAP Notes; Essay=short answer explanation; RUB=Rubrics; PRES=Presentation; PROJ=Projects; LAB=Simulation Lab.

## **INSERT RUBRICS FOR CLOS HERE**

## Rubric

Indicators	Initial	Developing	Developed	Proficient

#### Faculty and Curriculum Plan for IPE Pharmacy and Nursing Simulation March 10, 2016

#### **Faculty**

Nursing 5/ Pharmacy 5 (May be 2 Faculty from each profession and 3 Senior TAs or Sim LAs)

- 1 Nurse and 1 Pharmacy per group for co-debriefing
- 1 Pharmacy faculty to lead classroom case study
- 1 Nurse to run lab; organize/time management

Sim Lab Assistants: Minimum of 11: (3 included in faculty count above)

- 2 as standardized patients
- 2 Nursing Sr. LAs to lead debriefing with pharmacy faculty;
- 1 Nursing Sr. LA to run rotations; time keeping; organize second group coming in for section 2
- 4 to run simulation equipment

CASE: IPE Pharmacy/Nursing: Leslie Donald CHF

Simulation Labs: 4 HF rooms with streaming/debriefing rooms (2 HF, 2 Standardized Patients) CHF case

Debriefing: 15 blue chairs; 3 dry erase pens, white large Postit paper on white board; CHF case phase 1-3

Classroom: Seats for 110 to do group work (FH session 1 1029; Session 2 Upstairs open area SoN)

#### **Arrival Time:**

Faculty: 630 early session; 1030 late session

Students:

Early Session 715-1025 (AKA HORNETS) (odd section/team numbers)

Assigned to Nursing Sections 3,5,7,9

Assigned to Pharmacy Teams 1,3,5,7,9,11,13,15,17,19,21

Late Session (AKA LIONS) 1115-1425 (even section/team numbers)

Assigned to Nursing Sections 2,4,6,8

Assigned to Pharmacy Teams 2,4,6,8,10,12,14,16,18,20

#### **Team Formation:**

Total Students: 220: Subdivide into two Sessions: Session One HORNETS from 0715-1025 and Session 2 LIONS from 1115-1425. The sequence used for HORNETS is repeated for LIONS:

Each session will have Pharmacy 60 students and 40 Nursing = 100 total students Each session is subdivided into 2 groups: HORNET A (50 students) and HORNET B (50 Students)

#### HORNET A Simulation first, then classroom case; HORNET B classroom case first, then simulation

#### **Creating Simulation/Classroom Groupings:**

HORNET A and HORNET B are subdivided into 4 Groups (each group has 13-14 students). Each Group is assigned to a specific simulation lab that correlates with their Group number (1-4). Groups are further subdivided into a Red, White, or Blue teams (each team has 4-5 students: 3 pharmacy and 1-2 nurses)

Red Team: Phase 1 of Case (Pharmacy 3; Nursing 2)

White Team: Team: Phase 2 of Case (Pharmacy 3; Nursing 2)

Blue Team: Phase 3 of Case (Pharmacy 3; Nursing 1)

Classroom Case: Students involved in TBL Case Study facilitated by 1 faculty member

#### **Curriculum Plan:**

Assessment and Management of the Patient with 2 year history of CHF. Teams will work with the same patient scenario as the patient progresses through the following hospital course:

- 1. Case Phase 1: Acute exacerbation of CHF requiring hospitalization with diuretic therapy and management of fluids/labs.
- 2. Case Phase 2: Development of sepsis; source UTI due to foley catheter; develops low BP, requires fluids and antibiotics; cultures and lab trending of WBC and bands.
- 3. Case Phase 3: Resolution of infection; medication reconciliation, discharge planning for optimal CHF management.

#### **Information to Students and Rotations**

WELCOME TO IPE SIMULAITON! We will be working in teams to address the care needs of a patient coming into the Emergency Department for exacerbation of congestive heart failure. The details of our patient's case are below. The goal of this IPE collaboration is to learn about the role of other professionals on the health care team and explore the resources and expertise each profession brings to caring for patients. As faculty we have learned extensively from each other in creating this learning experience for you, and hope that you also enjoy learning from one another. We are a large group, so the schedule is a little complicated. We have listed it for you below, but will guide you that morning to get into groups.

#### **Arrival Time:**

Early Session 715-1025

Assigned to Nursing Sections 3,5,7,9

Assigned to Pharmacy Teams 1,3,5,7,9,11,13,15,17,19,21

Late Session 1115-1425

Assigned to Nursing Sections 2,4,6,8

Assigned to Pharmacy Teams 2,4,6,8,10,12,14,16,18,20

Please plan to arrive 15 minutes prior to your assigned time to begin forming teams.

#### Location:

Address: 7667 Folsom Blvd (Nursing Campus)

Room: Folsom Hall Room 1029

Parking: If you do not have a parking pass, please purchase a parking pass at the yellow kiosk on the west side of the building, bring \$6 in dollar bills for the machine. We encourage you to carpool.

#### Dress:

Please dress as is you were entering a hospital clinical service. Nursing should wear green clinical uniform. Pharmacy should wear white coats (experiential education dress code applies). All students should wear name badges.

#### **Team Formation:**

Total Students: 220: Subdivide into two Sessions: Session One HORNETS from 0715-1025 and Session 2 LIONS from 1115-1425. The sequence used for HORNETS is repeated for LIONS:

Each session will have Pharmacy 60 students and 40 Nursing = 100 total students Each session is subdivided into 2 groups: HORNET A (50 students) and HORNET B (50 Students) or LION A (50 students) and LION B (50 Students)

#### **HORNET SESSION 0715-1025**

0715-0745: Folsom Hall 1029 All students in Group Session for orientation/team formation/case discussion/share contact information. (Odd numbered Nursing Clinical Sections and Pharmacy Teams)

#### 0750-0905

#### **HORNET A** Simulation Lab

Time:	Sim 1	Sim 2	Sim 3	Sim 4
	Group 1	Group 2	Group 3	Group 4
0750-0815	Red 1	Red 2	Red 3	Red 4
0815-0840	White 1	White 2	White 3	White 4
0840-0905	Blue 1	Blue 2	Blue 3	Blue 4

<sup>\*</sup>When your group is not listed under Sim time you will be in the streaming room observing.

**HORNET B** Classroom Case 1029.

0910-1025

#### **HORNET B** Simulation Lab

Time:	Sim 1	Sim 2	Sim 3	Sim 4
	Group 1	Group 2	Group 3	Group 4
0910-0935	Red 1	Red 2	Red 3	Red 4
0935-1000	White 1	White 2	White 3	White 4
1000-1025	Blue 1	Blue 2	Blue 3	Blue 4

<sup>\*</sup>When your group is not listed under Sim time you will be in the streaming room observing.

**HORNET A** Classroom Case 1029

#### **Break for Lunch 1025-1110**

## **LIONS SESSION 1115-1425**

1115-1145: Folsom Hall 1029 All students in Group Session orientation/team formation/case discussion/share contact information. (Even numbered Nursing Clinical Sections and Pharmacy Teams)

#### 1150-1305

#### **LION A** Simulation Lab

Time:	Sim 1	Sim 2	Sim 3	Sim 4
	Group 1	Group 2	Group 3	Group 4
1150-1215	Red 1	Red 2	Red 3	Red 4
1215-1240	White 1	White 2	White 3	White 4
1240-1305	Blue 1	Blue 2	Blue 3	Blue 4

<sup>\*</sup>When your group is not listed under Sim time you will be in the streaming room observing.

LION B Classroom Case 1029 or LION A Classroom (open space 2<sup>nd</sup> floor Nursing FH)

#### 1310-1425

#### **LION B** Simulation Lab

Time:	Sim 1 Group 1	Sim 2 Group 2	Sims 3 Group 3	Sim 4 Group 4
1310-1335	Red 1	Red 2	Red 3	Red 4
1335-1400	White1	White 2	White 3	White 4

1400-1425   Blue 1   Blue 2   Blue 3   Blue 4
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\*When your group is not listed under Sim time you will be in the streaming room observing.

LION A Classroom (open space 2<sup>nd</sup> floor Nursing FH)

#### Student Preparation and Expectations for Interprofessional Education and Simulation:

- 1. Please review the readiness assignments.
- 2. Review the Case History below for each phase and think about how to work together in a team to care for this patient. Prepare for the anticipated problems associated with the case.
- 3. When you arrive to the IPE session, talk as a team about the case and your roles in care. Make a preliminary plan before entering the simulation room for how to deliver care and communicate.
- 4. When in the simulation, be sure to review your intended interventions with your Nursing/Pharmacy Team prior to calling the Physician.
- 5. To place an order or make a recommendation to the physician, you can say "Call the Physician" loudly. Make sure you have completed a team discussion and select one person to speak. Talk loudly so that those in streaming can hear clearly. Where possible, use SBAR communication technique.
- 6. You may ask for additional information if it is not in the chart, or accessible in the room by asking the "Voice of Guidance" and then asking your question. Speak out loudly and clearly.
- 7. In debriefing use the white board to record case actions with feedback and discussion points. If you are observing, use the "Plus (well done) and Delta (suggest change)" format to organize feedback.

#### **OUR PATIENT**

#### **Patient Background:**

Mrs. Leslie Donald is a 63 yo widow who cares for herself and lives alone in her own home. She is very active. She plays golf twice weekly and travels. She has a grown daughter in the area who she sees frequently and 2 grandchildren. She has had a diagnosis of SHF (EF 36%) for 2 years.

#### Home medications:

Daily vitamin po daily "I take every day"

Lasix 20 mg po daily "I ran out of that one 4 days ago"

K-lor 20 mEq po daily "Is that the little white one? Not sure if I have that anymore"

Metoprolol 25mg po daily "My doctor told me to take this one twice a day now"

Co-Q10 1 tab daily "I just started that one for my heart, my daughter is a nutritionist

and told me it can help"

Amlodipine 5mg PO daily "I just stated that one 2 weeks ago. I don't like it. It makes my ankles swell"

Allergies: I had a bad rash to a sulfa antibiotic 20 years ago

#### Case Scenario:

Medical team is caring for 63 year old female patient with a history of SHF who presents to the emergency room with complaints of SOB. "I think that my heart is flaring up again"

#### **Simulation Case Progression and Team roles:**

This is a 3 stage unfolding case study in simulation that includes and ER phase, Medical Telemetry phase, and a discharge home phase. Students from Pharmacy and Nursing are to collaborate together to manage the care of the patient including assessment information, medication review and recommendations, and discharge planning.

#### **Classroom TBL Case:**

When you are not in the Simulation IPE you will be in a Team Based Learning classroom case discussion. The case will be distributed in class. Please bring your resources to investigate the patient's diagnosis and manage the nursing care and medications.

# 2016 - PRECEPTOR SURVEY SUMMARY REPORT FOR CALIFORNIA NORTHSTATE UNIVERSITY

Total number of responses: 34/958

Response Rate: 3.50%

# **Section I: Demographic Questions**

#### 1. Sex:

	Response Percent	Response Total
Male	41.2%	14
Female	58.8%	20
Prefer not to respond	0.0%	0

#### 2. Number of years as a licensed pharmacist:

	Response Percent	Response Total
1 to 5	23.5%	8
6 to 10	8.8%	3
11 to 15	11.8%	4
More than 15	55.9%	19
Not a licensed pharmacist	0.0%	0

#### 3. My practice setting is best described as:

	Response Percent	Response Total
Acute care	26.5%	9
Ambulatory care	11.8%	4
Academia	0.0%	0
Community pharmacy	29.4%	10
General medicine	5.9%	2
Industry	0.0%	0
Managed Care	5.9%	2
Other; please specify:	20.6%	7

#### 4. I precept students in:

	Response Percent	Response Total
Introductory pharmacy practice experiences (Introductory practice experiences occur prior to the final professional year of the curriculum and can include activities such as shadowing, interviewing patients, and service learning).	14.7%	5
Advanced pharmacy practice experiences. (Advanced practice experiences should involve direct patient care and most commonly form the core of the final professional year of the curriculum)	32.4%	11
Both introductory and advanced pharmacy practice experiences	52.9%	18

#### 5. Degree/Postgraduate Training (check all that apply):

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Response Percent	Response Tota

B.S. Pharm	Multiple Answers Entered	8
Pharm.D.	Multiple Answers Entered	27
Master's; please specify:	Multiple Answers Entered	5
Other professional Doctorate (JD, M.D., D.D.S.)	Multiple Answers Entered	0
Ph.D.	Multiple Answers Entered	1
Residency	Multiple Answers Entered	7
Fellowship	Multiple Answers Entered	3
Other; please specify:	Multiple Answers Entered	4

#### 6. Number of years serving as a preceptor for this college/school:

	Response Percent	Response Total
Less than 1	23.5%	8
1 to 3	29.4%	10
4 to 6	29.4%	10
7 to 10	5.9%	2
More than 10	11.8%	4

#### 7. Number of students directly precepted for this college/school over this past academic year.

	Response Percent	Response Total
Less than 3	55.9%	19
3 to 5	26.5%	9
6 to 10	11.8%	4
More than 10	5.9%	2

# 8. I precept students from \_\_\_\_ college/school(s).

	Response Percent	Response Total
1	20.6%	7
2	32.4%	11
3	17.6%	6
More than 3	29.4%	10

# **Section II: Communication**

Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
I know the process for documenting and addressing student performance.	61.8% (21)	38.2% (13)	0.0% (0)	0.0% (0)	0.0% (0)
10. I receive the results from students' evaluations of my rotation.	26.5% (9)	35.3% (12)	17.6% (6)	11.8% (4)	8.8% (3)
11. I know how to utilize the process that exists within the college/school to effectively manage academic misconduct (e.g., plagiarism) by students.	29.4% (10)	52.9% (18)	11.8% (4)	2.9% (1)	2.9% (1)
12. I know how to utilize the process that exists within the college/school to effectively manage professional misconduct (e.g., repeated tardiness/absences, drug diversion) by students.	29.4% (10)	52.9% (18)	8.8% (3)	5.9% (2)	2.9% (1)
13. I know how to utilize college/school policies dealing with harassment and discrimination.	32.4% (11)	26.5% (9)	35.3% (12)	0.0% (0)	5.9% (2)
14. I am aware of the mechanism to provide feedback to the college/school.	47.1% (16)	47.1% (16)	5.9% (2)	0.0% (0)	0.0% (0)
15. The criteria for evaluating my performance as a preceptor are clear.	32.4% (11)	47.1% (16)	11.8% (4)	8.8% (3)	0.0% (0)

# **Section III: Curriculum**

Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
16. The specific learning expectations for the student have been clearly defined for my rotation(s).	55.9% (19)	44.1% (15)	0.0% (0)	0.0% (0)	0.0% (0)
17. The assessment tools provided to me for my site are suitable for measuring student performance.	47.1% (16)	41.2% (14)	8.8% (3)	0.0% (0)	2.9% (1)
18. I know how to use the assessment tools provided to measure student performance.	50.0% (17)	47.1% (16)	2.9% (1)	0.0% (0)	0.0% (0)

#### Domain 1: Foundational Knowledge

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
19. Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provision of patient care.	32.4% (11)	58.8% (20)	5.9% (2)	0.0% (0)	2.9% (1)
20. Apply knowledge from the clinical sciences to the provision of patient care.	35.3% (12)	52.9% (18)	2.9% (1)	2.9% (1)	5.9% (2)
21. Evaluate scientific literature.	32.4% (11)	58.8% (20)	2.9% (1)	2.9% (1)	2.9% (1)

#### **Domain 2: Essentials for Practice**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
22. Provide medication expertise as part of patient-centered care.	32.4% (11)	52.9% (18)	8.8% (3)	0.0% (0)	5.9% (2)
23. Optimize the safety and efficacy of medication use systems (e.g., dispensing, administration, effects monitoring) to manage patient healthcare needs.	32.4% (11)	52.9% (18)	8.8% (3)	0.0% (0)	5.9% (2)
24. Design strategies to manage chronic disease and improve health and wellness.	29.4% (10)	50.0% (17)	11.8% (4)	0.0% (0)	8.8% (3)
25. Assess the health needs of a given patient population.	29.4% (10)	47.1% (16)	8.8% (3)	2.9% (1)	11.8% (4)
26. Provide patient-centered care based on evidence-based practices.	32.4% (11)	47.1% (16)	11.8% (4)	0.0% (0)	8.8% (3)

#### **Domain 3: Approach to Practice and Care**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
27. Design, implement and evaluate viable solutions to patient care problems.	26.5% (9)	55.9% (19)	11.8% (4)	0.0% (0)	5.9% (2)
28. Use effective strategies to educate patients, healthcare professionals and caregivers to improve patient care.	32.4% (11)	44.1% (15)	14.7% (5)	0.0% (0)	8.8% (3)
29. Advocate for the patient's best interest.	32.4% (11)	44.1% (15)	11.8% (4)	0.0% (0)	11.8% (4)
30. Engage as a member of an interprofessional healthcare team.	44.1% (15)	47.1% (16)	5.9% (2)	0.0% (0)	2.9% (1)
31. Identify cultural disparities in healthcare.	32.4% (11)	47.1% (16)	8.8% (3)	2.9% (1)	8.8% (3)
32. Recognize and address cultural disparities in access to and delivery of health care.	23.5% (8)	58.8% (20)	8.8% (3)	0.0% (0)	8.8% (3)

33. Effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups and organizations.	35.3% (12)	50.0% (17)	11.8% (4)	0.0% (0)	2.9% (1)
interacting with individuals, groups and organizations.					

#### **Domain 4: Personal and Professional Development**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
34. Examine and reflect on how their behavior and choices affect their personal and professional growth.	32.4% (11)	55.9% (19)	5.9% (2)	0.0% (0)	5.9% (2)
35. Accept responsibility for creating and achieving shared goals.	35.3% (12)	50.0% (17)	8.8% (3)	0.0% (0)	5.9% (2)
36. Develop new ideas and approaches to practice.	26.5% (9)	52.9% (18)	11.8% (4)	0.0% (0)	8.8% (3)
37. Act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers and society.	44.1% (15)	44.1% (15)	8.8% (3)	0.0% (0)	2.9% (1)

# Section IV: Resources/Support

Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
38. I have ongoing contact with the Office of Experiential Education.	41.2% (14)	41.2% (14)	8.8% (3)	0.0% (0)	8.8% (3)
39. I receive needed support from the Office of Experiential Education.	41.2% (14)	35.3% (12)	5.9% (2)	2.9% (1)	14.7% (5)
40. The student-to-preceptor ratios at my site are appropriate to maximize learning.	52.9% (18)	38.2% (13)	2.9% (1)	2.9% (1)	2.9% (1)
41. The college/school has an effective continuing professional development program for me that is consistent with my preceptor responsibilities.	44.1% (15)	44.1% (15)	2.9% (1)	2.9% (1)	5.9% (2)
42. There are adequate facilities and resources at the practice site to precept students.	38.2% (13)	47.1% (16)	8.8% (3)	2.9% (1)	2.9% (1)
43. The college/school provides me with access to library and educational resources.	41.2% (14)	38.2% (13)	8.8% (3)	5.9% (2)	5.9% (2)



Policy Number: 5101 Approved PEC: March 2016 ACADEMIC AFFAIRS

#### **Academic Progression Policy**

#### I. POLICY STATEMENT

The College of Pharmacy (COP) at California Northstate University (CNU) has a rigorous academic progression policy to ensure students' progress through the curriculum in a timely manner and to ensure they become effective and safe practitioners. The typical curriculum schedule is found in the student handbook.

