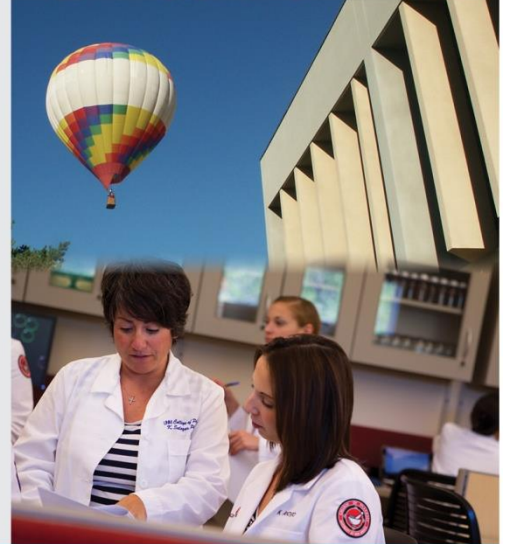




THE UNIVERSITY *of* NEW MEXICO
COLLEGE *of* PHARMACY



Accreditation Council for Pharmacy Education

Doctor of Pharmacy Program
Self Study
November 2015



Table of Contents

College Overview

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

Section 1: Mission, Planning, and Evaluation

- **Standard 1: College or School Mission and Goals**
- **Standard 2: Strategic Plan**
- **Standard 3: Evaluation of Achievement of Mission and Goals**

Section 2: Organization and Administration

- **Standard 4: Institutional Accreditation**
- **Standard 5: College or School and University Relationship**
- **Standard 6: College or School and other Administrative Relationships**
- **Standard 7: College or School Organization and Governance**
- **Standard 8: Qualifications and Responsibilities of the Dean**

Section 3: Curriculum

- **Standard 9: The Goal of the Curriculum**
- **Standard 10: Curriculum Development, Delivery, and Improvement**
- **Standard 11: Teaching and Learning Methods**
- **Standard 12: Professional Competencies and Outcome Expectations**
- **Standard 13: Curricular Core – Knowledge, Skills, Attitudes, and Values**
- **Standard 14: Curricular Core – Pharmacy Practice Experiences**
- **Standard 15: Assessment and Evaluation of Student Learning and Curricular Effectiveness**

Section 4: Students

- **Standard 16: Organization of Student Services**
- **Standard 17: Admission Criteria, Policies and Procedures**
- **Standard 18: Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing**
- **Standard 19: Progression of Students**
- **Standard 20: Students Complaint Policy**
- **Standard 21: Program Information**
- **Standard 22: Student Representation and Perspectives**
- **Standard 23: Professional Behavior and Harmonious Relationships**

Section 5: Faculty and Staff

- **Standard 24: Faculty and Staff – Quantitative Factors**
- **Standard 25: Faculty and Staff – Qualitative Factors**
- **Standard 26: Faculty and Staff Continuing Professional Development and Performance Review**

Section 6: Facilities and Resources

- **Standard 27: Physical Facilities**
- **Standard 28: Practice Facilities**
- **Standard 29: Library and Educational Resources**
- **Standard 30: Financial Resources**

College Overview

The College of Pharmacy (COP) prides itself on its long history of excellence, innovation and leadership, attributes that serve to guide the future of the pharmacy profession. Building on this strength, uniting faculty, staff and students, the COP has made a number of strategic improvements since its last accreditation in 2009.

Mission, Planning and Evaluation: Over the course of 2 years, the COP updated its mission, vision and values to be more inclusive of all our mission areas. This revision was faculty driven and triggered changes to the strategic planning process of the COP. Through a series of activities at faculty retreats/meetings, the COP's vision for 2020 was created and used to articulate the COP's major strategic goals. The new strategic plan is linked to the COP's new mission and vision as well as the Health Science Center (HSC) and the University strategic plans. The COP's approach to embedding evaluation and assessment practices into committees is unique, strengthens the assessment process, and ensures faculty engagement and ownership. Overall, the COP's strong evaluation and assessment practices have led to substantial improvements within the organization.

Organization and Administration: There were numerous changes to the COP since 2009, including hiring of Lynda Welage as the new Dean. In addition, the UNM was reaccredited until 2019 and the HSC Board of Directors was created in 2010 to streamline governance. Internally, the COP has developed numerous new partnerships both within the University and externally to advance the COP's mission and goals. In addition the COP has recently performed a number of assessments to better evaluate its organization and is looking towards further improving operations within the organization.

Curriculum: The COP has always prided itself on a curriculum strong in the pharmaceutical and clinical sciences as well as a strong experiential component, and since 2010, the curriculum has undergone rigorous review resulting in 1) new curricular philosophy; 2) new curricular competency (outcome) statements; 3) expansion of professional electives; 4) detailed curricular mapping; 5) restructuring of the Curriculum Committee to include assessment; 6) expansion of student-centered learning methods; and 7) an increase in Interprofessional Education. In Experiential education, we have developed 1) a new APPE assessment instrument and grading formula; 2) new student workbooks for IPPEs; 3) student written Learning Plans and Reflections and 4) an increase in preceptor development.

Students: The COP maintains a highly qualified student body with a commitment to NM and has implemented a number of measures to better support them including the creation of the HSC Registrar as well as a HSC Financial Aid office. The COP has recently updated our Honor Code and reconfigured our Honor Council to include both students and faculty. Significantly, the COP continues to be one of few minority-majority COPs in the country. Our early assurance program now has full enrollment and the first 6 graduates. Finally, our students demonstrated their professionalism and leadership through a tremendous quantity of award winning community service and by taking it upon themselves to write an independent self-study report.

Faculty and Staff: The COP has 55 faculty and 94 staff who work together effectively support our missions. Most recent hires were the Chair for the Department of Pharmacy Practice and Administrative Sciences (June 2015) and Assistant Dean for Experiential Education (starting in Jan 2016). The COP currently has lost the equivalent of 6.55 faculty FTEs, creating added workload and stress for some, but some of the burden has been alleviated through the hiring of temporary part-time and visiting faculty. The COP has also developed an enhanced faculty performance evaluation process along with a new faculty compensation plan as well as new faculty development initiatives

Facilities and Resources: The COP's physical facilities have expanded by 10.6% since 2010. Renovations to research, instructional and office space represent a total investment of over \$8 million from HSC and COP resources. Most recently, the funding of the Domenici Center for Health Sciences Education Phase III has been approved and the COP will directly benefit from two 100-seat learning studio classrooms and an expanded skills laboratory. COP students have also benefitted from library renovations and increased library holdings. Revenue increased by 28.4% since 2009 with a commensurate increase in expenses. New funding sources include a tuition differential, revised state funding formula, a new tuition sharing agreement with UNM main campus, increased research grant and contract active, and clinical revenue

In summary, many positive changes have taken place at the COP since the time of the last accreditation visit. We are excited to share the details of our updated program through this accreditation self-study report.

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

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

The Self-Study process was officially kicked off with the College's January 2014 retreat with a presentation from ACPE's own Greg Boyer and a faculty exercise to identify initial points of pride and potential gaps in a number of standards ([Appendix B-A](#)). However, as part of our culture of ongoing continuous quality improvement, the college informally began the self-study process in 2013, when several College committees were given charges that would produce information used in the preparation for the self-study ([Appendix B-B highlighted sections](#)).

As the accreditation self-study process progressed, the decision was made to embed self-study activities into the existing committee structure (Appendices [B-C](#) and [B-D](#)). This was done for two reasons: 1) many of the committees were already working on assessment activities and program enhancements that would influence the self-study; and 2) this approach would further entrench the existing process of assessment and continuous improvement into the College infrastructure. Thus, the Dean appointed the Steering Committee, members of which serve as chairs or members of other key College committees, to oversee the process as outlined below.

College Committee	Self-Study Area of Responsibility
Dean's Executive Leadership	Mission, Strategic Planning, Evaluation & Organization, and Administration (Standards 1-6, and 8)
Governance Task Force	Organization and Governance (Standard 7)
Curriculum and Learning Assessment	Curriculum (Standards 9-15)
Student and Admission Committees	Students (Standards 16-23)
Budget and Planning	Faculty and Staff (Standards 24, 25) and Facilities and Resources (Standards 27-30)
Faculty Development	Faculty and Staff Continuing Professional Development and Performance Review (Standard 26)

Following the initial identification of Points of Pride and Potential Gaps, the various College Committees took that information and further developed it as they began to identify data elements needed for the report and write the initial drafts of the Standards. Each standard was assigned a primary writer and reviewer from within the appropriate committee. The draft narratives were then edited based on input from faculty. In total, the College held five faculty retreats regarding accreditation.

In addition to the hard work of the faculty and staff, the College is very proud of the work of its students, who were integrally involved in several of the self-study committees and completed their own independent self-study report as documented in [Appendix B-E](#).

Since the ACPE Standards 2016 were approved during the Self-study process, some of the college committees began to consider how the College will meet those standards effective July 2016. The brunt of this work was done by the Curriculum and Learning Assessment Committee. As a result, the College is designing a significantly revised Doctor of Pharmacy curriculum (Standards 9-15). Additionally, the Admissions Committee (Standard 17) is developing adjustments to the admissions procedures for pharmacy students.

In preparation for the on-site review, the College held several discussion sessions with faculty, students and staff to review the results of the self-study. The College enlisted an external reviewer to provide comments on the self-study, and to serve as an assessor for our mock site visit.

The timeline for the self-study process is shown in [Appendix B-F](#) and the committees involved are in [Appendix B-G](#). This process not only served to evaluate the program, but, because of the intense self-reflection and focus on quality improvement, it facilitated positive changes in the organization that were not previously anticipated. The Dean and the Steering Committee are very proud of the tremendous efforts of all faculty members, students, staff and alumni involved, and of the transformational changes that have occurred.

Appendices

Appendix	Content
B-A	January 2014 Retreat agenda
B-B	2012-2013 COP Committees
B-C	2014 COP Committees

<u>B-D</u>	2015 COP Committees
<u>B-E</u>	Student Written Self-Study
<u>B-F</u>	Self-study timeline
<u>B-G</u>	Self-Study Committees

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

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

[TEXT BOX] [Maximum 5,000 characters including spaces] (approximately two pages)

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

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

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

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

Standards	Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
MISSION, PLANNING, AND EVALUATION				
• College or school Mission and Goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Strategic Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Evaluation of Achievement of Mission and Goals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION AND ADMINISTRATION				
• Institutional Accreditation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• College or school and University Relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• College or school and other Administrative Relationships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• College or school Organization and Governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Qualifications and Responsibilities of the Dean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CURRICULUM				
• The Goal of the Curriculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Curricular Development, Delivery, and Improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Teaching and Learning Methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professional Competencies and Outcome Expectations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Curricular Core—Knowledge, Skills, Attitudes, and Values	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Curricular Core—Pharmacy Practice Experiences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment and Evaluation of Student Learning and Curricular Effectiveness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENTS				
• Organization of Student Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Admission Criteria, Policies, and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Progression of Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Student Complaints Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Program Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Student Representation and Perspectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professional Behavior and Harmonious Relationships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACULTY AND STAFF				
• Faculty and Staff—Quantitative Factors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Faculty and Staff—Qualitative Factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Faculty and Staff Continuing Professional Development and Performance Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACILITIES AND RESOURCES				
• Physical Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Practice Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Library and Educational Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Financial Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1. Mission, Planning, and Evaluation

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- The current mission statement, goals, objectives, and core values for the college or school of pharmacy [Appendix 1-E](#)
- The mission statement and goals of the parent institution (if applicable) [Appendices 1-C](#) and [1-D](#)

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

- It is optional for the college or school to provide brief comments about each chart or table (see Directions).
- AACP Standardized Survey: Students – Questions 85 – 87 [Appendix 1-M](#)
- AACP Standardized Survey: Faculty – Question 16 [Appendix 1-M](#)
- AACP Standardized Survey: Alumni – Questions 42 – 44 [Appendix 1-M](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee meeting minutes, faculty meeting minutes, evidence of initiatives that document the mission in action, etc.)

Appendices 1-A through 1-M

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

	S	N.I.	U
The college or school has a published statement of its mission; its long-term goals in the areas of education, research and other scholarly activities, service, and pharmacy practice; and its values.	●	○	○
The mission statement is compatible with the mission of the university in which the college or school operates.	●	○	○
The college or school's vision includes the development of pharmacy graduates who are trained with other health professionals to provide patient care services as a team.	●	○	○

¹ The term "university" includes independent colleges and schools.

The college or school's vision and long-term goals include fundamental commitments of the program to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, innovation, quality assurance and continuous quality improvement, and the assessment and evaluation of desired outcomes.	●	○	○
The college or school's vision and goals provide the basis for strategic planning on how the vision and goals will be achieved.	●	○	○
For new college or school initiatives, e.g., branch campus, distance learning, or alternate pathways to degree completion, the college or school ensures that: <ul style="list-style-type: none"> the initiatives are consistent with the university's and the college or school's missions and goals the same commitment to the instillation of institutional mission and academic success is demonstrated to all students, irrespective of program pathway or geographic location resources are allocated in an equitable manner <p style="text-align: right;">N/A (no applicable initiatives) <input checked="" type="checkbox"/></p>	○	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- How the college or school's mission is aligned with the mission of the institution
- How the mission and associated goals² address education, research/scholarship, service, and practice and provide the basis for strategic planning
- How the mission and associated goals² are developed and approved with the involvement of various stakeholders, such as, faculty, students, preceptors, alumni, etc.
- How and where the mission statement is published and communicated
- How the college or school promotes initiatives and programs that specifically advance its stated mission
- How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

² Goals should be distinguished between long-term (perpetual) goals that relate to the overall vision and mission of the college or school, and short-term goals (± two to five years) that are included in the college or school's strategic plan. Goals within a strategic plan will align with and support the vision and mission of the college or school.