#### II. PURPOSE

The purpose of the policy is to ensure students reach and maintain high standards of learning throughout their time at COP and accomplish all course learning objectives. A grade of D or below in a course indicates a lack of understanding of the fundamental concepts of the course material necessary for progression. The policy is intended to allow students opportunity to remediate or repeat when they do not pass a course first time. A student must complete the program within 5 years (60 calendar months) from the time they registered and attended their first core course.

#### III. SCOPE/COVERAGE

This progression policy applies to all students (didactic and experiential) in the PharmD program in 2016 onwards.

#### IV. DEFINITION OF SATISFACTORY ACADEMIC PROGRESSION

For a student to successfully progress through the COP PharmD program they must pass all courses each semester with at least a grade of C <u>and</u> maintain a minimum grade point average (GPA) of 2.0. Students will only have the opportunity to remediate a maximum of four courses throughout the didactic Program; hence more than 4 D grades will result in dismissal. Failing more than two courses in one semester will also result in dismissal. Students will not be allowed to take a course if prerequisite course(s) have not been passed. The consequence if a student earns a letter grade lower than C in any course in the curriculum, is shown in the Table A.



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#### Table A

Letter grades in a semester	Consequence
1 or 2 Ds	Remediate all courses graded D; optional Academic Probation if remediation is unsuccessful
3 or 4Ds	Remediate all courses graded D; mandatory Academic Probation if remediation is unsuccessful in three or more courses
5 or more Ds	Dismissal
1 or 2 Fs	Repeat both failed course(s); mandatory Academic Probation
3 or more Fs	Dismissal

Students will only be allowed to remediate a maximum of 4 courses in any one semester and over the duration of the PharmD program; further Ds will result in dismissal; students will be dismissed if cumulative GPA falls below 2.0; the GPA will be calculated on completion of remediation; failed courses must be repeated; a failed course can only be repeated once.

#### V. REMEDIATION

In the event of a student receiving a D or F grade in a course the instructor will complete a Remediation Form which will be used to notify Instructors of a student's eligibility to remediate or repeat a course. Eligibility is determined by the Office of Academic Affairs based on the number of courses where an F or D grade is achieved in a semester. If eligible, Instructors will make arrangements with the student to remediate (see section next on 'remediation').

- a. Remediation will consist of taking a comprehensive remedial examination that covers the material presented throughout the course. Only a course grade of D is eligible for remediation. A course grade of F must be repeated next time it is offered.
- b. The format of the remediation examination is at the discretion of the course coordinator.
- c. Preparation for remedial examinations 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) as the student and instructor(s) feel necessary for the student to gain a fundamental understanding of the course material.
- d. Satisfactory mastery of the material will be decided by the course coordinator/director/instructor But, generally will be a score of at least 70 percent on the comprehensive remedial examination.



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- e. Remediation must be completed within 10 business days after the last exam to ensure timely submission of grades to the Registrar. Failure to remediate within this timescale will result in dismissal, unless there are exceptional circumstances making remediation within this time frame impossible.
- f. Faculty will report A grade of C to the Registrar for the course for which the remedial comprehensive examination was satisfactorily completed.
- g. The grade of C earned as a result of passing the remedial examination will be used in the calculation of the student's cumulative GPA. A minimum cumulative GPA of 2.0 must be maintained even if remediation is successful.
- h. If the course is not successfully remediated, the initial D recorded for the course will remain on the transcript and be used in the calculation of the student's GPA.
- i. Any student who fails remediation will be offered the choice of a 5-year plan but Academic Probation (a 5-year plan) will be mandatory for those who unsuccessfully remediate 3 or more courses, and for students who achieve 1 or 2 F grades in one semester.
- J. Remediation is not a substitute for lack of full course participation. To be eligible for remediation a student must have taken all exams, course assessments, and any graded activities (unless excused absences for these have been permitted).

### Academic probation ("five-year plan")

If a student fails a course, or if remediation of a D in three or more courses is unsuccessful, the Office of Academic Affairs will automatically place the student on academic probation and notify them in writing of the action. When a student has been placed on academic probation the following apply:

- a. Academic Probation means a student is placed on a five-year schedule to complete the program. The program must be completed within five <u>consecutive</u> years of the date of the first day the student begins the program.
- b. A student on Academic Probation will not be allowed to progress to any course that requires the unsuccessfully completed course as a prerequisite.



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- c. Within one week of the date that the student receives notification of his/her academic probation, the student will meet with the Office of Academic Affairs, or designated individual, to discuss their academic probation and to develop their 5-year academic plan.
- d. Once the plan has been agreed the Office of Academic Affairs (or designated individual) will draw up documentation outlining details of the academic plan, which the student must sign. Failure to sign will mean the student will not be allowed to continue in the program. A copy of the plan will be shared with the Office of the Registrar, the Business Office, and the Office of Experiential Education.
- e. While on academic probation the student may not hold office in any College or University organization.
- f. In the case of a failed course, the student must successfully pass the course the next time it is offered to continue on the Program.
- g. A student who achieves a grade of F in any course may repeat the course only once. Thus, failure to pass a repeated course will result in dismissal from the program.

### Incomplete or withdrawal from a course

- **a.** During a semester, a student may withdraw or fail to complete all required assignments and/or examinations due to extenuating circumstances, such as, but not limited to, an illness or a family emergency. In such cases, the course coordinator may give a grade of Incomplete for the course.
- b. All missed assignments and exams must normally be completed within 10 business days after the end of the semester in which the Incomplete was received, or within a timeframe determined by the course coordinator. Failure to successfully complete the course will result in an earned F grade for the course and placement on Academic Probation.
- c. Withdrawal from a course must first be approved by the course coordinator and the Office of Academic Affairs. Where a student has had to withdraw from a course a grade of W will be applied and the student will have to repeat the course next time it is offered.



Policy Number: 5101 Approved PEC: March 2016 **Academic Affairs** 

#### Dismissal

A student may be dismissed from CNUCOP if any of the following conditions exist and the Professional and Academic Standards Committee determines that dismissal is warranted:

- a. Failure to meet any terms of *Remediation* or *Academic Probation*
- b. Conduct subject to dismissal as described in the Honor Code section of the Student Handbook
- c. Foregoing an academic semester without obtaining an approved leave of absence
- d. Failure to complete the degree requirements in five consecutive academic years from the date of the first day the student begins the program.

### **Appeal of Dismissal**

Students dismissed from the College may appeal the decision in writing within thirty (30) calendar days of notification of dismissal to the Dean of the College. The Dean will render a decision in writing within 15 calendar days of receipt of the formal written appeal. The Dean's decision is final.

#### **IPPES and APPES**

A failed IPPE or APPE cannot be remediated except by retaking the rotation. If the IPPE or APPE is not successfully remediated the student will be dismissed from the program. If more than one Block is failed the student will be dismissed. Having to retake an IPPE may delay entry into the fourth year of the program, while having to retake an APPE block may delay graduation from the program.

Students should refer to the EEP Handbook for specific requirements regarding progression through IPPEs and APPEs.

#### **Associated Forms:**

Academic Alert form Removal from Academic Alert form Academic Remediation form

### **Approval Record:**

APPROVED COP: February 2016 APPROVED PEC: March 2016

REVIEW: every 2 years (or more often if required)

#### **Course Learning Outcomes Report**

#### **Assessment of Student Learning**

CNUCOP regularly assesses student learning across all five levels of assessment (student, course, class, program, and institution). This assessment process measures and documents achievement of Course Learning Outcomes (CLOs) at each of the assessment levels. This outcomes' assessment process is being used to gather the baseline data needed for review in order to improve curricula, instructional effectiveness, and student learning at the course, program, and institutional levels.

- •Stage One: Meet with faculty to help them determine appropriate assessments for CLOs; keep this process simple by helping them identify what they are already doing naturally in their classes.
- •Stage Two: Retrieve and compile these data through specific exam questions, from rubrics used to grade student work, etc.
- •Stage Three: Display the results at the corresponding proficiency levels to paint a clear picture of students' CLO performance at each level of assessment.
- •Stage Four: Dashboard presentation helps faculty identify areas of student success in achieving CLOs as well as areas for improvement in curricula, instruction, assessment, and student learning at all five levels of assessment.

CNUCOP has gathered data from Academic Year 2015-2016 from Each Class with the utilization of ExamSoft reports (tagging of questions and rubric domains to the respective CLO(s)), and any pieces of work that was shared by the faculty coordinator in terms of OSCEs, SOAPs, Presentations, Posters, etc. These data may vary in quality, and some faculty have linked CLOs to more data points that others have. These baseline data allow faculty to identify gaps in curriculum, instruction, practice opportunities, and assessments (quality and quantity).

#### Students' performance level is described as the follows for a given CLO:

When the average score is below 69, student performance level is considered to be Initial

When the average score is between 69-78, performance level is considered to be Developing

When the average score is between 79-88, performance level is considered to be Developed

When the average score is at or above 89, performance level is considered to be *Proficient* 

Initial: <69%

Developing: at or above 69%

Developed: at or above 79%

Proficient: at or above 89%

Course Number and Name	Course Coordi nator	New Course Name and Number	Course Learning Outcome (CLO)	Average Performance Level (Results from Examsoft or E*Value)	# of Items Tagged per CLO	Performance Analysis	Narrative of Data Analysis
PHAR 621 – Cellular & Molecular	Vinall	PBS601	Demonstrate a solid foundation in biochemistry, cellular and molecular biology.	83.83%	82	Developed	
Biology/Biochemistry			Identify potential drug targets by applying critical thinking and problem solving skills	78.40%	20	Developing	

			Evaluate the biochemical, cellular and molecular properties of drug targets and interpret data from associated lab tests	74.74%	24	Developing	
			Utilize knowledge of biochemistry and cell & molecular biology to reduce side effects, eliminate drug interactions, and improve therapeutic outcomes	81.21%	22	Developed	
PHAR 622: Pathophysiology & Pharmacology I	Clark	PBS602	Describe the basic mechanisms of pathology.	90.58%	19	Proficient	
			Describe the fundamental principles and processes of pharmacology.	82.09%	10	Developed	
			Describe and discuss the anatomy and physiology of the central and peripheral nervous system (CNS & PNS) and the neuroendocrine system.	78.77%	16	Developing	
			Explain the pathophysiology of major neurologic, psychiatric, and neuroendocrine disorders. Identify the drug targets based upon understanding the pathophysiology.	90.10%	4	Proficient	4 items were tagged to measure this CLO. If possible, please develop more questions to assess this CLO.
			Describe the major mechanism of action and adverse effects of pharmacological agents used to treat selected neurologic, psychiatric, and neuroendocrine disorders.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Work in team to prepare, integrate, deliver and teach a formal case study presentation to the class, including accurately using and citing current, authoritative sources, including quality, peer-reviewed articles from PubMed.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 631 – Medicinal Chemistry & Physical Pharmacy	Wolde maria m	PBS603	Evaluate chemical structure of drugs and drug classes in order to design and monitor patient-specific and evidence based pharmaceutical care plans.	80.11%	67	Developed	
			Resolve drug therapy problems of individual patients by applying knowledge of drug chemistry across pharmacological classes.	77.87%	29	Developing	
			Recommend changes in pharmacotherapeutic regimens based on chemical differences among drugs that relate to solving patient problems,	Data Not Submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO

			providing patient-centered care, and providing population-based care.				
PHAR 632 - Biopharmaceutics Drug Delivery & Calculations	Atef	PBS605	Evaluate the utility of various dosage forms, demonstrate an understanding of their formulation and quality, and show competence in identifying problems and offering solutions.	35.82%	3	Initial	3 items were tagged to measure this CLO. If possible, please develop more questions to assess this CLO
			Demonstrate the ability to accurately perform pharmaceutical calculations.	82.19%	15	Developed	
			Evaluate the impact of the dosage form on the body and the impact of biological factors on the dosage form, and estimate the qualitative effects of these factors on drug absorption and bioavailability.	Data Not Submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 633 – Basic and Clinical Pharmacokinetics	Atef	PBS604	Displays an understanding of the qualitative factors affecting the absorption, distribution, metabolism, and excretion of drugs, and how these processes affect response to an administered drug.	80.43%	21	Developed	
			Demonstrates the ability to accurately perform calculations and graphical estimations related to drug levels and pharmacokinetic processes in biological systems, and describe their clinical implications.	80.16%	23	Developed	
			Selects specific drug products based on pharmaceutical, therapeutic, or bioequivalency parameters.	75.94%	15	Developing	
PHAR 634 – Biostatistics and Pharmacoepidemiology	Kreys, E.	CAS606	Describe and discuss epidemiologic principles used in the study of medication use in a naturalistic setting	92.43%	27	Proficient	
			Describe and critique pharmacoepidemiologic reports in terms of study design, validity and analysis	91.82%	18	Proficient	
			Identify, interpret and critique statistical output such as that reported in the medical literature used in support of evidence-based medicine	86.02%	41	Developed	
			Apply biostatistical methods to summarize and evaluate medical data	88.79%	34	Developed	

PHAR 641 – Self Care I	Kaur	CAS608	Evaluate a patient's nonprescription medication needs using a systematic assessment approach.	65.20%	37	Initial	
			Demonstrate appropriate techniques used in patient assessment in pharmacy practice, including use of point of care devices.	89.38%	27	Proficient	
			Recommend a rational therapeutic approach to the selection of OTC products for self care.	79.85%	78	Developed	
			Effectively communicate information to ensure safe and proper usage of nonprescription medications.	92.09%	67	Proficient	
PHAR 642: Self Care II	Pauli		Evaluate a patient's nonprescription medication needs using a systematic assessment approach.	77.68%	45	Developing	
			Recommend a rational therapeutic approach to the selection of OTC products for self care.	79.69%	51	Developed	
			Effectively communicate information to ensure safe and proper usage of nonprescription medications.	93.96%	14	Proficient	On average, students demonstrated proficiency in communicating safe and proper use of nonprescription medications
PHAR 661 – Introduction to Pharmacy Practice	Carroll	IPP607	Demonstrate basic knowledge of the Top 200 prescription medications including brand, generic and common use/indications	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Demonstrate competency in essential components of required trainings and certifications in required prior to beginning experiential education rotations (Immunizations, HIPAA, FWA, BBP, MA)	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Demonstrate competency in pharmacy calculations	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 712 – Communications	Kaur/P hung	CAS702	Formulate a variety of written messages that are delivered appropriately to patients, physicians, and other health care professionals.	91.87%	4	Proficient	On average, students demonstrated proficiency in written messages. Only 4 Items

							were tagged to this CLO, please consider having more questions/rubrics tagging to this CLO to draw conclusions
			Formulate a variety of oral messages that are delivered appropriately to patients, physicians, and other health care professionals.	93.35%	29	Proficient	On average, students demonstrated proficiency in oral messages.
			Display appropriate professional, ethical and culturally competent behavior when communicating with patients, physician and other health care professionals	90.99%	12	Proficient	On average, students were competent in the professional behavior
			Produce and deliver assignments that reflect professional competency.	90.67%	16	Proficient	
PHAR 724 - Pathophysiology and Pharmacology II Cardiovascular Systems, Diabetes Mellitus and Thyroid Disorders	Khansa ri	PBS701	Describe and discuss the anatomy and physiology of cardiovascular system (CV), and two endocrine organs; pancreas and thyroid gland.	82.60%	59	Developed	
			Explain the pathophysiology of major cardiovascular (CV) diseases, diabetes mellitus (DM) and thyroid disorders. Identify the drug targets based upon understanding the pathophysiology.	84.97%	38	Developed	
			Describe the major mechanism of action and adverse effects of pharmacological agents used to treat selected cardiovascular (CV) diseases, diabetes mellitus (DM) and thyroid disorders.	81.72%	92	Developed	
PHAR 725: Pathophysiology & Pharmacology III (Pulmonary, Renal, GI, GU)	Nauli	PBS704	Identify major diseases based upon an understanding of the physiology of respiratory, urinary, reproductive, digestive, and endocrine systems.	77.25%	61	Developing	
			Select appropriate treatments for the major diseases of respiratory, urinary, reproductive, digestive, and endocrine systems based upon an understanding of pathophysiology and mechanism of action of relevant drugs.	82.28%	129	Developed	

			Apply the knowledge of pathophysiology and pharmacology to determine the alternative pharmacological agents for patients who display significant adverse effects to the existing therapy.	79.88%	17	Developed	
PHAR 743 – Drug Literature Information & Evaluation	Snodgr ass	CAS703	Demonstrate ability of appropriate use of information technology skills to identify and retrieve scientific literature to provide drug information to different audiences	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Develop a systematic approach to providing medication information appropriate to multiple pharmacy practice settings.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Evaluate, analyze, and synthetize the components of primary and lay literature and assess their value for application to patient care.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Demonstrate understanding of basic concepts of health information technology and pharmacy informatics	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 752: Pharmacotherapy II (CV/Diabetes/Pulm)	Bouw	CAS706	Describe the pathophysiology of course related diseases. (CV/Diabetes/Pulm)	83.54%	40	Developed	
			Compare and defend pharmacologic options for the treatment of course related diseases. (CV/Diabetes/Pulm)	79.03%	53	Developed	
			Recommend appropriate pharmacotherapy and supportive care interventions based on specific patient characteristics and in congruence with accepted contemporary clinical pharmacy practice while incorporating the tenets of evidenced based medicine. (CV/Diabetes/Pulm)	77.87%	77	Developing	
PHAR 757 - Pharmacotherapy I Clinical Foundations & Clinical Neuroscience (Neurologic, Neuroendocrine, and Psychiatric Disorders)	Kreys, T.	CAS705	Discuss the pathophysiology of psychiatric and neurologic disorders.	82.24%	32	Developed	

			Interpret or perform appropriate patient assessments.	84.98%	63	Developed	
			Compare and contrast pharmacologic treatment options for psychiatric and neurologic disorders and recommend appropriate, evidence-based, pharmacologic and non-pharmacologic treatment based on patient specific characteristics.	79.63%	56	Developed	
			Optimize medication therapy through patient counseling and appropriate drug therapy monitoring.	88.17%	13	Developed	
PHAR 781AF/881AF	Aruru/ Clark		Describe the nature and characteristics of global healthcare systems and their inter-relatedness in the context of disease burdens.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Assess the relationship of a local healthcare system to its environment.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Identify factors/problems and the extent to which they affect the development of healthcare systems around the globe.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Develop and present a poster on a global health topic	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 811 - PHARMACY AND THE HEALTHCARE SYSTEM	Kreys, E.	CAS801	Explain how economic, social, and political forces shape the US healthcare system	92.83%	41	Proficient	
			Compare and contrast key features of various payment and healthcare delivery methods	94.41%	14	Proficient	
			Apply evidence-based principles to maximize the value and overall cost- effectiveness of healthcare resources in an ethical manner	91.94%	7	Proficient	
			Identify opportunities for pharmacists to directly or indirectly improve patient care within the healthcare system	89.82%	20	Proficient	
PHAR 813: Pharmacy Law and Ethics	Matzen	CAS802	Demonstrate understanding and application of the legal and ethical standards of the profession.	81.70%	53	Developed	

			Demonstrate understanding of the procedure for dispensing medications in a manner that complies with pharmacy rules/laws and regulations.	80.82%	45	Developed	
			Prepare and maintain records in a manner that complies with the law and respects the patient's best interests and privacy.	81.82%	45	Developed	
			Apply the principles of a pharmacist's duty to a patient to avoid harm, within the allocation of health resources, patient autonomy, and interactions with other healthcare providers.	80.96%	31	Developed	
PHAR 815: Pharmacy Management and Economic Principles	Porter	CAS804	Summarize and use basic principles of management, workplace communication, accounting, and strategic planning to manage pharmacy operations and/or assess the viability of a pharmacy business unit.	86.15%	15	Developed	
			Design and evaluate business strategies for maintaining and developing basic and enhanced medication management services, and utilize effective marketing strategies to promote a pharmacy or pharmaceutical care service.	94.82%	6	Proficient	6 items were tagged to measure this CLO. If possible, please develop more questions to assess this CLO.
			Demonstrate understanding of the rationale and importance of essential characteristics, assumptions and ramifications of pharmacoeconomic principles in relation to patient care and patient's health related quality of life.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 827 – Immunology & Rheumatology	Cusick	PBS803	Identify potential drug targets based upon underlying pathophysiological mechanisms of immunological diseases.	85.48%	116	Developed	
			Evaluate and optimize immunological pharmacotherapies to improve patient outcomes.	91.49%	26	Proficient	
			Identify when a major adverse effect may be caused by a particular class of immunopharmacological agents.	91.35%	5	Proficient	5 items were tagged to measure this CLO. If possible, please develop more questions to assess this CLO.