Description:

The University of New Mexico (UNM) was founded by an act of the Territorial Legislature in 1889, 23 years before New Mexico became a state. Written into the constitution of the State, and specified by statute, UNM “is intended to be the State University”. UNM is one of 27 institutions of higher learning in the State of New Mexico. UNM has its main campus in Albuquerque and branch campuses in Gallup, Los Alamos, Taos, and Valencia County. It is the only university in New Mexico classified as Carnegie RU/VH Research Institution and one of only two such universities in the United States federally designated as a Hispanic -Serving Institution. UNM enrolls approximately half of New Mexico’s baccalaureate students and offers a wide variety of graduate and professional programs, including the state’s only schools of architecture, law, medicine, and pharmacy.

The College of Pharmacy (COP) is one of 12 colleges and schools within UNM and is part of the Health Sciences Center (HSC), which includes the School of Medicine (MD as well as allied health programs), the College of Nursing and the COP. The COP is one of 42 colleges/schools of pharmacy that are located on health sciences center campuses that are members of the Association of Academic Health Centers (AAHC). The COP was established in 1945 and was the first health professional school at UNM and the only institution in New Mexico offering the Doctor of Pharmacy degree. The COP prides itself on a sense of community and excellence in teaching, research and service. The COP enrolls approximately 340 PharmD students and 25-30 graduate students, which makes the COP the second smallest academic unit at UNM. As a result, UMM’s pharmacy students have access to all of the facilities offered by a large, very diverse, flagship university, while also having the ability to enjoy the advantages of belonging to a select, close-knit group.

The COP is responsible for the Doctor of Pharmacy Program and graduate degrees in Pharmaceutical Sciences with emphasis in (a) Pharmacoeconomics, Epidemiology, Public Policy and Outcomes Research (MS/PhD), Radiopharmacy (MS), and Toxicology and Pharmaceutical Sciences (MS). We also offer MS/PhD programs in Biomedical Sciences with emphasis in Toxicology and Pharmaceutical Sciences, through a collaboration with the School of Medicine. Several faculty participate in the multidisciplinary graduate program (MS/PhD) in Nanoscience and Microsystems offered in collaboration with the School of Engineering and the College of Arts

and Sciences. The COP in partnership with the Anderson School of Management offers a PharmD/MBA dual degree program.

The Dean's Executive Leadership Committee (DELIC) serves as the leadership council within the COP ([Appendix 1-A](#)). This committee is comprised of the dean, the assistant and associate deans, department chairs, directors of the New Mexico Poison and Drug Information Center and Development and the College's Associate Director of Finance and Administration. This committee ensures that the COP's activities are in alignment with the COP's mission, vision and values.

In 2012, the COP undertook a process to review process of our Mission, Vision and Values statements ([Appendix 1-B](#)) as well as our strategic plan. The DELIC first closely reviewed the approved mission statements for the University ([Appendix 1-C](#)) and the HSC ([Appendix 1-D](#)) to facilitate alignment with all. Both the UNM and HSC statements stress the importance of teaching, research, patient care and community service and the COP highly values each of the mission areas. Based on statements that were presented at a series of faculty meetings and retreats, as well as comments from departmental meeting reviews, the DELIC created a first draft. Several iterations were debated amongst the faculty and the open dialogue and the iterative, consensus-based process yielded broad ownership of these statements (Figure 1.1) that were approved ([Appendix 1-E](#)).

Figure 1-1. Mission, Vision and Value Statements of the College of Pharmacy

Mission: Our mission is to develop pharmacists, educators and scientists whose leadership, dedication, and innovation improve the health of our local and global communities.

Approved: January 8, 2015

Vision: To prepare tomorrow's leaders through innovative teaching, research, and clinical practices that translate scientific discoveries into new treatments and models of care to improve both health and quality of life.

Approved: January 8, 2015

Values:

1. **Excellence:** *continuously striving for the highest quality of performance and outcome.*
2. **Integrity:** *steadfast adherence to moral and ethical principles.*
3. **Accountability:** *being held responsible for one's actions.*
4. **Collaboration:** *work in teams to achieve excellence in education, research/scholarship, patient care and service.*
5. **Continuous Learning:** *strive to acquire knowledge or skills by study, instruction or experience.*
6. **Diversity in People & Thinking:** *embracing inclusiveness, access, and equity for all; recognizing and appreciating the totality of the many ways individuals are similar and different in an atmosphere that promotes and celebrates individual and collective achievements.*
7. **Compassion:** *feeling & exhibiting concern and empathy for others.*

Approved: endorsed in 2013

The mission, vision and value statements are articulated in formal statements on the COP website disseminated through the use of written materials such as the student handbook ([Appendix 1-F](#)) and faculty handbook (available onsite), marketing materials and in-person activities (speeches, orientations). The Executive Associate Dean for Education introduces the mission to students during orientation and it is subsequently reinforced in discussions during student town hall and leadership meetings. Deliberate and routine public reinforcement of these foundational tenets demonstrates the COP's commitment to upholding and being accountable for these principles.

The mission statement of the COP provides the foundation for the COP's Enduring Goals ([Appendix 1-G](#)) that are the long-term goals for excellence in education of both professional and graduate students, research, patient care, and community service. These enduring goals, in turn, set the foundation for the COP's 3-5 year strategic goals of the strategic plan ([Appendix 1-H](#)).

In addition, to the aforementioned graduate degrees, the COP recognizes and supports the University Hospital PGY-1 and PGY-2 (Emergency Medicine) residency programs. The COP also offers PGY-2 residencies (Ambulatory Care and Infectious Disease) as well as a two-year fellowship in cardiology. Evidence that the COP supports post-graduate training and its commitment to graduate preparation for providing patient care in a diverse array of settings is demonstrated by our (a) diverse MS/PhD and dual degree program offerings ([Appendix 1-I](#)), (b) offering of postgraduate residencies/fellowships; (c) our diverse practice experiences, and the career paths pursued by our graduates ([Appendix 1-J](#)). Moreover, our Strategic Plan ([Appendix 1-H](#)) specifically emphasizes our commitment to graduate and post graduate training with Goal #2 which aims to "Expand and Strengthen Graduate and Post-Graduate Education to Prepare Trainees for a Diverse Work Place".

The COP is currently revising our PharmD curriculum to improve our graduates' critical thinking/problem-solving abilities (Strategy 1.1) while embedding interprofessional education within the entire curriculum (Strategy 1.3). The COP currently participates in interprofessional education through a number of elective courses and through interprofessional APPEs as well as co-curricular activities including interprofessional community service projects ([Appendix 1-K](#)). Spring 2016, we will launch a required interprofessional community engaged curriculum ([Appendix 1-L](#)) for all health professions. The UNM HSC Director of Interprofessional Education also serves as the COP's Assistant Dean for External Programs and ensures that COP

faculty and students are involved in interprofessional activities. Excellence in research/scholarship (Strategic Goal (SG) #3), patient care (SG #4), and community service (SG #5) directly support the mission/vision of the COP, while the remaining strategic goals either directly or indirectly support all mission areas of the COP through the hiring and retention of excellent faculty and staff (SG #6), publicizing our academic excellence (SG #7) and building partnerships that support our mission (SG #8).

The AACP Graduating Student Survey data since 2010, suggest that the COP effectively executes its mission. More than 82% of students favorably indicated that they would attend the UNM COP if they were to make the choice today which is consistently higher than both the national average and the peer comparators ([Appendix 1-M](#)). Data from the 2015 alumni survey ([Appendix 1-M](#)) indicated that 79% alumni respondents would choose to attend UNM COP they were to make the choice today (national comparison 87%). Further evidence that we effectively execute our mission is revealed in data from the 2009 and 2013 AACP faculty surveys

Figure 1-2. UNM COP AACP Graduating Student Survey						
	2010	2011	2012	2013	2014	2015
85. If I were starting my college career over again I would choose to study pharmacy.	86.70%	89.10%	80.00%	92.80%	89.70%	74.1%
86. If I were starting my pharmacy program over again I would choose the same college/school of pharmacy.	84.00%	94.00%	87.10%	91.60%	85.90%	82.4%
87. I would recommend a career in pharmacy to a friend or relative.	86.70%	90.30%	81.20%	90.50%	85.90%	72.9%

([Appendix 1-M](#)), that show 100% of our faculty reported that they were encouraged to engage in scholarship; (peer comparisons 93.9 -95.2%). The COP is committed to serving the needs of the alumni throughout their career.

Comments: The COP prides itself on its sense of community, excellence in education, research/scholarship and service and is dedicated to effectively executing its mission.

Appendices

Appendix	Content
1-A	Dean’s Executive Leadership Committee Activities

1-B	Previous COP Mission, Vision and Values
1-C	UNM Mission statement
1-D	UNM HSC mission, vision and goals
1-E	COP Mission, Vision and Values
1-F	Student Handbook
1-G	COP Enduring Goals
1-H	COP Strategic Plan
1-I	Description of Graduate Programs
1-J	Career Paths for Doctor of Pharmacy Graduates
1-K	IPE Framework Courses and Student Learning Activities
1-L	IPE Community Engaged Curriculum
1-M	AACP Survey Report

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

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

- 5) **Recommended Monitoring**

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- The college or school’s strategic plan for achieving its mission and goals

Appendices:

- [Appendix 2-C](#) 2008 COP Strategic Plan
- [Appendix 2-G](#) COP 2020 Strategic Plan
- [Appendix 2-N](#) FY15 Action Plan
- [Appendix 2-O](#) FY16 Action Plan

Required Documentation for On-Site Review:

- The strategic plan of the parent institution (if applicable)

Appendices:

- [Appendix 2-I](#) HSC Strategic Plan
- [Appendix 2-J](#) University Strategic Plan

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- Questions 31 - 32 from Faculty Survey [Appendix 2-W](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee meeting minutes, faculty meeting minutes, communications between the college or school and the parent institution.

Appendices 2-A through 2-B

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

	S	N.I.	U
The program is in the process of or has developed, implemented, and regularly revises a strategic plan to advance its mission and long-term goals.	●	○	○
The strategic planning process is inclusive, soliciting input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, has the support of the university administration, and is disseminated in summary form to key stakeholders.	●	○	○
The strategic plan of the college or school is aligned with the university’s strategic plan	●	○	○

Substantive changes are addressed through the strategic planning process, taking into consideration all resources (including financial, human, and physical) required to implement the change and the impact of the change on the existing program.	●	○	○
Consultation with ACPE occurred at least six months before recruiting students into new pathways or programs. N/A (no new pathways or programs) <input checked="" type="checkbox"/>	○	○	○
The college or school monitors, evaluates and documents progress toward achievement of strategic goals, objectives, and the overall efficacy of the strategic plan.	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- How the college or school's strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as, faculty, students, preceptors, alumni, etc.
 - How the strategic plan facilitates the achievement of mission-based (long-term) goals
 - How the college or school's strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, mechanisms for ongoing monitoring and reporting of progress
 - How the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan
 - How the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan
 - How the strategic plan is driving decision making in the college or school, including for substantive changes to the program
 - How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
 - Any other notable achievements, innovations or quality improvements
 - Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Description:

In 2012, the College of Pharmacy (COP) began to re-evaluate its values ([Appendix 2-A](#)) and strengths ([Appendix 2-B](#)) and build its vision for the future. Subsequently in 2013, COP leadership in dialogue with faculty reviewed the 2008 strategic plan ([Appendix 2-C](#)) (also referred to as the organizational plan) and decided that (1) the plan was too process focused, (2) the plan was not bold enough and (3) there was a perception that strategic plans were meant to stay of the shelf (i.e., SPOTS, or strategic plan on the shelf). The Dean strongly believed that the COP had to create a bold vision for its future and use the strategic plan as a road map to guide

decision making and resource allocation. With skepticism from many faculty, the decision was made to have the Dean’s Executive Leadership Committee (DELIC) shepherd the development and subsequent implementation of a new strategic plan as leadership could allocate appropriate resources to support the implementation of the strategic plan.

Through a series of brainstorming activities at faculty retreats, faculty meetings and DELIC meetings ([Appendix 2-D](#)), the COP’s vision for 2020 was created and used to articulate the COP’s major strategic goals (Figure 2.1). With

Figure 2.1 COP Strategic Goals for 2020	
Goal 1:	Adapt the professional curriculum to prepare the pharmacy workforce for the changing needs of health care.
Goal 2:	Expand and strengthen graduate and post-graduate education to prepare trainees for a diverse work place.
Goal 3:	Increase the research and scholarship of all faculty in terms of productivity and impact.
Goal 4:	Develop innovative models of care which enhance health of New Mexico communities and are role models for the nation.
Goal 5:	Foster community engagement that proactively addresses community concerns and health care needs of the state.
Goal 6:	Recruit, develop, retain and support outstanding faculty, staff, administrative leadership and trainees.
Goal 7:	Publicize our academic excellence through strong marketing programs and communication plans.
Goal 8:	Identify and implement strategic partnerships that support the COP mission/vision and are consistent with our values.

broad input from stakeholders including the Papiani Alumni Group ([Appendix 2-E](#)), student leaders ([Appendix 2-F](#)), faculty and staff, the strategic plan was created which outlines the strategies, tactics and tasks to support each strategic goal ([Appendix 2-G](#)). The strategic plan was designed to link to the COP’s mission and vision ([Appendix 2-H](#)) as well as the Health Science Center (HSC) and the University strategic plans ([Appendices 2-I, 2-J](#)).

Five critical factors that led to successful implementation of the strategic plan included (a) supporting the initiatives with the necessary resources, (b) identifying timelines for accomplishment of strategies and tactics, (c) defining clear metrics, (d) assigning individuals to be responsible for of each strategy, and (e) monitoring progress on strategic initiatives.

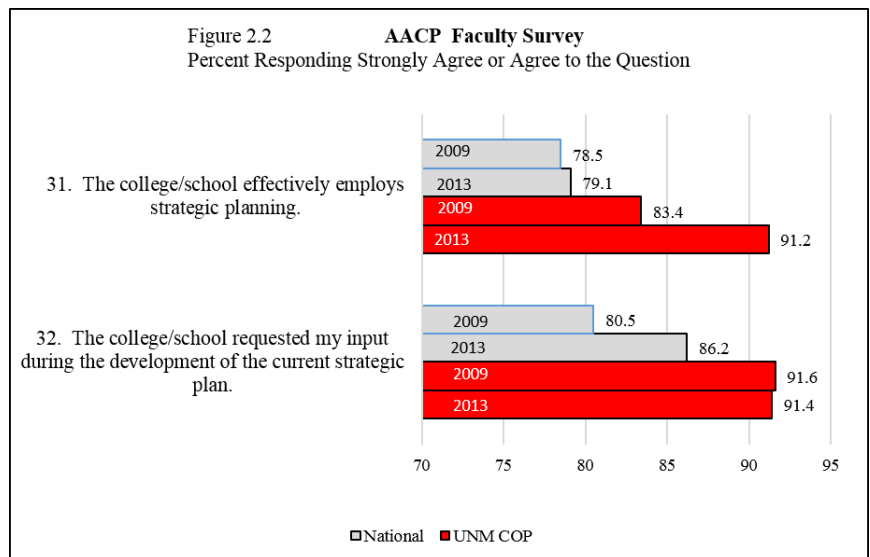
- **Resourcing the Strategic Plan:** With input from faculty, the DELIC prioritized strategies and tactics and identified potential financial resources ([Appendix 2-K](#)) needed to support the overall strategic plan. The Budget and Planning Committee developed a process to evaluate financial investments including assessment of the impact on the COP and potential return on investments ([Appendix 2-L](#)). Biannually, COP leadership discusses the strategic priorities, resource needs and budgetary plans with the Chancellor and HSC Finance Officers ([Appendix 2-M](#))

- **Creating Timelines:** The COP initially attempted to identify the timeline for implementation of strategies and tactics over the 7 year period ([Appendix 2-G](#)). This process proved problematic, as we were unsure of the length of time necessary to implement several early initiatives. Subsequently, the COP created annual action plans that captured the strategic initiatives for a given year. The FY15 and FY16 plans are displayed in [Appendix 2-N](#) and [2-O](#), respectively.
- **Identifying Outcome Metrics:** Metrics for each tactic/task are identified in the annual action plans. Metrics are diverse depending on the given tactic but were conceptualized to include: (a) qualitative reports, (b) achievement of key milestones, (c) change from baseline or (d) expected progress to be achieved, etc. This is a work in progress as early on individuals attempted to identify the metric as the strategy being done or not done. We subsequently recognized that some strategies need to span over more than a year, thus making done/not done an imprecise measure of progress. This has led to substantive changes in our FY16 plan ([Appendix 2-O](#)) including clearer more precise tactics, and more descriptive metrics.
- **Assigning Responsibility (Owners):** For each tactic, a member of the DELC is identified as an administrative owner who serves to monitor progress, identify if additional resources are needed and serves as a connection between faculty and administration. When possible, individual strategies and tactics are embedded annually in the charges for COP Committees ([Appendix 2-P](#)). The inter-relationship between committee charges and annual strategic performance plans is shown in [Appendix 2-Q](#). Embedding the strategies into committee charges helps to mitigate the perception that strategic plans are to remain on the shelf. In order to support the committees and the process, the COP assigns a staff member to each committee, who also serves to facilitate progress reporting.
- **Monitoring Progress:** Assessment of the strategic plan, which includes annual action plans, is embedded in the COP's overall Comprehensive Evaluation Plan ([Appendix 2-R](#)). Monitoring is facilitated by the use of an online dashboard tool ([Appendix 2-S](#)) that allows easy reporting of the status on a given initiative, records progress and serves as a database for supporting documents. In mid FY16, the monitoring will shift to include quarterly reporting on progress on committee charges as well as the annual action plan to the DELC. [Appendix 2-T](#) provides an example of a previous monitoring report.

The COP works closely with the administration in the HSC to ensure that the strategic directions and initiatives link to those of the HSC as well as the University ([Appendix 2-U](#)). The HSC also requests that the COP identify one or two key elements of our strategic plan to embed in the HSC annual action plan ([Appendix 2-V](#)). The COP’s biannual budget meetings with the HSC Chancellor provide a forum to discuss accomplishments, challenges and resource needs of the COP ([Appendix 2-M](#)).

Communication and engagement are key to the successful development and implementation of any strategic plan. The process for developing the strategic plan, as outlined above, engaged key stakeholders at multiple levels at multiple time points. While the process is shepherded by the DELC, faculty clearly communicated their vision for the future and set out a path to achieve it. Overall, as shown in Figure 2.2, based on AACP survey questions 31 and 32,

UNM COP faculty more favorably viewed the strategic planning process as compared to the national peers ([Appendix 2-W](#)). The COP uses a variety of approaches to communicate including faculty retreats, COP wide faculty and/or staff meetings, Department meetings, informal staff, faculty or graduate student meetings with the Dean, Alumni Meetings, PharmD



student leadership meetings and/or PharmD student town hall meetings ([Appendices 2-D, 2-E, 2-F](#)). In addition, the Dean provides an annual state of the COP address that includes discussion on the COP’s strategic initiatives ([Appendix 2-X](#)). The COP internal and alumni newsletters, as well as email, serve as vehicles of communication with our stakeholders.

Despite this diverse portfolio of communication strategies, the DELC recognized that by embedding the strategic initiatives into faculty committee assignments, other COP constituencies may not be aware of progress made on our strategic initiatives. To create a better dialogue regarding accomplishments, challenges and potential changes in priorities the COP will, in mid FY16, implement (a) quarterly reporting of progress on committee charges and annual action

plans using our dashboard process, (b) a quarterly review DELC progress with a goal of identifying how best to communicate the information with key stakeholders, and (c) posting dashboard reports that summarize progress on our intranet.

While the COP is extremely proud of its strategic planning process and accomplishments, challenges include: (a) enhancing communication with all stakeholders, (b) moving large initiatives forward with a limited number of faculty/staff, (c) navigating the complex organization when attempting innovative or entrepreneurial initiatives and (d) limited financial resources. Despite these challenges the COP is extremely proud of what it has accomplished with examples highlighted below:

- Launch of several clinical initiatives which aim to improve patient care and serve as learning laboratories for our students. (Goal 4)
- Community outreach efforts which has led to national recognition while improving the health of New Mexicans (Goal 5)
- Successful implementation of pilot grant funding to support team science which has supported the growth in our research enterprise. (Goal 3)
- Increase in interprofessional course offerings and co-curricular activities (Goal 1)

Comments: The COP’s accomplishments as well as its integrated use of the Strategic Plan throughout COP activities are noteworthy. Annual committee charges, as well as the COP’s annual Action Plan, are derived directly from the Strategic Plan. Responsible parties have specific strategies, and tactics that relate to Action Plan. Progress on committee charges and annual action plans are tracked using the COP’s dashboard tracking program.

Appendices:

Appendix	Content
2-A	COP 2007 and 2013 Values
2-B	COP Points of Pride
2-C	2008 COP Strategic Plan
2-D	Faculty Retreats, Faculty Meetings and DELC Supporting Strategic Planning
2-E	Papiani Retreat Supporting Strategic Planning
2-F	Student Retreat Supporting Strategic Planning

2-G	COP 2020 Strategic Plan
2-H	COP Vision and Mission Previous and Current Versions
2-I	HSC Strategic Plan
2-J	UNM Strategic Plan
2-K	Financial Resources for COP Strategic Plan
2-L	Strategic Investments
2-M	Roth Budget Reports
2-N	FY 15 Action Plan
2-O	FY16 Action Plan with Metrics
2-P	COP Committees
2-Q	Inter-relationship between Committee Charges and Strategic Plan
2-R	COP Comprehensive Evaluation Plan
2-S	Strategic Planning Application Tutorial
2-T	Examples Strategic Plan Monitoring Reports
2-U	Inter-relationship Between COP, HSC and University Strategic Plans
2-V	COP FY15 Strategies Embedded into the HSC Strategic Plan
2-W	AACP Survey Report
2-X	Dean's State of the College Addresses

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

Note: PCAT, GPA, Math GPA and Science GPA data requested below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data.

- The college or school's evaluation plan (or equivalent)
[Appendix 3-D](#) 2009 Comprehensive Evaluation Plan
[Appendix 3-E](#) Comprehensive Evaluation Plan (current)
- List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan
[Appendix 3-S](#) DELC Membership and Assessment Responsibilities
[Appendix 3-T](#) College Committees and Charges (Evaluation and Assessment are embedded in the committee activities)
- Examples of instruments used in assessment and evaluation (for all mission-related areas)
- Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years **broken down by campus/branch/pathway**] Not applicable
- Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 3-AE](#)

- Performance of graduates (passing rate of **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 3-AF](#)

- Performance of graduates (Competency Area 1³ scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 3-AF](#)

- Performance of graduates (Competency Area 2 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 3-AF](#)

- Performance of graduates (Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 3-AF](#)

- PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years Appendix 3-X [NOTE: SAME DATA FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

- GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years Appendix 3-X [NOTE: SAME DATA FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

- Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

- Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years Appendix 3-X [NOTE: SAME DATA FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

Complete Data Set from the AACP Standardized Surveys:

Note: Data related to specific standards are also presented under the applicable standard. Composite data are provided under this standard for additional reference.

- Graduating Student Survey Report (all questions) [Appendix 3-R](#)

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

- Faculty Survey Report (all questions) [Appendix 3-R](#)
- Preceptor Survey Report (all questions) [Appendix 3-R](#)
- Alumni Survey Report (all questions) [Appendix 3-R](#)

Responses to Open-Ended Questions on AACP Standardized Surveys:

Note: This data may have restricted access.

- Graduating Student Survey: Responses to Open-Ended Question 88 [Appendix 3-AH](#)
- Faculty Survey: Responses to Open-Ended Question 66 [Appendix 3-AH](#)
- Preceptor Survey: Responses to Open-Ended Question 42 [Appendix 3-AH](#)
- Alumni Survey: Responses to Open-Ended Question 45 [Appendix 3-AH](#)

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

Note: PCAT, GPA, Math GPA and Science GPA data views listed below are provided in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data (see Required Data and Documentation above).

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- Enrollment data for the past five years by year and gender [NOTE: SAME DATA VIEW AS FOR STANDARD 17]

[Appendix 3-AI](#)
- Enrollment data for the past five years by year and race/ethnicity [NOTE: SAME DATA VIEW AS FOR STANDARD 17]

[Appendix 3-AJ](#)
- PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)
- GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

- Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

- Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17]

[Appendix 3-AG](#)

- Question 17 from Alumni Survey [Appendix 3-R](#)

Optional Documentation and Data:

- Mean PCAT Scores for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]
- Mean GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]
- Mean Math GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]
- Mean Science GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17]
- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee or faculty meeting minutes; analyses/evaluation findings/reports generated as a result of assessment and evaluation activities

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

	S	N.I.	U
The evaluation plan describes a continuous and systematic process of evaluation covering all aspects of the college or school and the accreditation standards. The plan is evidence-based and embraces the principles and methodologies of continuous quality improvement.	●	○	○
Individuals have been assigned specific responsibilities in the evaluation plan.	●	○	○
The evaluation plan uses surveys of graduating students, faculty, preceptors, and alumni from the American Association of Colleges of Pharmacy (AACP).	●	○	○
The evaluation plan includes assessments to compare and establish comparability of alternative program pathways to degree completion, including geographically dispersed campuses and distance-learning activities. N/A (no distance activities) <input type="checkbox"/>	●	○	○
The program assesses achievement of the mission and long-term goals.	●	○	○
The analysis of process and outcome measures is used for continuous development and improvement of the professional degree program.	●	○	○
The program measures the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved.	●	○	○

The program measures the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved.	●	○	○
The evaluation plan includes the college or school's periodic self-assessment using the accreditation standards and guidelines to assure ongoing compliance.	●	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- How all components of the program's mission and goals are being followed and assessed
- How the college or school periodically self-assesses its program using the accreditation standards and guidelines to assure ongoing compliance.
- A description of the instruments used in assessment and evaluation of all components of the program's mission (e.g. in the areas of education, research and other scholarly activity, service, and pharmacy practice).
- How assessments have resulted in improvements in all mission-related areas
- Innovations and best practices implemented by the college or school
- Description of the members of the Assessment Committee (or equivalent structure/accountable person), charges and major accomplishments in the last academic year
- How the college or school makes available to key stakeholders the major findings and actions resulting from its evaluation plan
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

Description:

As articulated in our mission statement ([Appendix 3-A](#)), the College (COP) aims to develop pharmacists, educators and scientists whose leadership, dedication, and innovation improves the health for our local and global communities.