			Identify potentially clinically significant adverse drug interactions between a pharmacological class and immunological class of agents.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Identify and select an appropriate alternative pharmacological class of agents for a patient who exhibits a clinically significant adverse effect to an existing immunopharmacological agent.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 853 – Pharmacotherapy III (Renal/GI/Hematology/ Oncology)	Schum ann/Ra sty	CAS805	Discuss the pathophysiology of course related diseases (renal, gastrointestinal, hepatic, hematologic and oncologic)	81.84%	56	Developed	
			Compare and defend pharmacologic treatment options for the management of course related diseases (renal, gastrointestinal, hepatic, hematologic and oncologic)	84.37%	51	Developed	
			Recommend appropriate pharmacotherapy and supportive care interventions based on specific patient characteristics and in congruence with accepted contemporary clinical pharmacy practice while incorporating the tenets of evidence based medicine (renal, gastrointestinal, hepatic, hematologic, and oncologic)	82.19%	55	Developed	
			Discuss ethical issues surrounding patient care and their impact on various healthcare professions	Data Not Submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 856: Microbiology and Infectious Diseases	Yang	CAS806	Discuss the influence of individual antimicrobial use on the population, discuss the impact of antimicrobial stewardship on the population	84.68%	12	Developed	- C
			List pharmacological properties of antimicrobial agents and identify their spectrum of activity	79.75%	73	Developed	
			Discuss the pathophysiology of various infectious diseases	80.46%	82	Developed	
			Compare and defend pharmacologic options for the treatment of infectious diseases	78.02%	92	Developing	
			Recommend appropriate pharmacotherapy and supportive care interventions based on specific	75.26%	18	Developing	

			patient characteristics and in congruence with accepted contemporary clinical pharmacy practice while incorporating the tenets of evidenced based medicine  Present controversial topics in infectious disease using evidence-based literature evaluation	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 858: Integrated Skills Laboratory	Bouw/ West	PRC810	Evaluate and assess patient case scenarios to prioritize medical problems and recommend evidence-based pharmacological and non-pharmacological care plans.	Estimates	1	Proficient	Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Convey clinical decision-making skills and rationale related to medical problems.	Estimates	2	Proficient	Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Demonstrate oral communication skills with colleagues, patients and health care providers in live and/or simulated environments.	Estimates	3	Developed	Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Demonstrate written communication skills with colleagues, patients and health care providers in live and/or simulated scenarios.	Estimates	1	Proficient	Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 881C - Leadership, Advocacy, and Professional Development	Porter		Learn how to identify, build and maximize personal strengths				Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Understand the cycles of leadership development and Competence				Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Learn how to manage individuals, groups, teams, and Organizations				Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Learn the importance of professional competencies, responsibilities, and ethics				Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
			Understand the internal and external environments to				Please utilize ExamSoft to administer

		strategically manage an organization in the future				Summative Assessments and tag to this CLO
		Examine and apply concepts of professionalism				Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
		Develop an understanding of the importance of advocacy in healthcare leadership				Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 871D – Clinical Skills and Patient Counseling Elective	Ofstad	Apply clinical knowledge and efficiently summarize unfamiliar clinical topics	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
		Propose and optimize a written patient care plan	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
		Orally present patient care plans with education and answer case related questions	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 881R – Diabetes Management and the Ambulatory Care Setting	Bouw	Recall the pathophysiology and the general treatment principles of diabetes mellitus (DM), characteristics of medications used, and ADA recommendations for prevention and treatment.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
		Demonstrate effective oral and written communication techniques when interviewing and counseling patients or educating colleagues regarding DM and ambulatory care.	84.67%	6	Developed	
		Using evidence-based medicine and principles of patient-centered care, construct appropriate individualized patient care plans for a patient with chronic disease.	Data not submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO
PHAR 881W – Advanced Ambulatory Care	Lowe	Describe the pathophysiology of various course related diseases. (ambulatory care/ chronic disease)	91.45%	8	Proficient	
		Compare and defend pharmacologic treatment options for the management of ambulatory care patients	75.00%	12	Developing	

Recommend and evaluate appropriate pharmacotherapy and supportive care interventions based on specific patient characteristics in congruence with accepted contemporary clinical pharmacy practice while incorporating the tenets of evidence based medicine	79.74%	20	Developed	
Demonstrates professional behavior	Data Not Submitted			Please utilize ExamSoft to administer Summative Assessments and tag to this CLO

# **APPENDIX 12**

# CNUCOP PLO Mapping (Dec 22, 2016)

		PLO 1			PL	0 2				PL	0 3				PL	0 4			Pl	O 5	
	1.1	1.2	1.3	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	5.1	5.2	5.3	5.4
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KEY

Introduced (I): Yellow Developed (D): Blue Mastered (M): Green Please see the following pages for a list of all courses in the curriculum and a list of the Program Learning Outcomes for reference.

### CNUCOP Courses 2016-2017

PBS 601: Cell and Molecular Biology & Biochemistry

PBS 602: Pathophysiology & Pharmacology I

PBS 603: Medicinal Chemistry & Physical Pharmacy

PBS 604: Pharmacokinetics

PBS 605: Biopharmaceutrics, Drug Delivery and Calculations

CAS 606: Biostatistics and Pharmacoepidemiology

CAS 607: Introduction to Pharmacy Practice and Professionalism

CAS 608: Self Care

PRC 609: Longitudinal Practicum I

PRC 610: Longitudinal Practicum II

PBS 701: Pathophysiology and Pharmacology II

CAS 702: Communications

CAS 703: Drug Literature Information & Evaluation

PBS 704: Pathophysiology & Pharmacology III

CAS 705: Pharmacotherapy I

CAS 706: Pharmacotherapy II

IPP 707: IPPE I: Community Practice I

IPP 708: IPPE II: Community Practice II

PRC 709: Longitudinal Practicum III

PRC 710: Longitudinal Practicum IV

CAS 801: Pharmacy and the Health Care System

CAS 802: Pharmacy Law and Ethics

PBS 803: Immunology & Rheumatology

CAS 804: Pharmacy Management and Economic Principles

CAS 805: Pharmacotherapy III

CAS 806: Pharmaotherapy IV

IPP 807: IPPE III: Hospital

IPP 808: IPPE IV: Specialty

PRC 809: Longitudinal Practicum V

PRC 810: Longitudinal Practicum VI

APP 901: APPE Community

APP 902: APPE Hospital/Health System

APP 903: APPE General Medicine

APP 904: APPE Ambulatory Care
APP 905/906: APPE Specialty I & II

### **CNUCOP Program Learning Outcomes**

PLO 1: Foundational Knowledge, Demonstrates the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care

- 1.1. Evaluation of scientific literature. Develops, integrates, and applies knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature
- 1.2. Explanation of drug action. Develops, integrates, and applies knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to explain drug action
- 1.3. Advancement of population health. Develops, integrates, and applies knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to advance population health and patient-centered care

PLO 2: Essentials for Practice and Care. Demonstrates 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

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

PLO 3: Approach to Practice and Care. Demonstrates 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

- 3.1. Problem solving. Identifies problems; explore and prioritize potential strategies; and designs, implements, and evaluates viable solutions
- 3.2. Education. Demonstrates ability to educate all audiences through effectively communicating information and assessing learning
- 3.3. Patient advocacy. Represents the patient's best interests
- 3.4. Collaboration. Engages collaboratively as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs
- 3.5. Cultural sensitivity. Identifies social determinants of health and acts to diminish disparities and inequities in access to quality care
- 3.6. Communication. Effectively communicates verbally and nonverbally when interacting with individuals, groups, and organizations

PLO 4: Personal and Professional Development. Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation, entrepreneurship, and professionalism

- 4.1. Self-awareness. Examines and reflects on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth
- 4.2. Leadership, Demonstrates responsibility for creating and achieving shared goals, regardless of position
- 4.3. Innovation and entrepreneurship. Engages in innovative activities by using creative thinking to envision better ways of accomplishing professional goals
- 4.4. Professionalism. Demonstrates behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society

PLO 5: Interprofessional Competence. Uses the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate appropriate values and ethics, roles and responsibilities, communication, and teamwork for collaborative practice

- 5.1. Values and ethics. Demonstrates ability to work with individuals of other professions to cultivate a climate of mutual respect and shared values
- 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
- 5.3. Interprofessional communication. Demonstrates ability to communicate with patients, families, communities, and other health professionals

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

# **CNUCOP ILO Mapping (Dec 22 2016)**

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Course	1.1	1.2		1.4	1.5	1.6	2.1	2.2		2.4	2.5	2.6	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	6.1	6.2		6.4
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708												Х	Х	Х	Х	Х			Х			Х	Х								
709	Х		Х						Х										Х	Х	Х										
710	Х		Х					Х	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х								
801	Х	Х	Х				Х	Х	Х				Х	Х	Х	Х	Х	Х				Х									
802	Χ			Х	Х															Х	Х										
803	Χ																										Χ				
804	Χ		Х				Х	Х	Χ															Х	Х	Х	Х		Х	Х	Х
805	Χ	Х	Х	Х	Х	Х							Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х	Х	Х
806	Х	Х	Х	Х		Х																		Х				Х			
807			Х				-												Х	Х	Х	Х	Х								
808																			Х	Х	Х	Х	Х								
809	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х	Х		Х	Х	Х	Х			Х	Х	Х	Х	Х	Х
810	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х			Х	Х	Х	Х					Х			Х	Х				
901 902	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х			Х		Х	Х	Х	Х	Х	Х	Х										
902	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х						Х	Х			Х	Х						
903	X	X	X	X	X	X	Х	Х		Х	X	Х	X		X	X	X	X	X	X	X	X	X			X		X	X	X	X
	Х	Х	Х	Х	Х	Х		<u> </u>			Х		Х		Х	Х	Х	Х	Х	Х	Х	Х	Х			Х		Х	Х	Х	Х
905/906	Χ	Х	Χ	Х	Χ	Х	Х	Х	Х	Χ	Χ	Χ	Χ	Χ	Х	Х	Χ	Χ	Х		Х			Χ	Х						

Note: An "x" marked in the box indicates that the corresponding ILO can be measured using student work from the course.

Please see the following pages for a list of all courses in the curriculum and a list of the Instutional Learning Outcomes for reference.

# **Appendix 14**

# Grade distribution – all course, all years.

PHAR 611/811: Pharmacy & the Health Care System	Α	В	С	D	F
2008 -2009 - 611 – Class of 2012	14	71	2	0	0
2009 -2010 - 611 – Class of 2013	23	62	5	0	0
2010 -2011	Х	Х	Х	Х	Х
2011-2012	Х	Х	Х	Х	Х
2012-2013 - 811 – Class of 2014	8	63	19	0	2
2013-2014 - 811 - Class of 2015	34	61	6	0	1
2014-2015 - 811 – Class of 2016	61	38	1	0	3
2015-2016 - 811 – Class of 2017	84	17	0	0	0

PHAR 612/712: Communications	Α	В	С	D	F
2008 -2009 (612) — Class of 2012	68	18	1	0	0
2009 -2010	Х	Х	Х	Х	Х
2010 -2011 (712) — Class of 2013	69	20	1	0	0
2011-2012 (712) - Class of 2014	70	21	1	0	0
2012-2013 (712) – Class of 2015	63	37	2	0	0
2013-2014 (712) – Class of 2016	66	33	0	0	4
2014-2015 (712) – Class of 2017	99	6	0	0	0
2015-2016 (712) – Class of 2018	113	4	0	0	0

PHAR 621: Molecular & Cellular Biology	Α	В	С	D	F
2008 -2009 - Class of 2012	31	56	0	0	0
2009 -2010 - Class of 2013	39	50	1	0	0
2010 -2011- Class of 2014	69	20	1	0	0
2011-2012 - Class of 2015	38	52	12	0	0
2012-2013 - Class of 2016	36	57	9	0	1
2013-2014 - Class of 2017	30	60	19	0	2
2014-2015 - Class of 2018	38	70	10	1	0
2015-2016 - Class of 2019	28	34	3	2	0

PHAR 622: Pathophysiology & Pharmacology I	Α	В	С	D	F
2008 -2009 - Class of 2012	23	58	6	0	0
2009 -2010 - Class of 2013	39	45	6	0	0
2010 -2011- Class of 2014	44	40	9	1	0
2011-2012 - Class of 2015	54	44	4	0	0
2012-2013 - Class of 2016	49	46	6	0	2
2013-2014 - Class of 2017	52	51	7	2	0
2014-2015 - Class of 2018	59	57	1	0	0
2015-2016 - Class of 2019	30	32	2	0	3

PHAR 631: Medicinal Chemistry & Physical Pharmacy	Α	В	С	D	F
2008 -2009 - Class of 2012	9	73	5	0	0
2009 -2010 - Class of 2013	23	49	17	1	0
2010 -2011- Class of 2014	20	66	9	2	1
2011-2012 - Class of 2015	13	68	21	0	0
2012-2013 - Class of 2016	18	67	16	0	2
2013-2014 - Class of 2017	20	68	23	0	0
2014-2015 - Class of 2018	27	75	16	0	1
2015-2016 - Class of 2019	17	33	14	1	0

PHAR 632: Biopharmaceutics, Drug Delivery, Calculations	Α	В	С	D	F
2008 -2009 - Class of 2012	7	60	20	0	0
2009 -2010 - Class of 2013	9	56	25	0	0
2010 -2011- Class of 2014	16	74	5	3	0
2011-2012 - Class of 2015	27	67	8	0	0
2012-2013 - Class of 2016	21	71	10	1	0
2013-2014 - Class of 2017	12	81	18	0	0
2014-2015 - Class of 2018	31	71	16	1	0
2015-2016 - Class of 2019	20	42	3	2	0

PHAR <mark>633/733</mark> : Pharmacokinetics	Α	В	С	D	F
2009 -2010 - 733 - Class of 2012	15	52	18	1	0
2010 -2011 - 733 - Class of 2013	41	45	3	0	0
2010 -2011 - 633 - Class of 2014	7	59	26	0	0
2011-2012 - 633 - Class of 2015	42	57	3	0	0
2012-2013 - 633 - Class of 2016	19	69	12	0	3
2013-2014 - 633 - Class of 2017	34	59	17	1	0
2014-2015 – 633 - Class of 2018	34	64	18	1	0
2015-2016 - 633 - Class of 2019	25	25	13	1	3

PHAR <mark>634/734/834</mark> : Biostatistics & Pharmacoepidemiology	Α	В	С	D	F
2010 -2011 — 634 - Class of 2014	78	16	0	0	0
2010 -2011 - 734 - Class of 2013	58	32	0	0	0
2010 -2011 - 834 - Class of 2012	57	28	0	0	0
2011-2012 – 634 - Class of 2015	33	65	4	0	0
2012-2013 – 634 - Class of 2016	68	31	2	0	2
2013-2014 – 634 - Class of 2017	43	66	2	0	0
2014-2015 – 634 - Class of 2018	69	45	3	0	0
2015-2016 — 634 - Class of 2019	46	16	2	0	3

PHAR 641: Self Care I	Α	В	С	D	F
2008 -2009 - Class of 2012	10	56	21	0	0
2009 -2010 - Class of 2013	19	59	12	0	0
2010 -2011- Class of 2014	10	77	8	3	0
2011-2012 - Class of 2015	19	73	10	0	0
2012-2013 - Class of 2016	18	69	15	1	0
2013-2014 - Class of 2017	29	71	11	0	0
2014-2015 - Class of 2018	10	102	6	0	1
2015-2016 - Class of 2019	24	41	1	1	0

PHAR 642: Self Care II	Α	В	С	D	F
2008 -2009 - Class of 2012	49	37	1	0	0
2009 -2010 - Class of 2013	6	62	22	0	0
2010 -2011- Class of 2014	20	72	2	1	0
2011-2012 - Class of 2015	31	71	0	0	0
2012-2013 - Class of 2016	64	36	0	1	2
2013-2014 - Class of 2017	13	79	18	1	0
2014-2015 - Class of 2018	6	98	13	0	0
2015-2016 - Class of 2019	15	41	8	0	3

PHAR 661: Introduction to Pharmacy Practice	Α	В	С	D	F
2008 -2009 - Class of 2012	60	27	0	0	0
2009 -2010 - Class of 2013	61	26	3	0	0
2010 -2011- Class of 2014	77	17	0	0	0
2011-2012 - Class of 2015	95	7	0	0	0
2012-2013 - Class of 2016	75	26	0	0	2
2013-2014 - Class of 2017	55	54	2	0	0
2014-2015 - Class of 2018	59	57	0	0	1
2015-2016 - Class of 2019	63	1	0	0	3

PHAR <mark>713/813</mark> : Pharmacy Law and Ethics	Α	В	С	D	F
2009 -2010 - 713 - Class of 2012	13	64	8	0	0
2011-2012 - 813 - Class of 2013	26	60	4	0	0
2012-2013 – 813 - Class of 2014	32	56	1	0	3
2013-2014 - 813 - Class of 2015	47	52	2	1	0
2014-2015 – 813 - Class of 2016	22	76	2	0	3
2015-2016 - 813 - Class of 2017	21	71	1	0	0

PHAR 723/724: Pathophysiology & Pharmacology II	Α	В	С	D	F
2009-2010 – 723 - Class of 2012	20	59	6	1	0
2010-2011 - 724 - Class of 2013	38	50	2	0	0
2011-2012 - 724 - Class of 2014	21	61	9	0	1
2012-2013 – 724 - Class of 2015	27	66	9	0	0
2013-2014 – 724 - Class of 2016	28	60	11	0	4
2014-2015 – 724 - Class of 2017	27	62	18	1	0
2015-2016 - 724 - Class of 2018	40	71	4	0	0

PHAR 725: Pathophysiology & Pharmacology III	Α	В	С	D	F
2009-2010 - Class of 2012	13	59	14	0	0
2010-2011 - Class of 2013	20	67	4	0	0
2011-2012 - Class of 2014	31	58	2	0	1
2012-2013 - Class of 2015	38	63	1	0	0
2013-2014 - Class of 2016	31	68	0	0	4
2014-2015 - Class of 2017	26	68	10	1	0
2015-2016 - Class of 2018	53	59	4	0	0

PHAR 743/843: Drug Information	Α	В	С	D	F
2009-2010 - Class of 2012	5	66	14	1	1
2010-2011 - Class of 2013	34	54	2	0	3
2011-2012 - Class of 2014	54	37	0	0	1
2012-2013 - Class of 2015	41	60	1	0	0
2013-2014 - Class of 2016	56	43	0	0	4
2014-2015 - Class of 2017	32	74	2	0	0
2015-2016 - Class of 2018	23	82	12	0	0
	•				

PHAR <mark>751/757</mark> : Pharmacotherapy I	Α	В	С	D	F
2009-2010 – 751 - Class of 2012	11	54	19	1	1
2010-2011 – 757 - Class of 2013	14	75	14	0	0
2011-2012 – 757 - Class of 2014	11	71	9	0	0
2012-2013 – 757 - Class of 2015	16	75	11	0	0
2013-2014 – 757 - Class of 2016	25	61	7	1	4
2014-2015 – 757 - Class of 2017	16	62	26	1	0
2015-2016 – 757 - Class of 2018	40	68	7	0	0