This mission is supported through the COP’s commitment to excellence in professional and graduate education, research/scholarship, and service and is translated into action via the COP’s enduring goals ([Appendix 3-B](#)) and the strategic plan. ([Appendix 3-C](#)) Figure 3-1 outlines major programmatic outcomes that are used to evaluate our mission. The concept of major summative measures recognizes that many of the measures in the Comprehensive Evaluation

Figure 3.1 Programmatic Outcomes Supporting Our Enduring Goals	
Enduring Goals Supporting UNM COP Mission	Major Programmatic Outcomes <i>See Comprehensive Evaluation Plan (Appendix 3-4) for details</i>
Educate and train pharmacists and scientists for the changing worlds of health care and research.	Professional program: NAPLEX and MPJE licensure examination pass rates, graduation rates, time to degree (4 year; 4+ years), residency match rate, career choices (diversity of selection; pursuit of additional education) Graduate programs: graduation rates, time to degree; career placement, impact on field/publications
Advance the discovery, development and dissemination of new biomedical knowledge and technology.	Grant funding; NIH rankings; peer reviewed publications; patents; faculty awards/recognition
Develop innovative and interprofessional models of care which enhance health for communities in NM and are best practices for the nation and throughout the world.	New models of patient care; awards/honors/recognition
Foster community engagement to proactively address concerns and health care needs.	HSC vision 2020 metrics, impact on community; community/service recognition

Plan ([Appendix 3-D](#), [3-E](#)) support aggregate or integrated outcomes and one must triangulate data from multiple sources to make informed assessment decisions.

The 2009 ACPE review team identified the COP’s Comprehensive Program of Assessment (Standard 3) and Program of Assessment of Student Learning and Curricular Effectiveness (Standard 15) as noteworthy practices ([Appendix 3-F](#)). Based on the philosophy that assessment and evaluation are the foundation of a strong continuous quality improvement process, the COP has continued to build upon and further strengthen these practices. The COP employs the concept of Plan, Do, Check and Act as a continuous, cyclic, learning-based quality management approach to programmatic assessment. Through this process we deliberately evaluate all aspects of the College and the accreditation standards.

We intentionally link the elements of our Comprehensive Evaluation Plan to ACPE standards ([Appendix 3-E](#)).

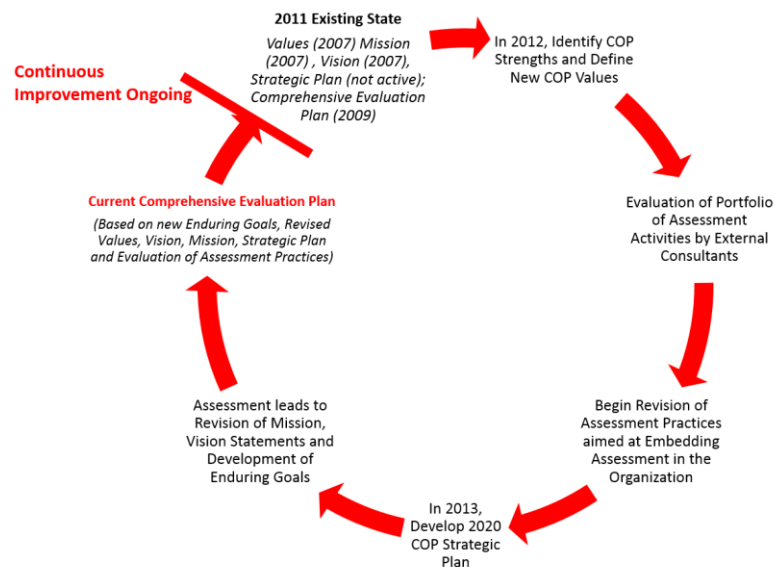
Evaluating and Strengthening Our Comprehensive Evaluation Plan: The COP's original Comprehensive Evaluation Plan ([Appendix 3-D](#)) was revised based on the COP's 2020 Strategic Plan ([Appendix 3-C](#)), an external evaluation of our assessment program ([Appendix 3-G](#)) and changes within the Health Science Center utilizing a continuous

improvement process. In brief, as shown in Figure 3.2, while we had made some changes to our assessment practices based on the feedback from external consultants, dialogue and evaluation that occurred during the development of our 2020 Strategic Plan, led us to recognize that our mission

and vision statements at that time ([Appendix 3-H](#)) did not adequately address who we were and what we were striving to become. This led to revision of our vision ([Appendix 3-I](#)) and mission ([Appendix 3-A](#)) statements, which now more accurately capture our commitment to social accountability in improving health of our communities. The process also led to the recognition that the mission and vision did not fully describe the breadth of our organization or our core goals and as such we articulated enduring goals ([Appendix 3-B](#)) that now serve as the pillars for programmatic evaluation. All of this led to the creation of the current Comprehensive Evaluation Plan. This process showcases an example of our commitment to continuous quality improvement.

Our current Comprehensive Evaluation Plan ([Appendix 3-E](#)) is built upon the strengths of the past plan ([Appendix 3-D](#)) as it continues to include (1) a persistent approach with attention to detail, careful planning and execution, (2) a clearly defined diverse portfolio of assessment measures ([Appendix 3-J](#)), (3) the use of key assessments

Figure 3.2 Example of Continuous Quality Improvement of Our Assessment Process



embedded within existing courses to provide comprehensive coverage of the curriculum ([Appendix 3-K](#)), and (4) well defined student learning outcomes which are mapped to the curriculum ([Appendix 3-L](#)). While the majority of comments by the assessment experts were laudable, these individuals identified areas in which the COP could maximize its return on investment and create efficiencies in assessment practices ([Appendix 3-G](#)). Based on these comments, the COP has worked to enhance its evaluation plan to include: (a) greater focus on outcome assessments (as compared to process metrics), (b) clarity of purpose of each of the evaluations, (c) triangulating information from multiple sources and (d) closing the loop by using the data to make meaningful changes in the organization, ([Appendix 3-M](#)).

The revised Comprehensive Evaluation Plan ([Appendix 3-E](#)) has four major components, evaluating (1) mission based programmatic outcomes, (2) strategic planning, (3) the organization and its processes, and (4) student learning and curricular effectiveness. The plan continues to list responsible individuals and timelines; track outcomes; and use a diverse portfolio of assessment measures ([Appendix 3-J](#)) (including all data required to support this standard) to evaluate input, process and outcomes of the program. The Comprehensive Evaluation Plan ([Appendix 3-E](#)) describes, when appropriate, the data source or assessment instrument; the frequency of assessment; the pre-defined benchmark targets and link to ACPE standards. Example individual assessments reports across the four major areas of the comprehensive assessment plan are shown in [Appendices 3-N](#) (programmatic assessment), [3-O](#) (strategic planning), [3-P](#) (organization) and [3-Q](#) (student learning and curriculum). Note additional examples can be found throughout the self-study document, with Student Learning and Curriculum being highlighted in greater detail in Standards 9-15, and Organizational evaluations in Standards 24 through 30. The Graduating Student, Faculty, Preceptor, and Alumni AACP Survey findings support assessment across all four domains of the Comprehensive Evaluation Plan ([Appendix 3-R](#))

Oversight of Comprehensive Evaluation Plan and Assessment Activities: Previously, the Organizational Planning and Effectiveness Committee (OPEC) served as the oversight committee for all COP evaluation plans and assessment activities. Upon review of our infrastructure, we identified that this committee often functioned independent of the Curriculum Committee which led to conflicting interpretations of next steps for continuous improvement.

Moreover, many OPEC committee members were also members of the Dean's Executive Leadership Committee (DELIC), leading to duplication of effort. Simultaneously, the HSC and the University were requiring us to provide more assessment data, often with a short turnaround. These pressures led to (1) disbanding the OPEC, (2) shifting oversight of all evaluations plans to the DELIC and (3) embedding assessment throughout the organization (see below for more detailed description). This model also minimized disruption upon the departure of the Assistant Dean for Assessment. The future Dean of Assessment (search underway) will serve as an integral member of DELIC and the Curriculum and Learning Assessment Committee. [Appendix 3-S](#) lists the DELIC members and its areas of responsibility in terms of oversight of assessment activities.

In order to ensure faculty engagement and ownership, whenever possible, the DELIC embeds assessment activities into COP committees ([Appendix 3-T](#)). In brief, the Curriculum and Learning Assessment Committee, oversees assessment of student learning and curricular effectiveness for the professional program; the Graduate Affairs Committee oversees assessment of student learning for the graduate program; the Office for Research under the direction of the Associate Dean for Research in conjunction with the Research and Scholarship Committee oversees assessment of research and scholarship activities; the Clinical Affairs Committee oversees innovations and assessment in the clinical enterprise; and the Assistant Dean for External Programs in partnership with the Health Science Center Vision 2020 committee oversees assessment of our community service initiatives. The DELIC is responsible for assigning committee charges as well as identifying individual owners, administrative oversight and staff support. In addition, the DELIC is responsible for assessing the organization and its processes/procedures/policies as well as ensuring fiscal resources are appropriately aligned with the COP's mission and assessment activities.

Communication with Stakeholders: While the COP strives to communicate assessment information with key stakeholders, this continues to be a challenge. Originally, the COP utilized Sharepoint as a repository for all information for our internal stakeholders, however, some individuals had difficulty accessing the system and use of the platform has faded overtime in favor of the COP server. More importantly, the Sharepoint platform was cumbersome to use for tracking the status of ongoing activities and as such the COP has shifted (as has the Health Science Center) to the use of dashboards to monitor our progress on many activities. While the

use of dashboards has evolved overtime, in 2015 we launched the use of a software platform to measure progress on strategic initiatives ([Appendix 3-U](#)). This system allows one to identify the core metrics to be tracked, upload supporting documents and categorize progress in terms of a colored dashboard ([Appendix 3-V](#)). We plan to expand use of this process and tool in mid FY16 to allow for tracking of progress on committee charges. The HSC has recently completed revision of the software tool so that it will support this purpose ([Appendix 3-W](#)). It is too early to determine whether this will further enhance communication to key stakeholder. We believe this tool, in concert with ongoing activities, the Dean's State of the COP address ([Appendix 3-X](#)), committee annual reports and updates, and faculty and staff meetings/retreats, which will be made available on our new intranet will enhance communication. In addition, our new website, anticipated to go live in September of 2015, will showcase a wide array of assessment information (i.e., COP Quick Facts, COP Data Book, ACPE Quality Measures) that spans the entire organization ([Appendix 3-Y](#)). To engage our external stakeholders, we share our student assessment data with the University via standard reports ([Appendix 3-Z](#)), with the Health Science Leadership via our twice yearly budget meetings ([Appendix 3-AA](#)) and with our alumni boards ([Appendix 3-AB](#)) on an annual basis.

Comprehensive Evaluations Drive Programmatic Enhancements: Assessments have always shaped COP processes as well as programs. While it is beyond the scope of this narrative to provide a detailed summary of all evaluation-driven program improvements, several key initiatives are highlighted below, and the self-assessment narratives.

- *Evaluation of 2014 MPJE and NAPLEX passing rates led to (1) implementation of a Law review just prior to graduation, (2) greater support for students studying for the NAPLEX exam (pre-NAPLEX vouchers, access to a databank with questions) and (3) changes to the curriculum. We await the 2015 NAPLEX and MJPE results, however we note that the students have provided informal feedback describing the value of the greater support.*
- *Detailed assessments of student learning and curricular effectiveness including qualitative and qualitative information, AACP survey results and feedback from employers, alumni, preceptors, and students led to the formation of a new curriculum which will be launched in 2017. (Standards 9-15)*
- *Evaluation of research activities including feedback from faculty led to (1) the development of a COP Research Office, and (2) pilot grant funding to promote team science. These*

initiatives have resulted in continued increases in research productivity despite the increase in competitiveness for funding ([Appendix 3-AC](#)).

- *Information from AACP graduating student, faculty, preceptor and alumni including stakeholders' comments have led to more detailed exploration/assessment of specific issues and programmatic improvement ([Appendix 3-AD](#))*

Comments: The COP is proud of the enhancements it has implemented to our noteworthy Comprehensive Evaluation Plan. The use of external experts to review our assessment activities is a best practice, as one must assess the assessment system and strive for improvement in the overall process. The COP's approach to embedding evaluation and assessment practices into COP committees is unique, strengthens the assessment process, and ensures faculty engagement and ownership. Through the culture of continuous quality improvement, and with the support of multiple faculty retreats the COP routinely evaluates all accreditation standards and identifies where improvements may be needed. Overall, the COP's strong evaluation and assessment practices have led to substantial improvements within the organization. While we continue to search for a Dean of Assessment we are proud of our evaluation practices that have shaped the COP, and look forward to continued forward momentum with all individuals in the COP (including a future a Dean of Assessment).

Appendices:

Appendix	Content
3-A	College Mission Statement
3-B	Enduring Goals
3-C	Strategic Plan including FY15 and FY16 Action Plans
3-D	2009 Comprehensive Organizational Plan (Comprehensive Evaluation Plan)
3-E	Current Comprehensive Evaluation Plan
3-F	2009 ACPE Noteworthy Assessment Practices
3-G	Critique of Assessment and Evaluation Activities
3-H	Previous Mission and Vision Statements
3-I	COP Vision Statement (current)

<u>3-J</u>	Portfolio of Assessment Instruments and Measures
<u>3-K</u>	Key Assessments
<u>3-L</u>	Mapping of Courses to Competencies
<u>3-M</u>	List of Improvements in the Comprehensive Evaluation Plan
<u>3-N</u>	Examples of Programmatic Assessment (Reports)
<u>3-O</u>	Example of Strategic Planning Monitoring Reports
<u>3-P</u>	Example of Organizational Evaluations
<u>3-Q</u>	Examples of Assessments of Student Learning and Curricular
<u>3-R</u>	AACP Survey Report
<u>3-S</u>	DELC Membership and Assessment Responsibilities
<u>3-T</u>	COP Committees with Assessment Charges Highlighted
<u>3-U</u>	Dashboard Strategic Planning Database Description
<u>3-V</u>	Example Dashboards (manual and electronic)
<u>3-W</u>	Dashboard Committee Charges
<u>3-X</u>	State of the College
<u>3-Y</u>	Example of Assessment Information to be Posted on New Website
<u>3-Z</u>	University Assessment Report Templates
<u>3-AA</u>	HSC Budget Reports
<u>3-AB</u>	Dean's Council, NAC and Papiani Materials
<u>3-AC</u>	Research Productivity
<u>3-AD</u>	Evaluation and Programmatic Improvements from AACP Survey Comments
<u>3-AE</u>	MPJE Report
<u>3-AF</u>	NAPLEX Report
<u>3-AG</u>	5 year PCAT and GPA data
<u>3-AH</u>	Required AACP Survey Comments
<u>3-AI</u>	Enrollment data for the past five years by year and gender
<u>3-AJ</u>	Enrollment data for the past five years by year and race/ethnicity

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

While we believe we have met this standard, we recognize that filling the vacancy of a Dean of Assessment will allow us to further improve our evaluation and assessment practices.



2. Organization and Administration

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Document(s) verifying institutional accreditation. [Appendix 4-B](#)
- Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program.
- Or check here if no applicable deficiencies.

Required Documentation for On-Site Review:

- Complete institutional accreditation report (only if applicable, as above)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from institutional, college or school committee meeting minutes.

Appendix [4-A](#)

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

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

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Any deficiencies from institutional accreditation that impact or potentially impact the college, schools or program (if applicable)
- Measures taken or proposed by the college or school to address any issues arising from institutional accreditation (if applicable)
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

Description:

The University of New Mexico was founded by an act of the Territorial Legislature in 1889, a full 23 years before New Mexico became a state. Written into the constitution of the State, and specified by statute, UNM “is intended to be the State University”. The University of New Mexico (UNM) is one of 27 institutions of higher learning in the State of New Mexico. UNM has its main campus in Albuquerque and branch campuses in Gallup, Los Alamos, Taos, and Valencia County. It is the only university in New Mexico classified as Carnegie RU/VH Research Institution and one of only two such universities in the United States federally designated as a Hispanic Serving Institution. As a Hispanic-Serving Institution, the University represents a cross-section of cultures and backgrounds with over 28,000 students attending the main campus with another 7000 at branch campuses and education centers. UNM enrolls approximately half of New Mexico’s baccalaureate students and offers a wide variety of graduate and professional programs, including the state’s only schools of architecture, law, medicine, and pharmacy. The University prides itself on excellence in teaching, research, patient care and community service as noted in its mission statement ([Appendix 4-A](#)).

The University of New Mexico has been continuously accredited through the Higher Learning Commission of (HLC) the North Central Association since 1922. The HLC accreditation covers all of UNM’s campuses and programs. The institution’s last comprehensive accreditation review occurred in April 2009, resulting in a full 10-year reaffirmation of accreditation ([Appendix 4-B](#)) with the next comprehensive visit to occur in 2018-2019. A full copy of the written report will be available on site.

The University of New Mexico College of Pharmacy will report to ACPE, as soon as possible, if any issues arise regarding regional/institutional accreditation actions that may negatively impact the quality of our professional degree program and compliance with ACPE standards.

Appendices:

Appendix	Content
4-A	UNM Mission Statement
4-B	UNM HLC Accreditation Status 2009

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

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

- 5) **Recommended Monitoring: If applicable, briefly describe issues or elements of the standard that may require further monitoring.**

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- University organizational chart depicting the reporting relationship(s) for the Dean of the college or school.

Appendices [5-B](#), [5-C](#), [5-D](#)

Required Documentation for On-Site Review:

(None required for this Standard.)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from institutional, college or school committee meeting minutes and communications between the college or school and the parent institution.

See appendices 5-A through 5-W

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

	S	N.I.	U
The university president (or other university officials charged with final responsibility for the college or school) and the dean collaborate to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources to meet all of the ACPE accreditation standards.	●	○	○
The college or school participates in the governance of the university, in accordance with its policies and procedures.	●	○	○
The college or school has autonomy, within university policies and procedures and state and federal regulations, in all the following areas: <ul style="list-style-type: none"> ● programmatic evaluation ● definition and delivery of the curriculum ● development of bylaws, policies, and procedures ● student enrollment, admission and progression policies ● faculty and staff recruitment, development, evaluation, remuneration, and retention 	●	○	○
The college or school's reporting relationship(s) is depicted in the university's organizational chart.	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

The College of Pharmacy (COP) is an autonomous unit within the university which is led by Dean Lynda Welage, PharmD. The Dean, as the Chief Executive Officer for the COP, ([Appendix 5-A](#)) reports directly to the Chancellor of Health Sciences, Dr. Paul Roth ([Appendix](#)

[5-B](#)). Chancellor Roth oversees the University of New Mexico, Health Sciences Center (HSC) which includes the School of Medicine, College of Nursing, COP and the University of New Mexico Hospitals ([Appendix 5-C](#)). As shown in the organizational chart for the University, the Chancellor of Health Sciences directly reports to the President of the University ([Appendix 5-D](#)).

Participation in HSC and University Governance: According to the New Mexico Constitution of 1911 ([Appendix 5-E](#)), the legislature assigns control and management of the university to the University Board of Regents, which consists of seven members, nominated by the Governor and by consent of the senate appointed. The Regents' power to govern the University includes fiduciary responsibility, establishment of goals and policies to guide the University and oversight of the functioning of the University ([Appendix 5-F](#)). The way in which the HSC interacts with the UNM Board of Regents from a governance standpoint was streamlined, in 2010, with the establishment of an HSC Board of Directors. The Board of Directors is composed of five UNM Regents, two community members, and the Chair of the UNM Hospitals Board ([Appendix 5-G](#)). The COP acts directly with the HSC Board of Directors and Regents as needed to conduct business.

The COP is well integrated into the governance structure of the HSC and of the University. The Dean serves on the executive leadership committee of the HSC which sets and oversees strategic initiatives, resource allocation and policies for the organization. In addition to serving on several other committees in the HSC ([Appendix 5-H](#)), the Deans of the HSC engage with university leadership through direct collaborations as well as the University's Deans' Council and the Development and Alumni Strategy Council. Additional COP leadership appointments within the HSC include Michel Disco, Assistant Dean for External Programs in the COP, who serves as the HSC Director of Interprofessional Education.

The University has a strong tradition of faculty governance that is founded in the Faculty Constitution ([Appendix 5-I](#)). Similar to other autonomous academic units, faculty within the COP, are elected to serve 2-year term (6 years maximum) on the University Faculty Senate ([Appendix 5-J](#), [5-K](#)). Faculty representation in governance is further facilitated through the 18 standing Faculty Senate Committees organized into 6 Councils (Academic, Athletics, Business, Research and Creative Works, Faculty Life and Scholarly Support and the Health Sciences Council). COP representation on the HSC faculty council, includes the two senators and two at-large members ([Appendix 5-L](#)). Several staff members in the COP have served on the UNM

staff council ([Appendix 5-M](#)). COP faculty and staff also participate in governance via their participation in numerous committees ([Appendix 5-N](#), [Appendix 5-O](#)). The participation on such committees and councils promotes greater collaboration and sharing of best practices across the University.

Collaboration to Ensure Adequate Resources and Support: The Dean and members of the COP collaborate with both HSC and University leadership to secure adequate resources including financial resources, physical resources, library resources, and practice sites. The COP in conjunction with HSC and the University provide a complimentary and comprehensive set of resources for students, faculty and staff and a supportive infrastructure to facilitate meeting all of the ACPE accreditation standards. The COP's philosophy is to utilize the multitude of rich resources of the University and HSC ([Appendix 5-P](#)), while providing additional administrative and technical support for educational, research and development/alumni activities to meet the unique needs of COP faculty, staff, students and alumni. COP faculty routinely participate in workshops, and programs offered by the Center for Teaching Excellence (<http://cte.unm.edu/>) and the Office of Medical Educator Development (<http://som.unm.edu/leadership/education/omed.html>). The COP partners with the HSC to support research activities using a variety of approaches including funding to support shared equipment, research awards, and pilot grant funding. The Clinical and Translational Research Center (hsc.unm.edu/research/ctsc/) facilitates the formation of research teams, provides investigators with career development opportunities and supports them in the development of new tools, technologies, and research best practices. UNM has an outstanding library system that includes 8 different libraries including a Health Sciences Library (<http://www.unm.edu/libraries/>) (see Standard 29). The University and HSC host a full array of standard administrative resources (e.g., Benefits Office, Human Resources (HR) (<http://hr.unm.edu/>), Faculty Contracts (<http://hsc.unm.edu/som/about/faculty/>), Research Office (<http://hsc.unm.edu/research/>); HSC Registrar; Office of Student Affairs (<http://studentaffairs.unm.edu/>) and Student Health and Counseling (<http://shac.unm.edu/>). COP specific resources aim to be complementary and synergize with those within the University and HSC and include: specific IT staff, an Office of Curriculum, a Research Support Office, Student Services Office, Experiential Education Office, an Accounting Office, an HR Office and the Development/Alumni Office.

The COP receives financial resources (Standard 30), in the form of state allocations; tuition differential and fees; state appropriations (to support the New Mexico Poison and Drug Information Center); grants and contracts, indirect cost recoveries from grants and contracts; clinical services; endowments and gifts. The Dean as the Executive Officer of the COP handles the budgeting and distribution of these funds.

Organizational Structure and Autonomy of the College: Per the Faculty Constitution, and College Bylaws the Dean serves as the Executive Officer and representative of the faculty in the COP (Appendix [5-I](#), [5-Q](#)). As such the Dean oversees all the activities within the COP, including academic affairs, administrative operations, human resources, business development, facilities, communications, information technologies and clinical initiatives. The COP is responsible for its own: a) budget and planning; b) faculty recruitment; c) developing and evaluating its short- and long- term goals; d) control of enrollment of professional and graduate students; e) investment in new academic, clinical and research collaborations; and f) management of its facilities. Per the UNM Faculty Constitution, COP Faculty have the right to review and action in regard to the following: formulation of institutional aims; creation of new colleges, schools, and departments and divisions; major curricular changes and other matters which in the opinion of the President of the University or his delegate affect the institution as a whole; requirements for admission, graduation, honors, and scholastic performance in general; approval of candidates for degrees; policies of appointment, dismissal, and promotion in academic rank; research; and general faculty welfare. The Dean/COP has the autonomy to pursue compliance to ACPE accreditation standards related to programmatic evaluation, the definition and delivery of curriculum, development of by-laws, policies and procedures, student enrollment, admission, progression policies, faculty and staff recruitment and faculty and staff development, evaluation and retention.

- **Programmatic evaluation:** As evidenced by the COP strategic plan, comprehensive evaluation plan, and budget, the COP participates in extensive strategic planning and evaluation of its programs (Appendix [5-R](#), [5-S](#) and [5-T](#)).
- **Definition and delivery of curriculum:** As described in the list of COP Committees ([Appendix 5-U](#)), the COP has its own Curriculum and Learning Assessment Committee whose scope of responsibility is to recommend curricula for professional degree programs; including course content, credit and class level; review and evaluate curricula

periodically; review syllabi; develop strategies to assess curriculum; develop outcomes measures; assess student learning; and develop programs to enhance curricular outcomes.

- **Development of bylaws, policies, and procedures:** As per the Faculty Constitution ([Appendix 5-I](#)) and the College Bylaws ([Appendix 5-Q](#)), the management of the affairs of the schools and colleges are relegated to the College.
- **Student enrollment, admission, and progression policies:** As evidenced by the College bylaws, budget and student policies ([Appendix 5-Q](#), [5-T](#), [5-V](#)), the College is in control of its student enrollment, admission and progression policies.
- **Faculty and staff recruitment, development, evaluation, and retention:** As evidenced by the Faculty Evaluation Program ([Appendix 5-W](#)), Faculty and Staff development activities (Standard 26), COP budget (Standard 30), and the Faculty Handbook (available onsite) the College is responsible for recruitment of its faculty and staff, including their development, evaluation, and retention.

Comments: Several noteworthy aspects described above provide strong evidence for the autonomy of the COP, including: 1) the relationship between the University and the State of New Mexico as described by the State’s Constitution; 2) the Faculty Constitution empowering the individual Schools/Colleges and Faculty, and (3) the College’s strong collaborative relationship with administration in the HSC, and University. Overall, the College with the support of the HSC and University provides an outstanding academic environment for our students.