PHAR 752: Pharmacotherapy II	А	В	С	D	F
2009 -2010 - Class of 2012	15	57	12	0	0
2010-2011 - Class of 2013	18	55	18	0	0
2011-2012 - Class of 2014	9	57	24	1	1
2012-2013 - Class of 2015	28	51	21	2	0
2013-2014 - Class of 2016	19	68	12	0	4
2014-2015 - Class of 2017	16	52	35	2	0
2015-2016 - Class of 2018	36	76	2	0	0

PHAR 815: Management & Economic Principles	Α	В	С	D	F
2010-2011 - Class of 2012	0	41	44	0	0
2011-2012 – Class of 2013	33	56	1	0	0
2012-2013 - Class of 2014	55	31	3	0	3
2013-2014 - Class of 2015	29	60	12	0	1
2014-2015 - Class of 2016	90	9	0	0	0
2015-2016 - Class of 2017	36	57	7	0	0

PHAR 826: Biotechnology & Pharmacogenomics	Α	В	С	D	F
2010-2011 - Class of 2012	22	62	0	0	0
2011-2012 - Class of 2013	6	75	12	0	0
2012-2013 - Class of 2014	16	72	1	0	3
2013-2014 - Class of 2015	42	54	4	0	2

PHAR 827: Immunology & Rheumatology	Α	В	С	D	F
2010-2011 - Class of 2012	13	68	5	0	0
2011-2012 - Class of 2013	21	67	2	0	0
2012-2013- Class of 2014	23	62	5	0	2
2013-2014 - Class of 2015	31	68	2	0	1
2014-2015 - Class of 2016	62	37	1	0	3
2015-2016 - Class of 2017	64	35	1	0	0

PHAR 853: Pharmacotherapy III	Α	В	С	D	F
2010-2011 - Class of 2012	15	57	12	0	0
2011-2012 - Class of 2013	11	75	4	0	0
2012-2013- Class of 2014	23	64	3	0	2
2013-2014 - Class of 2015	25	75	1	0	1
2014-2015 - Class of 2016	26	73	1	0	3
2015-2016 - Class of 2017	30	66	3	0	0

PHAR 856: Pharmacotherapy IV	Α	В	С	D	F
2010-2011 - Class of 2012	11	58	17	0	0
2011-2012 - Class of 2013	13	68	9	0	0
2012-2013- Class of 2014	14	57	18	3	0
2013-2014 - Class of 2015	15	64	20	0	3
2014-2015 - Class of 2016	20	72	8	0	3
2015-2016 - Class of 2017	20	69	10	0	0

PHAR 858: Skills Lab	Α	В	С	D	F
2014-2015 - Class of 2016	59	41	0	0	3
2015-2016 - Class of 2017	67	32	0	0	0

# 2016 - GRADUATING STUDENT SURVEY SUMMARY REPORT FOR CALIFORNIA NORTHSTATE UNIVERSITY

V[cæ†Á, `{ à^¦Á, -Á^•][}•^•KÁÁHÌÐJÎ Ü^•][}•^ÁÜææ^KÁÁ,€ÈE€Ã

### **Section I: Demographic Information**

1. Which of the following choice(s) describes the primary area of your paid outside work experiences while in the college/school?

	Response Percent	Response Total
Ô[{{ `}}ãc´Á,@e+{ æ&`	Tˇ ca‡ ^ÁOE;•¸^¦•ÁÔ}♂\^å	H€
Q.• các cá[} æ4Á, @æ4{ æ&c	Tˇ c4] ^Á04;•¸^¦•ÁÔ}c^¦^å	G
Uc@\'Áj@æ\{ æ&\Á^ æe^åLÁj ^æ•^Án]^&ã^K	Tˇ c4] ^Á04;•¸^¦•ÁÔ}c^¦^å	ĺ
Þ[}Ë]@æk{æ&`Án^ ææ^åkÁn, ^ææ^^Án]^&ã~`K	Tˇ ca‡ ^ÁOE;•¸^¦•ÁÔ}♂\^å	F
CÁsaã Á,[cÁ,[¦∖ÁQù∖ā]ÁgÁ,∱č{à^¦ÁnD	T` c <b>ā</b>   ^ÁO\$,•,^\•ÁÔ}e^\^å	Н

2. If you had paid employment please indicate the approximate number of hours you worked per week.

	Response Percent	Response Total
Š^••Áv@e} Ár⊕é/Q°¦•	ÍFÈÃ	FÌ
F€ÁqÁrIÁQQ~¦•	ĠĚÃ	F€
FÍÁ§ÁFJÁQQ~¦∙	ÌĒÃ	Н
G€ÁţÁGJÁQţˇ¦•	€ÈÃ	€
H€Á;¦Á;[¦^Á@;ˇ¦•	ŒÌÃ	F
Þ[ Áæ) • ¸ ^¦	ÌĒÃ	Н

3. Please indicate any college degrees you had earned prior to entering the Doctor of Pharmacy program. (Check all that apply)

	Response Percent	Response Total
ÖããÁ;[œ´œœç^ÁæÁŝ^*¦^^Á;[ã;[Á;Á°) œ`¦ā;*Á; [*¦æ;	Tˇ cā] ^ÁOE,•,^¦•ÁÒ}c^¦^å	€
Œ•[&ãæe^©	T `  ca]  ^ÁOE, • , ^ •ÁÒ} c^ ^å	1
ÓÈÙŒÓÈŒÁ¦ÁJɑ@¦ÁÓæ&@∥¦€	T `  ca]  ^ÁOE, • , ^ •ÁÒ} c^ ^å	ΗÏ
Tæơ\'@LÁ, ^æ^Á.]^&&Á?]^K	T ~  ca]  ^ÁOE, • , ^  • ÁÒ} c^ ^å	G
RÖÁ; kÁJ c@ kÁŠæ;	T ~  ca]  ^ÁOE, • , ^  • ÁÒ} c^ ^å	€
ÚŒĠĖ	T ~  ca]  ^ÁOE, • , ^ .•ÁÒ} c^ ^å	€
T EÖHEÖÖHÜHÜÁ;  Á; o@  ÁÚ [ ^••4] } æÁÖ[ &d  æe^	T ~  ca]  ^ÁOE, • , ^ .•ÁÒ} c^ ^å	€
Uc@\#Ö[&q'\#e^	T ~  ca]  ^ÁOE, • , ^  • ÁÒ} c^ ^å	€

4(a). What are your current plans for primary employment upon your graduation from the college/school of pharmacy? (Check all that apply)

	Response Percent	Response Total
Ô@aaajÁ&[{{~~}}āĉÁj@ad{a&c	Tˇ cā] ^ÁOE]•,^¦•ÁÔ}c^¦^å	<b>G</b>
Qtå^]^}å^}o%s[{{*}}ãc^Á;@æe{æ&c	Tˇ cā] ^ÁOE]•,^¦•ÁÔ}c^¦^å	1
P[•] ãæ	Tˇ c4] ^ÁOE,•,^¦•ÁÔ}c^¦^å	FG
Ô a} a&Eaæ^åAj @e{ æ&`	Tˇ cā  ^ÁOE;•¸^¦•ÁÒ}c^¦^å	1

Ô[ } • ˇ  æ; c	Tˇ c <b>ā</b>   ^ÁŒ;•¸^¦•ÁÔ}c^¦^å	Н
P[{ ^Á&d^	Tˇ c₫  ^ÁŒ;•¸^¦•ÁÔ}♂!^å	€
Þ`¦•āj*ÁQQ{^EŠ[}*ˤ\¦{Á&æt^Áæ&8ājā0°	Tˇ c₫  ^ÁŒ;•¸^¦•ÁÔ}♂!^å	G
CtBeaå^{ ãæ	Tˇ c₫  ^ÁŒ;•¸^¦•ÁÔ} ơ^¦^å	F
OE•[&aeaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Tˇ c₫  ^ÁŒ;•¸^¦•ÁÔ} ơ^¦^å	G
Ú@ek{æ&^`@&æk∳ajå`•d^	T `  c@   ^ÁO\$ • ¸ ^ •ÁO} c^ ^å	G
T æ) æ* ^å/Ôæ\^	T `  c@   ^ÁO\$ • ¸ ^ •ÁO} c^ ^å	Î
Õ[ç^\}{ ^}a^{i\hat{A}^*  æt[\^kæt^}&^	T `  c@   ^ÁOE • ¸ ^ •ÁO} c^ ^å	1
Uc@\\ÁÚ@e\{æ&`AÜ^ æe^åÁØē\ åLÁ; ^æ•^Á;]^&ē`K	Tˇ c4  ^ÁC\$•¸^ •ÁO}c^\^å	F
Þ[}Ë]@ed{æ&`Án^ æe^åÁæ? åLÁ; ^æ•^Án]^&ã~`K	Tˇ c4  ^ÁC\$•¸^ •ÁO}c^\^å	€
Þ[Áj æ)•Á(¦Á^{] [^{ ^} oÁg Áo@ Ás[{ā]*Á^æ	Tˇ Œ  ^ÁŒ;•¸^¦•ÁÔ}♂¦^å	€

### 4(b). What are your current plans upon your graduation from the college/school of pharmacy? (Check all that apply)

	Response Percent	Response Total
Ú@ad-{ æ&&ÁÜ^•ãa^}&°ÁÚ [*¦æ€	Tˇ c∄ ^ÁOE,•,^¦•ÁÔ}c^¦^å	î
Ú@a+{ a&& ÁÚ@EÖEÄÚ+[*	Tˇ c∄ ^ÁOE,•,^¦•ÁÔ}c^¦^å	G
Tæ¢'\@LÁ, ^æ^Á;]^&ã^Ác]^K	Tˇ c∄ ^ÁOE,•,^¦•ÁÔ}c^¦^å	F
RÖÁ; ¦ÁÚo@ ¦ÁŠæ; ÁÚ¦[*¦æ;	Tˇ c3  ^ÁOE,•,^¦•ÁÔ}&^¦^å	F
Uc@¦ÁP^梜ÁÚ¦[~^••ã[}•ÁÇTÖÉÄÖÖÙÉÄÖXTÉÁr&EÐ	Tˇ c3  ^ÁOE,•,^¦•ÁÔ}&^¦^å	€
Þ[} ËÚ@æk{ æ& ÁÚ@EÖËÁÚ [*¦æ{	Tˇ c3  ^ÁOE,•,^¦•ÁÔ}&^¦^å	€
Ø^  [¸•@]	Tˇ c3  ^ÁOE,•,^¦•ÁÔ}&^¦^å	€
Þ[ÁÚ æ)•Á[¦ÁØ*¦ơ@¦ÁÔå*8ææā[}ÁSjÁs@Á&[{ā]*Á^æ	T ~  ca    ^ÁOE; • , ^ ; • ÁO} c^ ; ^ å	Ġ

### 5. Have you borrowed money to help pay for your college expenses in the Pharm.D. degree program?

	Response Percent	Response Total
Ϋ́Λ•	JÏÈÃ	нï
Þ[	OHÎÃ	F

### 7. Sex

	Response Percent	Response Total
Tæţ^	ΙΪĖÃ	FÌ
Ø^{ at^	̀̀Ã	FJ
Ú¦^-Δ¦Á,[ớ́́́́́́{Á^•][}å	<b>Œ</b> Ã	F

### 8. Age

	Response Percent	Response Total
ŒÍĄ́¦Á́}å^¦	ΪÀÃ	Н
GÎ ÄÄH€	ÍŒÎÃ	G€
HFÆÆÍ	ĞĖÃ	FF
HÎÆÄ.€	ÍÈÃ	G
IFÁEÁ	€ÈÃ	€
lÎÆÄ.€	€ÈÃ	€
ÍFÁ,¦Ássaà[ç^	€ÈÃ	€
Ú¦^_^¦Á̞[ ớ́́́́t̞ Á़^•] [ } å	ÍÈÃ	G

### Section II: Required Interprofessional Education

9. What required curricular activities (didactic or experiential) did you participate in where you had the opportunity to learn with other health professions students? (Check all that apply).

	Response Percent	Response Total
Lectures	Multiple Answers Entered	25
Patient-centered case problems	Multiple Answers Entered	31
Clinical simulations	Multiple Answers Entered	35
Active engagement with patients	Multiple Answers Entered	21
Community projects, service learning	Multiple Answers Entered	21
Team skills training	Multiple Answers Entered	27
Online coursework	Multiple Answers Entered	15
Clinical Labs	Multiple Answers Entered	21
IPPE	Multiple Answers Entered	31
APPE	Multiple Answers Entered	32
Research or Capstone projects	Multiple Answers Entered	10
Other; please specify:	Multiple Answers Entered	0
Did not participate in any required interprofessional education activities	Multiple Answers Entered	2

10. With which other professions students have you had the opportunity to participate or interact in required educational activities as indicated above? (Check all that apply).

	Response Percent	Response Total
Dentistry	Multiple Answers Entered	0
Nursing	Multiple Answers Entered	36
Occupational therapy	Multiple Answers Entered	3
Osteopathic medicine (DO)	Multiple Answers Entered	7
Allopathic medicine (MD)	Multiple Answers Entered	11
Physical therapy	Multiple Answers Entered	3
Physician assistant	Multiple Answers Entered	8
Psychology	Multiple Answers Entered	2
Public health	Multiple Answers Entered	2
Social work	Multiple Answers Entered	3
Veterinary medicine	Multiple Answers Entered	0
Other; please specify:	Multiple Answers Entered	1
Did not participate in any required interprofessional education activities	Multiple Answers Entered	2

Please indicate the degree to which you agree or disagree with the statement below.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
11. The learning experience with other professions students helped me gain a better understanding of how to be part of a multi-disciplinary team to improve patient outcomes.	26.3% (10)	60.5% (23)	7.9% (3)	5.3% (2)	0.0% (0)

### Section III: Professional Competencies/Outcomes/Curriculum

Please indicate the degree to which you agree or disagree with whether your Pharm.D. curriculum prepared you to achieve the following outcomes.

Domain 1: Foundational Knowledge

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
12. Apply knowledge from the foundational pharmaceutical and biomedical sciences to the provision of patient care.	23.7% (9)	68.4% (26)	5.3% (2)	2.6% (1)	0.0% (0)
13. Apply knowledge from the clinical sciences to the provision of patient care.	26.3% (10)	68.4% (26)	2.6% (1)	2.6% (1)	0.0% (0)
14. Evaluate scientific literature.	21.1% (8)	68.4% (26)	5.3% (2)	5.3% (2)	0.0% (0)

#### **Domain 2: Essentials for Practice**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
15. Provide medication expertise as part of patient-centered care.	23.7% (9)	65.8% (25)	5.3% (2)	2.6% (1)	2.6% (1)
16. Optimize the safety and efficacy of medication use systems (e.g., dispensing, administration, effects monitoring) to manage patient healthcare needs.	23.7% (9)	68.4% (26)	5.3% (2)	2.6% (1)	0.0% (0)
17. Design strategies to manage chronic disease and improve health and wellness.	26.3% (10)	63.2% (24)	7.9% (3)	2.6% (1)	0.0% (0)
18. Assess the health needs of a given patient population.	21.1% (8)	68.4% (26)	5.3% (2)	2.6% (1)	2.6% (1)
19. Provide patient-centered care based on evidence-based best practices.	21.1% (8)	71.1% (27)	5.3% (2)	2.6% (1)	0.0% (0)

### **Domain 3: Approach to Practice and Care**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
20. Design, implement and evaluate viable solutions to patient care problems.	26.3% (10)	63.2% (24)	5.3% (2)	2.6% (1)	2.6% (1)
21. Use effective strategies to educate patients, healthcare professionals and caregivers to improve patient care.	26.3% (10)	63.2% (24)	7.9% (3)	2.6% (1)	0.0% (0)
22. Advocate for the patient best interest.	26.3% (10)	71.1% (27)	0.0% (0)	2.6% (1)	0.0% (0)
23. Engage as a member of an interprofessional healthcare team.	26.3% (10)	65.8% (25)	5.3% (2)	2.6% (1)	0.0% (0)
24. Identify cultural disparities in healthcare.	21.1% (8)	65.8% (25)	7.9% (3)	5.3% (2)	0.0% (0)
25. Recognize and address cultural disparities in access to and delivery of healthcare.	21.1% (8)	65.8% (25)	7.9% (3)	5.3% (2)	0.0% (0)
26. Effectively communicate (verbal, non-verbal, written) when interacting with individuals, groups and organizations.	26.3% (10)	63.2% (24)	5.3% (2)	5.3% (2)	0.0% (0)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
27. Examine and reflect on how my behavior and choices affect my personal and professional growth.	21.1% (8)	65.8% (25)	10.5% (4)	2.6% (1)	0.0% (0)
28. Accept responsibility for creating and achieving shared goals.	23.7% (9)	68.4% (26)	5.3% (2)	2.6% (1)	0.0% (0)
29. Develop new ideas and approaches to practice.	23.7% (9)	57.9% (22)	10.5% (4)	7.9% (3)	0.0% (0)
30. Act in a manner consistent with the trust given to pharmacists by patients, other healthcare providers and society.	18.4% (7)	68.4% (26)	10.5% (4)	2.6% (1)	0.0% (0)

The following statements refer to the curriculum of the Doctor of Pharmacy program at your college/school of pharmacy and/or your experiences with the curriculum.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
31. I developed the skills needed to prepare me for continuous professional development and self-directed life-long learning.	23.7% (9)	65.8% (25)	5.3% (2)	5.3% (2)	0.0% (0)
32. I was provided opportunities to engage in active learning (e.g., laboratories, recitations, student portfolios, problem-based learning, in-class activities).	18.4% (7)	65.8% (25)	5.3% (2)	10.5% (4)	0.0% (0)
33. Elective didactic courses permitted exploration of and/or advanced study in areas of professional interest.	21.1% (8)	57.9% (22)	7.9% (3)	13.2% (5)	0.0% (0)

### **Section IV: Pharmacy Practice Experiences**

The following statements refer to your introductory pharmacy practice experiences. Introductory pharmacy practice experiences include any rotations that occur prior to the final professional year in the curriculum and may include activities such as shadowing of practitioners, interviews with real patients, and/or service learning. Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
34.My introductory pharmacy practice experiences were valuable in helping me to prepare for my advanced pharmacy practice experiences.	13.2% (5)	60.5% (23)	18.4% (7)	5.3% (2)	2.6% (1)
35.My introductory pharmacy practice experiences permitted my involvement in direct patient care responsibilities in both community and institutional settings.	15.8% (6)	60.5% (23)	15.8% (6)	7.9% (3)	0.0% (0)
36. My introductory pharmacy practice experiences were of high quality.	10.5% (4)	47.4% (18)	31.6% (12)	10.5% (4)	0.0% (0)

The following statements refer to your advanced pharmacy practice experiences. Advanced pharmacy practice experiences form the core of the final professional year of the curriculum. Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
37. In the community pharmacy setting, I was able to engage in direct patient care.	31.6% (12)	52.6% (20)	5.3% (2)	7.9% (3)	2.6% (1)
38. In the ambulatory care setting, I was able to engage in direct patient care.	34.2% (13)	50.0% (19)	7.9% (3)	7.9% (3)	0.0% (0)
39.In the hospital or health-system pharmacy setting, I was able to engage in direct patient care.	23.7% (9)	65.8% (25)	5.3% (2)	5.3% (2)	0.0% (0)
40.In the inpatient/acute care setting, I was able to engage in direct patient care.	23.7% (9)	60.5% (23)	10.5% (4)	5.3% (2)	0.0% (0)
41. The need for continuity of care (e.g., acute, chronic and wellness promoting patient care services) in outpatient and inpatient settings was emphasized in the advanced pharmacy practice experiences.	26.3% (10)	63.2% (24)	0.0% (0)	10.5% (4)	0.0% (0)
42. The variety of the available advanced pharmacy practice experience electives met my needs as a student.	21.1% (8)	52.6% (20)	13.2% (5)	13.2% (5)	0.0% (0)
43.I was academically prepared to enter my advanced pharmacy practice experiences.	21.1% (8)	63.2% (24)	5.3% (2)	10.5% (4)	0.0% (0)
44.My advanced pharmacy practice experiences were of high quality.	15.8% (6)	47.4% (18)	18.4% (7)	13.2% (5)	5.3% (2)

The following statements refer to your advanced pharmacy practice experiences. Advanced pharmacy practice experiences form the core of the final professional year of the curriculum. Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
45. My pharmacy practice experiences allowed me to have direct interaction with diverse patient populations (e.g., age, gender, socioeconomic, ethnic and/or cultural background, disease states, etc.).	23.7% (9)	71.1% (27)	0.0% (0)	5.3% (2)	0.0% (0)

46.My pharmacy practice experiences allowed me to collaborate with other health care professionals.	) 65.8% (25)	0.0% (0)	5.3% (2)	0.0% (0)
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# **Section V: Student Services**

Please indicate the degree to which you agree or disagree with the following statements regarding student services.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Did Not Utilize
47. College/school provided access to academic advising.	13.2% (5)	55.3% (21)	5.3% (2)	7.9% (3)	18.4% (7)
48.College/school provided access to guidance on career planning.	13.2% (5)	31.6% (12)	23.7% (9)	10.5% (4)	21.1% (8)
49. College/school provided access to accommodation services as defined by the Americans with Disabilities Act (ADA).	10.5% (4)	31.6% (12)	7.9% (3)	5.3% (2)	44.7% (17)
50. College/school provided access to financial aid advising.	7.9% (3)	26.3% (10)	15.8% (6)	34.2% (13)	15.8% (6)
51.College/school provided access to student health and wellness services (e.g., immunizations, counseling services, campus pharmacy, primary care clinics, etc.).	15.8% (6)	28.9% (11)	23.7% (9)	26.3% (10)	5.3% (2)

# **Section VI: The Student Experience**

Please consider each of the following statements with regard to your experience as a student of the college/school of pharmacy. Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
52.The college/school of pharmacy provided timely information about news, events and important matters within the college/school of pharmacy.	10.5% (4)	28.9% (11)	34.2% (13)	21.1% (8)	5.3% (2)
53.Information was made available to me about additional educational opportunities (e.g., residencies, fellowships, graduate school).	15.8% (6)	57.9% (22)	13.2% (5)	13.2% (5)	0.0% (0)
54.The college/school's administration responded to problems and issues of concern to the student body.	5.3% (2)	26.3% (10)	28.9% (11)	36.8% (14)	2.6% (1)
55.I was aware of the process for raising issues with the college/school administration.	7.9% (3)	39.5% (15)	26.3% (10)	23.7% (9)	2.6% (1)
56.I was aware that student representatives served on college/school committees with responsibility for curriculum and other matters.	23.7% (9)	50.0% (19)	10.5% (4)	10.5% (4)	5.3% (2)
57.The college/school of pharmacy was welcoming to students with diverse backgrounds.	28.9% (11)	55.3% (21)	7.9% (3)	5.3% (2)	2.6% (1)
58. I know how to utilize college/school policies dealing with harassment and discrimination.	15.8% (6)	52.6% (20)	7.9% (3)	10.5% (4)	13.2% (5)
59.The college/school of pharmacy had processes to communicate student perspectives to the faculty or administration.	13.2% (5)	52.6% (20)	5.3% (2)	21.1% (8)	7.9% (3)
60.Faculty, administrators and staff served as positive role models for students.	21.1% (8)	36.8% (14)	21.1% (8)	18.4% (7)	2.6% (1)
61.Preceptors modeled professional attributes and behaviors.	18.4% (7)	63.2% (24)	5.3% (2)	13.2% (5)	0.0% (0)
62.Preceptors provided me with individualized instruction, guidance and evaluation.	18.4% (7)	65.8% (25)	2.6% (1)	10.5% (4)	2.6% (1)
63.I was aware of expected behaviors with respect to professional and academic conduct.	21.1% (8)	71.1% (27)	0.0% (0)	5.3% (2)	2.6% (1)
64.The college/school of pharmacy had an effective process to manage academic misconduct by students (e.g., plagiarism).	23.7% (9)	55.3% (21)	7.9% (3)	10.5% (4)	2.6% (1)
65. The college/school of pharmacy had an effective process to manage professional misconduct by students (e.g., repeated tardiness/absences, drug diversion).	23.7% (9)	47.4% (18)	13.2% (5)	13.2% (5)	2.6% (1)
66. The college/school's faculty and administration encouraged me to participate in regional, state or national pharmacy meetings.	28.9% (11)	50.0% (19)	5.3% (2)	10.5% (4)	5.3% (2)
67.The college/school of pharmacy was supportive of student professional organizations.	34.2% (13)	55.3% (21)	5.3% (2)	2.6% (1)	2.6% (1)
68.I was aware of opportunities to participate in research activities with faculty.	15.8% (6)	57.9% (22)	10.5% (4)	10.5% (4)	5.3% (2)

## Section VII: Facilities, Experiential Sites and Educational Resources

The following statements refer to facilities, experiential sites and educational resources. Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
69. My campus learning environment was safe.	31.6% (12)	63.2% (24)	0.0% (0)	5.3% (2)	0.0% (0)
70. The information technology resources provided by the college/school of pharmacy and/or elsewhere on campus were conducive to learning.	18.4% (7)	55.3% (21)	18.4% (7)	7.9% (3)	0.0% (0)
71. The classrooms in the college/school of pharmacy or elsewhere on campus were conducive to learning.	23.7% (9)	60.5% (23)	5.3% (2)	7.9% (3)	2.6% (1)
72.The laboratories and other non-classroom environments were conducive to learning.	13.2% (5)	47.4% (18)	10.5% (4)	18.4% (7)	10.5% (4)
73. The study areas in the college/school of pharmacy or elsewhere on campus were conducive to learning.	18.4% (7)	52.6% (20)	13.2% (5)	15.8% (6)	0.0% (0)
74. The common spaces such as lounges, lobbies or other areas for relaxation and socialization available in the college/school of pharmacy or elsewhere on campus met my needs.	18.4% (7)	52.6% (20)	15.8% (6)	13.2% (5)	0.0% (0)
75. Access to educational resources (e.g., library, electronic data bases) was conducive to learning.	23.7% (9)	63.2% (24)	5.3% (2)	7.9% (3)	0.0% (0)
76. During pharmacy practice experiences, access to educational resources (e.g., library, electronic data bases) was conducive to learning.	26.3% (10)	63.2% (24)	5.3% (2)	5.3% (2)	0.0% (0)

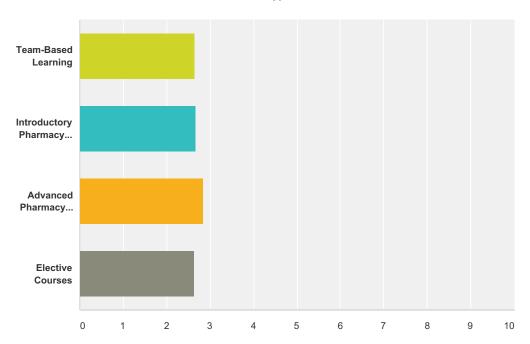
## **Section VIII: Overall Impressions**

These statements refer to your overall impressions of the college/school and the profession of pharmacy. Please indicate the degree to which you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
77. I am prepared to enter pharmacy practice.	23.7% (9)	63.2% (24)	7.9% (3)	5.3% (2)	0.0% (0)
78. If I were starting my college career over again I would choose to study pharmacy.	36.8% (14)	39.5% (15)	7.9% (3)	10.5% (4)	5.3% (2)
79. If I were starting my pharmacy program over again I would choose the same college/school of pharmacy. (If you select disagree or strongly disagree please indicate the reason why in the comment box at the end of this section.)	5.3% (2)	15.8% (6)	31.6% (12)	39.5% (15)	7.9% (3)

## Q1 Please indicate the extent to which you are satisfied with the following in CNU's PharmD program:

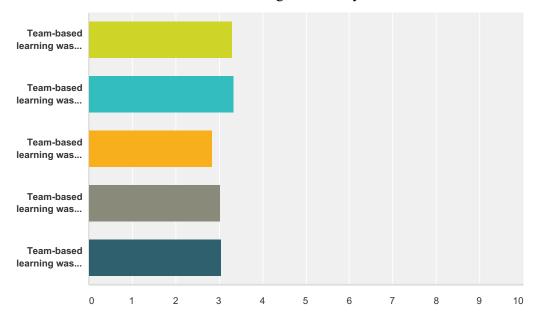
Answered: 46 Skipped: 0



	Highly Unsatisfied	Unsatisfied	Satisfied	Highly Satisfied	Total	Weighted Average
Team-Based Learning	13.04%	17.39%	60.87%	8.70%		
	6	8	28	4	46	2.65
Introductory Pharmacy Practice Experiences	10.87%	21.74%	56.52%	10.87%		
	5	10	26	5	46	2.67
Advanced Pharmacy Practice Experiences	13.04%	8.70%	60.87%	17.39%		
	6	4	28	8	46	2.83
Elective Courses	8.70%	28.26%	54.35%	8.70%		
	4	13	25	4	46	2.63

# Q2 Please select one of the following that describes your level of agreement with each statement below about Team-Based Learning.

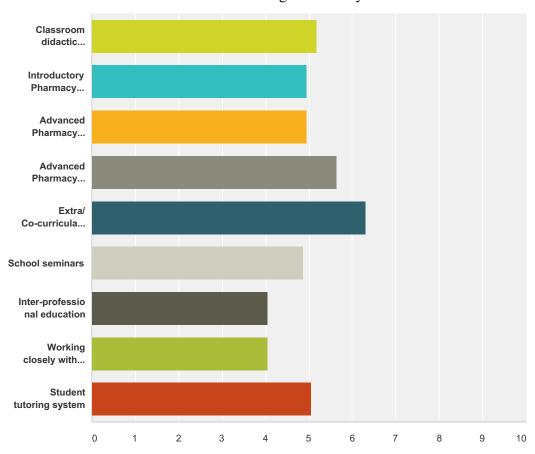
Answered: 46 Skipped: 0



	Strongly Disagree	Disagree	Agree	Strongly Agree	Total	Weighted Average
Team-based learning was effective in helping me gain foundational knowledge in the clinical and basic sciences.	<b>10.87%</b> 5	<b>17.39%</b> 8	<b>63.04%</b> 29	<b>8.70%</b> 4	46	3.30
Team-based learning was effective in helping me retain knowledge.	<b>10.87%</b> 5	<b>19.57%</b> 9	<b>60.87%</b> 28	<b>8.70%</b> 4	46	3.33
Team-based learning was effective in helping me establish teamwork skills.	<b>4.35%</b> 2	<b>6.52%</b>	<b>56.52%</b> 26	<b>32.61%</b> 15	46	2.83
Team-based learning was effective in helping me take responsibility for my learning.	<b>4.35%</b> 2	<b>17.39%</b> 8	<b>54.35%</b> 25	<b>23.91%</b> 11	46	3.02
Team-based learning was effective in helping me develop leadership skills.	<b>6.52%</b>	<b>17.39%</b> 8	<b>50.00%</b> 23	<b>26.09%</b> 12	46	3.04

Q3 The following are a list of areas that you may feel need improvement at the College. Please rank the areas, from one to nine, where 9 represents the area in need of most improvement and 1 the least. (Please use each number from "1" to "9" only once).

Answered: 43 Skipped: 3

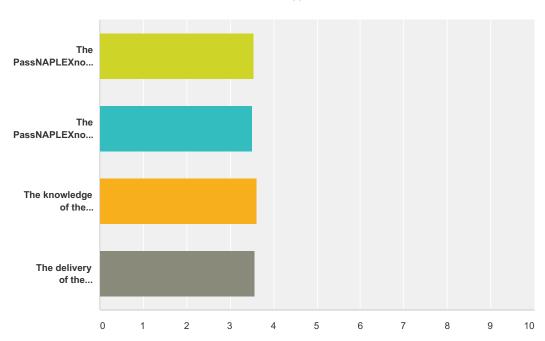


	1	2	3	4	5	6	7	8	9	Total	Score
Classroom didactic curriculum	24.24%	6.06%	12.12%	9.09%	6.06%	6.06%	9.09%	3.03%	24.24%		
	8	2	4	3	2	2	3	1	8	33	5.18
Introductory Pharmacy Practice	6.06%	12.12%	24.24%	3.03%	9.09%	6.06%	18.18%	9.09%	12.12%		
Experiences	2	4	8	1	3	2	6	3	4	33	4.94
Advanced Pharmacy Practice	3.03%	18.18%	15.15%	6.06%	18.18%	6.06%	12.12%	6.06%	15.15%		
Experiences (hospital-based practice)	1	6	5	2	6	2	4	2	5	33	4.94
Advanced Pharmacy Practice	25.00%	5.56%	11.11%	16.67%	2.78%	11.11%	8.33%	13.89%	5.56%		
Experiences (community-based practice)	9	2	4	6	1	4	3	5	2	36	5.64
Extra/ Co-curricular activities	22.22%	25.00%	5.56%	11.11%	13.89%	2.78%	8.33%	8.33%	2.78%		
	8	9	2	4	5	1	3	3	1	36	6.31
School seminars	8.57%	11.43%	8.57%	2.86%	17.14%	17.14%	20.00%	11.43%	2.86%		
	3	4	3	1	6	6	7	4	1	35	4.86
Inter-professional education	0.00%	2.94%	5.88%	14.71%	17.65%	17.65%	17.65%	17.65%	5.88%		
	0	1	2	5	6	6	6	6	2	34	4.06
Working closely with faculty on	5.41%	5.41%	10.81%	8.11%	5.41%	18.92%	16.22%	8.11%	21.62%		
projects	2	2	4	3	2	7	6	3	8	37	4.05
Student tutoring system	12.20%	9.76%	9.76%	17.07%	9.76%	12.20%	2.44%	14.63%	12.20%		
	5	4	4	7	4	5	1	6	5	41	5.05

Q4 Please reflect on your experiences with the PassNAPLEXnow review course and indicate your level of agreement with each

#### statement below.

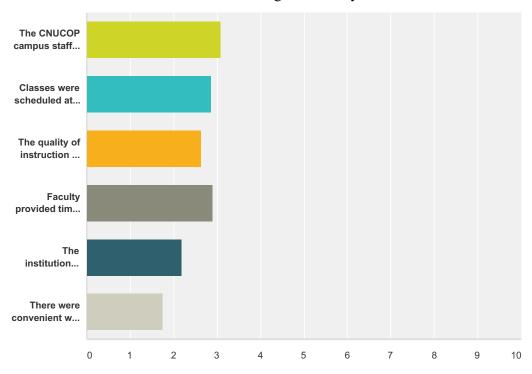
Answered: 46 Skipped: 0



	Strongly Disagree	Disagree	Agree	Strongly Agree	Total	Weighted Average
The PassNAPLEXnow review course will be helpful in preparing me for the licensing exams.	<b>2.17%</b>	<b>0.00%</b> 0	<b>39.13%</b> 18	<b>58.70%</b> 27	46	3.54
The PassNAPLEXnow review course materials were organized and useful in preparation for my boards (NAPLEX and CPJE).	<b>4.35%</b> 2	<b>0.00%</b> 0	<b>36.96%</b> 17	<b>58.70%</b> 27	46	3.50
The knowledge of the PassNAPLEXnow review course presenters was appropriate for my needs.	<b>2.17%</b>	<b>0.00%</b> 0	<b>32.61%</b> 15	<b>65.22%</b> 30	46	3.61
The delivery of the PassNAPLEXnow review course presenters was appropriate for my needs.	<b>2.17%</b>	<b>2.17%</b>	<b>32.61%</b> 15	<b>63.04%</b> 29	46	3.57

Q5 Please reflect on your academic experiences at CNU's PharmD program and indicate your level of agreement with each statement below.

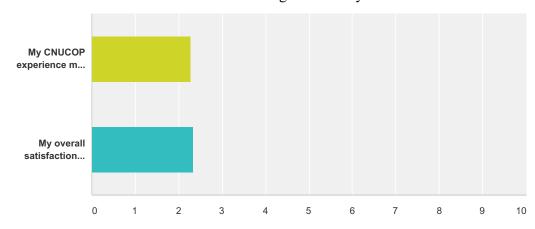
Answered: 46 Skipped: 0



	Strongly Disagree	Disagree	Agree	Strongly Agree	Total	Weighted Average
The CNUCOP campus staff were caring and helpful.	0.00%	10.87%	69.57%	19.57%		
	0	5	32	9	46	3.09
Classes were scheduled at times that were convenient for me.	4.35%	17.39%	65.22%	13.04%		
	2	8	30	6	46	2.87
The quality of instruction I received in most of the classes was	6.52%	32.61%	52.17%	8.70%		
excellent.	3	15	24	4	46	2.63
Faculty provided timely feedback about my academic progress.	0.00%	23.91%	60.87%	15.22%		
	0	11	28	7	46	2.91
The institution helped me identify resources to finance my	34.78%	15.22%	45.65%	4.35%		
education.	16	7	21	2	46	2.20
There were convenient ways of paying my school tuition.	55.56%	15.56%	26.67%	2.22%		
	25	7	12	1	45	1.76

## Q6 Please indicate your level of satisfaction with the statements below about your general CNUCOP experiences.

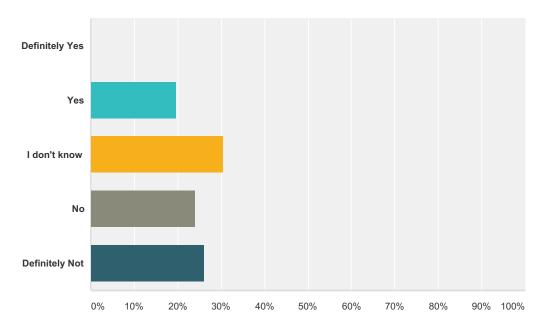
Answered: 46 Skipped: 0



	Highly Unsatisfied	Unsatisfied	Satisfied	Highly Satisfied	Total	Weighted Average
My CNUCOP experience met my expectations.	19.57%	32.61%	47.83%	0.00%		
	9	15	22	0	46	2.28
My overall satisfaction with my experience at CNUCOP.	17.39%	32.61%	50.00%	0.00%		
	8	15	23	0	46	2.33

## Q7 If you had to attend pharmacy school all over again, would you still have chosen to enroll at CNU's PharmD program?