Appendices

Appendix	Content
5-A	College of Pharmacy Organizational Structure
5-B	College of Pharmacy from UNM Faculty Handbook
5-C	Health Science Center Organizational Chart
5-D	University of New Mexico Organizational Chart
5-E	State Constitution of New Mexico
5-F	Regent Responsibilities
5-G	HSC Board of Directors

5-H	Committees the Dean Serves on in the HSC and University
5-I	Faculty Constitution
5-J	Faculty Senate Organizational Structure
5-K	COP Faculty Senators
5-L	COP Faculty Representatives on the HSC Council
5-M	COP Staff Representatives on UNM Staff Council
5-N	COP Staff Serving on University and HSC Committees
5-O	COP Faculty Serving on University and HSC Committees
5-P	List of HSC and University Resources
5-Q	COP Bylaws
5-R	COP Strategic Plan
5-S	COP Comprehensive Evaluation Plan
5-T	COP Budget
5-U	COP Committee Charges
5-V	COP Student Policies Regarding Admissions and Progression
5-W	COP Faculty Evaluation Process and Activity Report

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Example of affiliation agreements for practice or service relationships (other than experiential education agreements; for the latter, refer to Standard 28)

[Appendix 6-R](#)

- Example of affiliation agreements for the purposes of research collaboration [Appendix 6-S](#)

- Example of affiliation agreements for academic or teaching collaboration [Appendix 6-T](#)

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard.

Appendices 6-A through 6-K

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

	S	N.I.	U
The college or school, with the full support of the university, develops suitable academic, research, and other scholarly activity; practice and service relationships; collaborations; and partnerships, within and outside the university, to support and advance its mission and goals.	●	○	○
Formal signed agreements that codify the nature and intent of the relationship, the legal liability of the parties, and applicable financial arrangements are in place for collaborations and partnerships.	●	○	○
The relationships, collaborations, and partnerships advance the desired outcomes of the professional degree program, research and other scholarly activities, service and pharmacy practice programs.	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the

expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

Nature of Partnerships and Affiliations: The UNM COP engages in dynamic partnerships and collaborations that benefit all missions of the college, including teaching, research/scholarship, and service. The COP has established relationships with all units of the UNM Health Sciences Center (e.g., UNM Hospitals (UNMH), School of Medicine (SOM), College of Nursing (CON), UNM Medical Group (UNMMG), Clinical and Translation Science Center (CTSC), and UNM Cancer Center) and with several units on main campus (e.g., College of Arts and Sciences, the School of Engineering (SOE), Anderson School of Management ([Appendix 6-A](#))). In addition, we have partnerships with the external organizations including: universities, the Department of Health, research institutes, national laboratories and private industry ([Appendix 6-B](#)).

Table 6.1 University Partnerships Supporting Our Academic Mission	
Anderson School of Management	PharmD/MBA dual degree
School of Medicine	Graduate Programs in Biomedical Sciences MS in Clinical Research Certificate in Clinical and Translational Research
School of Medicine Department of Family Medicine	Provide pharmacology training to students in the physician assistants program
College of Population Health (2017)	Envision joint faculty positions, collaborative research, shared course offerings and certificate program for PharmD students
College of Arts and Sciences and School of Engineering	COP faculty support the multidisciplinary Nanoscience and Microsystem Graduate program

Academic Partnerships and Collaborations: As outlined in Table 6.1 the COP has several partnerships that facilitate our educational mission ([Appendix 6-C](#)). As shown, the COP

collaborates with SOM to offer MS and PhD degrees in Biomedical Sciences. As part of this program, COP faculty provide expertise and mentoring in the Pharmaceutical Sciences and Toxicology/Environmental Health.

Our relationship with the UNMH, Department of Pharmacy (DOP) is key to educating our PharmD students. Pharmacists from the DOP teach in both our didactic and experiential program. Our partnership with UNMH DOP also supports the DOP and the COP PGY-1 and PGY-2 residency programs ([Appendix 6-D](#)). In brief, COP faculty serve as preceptors for the residents, residents teach in the PharmD program, COP faculty support the resident teaching certificate program and the College provides financial support for the two COP PGY-2 residency positions (e.g. Ambulatory Care, Infectious Diseases). We are proud of the long-standing partnership between COP and DOP in supporting pharmacy residencies as we are both are committed to educating pharmacy residents who will shape the future of our profession.

The COP is very proud of its unique partnership with New Mexico State University (NMSU) ([Appendix 6-E](#)) in which talented high school students from the southern tier of the state are recruited to NMSU to complete their pre-pharmacy requirements and are conditionally admitted into PharmD program at UNM. The COP has 1.8 faculty FTE and 1 staff FTE devoted to teaching prepharmacy course work at NMSU, advising prepharmacy students, and supporting the program. This program aims to increase the pharmacy workforce in southern New Mexico and has been heralded as a model for inter-university partnerships within the state.

Collaborations and Partnerships to Promote Interprofessional/Interdisciplinary Activities: A strength of the UNM COP is the interprofessional/interdisciplinary opportunities afforded to its students and we are proud that Michel Disco, Associate Professor and Assistant Dean in the COP serves as the Director of HSC interprofessional education program. For several years, we have collaborated with the other health science schools to offer interprofessional learning activities, community service initiatives, clinical rotations and elective courses ([Appendix 6-F](#)). The HSC will launch a required interprofessional community engaged course in Spring of 2016 ([Appendix 6-G](#)). Our shared Interprofessional Healthcare Simulation Center (IHSC) which facilitates simulation, performance based assessments and interdisciplinary exercises is a true gem within the HSC campus. The College is looking forward to Domenici Phase III, a new interprofessional education building that is scheduled to open in mid 2017 (Standard 27) that will further enhance interprofessional collaborations.

The Albuquerque Opportunity Center (AOC), part of the Metropolitan Homeless Project expanded from a SOM student led clinic, to an interprofessional clinic involving healthcare students from all disciplines with the support of faculty from the SOM, COP and CON. The HSC and AOC are exploring potential partnerships with social work programs at NMSU and NM Highlands University to further expand services at the AOC.

Partnerships and Collaborations Supporting our Clinical and Community Service Initiatives: While the UNM COP is very proud of its Poison and Drug Information Center (NMPDIC) which serves citizens throughout the state, it's important to note that the NMPDIC also partners with the Department of Health to provide bimonthly reporting on occupational exposures, response to disasters, and training to state epidemiologists ([Appendix 6—H](#)). The COP also has extensive partnerships with UNM clinical entities including COP faculty providing clinical service in various settings ([Appendix 6-I](#)), providing oversight of pharmacy operations for medical clinics ([Appendix 6-J](#)), and utilizing the infrastructure within UNMH, UNMMG to support our clinical programs (e.g., billing, scheduling, compliance). COP faculty collaborate with others throughout the HSC to support the Health Extension Rural Outreach (HERO) and the Extension for Community Health Outcomes (ECHO) programs. In addition to partnerships within UNM, the COP has several external partners that support our clinical initiatives including a shared faculty position with Walgreens ([Appendix 6-K](#)). The College is proud of its commitment to communities and often partners with local agencies including middle schools, high schools, senior centers, libraries, local pharmacies, state government and others to facilitate our extensive nationally recognized community outreach activities ([Appendix 6-L](#)).

Research Partnerships and Collaborations: The COPs research mission has extensively increased over the past 15 years, in terms of funding ([Appendix 6-M](#)) and diversity of collaborations. In recent years, the UNM COP has been one of the highest ranked COPs in the nation based on the percentage of PhD faculty who are funded by NIH. Many COP faculty are associated with the CTSC signature research programs ([Appendix 6-N](#)) and/or have received support from the CTSC. One of the COP's faculty members (Delfin) was recruited as a CTSA KL-2 Scholar and is supported 75% by the CSTA, and 25% by the COP and SOM Department of Biochemistry.

Our faculty are also active in the UNM Cancer Center, which has been a NCI-designated Center for many years and was awarded NCI Comprehensive Center status in 2015 ([Appendix 6-](#)

[O](#)). We also have a number of faculty research collaborations that support key COP or HSC program center grants. For example, one of our faculty members (Liu) directs the interdisciplinary COBRE BRAIN (Stroke) Center at UNM that has been successfully funded for 10 yrs. Another faculty member (Lewis) leads the Center for Disease Control's Navajo and Cheyenne River Sioux Children's Study which are in partnership with tribal and non-profit organizations. In addition, she (Lewis) recently received an environmental health disparities (P30) center grant supported by CDC and NIEHS. This latter research program involves multiple faculty in the COP, SOM and SOE as well as two universities, two tribal entities and a nonprofit organization. Another COP faculty member (Bakhireva) collaborates extensively with faculty in the SOM and is supported in part of the New Mexico Alcohol Center P50 grant awarded to the HSC by NIH in 2014. The COP Pharmaceutical Sciences Department took the lead on submitting a multi-disciplinary NIH-EPA Superfund research grant with the College of Engineering. The COP is also proud of the research that has resulted from the submission and awarding of U.S. Patent applications (Norenberg, Timmins, Miao, Liu, Hudson, Thompson) which in each case has been the result of collaborate efforts across the institution ([Appendix 6-P](#)). Overall, 53% COP faculty with active research funding collaborate with other faculty throughout the university and partner with 16 different external entities (other universities, organizations, etc.) on research grants.

International Partnerships: The UNM COP has been developing international programs and partnerships for >15 yrs. Under the guidance of the Senior Associate Dean, COP leadership and faculty have recently developed and approved guidelines on international programs ([Appendix 6-Q](#)). Priorities are being given to countries where UNM is seeking long term relationships. UNM recently opened offices in Mexico City, and in Beijing. The COP's longest international relationship has been with the Universidad de Estado Morelos Facultad de Farmacia (UAEM) in Cuernavaca, MX and has resulted in several student and faculty exchanges over the years. The COP also has an MOU with Hong Kong University (HKU) and the School for Traditional Chinese Medicine (TCM) for graduate student and faculty exchange ([Appendix 6-R](#)).

Formal Agreements Codify Relationships: Examples of model and formal agreements between the UNM COP and various partners is shown in [Appendices 6-S](#). The COP has recently developed a guideline on partnerships ([Appendix 6-T](#)).

Comments: UNM is a highly collaborative, interprofessional and interdisciplinary environment. The COP's partnerships throughout the University and with external entities clearly support excellence in education, scholarship, and service. The COP's commitment to communities throughout the state is commendable.

Appendices

Appendix	Content
<u>6-A</u>	Brief Description of UNM Partnerships
<u>6-B</u>	List of Non-UNM Partnerships
<u>6-C</u>	List of Academic Partnerships
<u>6-D</u>	Description of COP-DOP Residency Programs
<u>6-E</u>	UNM-NMSU Cooperative Pharmacy Program (with agreement)
<u>6-F</u>	Interprofessional Activities
<u>6-G</u>	Interprofessional Community Engaged Course Description
<u>6-H</u>	NMPDIC Collaborations and Activities
<u>6-I</u>	COP Faculty and Clinical Sites
<u>6-J</u>	Pharmacy Management Services
<u>6-K</u>	External Clinical Partners and Affiliations
<u>6-L</u>	Community Outreach Partners, Activities and Recognition
<u>6-M</u>	COP Research Funding Overtime
<u>6-N</u>	CTSC Signature Programs and COP Faculty
<u>6-O</u>	UNM Cancer Center Collaborations
<u>6-P</u>	List of Patents with Collaborators
<u>6-Q</u>	Guidelines for International Partnerships
<u>6-R</u>	International Agreements
<u>6-S</u>	Examples of Formal Agreements
<u>6-T</u>	COP Guideline for Partnerships

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not Applicable

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

- 1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- College or school organizational chart [Appendix 7-A](#)
- Job descriptions for college or school administrators [Appendix 7-B](#)
- List of committees with their members and designated charges [Appendix 7-L](#)
- List of full time staff within each department/division and their areas of responsibility (e.g. administrative support, telecommunication, audiovisual, and computer personnel) [NOTE: SAME REPORT FOR STANDARD 7 & 24] [Appendix 7-S](#)
- The college, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning [Appendix 7-M](#) and [7-N](#)

Required Documentation for On-Site Review:

- Written bylaws and policies and procedures of college or school
- Faculty Handbook

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 1 – 4, 6 – 13, 19, 20 [Appendix 7-D](#)
- AACP Standardized Survey: Alumni – Question 14 [Appendix 7-D](#)
- AACP Standardized Survey: Preceptor – Questions 15, 37 [Appendix 7-D](#)
- AACP Standardized Survey: Student – Question 58 [Appendix 7-D](#)
- Table: Distribution of Full-Time faculty by Department and Rank [Appendix 7-G](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from college or school committee meeting minutes.