Answer Choices	Responses	
Definitely Yes	0.00%	0
Yes	19.57%	9
I don't know	30.43%	14
No	23.91%	11

13	The pharmacy program is good. The way the material is presented to us and the team-based learning really helps me learn the material and retain it. We are always going over things that help us remember the information. The only negative comment I have is that there is no federal financial aid. The only financial aid options we had were from private loans that were confusing to me and made me not want to get a loan. Luckily, I had enough money to pay for my education at CNU.	5/16/2016 5:13 PM
14	With the current state of faculty transitions, I know that new students who enter the program would have a completely different experience than I had at CNU. My opinion would provide no value to a new student just entering the program. I am neutral on my recommendation.	5/16/2016 5:13 PM
15	I would recommend this program to future students.	5/16/2016 1:18 PM
16	I would only recommend this program only if the school has federal loan due to the fact that we were given the impression that we will receive financial aid but our school chose to decline federal loan. I was fortunate to get private loan but i see the struggle of other students who have to take out school loan and still has to put a deposit up front. If they have money in the first place, they wouldn't have to take out a loan but the school had to make it harder for them to scramble for money for a deposit. There was another student who could not go on with the program because he/she does not qualify for loan or have no money to put down a deposit for school loan. In addition, graduation day was extremely unorganized. There were many mistakes on the program. The way how we got hooded on stage was unorganized and people's name was called before they can get on stage. Our white coat was even more organized. My family who traveled far distance to see me graduate was concerned about the quality of my education based off on my graduation ceremony.	5/16/2016 1:11 PM
17	I am not because of the a lot of changes has been going recently. The school will need to get more rotation sites, federal loans, and more lecture time	5/16/2016 12:42 PM
18	CNU is the worst school to attend.	5/16/2016 7:46 AM
19	I would not recommend CNU. The financial aid situation has marred the reputation and experience of this school beyond repair. The lack of federal aid is not only unacceptable but unethical, as students beginning with my class were led to believe that this would be an option as early as the start of our P2 year. The incoming class sizes are reflective of the quality of life at CNU and the lack of transparency by the administration. A school run by the mindset and priorities that have led CNU to where it is today will certainly not have the support of even its own alumni.	5/14/2016 8:55 PM
20	The staff and faculty seem to be good people with the student's best interest in mind, however the decision making body of the school is only interested in profit for the school, so much so that they have driven away the majority of the faculty and staff. Frankly, I am surprised that there are still even any of the original faculty left. The quality of the fourth year was utterly pathetic. We only had two summits, some of the sites had extreme disdain and contempt for the students secondary to the fact that they are not getting paid. The \$47,000 that the fourth year costed us was a waste of money as we got virtually nothing out of it. We barely received any preparation for the board exams. Financial aid was a complete disaster making these four years unnecessarily stressful.	5/14/2016 5:13 PM
21	The curriculum was not efficient. Team-based learning is only effective when the faculty prepare lectures and deliver before each class (such as video lectures). Class sessions are for questions and answers as well as more problem solving practice. Without lectures students will struggle and waste time trying to figure out what details (not just learning objectives) they need to learn.	5/14/2016 12:31 AM
22	I didn't like the therapeutic part of the classes. I had felt week there could be more formal lectures before going directly to applications.	5/13/2016 2:32 PM
23	too many faculty changes don't know where the tuition goes not stable for education	5/13/2016 10:48 AM
24	Lack of federal financial aid significantly hinders the student's ability to attend school	5/13/2016 10:44 AM
25	It depends on the person. if they are a team based learner or social then by all means go for it. If not then no I would not recommend for people who study alone	5/13/2016 10:42 AM

## Q9 Please provide any comments and suggestions you may have about CNU's PharmD program.

Answered: 16 Skipped: 30

# Responses	Date
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1	Some faculty was delivering TBL as "teachers being lazy." Federal loans? WHERE? high turn over-rate with faculty. CNU or CNSU?	6/22/2016 3:48 AM
2	GET FEDERAL LOANS!!!!! Organize the graduation ceremony Introduce students as DOCTORS considering that we paid over \$250k for that rightful title for CNU owners to drive ferraris and other fancy cars. Be more considerate of your students, you would not have anything if it weren't for us! After having 4 hard years of obtaining your ridiculous private loan options, when I was struggling I was told to ask for cosigner a from family members that live in other countries!!! Who says that honestly? No respect or consideration for anyone who was struggling. Not everyone can pay cash for their education. Stop being so greedy and help change students lives rather than ruin them. I will say thank you to all the professors who basically left CNU for their mentoring and true love of teaching. CNU let the wrong professors leave.	6/10/2016 11:42 AM
3	Although team base learning is valuable, but without any background knowledge how can we apply it toward our application. Merely reading the chapter does not mean we understand the materials.	5/27/2016 12:24 PM
4	I wish I could leave with pride in this school, unfortunately when asked what school I attended, I'm very hesitant now.	5/25/2016 1:15 PM
5	Improve financial aid process with federal loans	5/19/2016 12:47 PM
6	Shut it down.	5/19/2016 11:16 AM
7	n/a	5/17/2016 10:40 AM
3	Please see above.	5/16/2016 9:57 PM
9	The way graduation was presented to us was not consistent and sometimes it was confusing. There were times when I was unsure of what was needed to be done before graduation came around. There were forms we needed to fill out and things to turn in, but there were so many emails from the faculty that I wasn't sure what was needed to be done. There should have been an email telling us what was needed to be done and then reminders that should told us when things were due. It could have been much more smoother. Graduation had the same problem with too many emails telling us different things. We were supposed to arrive at graduation at 8AM, but there were multiple emails stating that we had to be there at different times. This resulted in some students arriving at the later time and delayed graduation practice.	5/16/2016 5:13 PM
10	Please reconsider federal funding.	5/16/2016 5:13 PM
11	I don't think p4 should pay the full tuition considering the fact that we were hardly on campus. We should use other school as example.	5/16/2016 1:11 PM
12	N/A	5/16/2016 7:46 AM
13	I have not been on campus in a year. It seemed like we were heading in the right direction previously. But right now there's too much upheaval. From the sounds of it classes are not going well currently. The financial aid situation was very irritating for a large number of my classmates. At this time, I cannot recommend the school two incoming classes. It is very disappointing.	5/15/2016 5:47 AM
14	The staff and faculty seem to be good people with the student's best interest in mind, however the decision making body of the school is only interested in profit for the school, so much so that they have driven away the majority of the faculty and staff. Frankly, I am surprised that there are still even any of the original faculty left. The quality of the fourth year was utterly pathetic. We only had two summits, some of the sites had extreme disdain and contempt for the students secondary to the fact that they are not getting paid. The \$47,000 that the fourth year costed us was a waste of money as we got virtually nothing out of it. We barely received any preparation for the board exams. Financial aid was a complete disaster making these four years unnecessarily stressful.	5/14/2016 5:13 PM
15	I thought there could be more calculations in the first year to practice. Law could be taught in the first semester before going out to IPPE. Dr. Bouwe class third year was great for preparing for APPE.	5/13/2016 2:32 PM
16	They lied to the students about getting federal funding. I came to this school and it was promised and the school then died federal loans. The amount of turnover for the faculty was not beneficial to our learning. The rotation sites were very limited and I did not get the same APPE experience that other schools received. The way the financial aid department handled students loans was horrendous and was not appropriate and not professional. They made several comments that were inappropriate and assumed students could pay lots of money in short periods. Our tuition increased every year, and half the time we did not know what the money was for, nor did it get used for the students.	5/13/2016 12:57 PM

Faculty	Name	Degree/Alma Mater	Discipline	Post-Graduate Training
Eman	Atef	PhD/ Massachusetts College of Pharmacy	Pharmaceutics	
Diana	Cao	PharmD/ University of California, Davis	Cardiology	PGY1 Pharmacy Practice Residency, PGY2 Cardiology Pharmacy Practic
Suzanne	Clark	PhD/Duke University	Pharmacology	
Jennifer	Courtney	PharmD/California Northstate University College of Pharmacy	Community Pharmacy	
Tony	Eid	PharmD/Loma Linda University	Clinical & Administrative Sciences	Two-year Post-doctoral fellowship in Cardiovascular Therapy
Rania	Elkeeb	PhD/ Massachusetts College of Pharmacy and Health Sciences	Biopharmaceutics and Pharmacokinetics	
Leo	Fitzpatrick	PhD/George Washington University	Physiology	
Jennifer	Graham	PharmD/Touro Univeristy	Internal Medicine	PGY1 Pharmacy Practice Residency 2013-2014
Karen	Hassell	PhD, MSc, BSc, DipMRS/University of Manchester, UK	Social Pharmacy	
Linh	Но	PhD/Univeristy of San Francisco	Pharmacology	
Joseph	Hubbard	PharmD/University of Arizona	Clinical & Administrative Sciences	
Zhuqiu (James)	Jin	Postdoctoral /University of California, San Francisco	Pharmacology	
Sukhvir	Kaur	Pharm D/University of Massachusetts College College of Pharmacy and Health Sciences	Ambulatory Care	PGY1 Pharmacy Practice Residency (ASHP accredited)
Parto	Khansari	PhD/University of Pacific	Neuropharmacology	
Eugene	Kreys	PhD/ Pharmaceutical Sciences Univeristy of Texas at Austin College of Pharmacy/The University of Texas Health Sciences	Cardiology	PGY1 Pharmacy Practice Residency
Tiffany- Jade	Kreys	PharmD/University of Michigan College of Pharmacy	Psychiatry	PGY1 Pharmacy Practice Residency, PGY2 Psychiatry Specialty Pharmacy Residency
Justin	Lenhard	Pharm D/University at Buffalo School of Pharmacy and Pharmaceutical Sciences	Infection Diseases	Two-Year Post-doctoral Fellowship in Infection Diseases Pharmacology

Eric	Mack	PhD/University of Utah	Center of Excellence in Teaching and Learning	
Welly	Mente	PharmD/ University of Southern California	Clinical & Administrative Sciences	
Martha	Pauli	PharmD/Idaho State University	Clinical & Administrative Sciences	
Ivan	Petrzelka	PharmD/ Charles University, Prague, Czech Republic, MBA Management/Newport University, JD/ California Southern	Law and Ethics	
Olivia	Phung	PharmD/Northeaster University, Bouvé College of Health Sciences, School of Pharmacy	Drug Information & Literature Evaluation/SAS	Outcomes Research Fellowship
Cyndi	Porter-Fraser	MBA/University of the Pacific	Clinical & Administrative Sciences	
Sam	Rasty	PharmD/Ferris State University College of Pharmacy	Cardiology	Two-year Post_Doctoral Clinical and Research Fellowship in Cardiovascular Pharmacotherapty.
Hieu	Tran	PharmD/Philadelphia College of Pharmacy and Science	Clinical & Administrative Sciences	Post-Doctoral Fellowship in Clinical Pharmacology
Ruth	Vinall	PhD/University of Wales, BSC/University of Wales, MAS/University of California, Davis	Pharmaceutical and Biomedical Sciences	
Jennifer	West-Lackey	PharmD/ University of California, San Francisco	Geriatrics	Fellowship in Geriatrics, APhA Pharmacy-Based Immunization Delivery Faculty Training
Tibebe	Woldemariam	RPh/School of Pharmacy Addis Ababa University, PhD/University of Bradford School of Pharmacy.	Medicinal Chemistry	

The response to each question: Strongly agree, Agree, Neutral, Disagree, Strongly disagree

Embedded weight of each answer respectively (5, 4, 3, 2, 1)

#### **Course Evaluation; Course #**

#### **Design of Student Learning Outcomes and course Organization**

- Outcomes are relevant to course content and clearly define and focus on major ideas rather than insignificant details.
- The course covered all fundamental concepts and values applicable to the field of pharmacy.
- The course was well organized and perfectly executed with no deviations from the schedule.
- The length of the course was appropriate to learn and master the concepts.
- The instructors emphasized and summarized the key concepts necessary to understand the course material at the end of class.
- Guest speakers were appropriately selected experts in the field who positively contributed to my understanding of the concept(s). delivered classes in the TBL format (answer if applicable)
- I loved this course! I would recommend it to a friend if it was not required!

What did you like most about this course? (Open ended question)

#### **Faculty Evaluation; (Faculty name)**

#### **Pre Class Preparation and In-Class Activities**

- Pre-class material was provided for all topics in a timely manner.
- Guided learning/ handouts were consistent with content covered in the course.
- Learning objectives indicate necessary depth of understanding of course material.
- Required assignments were provided and are reasonable in amount.
- RAT questions correspond to the stated objectives and assess the fundamental knowledge of each topic.
- RAT questions are discussed properly and students are given a chance to get clarification.
- Application exercises are relevant, well designed, diverse, and promote critical thinking
- Applications exercises promote student engagement and provide in-depth understanding of the content.

#### **Class Facilitation and Delivery**

- Class materials are always well prepared, are timed appropriately and ready for distribution.
- The instructor always arrived on time and was well-prepared to begin the class.
- The instructor used classroom discussion to emphasize and clarify misunderstanding of the major concepts with logical connection of ideas.
- The instructor encouraged student participation and asked probing questions to generate class discussion.
- The instructor is very knowledgeable and up to date on the course contents.
- The exams were fair and covered all fundamental concepts necessary to master the course material.
- The instructor is compassionate and listens to the thoughts and ideas of students.
- The instructor gratefully accepts criticism and views it as a chance to improve.
- The instructor responded promptly and provided timely feedback to the students.

What did this instructor do best? (Open ended question)

What can this instructor do to improve? (Open ended question)

#### PUBLICATIONS: 2014 (Partial List)

Witter RZ, Tenney K, **Clark S**, Newman LS, Occupational Exposures in the Oil and Gas Extraction Industry: State of the Science and Research and Recommendations, American Journal of Industrial Medicine 2014; Mar 14. doi:10.1002/ajim.22316, PMID: 24634090.

Mahvan TD, Hornecker JR, Buckley WA, **Clark S**., The role of besifloxacin in the treatment of bacterial conjunctivitis., Ann Pharmacother. 2014; May;48 (5):616-25. doi: 10.1177/1060028014524175. Epub 2014; Feb 24.

**Fitzpatrick LR**, Stonesifer E, Small JS, Liby K. The Synthetic Triterpenoid (CDDO-Im) inhibits STAT3, as well as IL-17, and Improves DSSS-Induced Colitis in Mice. 2014; *Inflammopharmacology*, 22:341-349

Seston E, **Hassell K.** British pharmacists' work-life balance: is it a problem? *International Journal of Pharmacy Practice*, 2014; 22 (2): 135-45 DOI: 10.1111/jipp.12040

#### **PUBLICATIONS: 2015**

**Woldemariam T** and Van Winkle J. In Vitro Hypoglycemic Effect of Salvia hispanica using a Yeast Glucose Uptake Model. *Journal of Pharmaceutical Sciences and Pharmacology* 2015; 2:1-4.

Kushwaha A , Murthy RN, Murthy SN, **Elkeeb R**, Hui X, Maibach HI. Emerging therapies for the treatment of ungual onychomycosis. *Drug Dev Ind Pharm* 2015; 41(10):1575-81.

**Nauli AM**, Whittimore JD. Using Caco-2 cells to study lipid transport by the intestine. *J Vis Exp.* 2015; Aug 20; (102):e53086.

Atkinson KF, Kathem SH, JinX, Muntean BS, AbouAiaiwi WA, **Nauli AM**, Nauli SM. Dopaminergic signaling within the primary cilia in the renovascular system. *Frontiers in Physiology* 2015; Apr 16; 6:103.

Shilpa Raut S, Karzuon B, **Atef E**. Using In Situ Raman Spectroscopy to Study the Drug Precipitation Inhibition and Supersaturation Mechanism of Vitamin E TPGS from Self Emulsifying Drug Delivery Systems (SEDDS). Journal of Pharmaceutical and Biomedical Analysis, Available online February 2015.

**Atef E.**, Mehanna A. The Effect of Albumin-genotype on Ibuprofen Displacement of Nifedipine from its Binding Sites, *Current Pharmaceutical Analysis*, 2015; 11:53-59.

Moose BA, **Vinall**, **RL**, Mudryj M, Yap SA, deVere White RW, Ghosh, PM. The role of EGFR family inhibitors in muscle invasive bladder cancer: a review of clinical data and molecular evidence. *J. Urol.* 2015;193(1):19-29.

**Cusick JK**, Hager E, Gill RE., Identification of a mutant locus that bypasses the BsgA protease requirement for social development in *Myxococcus xanthus*. *FEMS Microbial Lett* 2015; 362(1):1-8.

**Fitzpatrick LR.** Ror-gamma T inhibition as a Pharmacological Approach for Inflammatory Bowel Disease. *Medical Research Archives* 2015; 2 (2) 1-12.

**Viswesh V**, Yost SE, Kaplan B. The prevalence and implications of BK virus replication in non-renal solid organ transplant recipients:a systematic review. *Transplant Rev.* 2015; 29(3):175-80.

Bhutada NS and Rollins BL. Disease-specific direct-to-consumer advertising for reminding

Jackevicius CA, de Leon NK, **Lu L**, Chang DS, Warner AL, Mody FV. Impact of a multidisciplinary heart failure post- hospitalization program on heart failure readmission rates. *Ann Pharmacother* 2015; Aug 10. pii: 1060028015599637 [Epub ahead of print].

Elvey R, **Hassell K**, Lewis P, Schafheutle EL, Willis S, Harrison S. Patient-centred professionalism in pharmacy:values and behaviours. *Journal of Health Organization and Management* 2015; 29(3):413-430.

Ziaei Z, **Hassell K**, Schafheutle EL. Work experiences of internationally trained pharmacists in Great Britain. *International Journal of Pharmacy Practice* 2015; 23:131-140.

Seston E, Fagan T, **Hassell K**, Schafheutle EL. Black and minority ethnic pharmacists' treatment in the UK:A systematic review. *Research in Social and Administrative Pharmacy* 2015; 11: 749-768.

Ziaei Z, Hassell K, Schafheutle EL. Internationally trained pharmacists' perception of their communicative proficiency and their views on the impact on patient safety. Research in Social and Administrative Pharmacy 2015;11:428-441.

**Hassell K** and Symonds S (2015) The pharmacy workforce.In:K M G Taylor and G Harding (eds) Pharmacy practice. London:Taylor & Francis. 2nd edition.

**Gupta V**, Hincapie AL, Frausto S, Bhutada N. Impact of a web-based intervention on the awareness of medication adherence. *Res Social Adm Pharm* 2015; Accepted for publication.

**Bouw J**, Gupta V, Hincapie AL. Assessment of Student Satisfaction with a Student-Led Team-Based Leaming Course: A Qualitative and Quantitative Analysis. *J Educ Eval Health Prof.* 2015; 12:23.

Schilz JR, Reddy KJ, Nair S, Johnson TE, Tjalkens RB, Krueger KP, **Clark S.** Removal of Trace Elements by Cupric Oxide Nanoparticles from Uranium *In Situ* Recovery Bleed Water and Its Effect on Cell Viability. *J Vis Exp.* 2015; Jun 21;(100):e52715.

Saklad SR, **Kreys TJ**, Phan S. Aripiprazole long-acting injectable (Abilify Maintena) for treatment of schizophrenia. *Ment Health Clin* 2015; 5(4): 149-61.

**Kreys TJ,** Phan SV. A Literature Review of Quetiapine for Generalized Anxiety Disorder. Pharmacotherapy 2015; 35(2):175-88.

#### **PUBLICATIONS: 2016**

Prasad D, Chauhan H, **Atef E**. Role of Molecular Interactions for Synergistic Precipitation Inhibition of Poorly Soluble Drug in Supersaturated Drug-Polymer-Polymer Ternary Solution. *Molecular Pharmaceutics*. 2016; 13(3):756-65. **Link:** http://www.ncbi.nlm.nih.gov/pubmed/26866895

Saluja H, Mehanna A, Panicucci R, **Atef E**. Hydrogen Bonding: Between Strengthening the Crystal Packing and Improving Solubility of Three Haloperidol Derivatives. *Molecules*. 2016; Jun 1; 21(6). Link: https://www.ncbi.nlm.nih.gov/pubmed/27258248

**Fitzpatrick LR.** Evidence that the Ubiquitin Proteasome System Plays a Prominent Role in Inflammatory Bowel Disease: Possible Pharmacological Approaches. *Pharmacy & Pharmacology International Journal. 2016;* 4 (1) 1-2. **Link:** http://medcraveonline.com/PPIJ/PPIJ-04-00062.php

**Fitzpatrick LR.** A novel mathematical model for determining faculty workload. 2016; *American Journal of Pharmaceutical Education* 2016; 80(9):152. doi: 10.5688/ajpe809152.

Link: <a href="https://www.ncbi.nlm.nih.gov/pubmed/28090101">https://www.ncbi.nlm.nih.gov/pubmed/28090101</a>

**Fitzpatrick LR** and Woldemariam T. Small Molecules to Treat Inflammatory Bowel Disease. In: Comprehensive Medicinal Chemistry III, Volume 5: Cancer, Immunology and Inflammation, an Infectious Disease (L. Lombardo, editor). Elsevier Inc., Accepted for Publication, 2016.

Abdullah CS, Li Z, Wang X, **Jin ZQ**. Depletion of T lymphocytes ameliorates cardiac fibrosis in streptozotocininduced diabetic cardiomyopathy. *International Immunopharmacology* 2016; 39:251-264. **Link:** http://www.ncbi.nlm.nih.gov/pubmed/27494688

Wang S, Zhang H, Scharadin TM, Zimmermann M, Hu B, Pan AW, **Vinall R**, Lin TY, Cimino G, Chain P, Vuyisich M, Gleasner C, Mcmurry K, Malfatti M, Turteltaub K, de Vere White R, Pan CX, Henderson PT. Molecular dissection of induced platinum resistance through functional and gene expression analysis in a cell culture model of bladder cancer. *PLoS One*. 2016, 11(1): 1-18. **Link:**http://www.ncbi.nlm.nih.gov/pubmed/26799320

**Vinall RL**, Tepper CG, Ripoll AAZ et al. Decreased expression of let-7c is associated with non-response of muscle-invasive bladder cancer patients to neoadjuvant chemotherapy. *Genes & Cancer*, Volume 7 (3-4), March 2016. **Link:** http://www.ncbi.nlm.nih.gov/pubmed/27382433

Malekakhlagh A, de Leon NK, **Lu L.** Ezetimibe Added to Statin Therapy after Acute Coronary Syndromes (IMPROVE-IT). *California Pharmacist Journal*. 2016, in press.

An R, **Lu L.** Antidepressant Use and Functional Limitations in U.S. Older Adults. *Journal of Psychosomatic Research.* 2016, 80:31-36. **Link:** http://www.ncbi.nlm.nih.gov/pubmed/26721545

Soon RL, **Lenhard JR**, Bullman ZP et al. In vitro pharmacodynamic evaluation of ceftolozane/tazobactam against β-lactamase-producing Escherichia coli in a hollow-fibre infection model. *International Journal of Antimicrobial Agents*, September 2016. **Link:** https://www.ncbi.nlm.nih.gov/pubmed/27931793

**Lenhard JR**, Nation RL, Tsuji BT. Synergistic combinations of polymyxins. *International Journal of Antimicrobial Agents*, 48(6): 207-213, 2016. **Link**: https://www.ncbi.nlm.nih.gov/pubmed/27865626

**Lenhard JR**, Gall JS, Bulitta JB et al., Comparative pharmacodynamics of four different carbapenems in combination with polymyxin B against carbapenem-resistant Acinetobacter baumannii. *International Journal of Antimicrobial Agents*, 48(6): 719-724, 2016. **Link:** https://www.ncbi.nlm.nih.gov/pubmed/27773498

## 2016 - FACULTY SURVEY SUMMARY REPORT FOR CALIFORNIA NORTHSTATE UNIVERSITY - CALIFORNIA NORTHSTATE COLLEGE OF PHARMACY

Total number of responses: 25/26

Response Rate: 96.20%

#### **Section I: Administration and Governance**

The following statements refer to administration and governance. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
The college/school's administrators (e.g., Dean,     Associate/Assistant Dean, Department Chair, Program Directors)     have clearly defined responsibilities.	8.0% (2)	72.0% (18)	8.0% (2)	8.0% (2)	4.0% (1)
2. The college/school's administrators function as a unified team.	4.0% (1)	32.0% (8)	44.0% (11)	16.0% (4)	4.0% (1)
3.The college/school's administrator(s) are aware of my needs/problems.	8.0% (2)	56.0% (14)	20.0% (5)	12.0% (3)	4.0% (1)
4.The college/school's administrator(s) are responsive to my needs/problems.	8.0% (2)	32.0% (8)	32.0% (8)	20.0% (5)	8.0% (2)
5.The Dean is an effective leader of the college/school.	4.0% (1)	48.0% (12)	32.0% (8)	16.0% (4)	0.0% (0)
6.I am given the opportunity to provide evaluative feedback of the administrators.	4.0% (1)	60.0% (15)	20.0% (5)	8.0% (2)	8.0% (2)
7.I am aware that my college/school has policies for dealing with harassment and discrimination.	52.0% (13)	44.0% (11)	0.0% (0)	4.0% (1)	0.0% (0)
8. The assessment processes are effective.	12.0% (3)	60.0% (15)	16.0% (4)	4.0% (1)	8.0% (2)
9.The curriculum oversight processes are effective.	32.0% (8)	52.0% (13)	12.0% (3)	0.0% (0)	4.0% (1)
10. The college/school provides opportunities for faculty participation in governance.	12.0% (3)	32.0% (8)	32.0% (8)	20.0% (5)	4.0% (1)
11. The college/school effectively employs strategic planning.	12.0% (3)	44.0% (11)	40.0% (10)	0.0% (0)	4.0% (1)
12. The college/school requested my input during the development of the current strategic plan.	16.0% (4)	44.0% (11)	8.0% (2)	8.0% (2)	24.0% (6)

## **Section II: Faculty Development and Performance**

The following statements refer to faculty development and performance. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
13. I have access to documents that detail policies related to my performance as a faculty member.	16.0% (4)	60.0% (15)	16.0% (4)	4.0% (1)	4.0% (1)
14. My performance assessment criteria are explicit and clear.	16.0% (4)	56.0% (14)	16.0% (4)	4.0% (1)	8.0% (2)
15. My allocation of effort has been clearly stated.	12.0% (3)	44.0% (11)	32.0% (8)	4.0% (1)	8.0% (2)
16. Criteria for my performance assessment are consistent with my responsibilities.	16.0% (4)	40.0% (10)	28.0% (7)	4.0% (1)	12.0% (3)
17.I receive formal feedback on my performance on a regular basis.	20.0% (5)	52.0% (13)	16.0% (4)	4.0% (1)	8.0% (2)
18. The performance feedback I receive is constructive.	20.0% (5)	64.0% (16)	4.0% (1)	8.0% (2)	4.0% (1)
19. The college/school consistently applies promotion and/or tenure policies and procedures.	4.0% (1)	20.0% (5)	32.0% (8)	24.0% (6)	20.0% (5)
20. I receive guidance on career development.	4.0% (1)	44.0% (11)	24.0% (6)	12.0% (3)	16.0% (4)
21. Funds are available to support faculty development.	16.0% (4)	72.0% (18)	12.0% (3)	0.0% (0)	0.0% (0)
22. Programs are available to orient non-practice faculty to the pharmacy profession and professional education.	12.0% (3)	44.0% (11)	4.0% (1)	0.0% (0)	40.0% (10)
23. Programs are available to improve teaching and to facilitate student learning.	16.0% (4)	72.0% (18)	4.0% (1)	0.0% (0)	8.0% (2)
24. Programs are available to develop competence in research and/or scholarship.	4.0% (1)	84.0% (21)	4.0% (1)	0.0% (0)	8.0% (2)

## **Section III: Infrastructure**

The following statements refer to the college/school infrastructure. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
25. The college or school has a sufficient number of staff to effectively address programmatic needs.	8.0% (2)	24.0% (6)	44.0% (11)	16.0% (4)	8.0% (2)
26. Faculty office space permits accomplishment of my responsibilities.	28.0% (7)	64.0% (16)	4.0% (1)	0.0% (0)	4.0% (1)
27. The college or school has resources to effectively address research/scholarship needs.	4.0% (1)	48.0% (12)	36.0% (9)	4.0% (1)	8.0% (2)
28. The college or school has resources to effectively address instructional technology needs.	8.0% (2)	56.0% (14)	32.0% (8)	0.0% (0)	4.0% (1)
29. The college has physical facilities to effectively support academic program needs.	16.0% (4)	60.0% (15)	24.0% (6)	0.0% (0)	0.0% (0)
30. The college/school has a sufficient number of faculty.	0.0% (0)	8.0% (2)	36.0% (9)	52.0% (13)	4.0% (1)
31.My campus work environment is safe.	24.0% (6)	72.0% (18)	4.0% (1)	0.0% (0)	0.0% (0)

## Section IV: Curriculum, Teaching, and Assessment

The following statements refer to the PharmD curriculum, teaching and assessment. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to
32. The organization and structure of the curriculum is clear.	32.0% (8)	64.0% (16)	0.0% (0)	0.0% (0)	4.0% (1)
33. I understand how my instructional content fits into the curriculum.	40.0% (10)	60.0% (15)	0.0% (0)	0.0% (0)	0.0% (0)
34. The curriculum is taught at a depth that supports understanding of central concepts and principles.	36.0% (9)	56.0% (14)	4.0% (1)	0.0% (0)	4.0% (1)
35. Curricular collaboration among disciplines is encouraged at my college/school.	32.0% (8)	48.0% (12)	8.0% (2)	0.0% (0)	12.0% (3)
36. The college/school uses programmatic assessment data to improve the curriculum.	32.0% (8)	48.0% (12)	12.0% (3)	0.0% (0)	8.0% (2)

## **Section V: Developing and Supervising Students**

The following statements refer to developing and supervising students. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Comment
37. The college/school provides an environment and culture that promote professional behavior among students, faculty, administrators, preceptors and staff.	24.0% (6)	64.0% (16)	8.0% (2)	4.0% (1)	0.0% (0)
38. The college/school has an effective process to manage academic misconduct by students (e.g., plagiarism).	32.0% (8)	68.0% (17)	0.0% (0)	0.0% (0)	0.0% (0)
39. The college/school has an effective process to manage professional misconduct by students (e.g., repeated tardiness/absences, drug diversion).	28.0% (7)	60.0% (15)	8.0% (2)	0.0% (0)	4.0% (1)
40. The college/school has an effective process to manage poor academic performance of students.	36.0% (9)	52.0% (13)	8.0% (2)	0.0% (0)	4.0% (1)

## **Section VI: Academic Roles**

The following statements refer to academic roles. Please indicate the degree to which you agree or disagree with the following statements.

	Too Little	Appropriate	Too Much	Unable to
41.In my opinion, the proportion of my time spent on teaching is:	4.0% (1)	80.0% (20)	16.0% (4)	0.0% (0)
42.In my opinion, the proportion of my time spent on research is:	56.0% (14)	32.0% (8)	4.0% (1)	8.0% (2)
43. In my opinion, the proportion of my time spent on service is:	4.0% (1)	56.0% (14)	36.0% (9)	4.0% (1)
44.In my opinion, the proportion of my time spent on clinical service is:	8.0% (2)	44.0% (11)	0.0% (0)	48.0% (12)

## **Section VII: Demographic Questions**

#### 46. Highest Administrative Rank

	Response Percent	Response Total
Dean	9.1%	2
Associate Dean	4.5%	1
Assistant Dean	4.5%	1
Department Head/Chair	9.1%	2
Other; please specify:	9.1%	2
No Administrative Rank	63.6%	14

#### 47. Highest Academic Rank

	Response Percent	Response Total
Professor	4.2%	1
Associate Professor	37.5%	9
Assistant Professor	50.0%	12
Lecturer	0.0%	0
Instructor	0.0%	0
Other; please specify:	8.3%	2
No Academic Rank	0.0%	0

#### 48. Tenure Status

	Response Percent	Response Total
Tenured	0.0%	0
Nontenured, Tenure Track	12.5%	3
Nontenure track (please only select if your college/school has a tenure system)	29.2%	7
Institution does not have a tenure system	58.3%	14

#### 49. Teach Location:

	Response Percent	Response Total
Main Campus	92.0%	23
Distance/Satellite/Branch Campus (enter city and state):	4.0%	1
Other; please specify:	4.0%	1



## **Doctor of Pharmacy: Admission Requirements**

California Northstate University College of Pharmacy (CNUCOP) does not require a Bachelor's degree or PCAT for entry into the pharmacy program; however, a Bachelor's degree is preferred. Additionally, applicants must have a high school diploma or GED. Pre-requisite coursework that must be completed prior to the start of the academic school year is listed below. In addition to the pre-requisite coursework, at least 18 semester units (27 quarter units) of general education courses must be completed. Applicants who have or will have earned a Bachelor's degree prior to enrollment at the College of Pharmacy will have completed the general education requirements as part of their Bachelor's degree program. In addition to the coursework required below, each student must complete and submit a PHARMCAS Application and Supplemental Application, which is housed on our webpage (CNUCOP webpage -> Prospective Students -> Admissions -> Step 2 and Step 3). Your application to our program cannot be reviewed until you have completed the PHARMCAS application. The Supplemental Application should also be completed as soon as possible after the PHARMCAS application has been submitted.

<b>Pre-requisite Courses</b>	Semester/Quarters	<b>Estimated Semester/Quarter Units</b>
General Chemistry*	2/3	8/12
Organic Chemistry*	2/3	8/12
Biochemistry or Cell & Molecular Biology	1/1	3/4
General Biology*	2/3	8/12
Microbiology	1/1	3/4
Physiology ***	1/1	3/4
Anatomy ***	1/1	3/4
Physics **	1/1	3/4
Calculus**	1/1	3/4
Statistics	1/1	3/4
Public Speaking	1/1	3/4
English Composition**** +	2/2	6/8
Total (est.)		54/81

<sup>\*</sup> Course must have lab component or lab equivalent (exception: General Biology only requires 1 lab or lab equivalent)

\*\* A 4+ AP score is acceptable

CALIFORNIA NORTHSTATE
UNIVERSITY

<sup>\*\*\*</sup> A 1-yr Anatomy & Physiology Course will satisfy this requirement

<sup>\*\*\*\*</sup>English Composition: A minimum of two 3-semester unit courses or two 4-quarter unit courses will meet this requirement. Typically this course is the freshman composition sequence (equivalent to ENGL 1A and 1B) required for many bachelor's degree programs. English Composition must be completed at an accredited institution in the United States or at an accredited institution in a predominately English speaking country. English as a Second Language courses will not fulfill this requirement. (\*An AP Exam score of 4 or 5 will fulfill only one semester of this requirement.) CNU's AP Code is 7669.



## **Doctor of Pharmacy: Admission Requirements**



#### **General Education Requirements**

Applicants must complete at least 18 semester units or 27 quarter units of general education. The general education requirements should include, at a minimum, at least one 3-semester unit course from each of the general education categories (A - F) listed below. Each category includes examples of acceptable courses. Other general education courses may be acceptable if they are listed under these categories in your institutions general or course catalogue. Appropriate AP exams with scores of 4 or 5 are acceptable to fulfill general education requirements; however, a maximum of 4 AP exams will be accepted.

#### **General Education Categories:**

#### A. Individual, Group, and Interpersonal Behavior

Examples: General Psychology

Sociology

Abnormal Psychology Development Psychology

Social Psychology

#### **B. U.S. Studies**

Examples: Economics

U.S. History U.S. Government

#### C. Global Studies (Recommend Intercultural Communication)

Examples: Intercultural Communication

Cultural Anthropology

Cultural or Political Geography

European History
East Asian Civilization
Latin American History
Classical Mythology

#### D. Language and Literature

Examples: Spanish Language Course

Medical Terminology



## **Doctor of Pharmacy: Admission Requirements**



**E. Worldviews and Ethics** (Critical Thinking and Logic courses do not fulfill this requirement. A biomedical ethics course is recommended.)

Examples: History of Medicine

**Biomedical Ethics** 

Comparative Religions

History of Western Civilization Introduction to Philosophy

Political Philosophy
Existential Philosophy
Oriental Philosophy
Fundamentals of Ethics
Sociology of Religions
Introduction to Religion

#### F. Visual and Performing Arts

Examples: Healthcare Film History and Studies

Introduction to Art

Applied Art

Survey of Western Art

European Art Oriental Art Art History Photography

Introduction to the Theater History of the Theater

Dance

History of Music Music Appreciation Applied Music

Film History and Studies

#### 2015-16 Candidate Interview Survey Results/highlights and Action Plan

#### **Interview Survey (Interview Day Experience)**

- Seventy five interviewees completed the California Northstate University College of Pharmacy Interview Survey 2015-2016.
- Majority of the interviewees said that they heard about the college from PharmCAS,>family and friends>college friend>Online>Pharmacy Pre-Club

#### **Areas of Strength**

- The interviews overall impression of the interview process was very positive. Words used where "well organized", "efficient", "friendly", and "loved the MMI". Very few reported it as "disorganized" and "impersonal."
- Ratings for the interview process were high and most indicated "useful" when asked about the following: The interview (94.677%), The tour of the building (83.56%), The TBL session (98.65%), Session with financial aid (81.33%) and Open session with students (86.67%)
- Twenty one interviewees provided comments and were very positive overall from good to have a "lunch break to interact", "organized", "amazing job" with a few remarks on "the Financial aid segments at time were hard to follow along with what the speaker was saying, but overall very useful presentation", and "The financial aid session did almost nothing. While the tour was nice it was almost not necessary."
- The interviewees reported >80% as appropriate length in terms of the tour of the building, the TBL session, and break time. Results <80% are reported in Areas of Improvement.
- When asked about "were your questions during the admissions process answered sufficiently", 89.33% indicated as "Yes", 2.67% as "No" and 8.00% as "Unsure."
- When asked "was the interview sufficient in showing the faculty of CNU what you have to offer as a candidate", 65.33% indicated as "Yes", 18.67% as "No" and 16.00% as "Unsure." Comments with these questions stated that the time with faculty were too short (9/11 comments).
- Overall, interviewees were impressed with the current students and staff (77.33% reported "Yes")
- 94.67% reported, "Yes" to "Did CNU make you feel valued as a candidate?"
- 98.67% reported, "Yes" to "Were the faculty, staff, and students at CNU helpful during your interview day?"
- When asked to rate, "Indicate which of the following are important to your decision for choosing a pharmacy school?", they rated as the following. Location of experiential sites offered > Specialty of experiential sites offed (75.34%) > Availability of financial aid (63.01%), and Availability of scholarship.
- When asked to provide comments to "If there are other qualities of a pharmacy program you feel are
  important in your decision, please describe or list them". Most of the responses were "TBL classes",
  "reputation of school", "low tuition", "job placement statistics", and "location."
- 90.67% reported "Yes", when asked "Based on your interview experience, would you recommend CNU to another candidate?" with comments ranging from "No recommendations" to wanting "longer interview time".

#### **Areas of Improvement**

 45.33% interviewees stated that the interview was "too short". >10% reported to have "too long" for Session with financial aid, Open session with students and Break time.