Appendices 7-A through 7-T

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

	S	N.I.	U
The college or school is organized and staffed to facilitate the accomplishment of its mission and goals.	●	○	○
The college or school administrative leaders working with the dean have credentials and experience that prepare them for their respective roles.	●	○	○
The college or school administration has defined lines of authority and responsibility, fosters organizational unit development and collegiality, and allocates resources appropriately.	●	○	○
The college or school has established mechanisms to foster unity of purpose, effective communication, and collaboration among administrators.	●	○	○
The college or school’s administrative leaders – individually or collectively – are developing and evaluating interprofessional education and practice opportunities	●	○	○
The college or school has published, updated governance documents, such as bylaws and policies and procedures, which have been generated by faculty consensus under the leadership of the dean in accordance with university regulations.	●	○	●
If the college or school organizes its faculty into subunits, such as departments or divisions, subunit goals and objectives align with the mission and goals of the college or school. N/A (no subunits) <input type="checkbox"/>	●	○	○
The effectiveness of each organizational unit is evaluated on the basis of its goals and objectives and its contribution to the professional program.	○	●	○
Programs are in place to hone leadership and management skills of college or school administrators, including department/division chairs (if applicable).	●	○	○
Faculty meetings and committees established to address key components of the mission and goals are part of the system of governance of the college or school.	●	○	○

Where appropriate, faculty committees include staff, students, preceptors, alumni, and pharmacy practitioners.	●	○	○
Minutes of faculty meetings and committee actions are maintained and communicated to appropriate parties.	●	○	○
The college or school has policies and procedures that address potential systems failures, whether such failures are technical, administrative, or curricular.	●	○	○
Contingency planning includes creating secure backups of critical applications and systems data, providing mechanisms for making up lost course work and academic credit, securing alternate means for communication and information delivery, and creating exit strategies to protect students if part or all of a program loses viability.	●	○	○
The college or school maintains an effective system of communication with internal and external stakeholders.	●	○	○
Alternate program pathways are integrated into the college or school's regular administrative structures, policies, and procedures (including planning, oversight, and evaluation), and are supervised by an administrator who is part of the college or school. N/A (no alternate pathways) <input checked="" type="checkbox"/>	○	○	○
The college or school ensures that workflow and communication among administration, faculty, staff, preceptors, and students engaged in distance-learning activities are maintained. N/A (no distance-learning activities) <input checked="" type="checkbox"/>	○	○	○
The college or school retains ultimate responsibility for the academic quality and integrity of distance-learning activities and the achievement of expected and unexpected outcomes, regardless of any contractual arrangements, partnerships, or consortia for educational or technical services. N/A (no distance-learning activities) <input checked="" type="checkbox"/>	○	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

Organizational Structure: The College's administrative structure has been updated over the years to support the growth of the COP, however, the COP's two departments (Pharmacy Practice and Administrative Sciences (PPAS), Pharmaceutical Sciences (PS)) remain the cornerstones of the organizational structure ([Appendix 7-A](#)). Significant changes over the years include: expansion of the offices of Experiential Education, Development and Alumni Relations, and the COP Research Office. The COP's administrative team is organized to effectively accomplish the mission and goals of the College in the areas of education, research/scholarship and patient care.

The Dean's qualifications are addressed in Standard 8. In addition to the Dean, the COP is led by the Executive Associate Dean for Education, Senior Associate Dean, Associate Dean for Clinical Affairs, Assistant Dean for External Programs, and Associate Dean for Research. A search is currently underway to hire a Dean for Assessment. Descriptions of the qualifications and responsibilities of all these individuals, are provided in [Appendix 7-B](#) and [7-C](#). All administrative leaders (other than the Dean) are associate or full professors with administrative appointments ranging from 7.5%-40%. The Deans, Department Chairs and Director of the NM Poison and Drug Information Center serve on the Dean's Executive Leadership Committee (DELC). The COP has five other directors overseeing the (a) Faculty Mentoring Program, (b) Translational Radiopharmacy, (c) Experiential Education, (d) Student Services and (e) Finance and Administration. Faculty report via the 2013 AACP Survey ([Appendix 7-D](#)) that the COP administrators have clearly defined responsibilities (UNM COP 91.2% vs National 83.4%), function as a unified team (UNM COP 91.2% vs National 74.9%), and are aware of faculty needs/problems (UNM COP 88.3% vs 78.9%).

The COP has several units that support faculty, staff, students and alumni and help to effectively accomplish our missions ([Appendix 7-E](#)). For example, under the direction of the Executive Associate Dean for Education, we have the offices of Experiential Education, Student Services, and Curriculum that serve to (a) support student recruitment, admissions and advising; (b) ensure effective delivery of the curriculum while maintaining compliance with ACPE Standards; (b) oversee the course work and pharmacy practice experiences; and (c) shepherd assessment and continuous quality improvement initiatives in these areas. The COP Office of Research facilitates external grant submission through the UNM Health Sciences Center (HSC) Pre-Award Office, identifies funding opportunities and provides grant related training

opportunities. The Alumni and Development office supports our extended family of alumni and friends of the COP and oversees the Dean's and Recent Alumni Councils ([Appendix 7-F](#)). Brief descriptions of the support units/offices and staff responsibilities are available in Appendices [7-E](#) and [7-G](#).

COP Governance: The Governance Task Force has coordinated a thorough review of the faculty governance structure over the last year, resulting in revisions to the COP Bylaws ([Appendix 7-H](#)) in accordance with University policies. In addition, the Task Force shepherded a revision of Department Bylaws ([Appendix 7-I](#)), alignment of the charges of college committees with organizational goals and objectives, and collation of job descriptions, duties, and responsibilities for all administrative leaders. Faculty participate in governance through meetings of departmental faculty, committees, and college-wide faculty meetings. COP policies are set with faculty in accordance with the COP's Policy on Policy ([Appendix 7-J](#)). The AACF Faculty Survey data indicates that most faculty (75%) believe faculty meetings function effectively as part of COP governance, similar to national data (77.7%) ([Appendix 7-D](#)). Elected COP faculty also participate in the HSC Faculty Council and the UNM Faculty Senate (Standard 5).

College Committees: The DELC ([Appendix 7-K](#)), meets monthly to oversee the organizational matters of the COP including oversight of the strategic plan, oversight of programmatic assessment activities, and ensures alignment of committee charges with the strategic plan and with organizational needs. As detailed in [Appendix 7-L](#), the COP has a number of other permanent as well as ad hoc committees that support the missions of the COP, strategic initiatives and COP operations. While the majority of faculty report via the 2013 AACF Survey ([Appendix 7-D](#)) that the curriculum committee is effective (UNM COP: 87.5% vs National: 84.1%), fewer faculty believe that the assessment committee is effective (UNM COP 58.3% vs 76.2%). The reason for the latter may include (a) the integration of assessment into standing COP committees, and (b) the challenges filling the vacancy for an Assistant/Associate Dean for Assessment.

Contingency Plans: The Faculty Handbook (available onsite) details COP policies and procedures including the COP contingency plans ([Appendix 7-M](#)). In brief the COP Emergency Plans address mitigation, preparedness, response and recovery of activities in case of an emergency and the plan builds upon University and HSC policies and procedures, the COP

evacuation plan, and the COP continuity of operations plan including our 3 deep staffing plan (Appendix [7-M](#) and [7-N](#)). The COP provides educational materials and workshops, to support the emergency plans.

Interprofessional Initiatives: The COP is committed to promoting Interprofessional Education (IPE). The Director of Interprofessional Education for the entire UNM Health Sciences Center is Dean Michel Disco, COP Assistant Dean for External Programs. Additionally, several COP faculty were cited as Exemplars in Interprofessional Education at the Annual UNM HSC Education Day themed ‘Learn and Teach Together: Interprofessional Education ([Appendix 7-O](#)). The COP provides a number of IPE opportunities for students, including formal training sessions each spring and focused IPE events ([Appendix 7-P](#)). For example, the UNMH Lobo Wings IPE improves patient safety and outcomes by fostering an environment of communication between physicians, pharmacists, nurses and others contributing to patient care. The COP Experiential Subcommittee of the CLAC is charged to identify strategies to increase interprofessional and early practice experiences.

Fostering Leadership and Professional Development: The COP encourages leadership development (Standard 26) as evidenced by faculty who have participated in the AACCP Academic Leadership and Research Fellows Programs. Moreover, the administrative leaders of the COP are dedicated to providing strong mentorship, development opportunities and constructive evaluation of faculty across the key domains of 1) teaching, 2) research, 3) clinical practice and 4) service. Our Faculty Development Committee serves to assess faculty development needs, implement faculty development programs and oversee the mentoring program (Standard 26).

Communication: The COP holds at least two retreats and two faculty meetings each year. In addition, the Dean provides a State of the COP address normally held in the spring. Departmental meetings are also held either bimonthly (PPAS) or monthly (PS). In addition, each department convenes an annual retreat. The COP maintains communications with stakeholders via the aforementioned forums and the LoboRx, a monthly newsletter to faculty and staff, monthly alumni newsletter, PS departmental weekly newsletter, meetings with leaders of student organizations, focus groups as needed, town hall meetings with students. Despite these multiple avenues of communication, COP leadership recognizes it must continue to work to further enhance communication amongst faculty, staff, students and alums. The 2015 AACCP

Graduating Student Survey ([Appendix 7-D](#)) indicates that students believe the COP provides timely information about new and important information (UNM COP: 94.1% vs National: 90.9% vs Peer: 98.1%), While responses to the AACP Alumni Survey ([Appendix 7-D](#)) regarding the COPs ability to effectively communicate have improved over the years (2009:52.4%, 2013: 54.6% and 2015: 67.4%), UNM favorable response rate remain lower than the national (2015 83.3%) and peer (79%) data. With the addition of an alumni specialist to our organization in 2014 and greater alumni engagement opportunities, including a new recent alumni board as well as a more inclusive Dean’s Council, we expect to see further improvement in these responses in the future.

Effectiveness of the Organization: The DELC oversees programmatic assessment of the mission and strategic goals as described in standard 3. Assessment of individual goals and objectives of the strategic plan are embedded in the charges of the respective standing committees, whereas assessment of student learning and curricular effectiveness is overseen by the Curriculum and Learning Assessment Committee. Each department supports the COP mission, ([Appendix 7-Q](#)) and Strategic Plan ([Appendix 7-R](#)) of the COP. COP goals and objectives are addressed quarterly at DELC and regularly at each of our COP retreats and faculty meetings. Furthermore, each department regularly reviews and updates its goals and objectives to ensure consistency and integration with those of the COP as a whole and alignment of the COP strategic planning initiatives with those of the HSC and the University. The COP utilizes the AACP Survey data as part of its Comprehensive Assessment Plan. Substantial improvement is noted in the AACP Faculty Survey data over time ([Appendix 7-D](#)) and with recent or ongoing initiatives we expect to see further improvement in the future.

Comments: The COP should be commended for continually reviewing and updating its bylaws as this process facilitated broader dialogue about COP governance and organizational procedures.

Appendices:

Appendix	Contents
7-A	College Organizational Chart

7-B	Job Descriptions for Administrative Team
7-C	Qualifications of Administrative Team
7-D	AACP Survey Report
7-E	Descriptions of Support Offices
7-F	Dean’s Council, NAC, and Papiani Meetings
7-G	Support Offices Staff Responsibilities
7-H	College Bylaws
7-I	Departmental Bylaws
7-J	COP and HSC Policy on Policies
7-K	DELC Committee Description
7-L	College Committees
7-M	COP Emergency and Continuity Plans
7-N	Three Deep Plan
7-O	HSC Education Day Agenda
7-P	IPE Framework, Courses and Learning Activities
7-Q	COP Mission and Enduring Goals
7-R	COP 2020 Strategic Plan
7-S	COP Full Time Staff with Area of Responsibility
7-T	Table Distribution of Full-Time Faculty by Dept and Rank

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

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

	factors and will bring the program into full compliance.		
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Synopsis of Curriculum Vitae of the Dean

[Appendix 8-B](#)

- Desired qualifications and responsibilities of the Dean (from job description or position announcement)

Appendix [8-B](#) and [8-C](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 1 – 2, 5 [Appendix 8-I](#)

- AACP Standardized Survey: Alumni – Questions 15 – 16 [Appendix 8-I](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

See appendices 8-A through 8-L

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

	S	N.I.	U
The dean is qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service.	●	○	○
The dean is the chief administrative and academic officer and has direct access to the university president or other university officials delegated with final responsibility for the college or school.	●	○	○
The dean unites and inspires administrators, faculty, staff, preceptors, and students to achieve the mission and goals.	●	○	○
The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and plans for substantive changes.	●	○	○
The dean has the assistance and full support of the administrative leaders of the college or school's organizational units and adequate staff support. In instances where the dean is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the dean are made to ensure effective administration of the affairs of the college or school.	●	○	○
The dean is responsible for compliance with ACPE's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the college or school into compliance, the dean takes the necessary steps to ensure compliance in a timely and efficient manner.	●	○	○
The qualifications and characteristics of the dean relate well to those called for in the standards, i.e.: <ul style="list-style-type: none"> • a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems • a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy science and practice, in particular • publications in pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school • appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors • recognition for career accomplishments by pharmacy or other health profession educators, researchers, and practitioners • strong written and interpersonal communication skills • experience with and a commitment to systematic planning, assessment, and continuous programmatic improvement • a thorough understanding of and a commitment to teaching and student learning, including pedagogy • evidence of a commitment to the advancement of research and scholarship • the ability and willingness to provide assertive advocacy on behalf of the college or school to the university administration • the ability and willingness to provide assertive advocacy on behalf of the college or school and the profession of pharmacy in community, state, and national health care initiatives • a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies 	●	○	○
The dean has the authority and accepts ultimate responsibility for ensuring:	●	○	○
• development, articulation, and implementation of the mission and goals			
• acceptance of the mission and goals by the stakeholders			
• development, implementation, evaluation, and enhancement of the educational, research, service, and pharmacy practice programs			
• collaborative efforts to develop, implement, evaluate, and enhance interprofessional education, practice, service, and research programs			
• development and progress of the strategic plan and the evaluation plan, including assessment of outcomes			
• recruitment, development, remuneration, and retention of competent faculty and staff			
• initiation, implementation, and management of programs for the recruitment and admission of qualified students			
• establishment and implementation of standards for academic performance and progression			
• resource acquisition and mission-based allocation			
• continuous enhancement of the visibility of the college or school on campus and to external stakeholders			

• the effective use of resources to meet the needs and mission of the college or school			
The dean has ensured that ACPE has been notified in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring. N/A (no changes since last comprehensive visit) <input type="checkbox"/>	●	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

Qualifications of the Dean: Dr. Lynda S. Welage became Dean of the University of New Mexico College of Pharmacy after a national search ([Appendix 8-A](#)). She started in October 2011, initially part-time while she completed her academic responsibilities at the University of Michigan. She assumed the role of Dean full time in January 2012. Dr. Welage received her BS in Pharmacy from the University of Michigan (UM) in 1981 and her PharmD degree at State University of New York, Buffalo in 1983. She then completed a postdoctoral fellowship in clinical pharmacokinetics at the Millard Fillmore Hospital in Buffalo, N.Y.