#### **Action Plan**

- 1. An itinerary will be sent to all applicants at least 48 hours prior to their onsite interview. (Some applicants had mentioned no itinerary was sent.)
- 2. The time spent with each faculty member will be increased by two minutes. This will enable more time for students to "showcase" themselves and ask faculty questions. (The applicants felt they did not have enough time with faculty.)
- 3. Student panel- We will aim to have at least 3 current students present for the student-applicant Q&A session. (Students mentioned they wanted to have more interactions with current students.)
- 4. Lunch- Students recommended having faculty rotate tables during lunchtime and I agree. During lunch, Gail and Jason will ensure that each table meets with at least one faculty member.
- 5. Decrease wait time between interview day activities- numerous students commented that they spent a lot of time waiting around. We will conduct the writing sample at the same time as the MMI session to reduce the amount of time students spend waiting.
- 6. During the interview day, the Assistant Dean of Students Affairs and Admissions or designee will discuss student organizations/clubs, scholarships and awards, and briefly touch on post-graduate options (residency, fellowship, retail, industry, etc.).
- 7. Research- During the onsite interviews, many students asked questions about research opportunities. We will ask the Assistant Dean of Research if he can speak with our applicants at the beginning of each interview day.
- 8. Post-interview survey- The post-interview survey will be administered immediately following the interview to ensure accurate feedback and to increase response rates. Additionally, students will be informed during the interview that a post-interview survey will be sent out and that we would appreciate their feedback on their interview day experience.
- 9. We plan to continue the slide show of current students and their accomplishments during lunchtime.
- 10. Overview of Schedule: Start time: 9:00 AM, End time: 3:00 PM
  - a. Administrator (President, Dean, Associate Dean of Academic Affairs, and/or Assistant Dean of Student Affairs and Admissions)
  - b. Intro to Experiential Education
  - c. Intro to Research Opportunities
  - d. Mock TBL Session
  - e. MMIs (2) / Writing Sample
  - f. Lunch with faculty
  - g. Financial aid
  - h. Student Panel
  - i. Optional tour



## (April-2015 to April-2016)

Present Rank and Date of Rank  Date of Hire  Performance Assessment for This Period  Teaching  Research and Scholarship  Service  Collegiality
Performance Assessment for This Period  Teaching  Research and Scholarship  Service
Performance Assessment for This Period  Teaching  Research and Scholarship  Service
Teaching  Research and Scholarship  Service
Teaching  Research and Scholarship  Service
Research and Scholarship  Service
Service
Collegiality
Sum the scores for each indicator and divide by the number of factors. Enter value here
Recommendations:
☐ One-year renewal appointment
☐ Two-year renewal appointment
☐ Five-year renewal appointment
Date
Signature of Faculty Member
Date
Signature of Department Chair
Date



## **Teaching**

Number and Name of the Course	Total Hours of Teaching (class contact)	Role (For e.g. instructor, coordinator)

Indicator	Exceptional 5	Successful 4	Partially Successful 3	Needs Improvement 2-1	Not Applicable
Student Evaluations					
Peer Evaluations					
Course Development					
Course Coordination					
Awards					
Other					

Sum the scores for each indicator and divide by the number of factors. Enter value here

## **Narrative Summary**

(For score of 3-5 please list and provide evidence of your accomplishments)

Overall Performance:	Mark an "X" to the left of the rating that most accurately reflects performance.
Exceptional 5	All expectations and requirements were clearly and consistently exceeded; overall, results were outstanding
Successful 4	All expectations and requirements were successfully met; exceeded expectations in some areas
Partially Successful 3	Some expectations and requirements were met, but others were inconsistently or only partially met
Needs Improvement 1-2	Many expectations and requirements were not met despite periodic feedback and coaching.



## Research and Scholarship

Indicator	Exceptional 5	Successful 4	Partially Successful 3	Needs Improvement 2-1	Not Applicable
Grants and Contracts					
Peer reviewed Publications					
Non-peer reviewed Publications					
Scholarly Presentations					
Journal Reviewer					
Editorial Board member					
Awards / Honors					
Other Scholarly Work					
	Sum the s	cores for each indica	ntor and divide by th	e number of factors.   l	nter value here

#### **Narrative Summary**

(For score of 3-5 please list and provide evidence of your accomplishments)

Overall Performance:	Mark an "X" to the left of the rating that most accurately reflects performance.
Exceptional 5	All expectations and requirements were clearly and consistently exceeded; overall, results were outstanding
Successful 4	All expectations and requirements were successfully met; exceeded expectations in some areas
Partially Successful 3	Some expectations and requirements were met, but others were inconsistently or only partially met
Needs Improvement 1-2	Many expectations and requirements were not met despite periodic feedback and coaching.



## Service

Indicator	Exceptional 5	Successful 4	Partially Successful 3	Needs Improvement 2-1	Not Applicable
University Committee					
Assignment					
College Committee					
Assignment					
Professional and Scientific					
Organization Engagement					
Student Organization					
Advisement and Engagement					
Community Engagement					
Awards					
Other					
Sum the scores for each indicator and divide by the number of factors. Enter value here					

## **Narrative Summary**

(For score of 3-5 please outline your accomplishments)	

Overall Performance:	Mark an "X" to the left of the rating that most accurately reflects performance.
Exceptional	All expectations and requirements were clearly and consistently exceeded; overall,
5	results were outstanding
Successful	All expectations and requirements were successfully met; exceeded expectations in some
4	areas
Partially Successful	Some expectations and requirements were met, but others were inconsistently or only
3	partially met
Needs	Many expectations and requirements were not met despite periodic feedback and
Improvement	coaching.
1-2	



## Collegiality

Indicator	Exceptional 5	Successful 4	Partially Successful 3	Needs Improvement 2-1	Not Applicable
Assumes personal responsibility without putting on colleagues					
Is prompt and courteous in committee meetings					
Helps colleagues when they are in need					
Has appropriate expectations of others					
Communicates effectively with colleagues					
Is respectful of others' points of view					
Creates positive, rather than negative energy in the organization					

#### **Narrative Summary**

(For score of 3-5 please summarize your accomplishments to justify the score)					

Overall Performance:	Mark an "X" to the left of the rating that most accurately reflects performance.
Exceptional 5	All expectations and requirements were clearly and consistently exceeded; overall, results were outstanding
Successful 4	All expectations and requirements were successfully met; exceeded expectations in some areas
Partially Successful 3	Some expectations and requirements were met, but others were inconsistently or only partially met
Needs Improvement 1-2	Many expectations and requirements were not met despite periodic feedback and coaching.



## **Clinical Practice (**complete if applicable)

Indicator	Exceptional 5	Successful 4	Partially Successful 3	Needs Improvement 2-1	Not Applicable
Clinical Competence					
Certification and other Training					
Program Development					
Student Engagement					
Committee Service					
Professional In-services					
Awards					
Other					
	Sum the s	cores for each indica	ntor and divide by the	number of factors. E	nter value here

#### **Narrative Summary**

(For score of 3-5 please list your accomplishments)

Overall Performance:	Mark an "X" to the left of the rating that most accurately reflects performance.
Exceptional 5	All expectations and requirements were clearly and consistently exceeded; overall, results were outstanding
Successful 4	All expectations and requirements were successfully met; exceeded expectations in some areas
Partially Successful 3	Some expectations and requirements were met, but others were inconsistently or only partially met
Needs Improvement 1-2	Many expectations and requirements were not met despite periodic feedback and coaching.



## **Professional Development Plan**

	Please list a minimum of 2 specific short term goals to be achieved in the next year.
1.	
<u>Re</u>	commended By The Department Chair:
II.	Please list a minimum of3 long term objectives to be achieved over the next 5 years.
1.	Please list a minimum of3 long term objectives to be achieved over the next 5 years.
	Please list a minimum of3 long term objectives to be achieved over the next 5 years.
1.	Please list a minimum of3 long term objectives to be achieved over the next 5 years.
1.	
1.	



# **ANNUAL EVALUATION**

# **Summary**

Overall evaluation of faculty performance and professional development	



#### **Peer Evaluation Form for Classroom Teaching**

As a peer observer, you are being asked to participate in an activity that provides constructive feedbacks to your colleague to enhance students' learning. Teaching of each faculty will be peer-reviewed once a year prior to the Faculty Annual Evaluation. At the beginning of each semester, a schedule with the date of the observation and the reviewer's name is revised by the Office of Academic Affairs with input from the Department Chairs. The process is as follows:

- The observed faculty should provide all the pre-class materials to the observer at least one week in advance of the observation date
- The observer should attend the class for its entire duration on the day of observation and may ask students questions to ascertain whether the class is representative of the faculty delivery.
- Upon completion of the observation, the observer and faculty should meet to review and discuss the feedback.
- A copy of this completed review form should be shared with the faculty, Office of Academic Affairs and the respective Department Chair no later than one week after the observation.

Date of Evaluation	
Name of Faculty Evaluated	
Course Title, Number	
Academic Year, Semester	
Name of Peer Observer	

# **Overall Rating**

	Level of Performance			
Indicators	Initial	Developing	Developed	Proficient
	1-2	3	4	5
Pre-class Preparation and Content				
In-Class Activities				
Interaction with Students				
Class Facilitation and Delivery				



# **Peer Evaluation Form for Classroom Teaching**

## A. Pre-class Preparation and Content

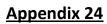
	Level of Performance			
Indicators	Initial	Developing	Developed	Proficient
	1-2	3	4	5
Guided learning handouts are consistent with content				
covered.				
Learning objectives indicate necessary depth of				
understanding of course material.				
Required readings are provided and are reasonable in				
amount.				

#### **B.** In-Class Activities

		Level of Po	erformance	
Indicators	Initial	Developing	Developed	Proficient
	1-2	3	4	5
RAT questions correspond to the stated objectives.				
RAT questions assess the fundamental knowledge				
RAT questions are reviewed and discussed properly				
Students are given a chance to get clarification on RAT				
questions				
Application activities are relevant and well designed				
Application exercises are diverse				
Applications exercises promote critical thinking				
Applications exercises promote student engagement				
Applications exercises provide more in-depth				
understanding of the content.				
Application exercises are in line with higher Bloom's				
taxonomy				
Applications and application grading methods promote				
student and team accountability and encourage all				
team members to help each other learn.				

### C. Interaction with Students

	Level of Performance			
Indicators	Initial	Developing	Developed	Proficient
	1-2	3	4	5
Treats students with respect and care				
Holds attention and respect of students, practices				
effective classroom management				
Answers questions well, including, when appropriate,				
first engaging students and/or teams to develop their				
own answers, using quality sources				





# **Peer Evaluation Form for Classroom Teaching**

Has poise in teaching		
Motivates students to become engaged in discussion		
Demonstrates interest in presenting the course contents		
Treats students equality and with sensitivity to diversity		
Praises student answers and uses probing questions to		
clarify/elaborate answers.		
Guides teams to encourage all team members in active		
participation and critical thinking		
Carefully/gently encourages quiet/shy team members to		
speak up; politely reminds dominant team members to		
share the spotlight.		

## D. Class Facilitation and Delivery

	Level of Performance			
Indicators	Initial 1-2	Developing 3	Developed 4	Proficient 5
The class is well organized.			-	
The class begins promptly.				
Creates a class environment in which students are				
comfortable speaking freely				
Teaches at an appropriate pace				
Presents examples to clarify points				
Visual aids (slides, handouts) are clear, engaging, and are				
designed to promote learning				
Uses nonverbal behavior, such as gestures, walking				
around, and eye contact to reinforce his/her comments.				
Focuses on the class objective and does not let class get				
sidetracked				
Speaks clearly and effectively				
Students are provided clear explanations				
Engages students in didactic dialog to clarify concepts				
and elaborate on content				
Displays an adequate as well as up-to-date knowledge of course content				
Is able to convey information to students in an				
understandable manner				
Responds to student questions in a manner that				
facilitates learning				
Projected voice/used microphone so easily heard				
Used intonation to vary emphasis				
Explains ideas with clarity				
Minimizes distractions (e.g. hands over face, back to				
the audience)				



# **Appendix 24**

# **Peer Evaluation Form for Classroom Teaching**

Positively encourages professional behavior among students, without scolding, belittling or humiliating tactics		
Promotes team accountability and cohesiveness		

tactics			
Promotes team accountability and cohesiveness			
Additional Commonster			
Additional Comments:			
Recommendations for Improvements:			
·			
Observer Signature:	]	Date:	 
Faculty Signature:	I	Oate:	



### **Faculty Mentoring Request Form**

EdD PharmD Other: \_\_

To request a mentor, please complete the following form.

The Mentoring Committee will carefully review your application and attempt to facilitate a match for you with an appropriate Mentor.

All questions marked with an asterisk \* are required. The form will be returned if those fields are not answered.

Demograp Informatio			
*Name: _			_
*Email a	ddre	ress:	
*Depart	ment	t affiliation:	
*Faculty	rank	ık:	
	0	Associate Professor Professor	
Educationa Interests	al Ba	ackground and Research	
*Highest (	degre	ree earned:	
	0		

nstitution awarding the degree:	
*Discipline:	-
*Main research interest(s):	
*Topics or regional areas of research:	
Please list any special interests/avocations/requests:	
	_
*What do you want to get out of the mentoring experience?	
Interested Areas in Guidance	

\*Please indicate areas in which you would like guidance as a Mentee:

- Writing for publication
- Preparing teaching presentations
- Learning networking and retention strategies
- o Effective chairing of committees
- o Getting involved in national service
- o Professional development (obtaining resources, time management, etc.)

- o Managing and using time effectively
- Promotion /retention process and procedures
- o Developing and funding research
- Teaching (assessment, preparation exams, etc.)
  - Please note: TBL coaching is facilitated through the TBL Center
- Scholarship (writing grants, writing manuscript, setting experiments, preparing posters, etc.)

0	Other:		
Additional Comments (may include an indication of preference of mentor):			



# **Mentoring Partnership Agreement Form**

(to be completed within the first two weeks of Mentor-Mentee assignment)

During this mentorship term, our mentoring partnership will be guided by the following goals &

objectives.
1.
2.
3.
To ensure our partnership is mutually rewarding and satisfying, we agree to:
<b>Meet regularly:</b> We will hold the following meetings this semester: At least 3 meetings (once a month) are expected, in addition to the first meeting (please specify days or weeks)
a. On campus
b. e-mentoring
<b>Enhance Learning (Highly recommended)</b> : We will seek learning opportunities that address identified goals.
Training Opportunities
Maintain Confidentiality: Our partnership defines confidentiality as:
a.
b.
Respect Ground Rules: To ensure our meetings are successful, we agree to the following ground rules.
Time
Feedback
Roles
Communication
Challenges
Closure

Regular Feedback (define expected frequency)		
Progress Reflection:		
In order to accomplish mentee learning goals, we cour meetings, we will reflect on how goals and obalso reflect on our progress and come to closure.	-	_
Mentor Signature	Date	
Mentee Signature	Date	

**Reflect:** To meet our goals, we agree to provide feedback to one another and reflect on our progress.

<sup>\*\*</sup>This form is modified from HCC Faculty Mentoring Program with their permission



Identif	y and discuss fro	First Meeting Reflections: m the following lists the items you think would have major success on your Mentor Mentee relation		
Mentoring Scope  Mentoring Skills		Identify your goals for mentoring: Service, Teaching, Scholarship or		
		Personal Development  Review the interpersonal skills you need to mentor.  Effective Communication: Listening, Feedback,  Mentoring: Coaching, Facilitating Guiding,  Goal Setting: Evaluating, Reflecting.  Relationship: Building, Maintaining, Problem Solving, Managing  Conflict.  Open to feedback and constructive criticism		
Mentor or Mentee Role		Clarify the roles and responsibilities of a mentor and a mentee. For example who will set up the meeting calendar and follow-up agenda? Communication Style		
		First Meeting Agenda		
1		Hold an initial introduction from both mentor and mentee. Share experiences Clarify mentoring styles.		
2	Share learni	Share learning and development goals Explore specific <b>Mentee</b> goals.		
3	Determine r	Determine relationship needs and expectations Discuss mentoring partnership expectations.		
4	Share your a	Share your assumptions, concerns, and limitations.  Explore similarities and difference that impact a partnership.		
5	Discuss pers	Discuss personal learning styles. Apply to a mentoring partnership.		
6	Establish ra	Establish rapport. Share communication preferences.		
What's	Complete th	Complete the Mentoring Partnership Agreement Form.		
Next?	Schedule a g	Schedule a goal setting meeting.		



#### **Mentee Reflection Sheet**

This form is due to your <b>Department Chair or Direct Supervisor</b> during the last week of the semester or the last week of the summer
Mentor
Mentee
All information provided in this form will be confidential. Please check the items below and provide comments for the unfulfilled items.
$\square$ Early in the semester, a first meeting was set in person and we
$\hfill \square$ Discussed the goals and objectives of the mentoring program and completed the partnership agreement
☐ Agreed on meeting tools and times
☐ Agreed to and met for three additional times
In case any of the above items were not fulfilled in a timely manner please explain in the next section
Discuss questions or concerns you have regarding your mentoring experience.
Reflect on the progress and changes you applied personally and professionally as a result of the mentoring experience
Suggestions to improve the process and outcomes

Do you wish to continue one more semester?	
If yes, do you want to continue with the same Mentor or would yo Mentor?	ou rather be assigned or select another
Mentee Signature I	Date



## **Mentor Reflection Sheet**

Checklist is due to your Department Chair <b>or I</b> the last week of the summer	Direct Supervisor during the last week of the semester or
Mentor	
Mentee (in complete a separate form for each one)	case you are mentoring more than one mentee, please
$\hfill \square$ Within a week of being assigned a mentee, I	contacted her/him.
☐ Early in the semester, a first meeting was set	in person and we
☐ Discussed the mentee's goals and co	mpleted the partnership agreement
☐ Agreed on meeting tools and times	
$\Box$ We met for an additional 3 times.	
☐ During the last week the Mentor completed the Mentee checklist.	he mentor checklist and reminded the Mentee to complete
In case any of the above items were not fulfilled	d in a timely manner please explain in the next section
Comments	
Discuss questions or concerns you have regar	ding your mentoring experience.
Discuss your progress and changes you applied Mentoring assignment)	ed to your mentoring experience (if this is not your first
Mentor Signature	Date

Forms adopted with permission from HCC Faculty Mentoring Program

#### **COP Mentoring list 2016**

#### **External Mentors**

- 1- Dr. Diana Cao: External mentors: Tien M.H. Ng, PharmD, FCCP, BCPS-AQ Cardiology, FHFSA, Jaekyu Shin, PharmD, Rebecca Cheung, PharmD, BCPS-AQ Cardiology
- 2- Dr. Eric Mack: Long term external mentors

Teaching: Dr. Rashid Mosavin, Loma Linda University, active learning

Service: Dr. Barry Bleidt, Nova Southeastern University, organizational leadership Scholarship: Dr. Samit Shah, Keck Graduate Institute, scholarship of teaching and learning

- 3- Dr. Parto Khansari: Long term external mentors: Dr. Michael Nelson, Department Chair at Rueckert-Hartman College for Health Professions, Regis University
- 4- Dr. Welly Mente: Long term external Judy Lee
- 5- Dr. Tony Eid Dr. Sachin A. Shah,
- 6- Dr. Leo Fitzpatrick: Long term external mentor: name not indicated
- 7- Dr. Martha Pauli: Long term ones, name not indicated
- 8- Dr. Tibebe Woldemariam: Long term external: Marc W. Harrold, R.Ph., Ph.D., Professor of Chemistry, Mylan School of Pharmacy,
- 9- Dr. Rania Elkeeb Long term external: Dr. Howard Maibach, MD
- 10- Dr. Eman Atef; Long term external mentor: Dr Chuck Pidgeon
- 11- Dr. Eugene Kreys: Long term external (more of coach than a mentor): Professor Jim Koeller
- 12- Dr. Sukhvir Kaur: External mentor Dr. Michael J. Fulford Director of Assessment

#### **Internal Mentors**

- 1- Dr. Jennifer Graham Long term internal mentor: Martha Pauli
- 2- Dr. Grant Lackey Long term internal: Dr Alvin Cheung
- 3- Dr. Zhuqiu James Jin: Long term internal: Parto Khansari is my teaching mentor; Leo Fitzpatrick is my research mentor.

#### Short term mentor

Dr. Sam Rasty: Short term internal mentor: Dr. Sukhvir Kaur