Dr. Welage has a breadth of professional experiences as outlined on her curriculum vitae ([Appendix 8-B](#)), ranging from clinical pharmacist to program coordinator/director to academic faculty appointments. After completing her fellowship, she became Clinical Instructor in the Department of Pharmacy at State University of New York and was promoted to Clinical Assistant Professor. She served as Clinical Pharmacist in the Surgical Intensive Care Unit and

was Program Director of Critical Care Research in the Clinical Pharmacokinetics Laboratory at Millard Fillmore Hospital. In 1988, Dr. Welage accepted a faculty appoint as an Assistant Professor at the UM College of Pharmacy and Clinical Pharmacist in Surgery/Critical Care in the Department of Pharmacy Services in the UM Hospitals. Over the next 20+ years, Dr. Welage took on academic and professional duties with increasing levels of responsibilities. She was promoted to Full Professor and Associate Dean for Academic Affairs in 2004 and completed the AACP Academic Leadership Fellows program in 2007. Dr. Welage also served as the Director of Education, Mentoring and Career Development Programs for the Michigan Institute for Clinical Health Research.

Clearly, Dr. Welage has extensive experience as a clinician, an educator, a researcher, and an administrator. She has been a registered pharmacist for more than 30 years and has developed/taught countless courses and has mentored/trained numerous students. Her passion and dedication to education is demonstrated by her multiple teaching awards. Dr. Welage was elected Fellow of the ACCP in 1988. Her research interests involve alterations in gastrointestinal physiology and drug absorption during critical illness. Dr. Welage has been Principal Investigator or Co-investigator on 63 research grants and 3 NIH training grants, and has published 49 peer-reviewed original research papers, 30 review articles, and 18 book chapters.

Important initiatives that Dr. Welage has spearheaded in the short time since she joined UNM are focused on continuous quality improvement and include:

- Established a College Research Office to strengthen and support for the expansion our research
- Leading efforts to develop innovative clinical pharmacy service delivery models and reimbursement for pharmacy services, which provide high quality experiential sites for our students and help fund faculty and staff positions
- Leading efforts to clarify the faculty performance review process, faculty expectations, and compensation
- Developed a strategic plan with broad input from various stakeholders and aligns budgetary priorities with the plan
- Established or revised awards to recognize faculty, staff, and alumni contributions

- Engaged a management consultant group to obtain an unbiased view of the College's administrative, fiscal, and service operations, with the goal to become a more efficient and responsive organization

As Dean, Dr. Welage serves as the chief administrative and academic officer of the College of Pharmacy and oversees all educational, research, and administrative activities ([Appendix 8-C](#)). She has direct access to Chancellor for Health Sciences, Dr. Paul Roth, and the University's president, Dr. Robert Frank through regularly scheduled meetings, direct phone calls, emails, and ad hoc meetings. Dean Welage also serves on the Health Sciences Center Core Leadership Committee. Within the College, Dr. Welage chairs the Dean's Executive Leadership Committee (DELIC) ([Appendix 8-D](#)). The DELIC is composed of faculty with administrative titles who participate with the Dean in setting and implementing policy for the College. The Dean also chairs the Budget and Planning Committee (subcommittee of DELIC), which works to develop guidelines, policies, and procedures to facilitate the efficient and effective use of College resources. In addition to these two formal committees, the Dean also holds at least monthly individual meetings with administrative faculty.

The Dean is responsible for the College meeting all accreditation standards and executing our mission, vision and strategic plan. When she first joined the College, Dean Welage asked the faculty to identify who we were and define our areas of excellence and strength ([Appendix 8-E](#)). We also developed overarching values for the College ([Appendix 8-F](#)). These initial conversations formed the basis of a new strategic plan ([Appendix 8-G](#)). Under Dean Welage's leadership, the previous mission and vision statements were initially reviewed in departmental faculty meetings, then revisions were discussed at our College-wide August 2014 faculty retreat. While the revised mission was approved at that retreat, we felt our vision statement needed to be more inspirational. Further drafting, comments and revision led to final approval at a College-wide faculty meeting on January 8, 2015. Overall, the revised mission and vision statements along with the newly developed enduring goals ([Appendix 8-H](#)) more accurately demonstrate the breadth of our organization and our commitment to being socially accountable for improving the health of our communities through education, research, clinical practice and community engagement.

Standard 8 states that the Dean must unite and inspire the various constituencies of the College toward achievement of its mission and goals and Dr. Welage certainly meets this expectation. Dean Welage utilizes a team-based leadership approach. Her ability to unite and lead is

evidenced by the 2013 AACP Faculty Survey ([Appendix 8-I](#)), where 94.1% of respondents agreed or strongly agreed that the Dean is an effective leader. This value is higher than the national average of 81.1%. The same survey demonstrates that College Administrators have clearly defined roles. Responses to these questions were also higher in comparison with national responses. Impressively, 91.2% of respondents agreed or strongly agreed that the College administration functions as a team, compared to the national average of only 74.9%.

Alumni survey data from 2015, indicates that 76.8% of alums agreed or strongly agreed that the Dean provides leadership in pharmacy and this is substantial higher than the data from 2013 (36.4%) and higher than the 2015 national data (66.6%) ([Appendix 8-I](#)). The improvement in 2015 is likely the result of several strategies the Dean has initiated to better engage alumni ([Appendix 8-J](#)). Evidence that the new strategies are having a positive impact is shown in the 2015 AACP Alumni Survey that indicated alums agreed or strongly agreed that the Dean encouraged involvement of alumni (UNM 2015: 69.7% vs UNM 2013: 36.4%).

Dean Welage has been highly supportive of professional development. At the student level, she has embedded leadership and professionalism in the curriculum. She regularly meets with the student leadership (Student Pharmacist Executive Advisory Roundtable) and annually holds a Student Leadership Retreat. At the faculty level, Dean Welage appointed Dr. Laurie Hudson to serve as Director of Mentoring & Professional Development. She allocates funds to support career development and established a faculty development request for proposal process ([Appendix 8-K](#)). She supported Dr. Jim Liu (Associate Dean for Research) and Dr. Matt Borrego (Interim Chair of Pharmacy Practice and Administrative Sciences Department) to participate in the AACP Academic Research Fellow and Academic Leadership Fellow programs, respectively. Faculty have attended a number of webinars and are using Gallop's Strength-Finder to learn more about their leadership strengths.

Dean Welage is committed to strengthening and expanding research and graduate programs. She established a College Research Office to help faculty be more productive and successful in their extramural grant and contract applications and total extramural support has doubled over the past three years. She launched an intramural RFP program to encourage team science broadly and more specifically to develop collaborations between the two departments ([Appendix 8-L](#)). Dean Welage worked with the Pharm.D. students to establish the Student Pharmacist Research Interest Group and provides financial support for summer research fellowships ([Appendix 8-M](#)).

Other initiatives that Dean Welage has spearheaded in the short time since she joined UNM are focused on continuous quality improvement (CQI). She is leading efforts to clarify faculty expectations and the performance review process and align the expectations and processes in the two departments (Standards 24-26). Importantly, as part of CQI, the Dean is re-evaluating our organizational structure, which was formed in 2009 when the College went to a departmental-based structure. With significant growth in both departments, re-evaluation of our organization is needed. The Dean has retained a management consultant group to obtain an unbiased view of the College's administrative, fiscal, and service operations with an overall goal to become a more efficient and responsive organization.

Comments: Dean Welage's unique background and experience have prepared her well to serve as Dean of UNM COP. Her accomplishments with the past 4 years are impressive and we look forward as she leads us into the future.

Appendices

Appendix	Contents
8-A	Posting for Dean Search
8-B	Dean Welage's Curriculum Vitae
8-C	Responsibilities of the Dean (Job Description)
8-D	DELC Committee Charges
8-E	COP Points of Pride
8-F	COP Values
8-G	COP Strategic Plan
8-H	COP Mission, Vision and Enduring Goals
8-I	AACP Survey Report
8-J	List of Alumni Engagement Activities Implemented Since 2013
8-K	Faculty Development RFP
8-L	Research and Scholarship RFP
8-M	PharmD Summer Research Fellowship Announcement

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

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

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable



3. Curriculum

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

The curriculum must develop in graduates knowledge that meets the criteria of good science;¹ professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession. Graduates must be able to identify and implement needed changes in pharmacy practice and health care delivery.

1) Documentation and Data:

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- List of the professional competencies and outcome expectations for the professional program in pharmacy (SAME DOCUMENT FOR STANDARDS 9 AND 12) [Appendix 9-D](#)
- An overview of the curriculum and degree requirements [Appendix 9-C](#)
- Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years broken down by campus/branch/pathway (*only required for multi-campus and/or multi-pathway programs*) [SAME DATA ARE USED FOR STANDARD 3, 9, AND 15] Not Applicable
- Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 5 years [Appendix 9-J](#)
- Performance of graduates (passing rate of **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years. [Appendix 9-I](#)
- Performance of graduates (Competency Area 1² scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [Appendix 9-I](#)
- Performance of graduates (Competency Area 2 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [Appendix 9-I](#)
- Performance of graduates (Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years] [Appendix 9-I](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Question 36 [Appendix 9-H](#)

¹ "Good science" implies having the following characteristics: evidence-based, logical, convincing, explanatory, honest, testable, and systematic.

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

- AACP Standardized Survey: Alumni – Question 20 [Appendix 9-H](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendices 9-A through 9-J

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

	S	N.I.	U
The curriculum prepares graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfies the educational requirements for licensure as a pharmacist, and meets the requirements of the university for the degree.	●	○	○
The curriculum develops in graduates’ knowledge that meets the criteria of good science; professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession.	○	●	○
The curriculum fosters the development of students as leaders and agents of change. The curriculum helps students embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery.	●	○	○
In developing knowledge, skills, attitudes, and values in students, the college or school ensures that the curriculum fosters the development of professional judgment and a commitment to uphold ethical standards and abide by practice regulations.	●	○	○
The college or school ensures that the curriculum addresses patient safety, cultural competence, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team.	●	○	○
Curricular content, instructional processes, course delivery, and experiential education are documented, aligned, and integrated where appropriate.	●	○	○

- 3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- A description of the college or school’s curricular philosophy
- A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

Description:

The University of New Mexico College of Pharmacy mission, to develop pharmacists, educators and scientists whose leadership, dedication, and innovation **improve the health of our** local and global **communities**, is the underpinning of our curricular goals. Our enduring goals ([Appendix 9-A](#)) stress our key principles of (a) educating pharmacists and scientists for the changing worlds of healthcare, (b) advancing biomedical knowledge and technology, (c) developing innovative and interprofessional models of patient care; and (d) engaging the community to proactively address healthcare needs. Our curricular philosophy ([Appendix 9-B](#)), approved by the faculty, builds upon these principles and provides the framework for the content, organization, and implementation of the Doctor of Pharmacy curriculum. This framework integrates the knowledge of good science, the professional skills, attitudes, and values, and the ability to integrate and apply learning to current and future practices of the profession.

The professional curricular content ([Appendix 9-C](#)) addresses the topics contained in Appendix B of the ACPE Standards and supports attainment of our Curricular Competencies ([Appendix 9-D](#)). Our program is structured to develop a graduate with a strong integration in pharmaceutical, biomedical and social/behavioral/administrative sciences and the ability to practice pharmacy with appropriate ethical, professional, moral, and legal tenants of the profession. Program graduates meet all UNM requirements for the PharmD degree ([Appendix 9-C](#)) and are qualified to sit for the NAPLEX and MJPE licensure examinations. While there are numerous examples of curricular integration throughout our curriculum (e.g., medicinal chemistry and pharmacology, pharmacotherapy and clinical pharmacokinetics, law and ethics), assessment reveals that we can minimize redundancies and optimizing course alignment through greater curricular integration ([Appendix 9-E](#)). Plans to enhance integration and alignment are underway as part of our new 2017 curriculum.

Programmatic outcomes are defined by performance-based outcome statements (competencies) as presented in [Appendix 9-D](#). The Curriculum and Learning Assessment Committee reviewed and revised the competency statements in 2012 to better define performance-based outcomes that are achievable, measurable, and align with the intent and expectations of ACPE Standards 2007 and CAPE 2004. Further revision was conducted in 2013 to assure alignment with CAPE 2013. All revisions were approved by the faculty.

The competencies provide the framework for the design and assessment of the curriculum. Built upon a sound professional science foundation, the competencies are divided into seven broad domains: (1) provide patient-centered care; (2) promote public health; (3) manage medication-use systems; (4) manage pharmacy operations systems; (5) manage drug and health information, informatics and other technologies; (6) communicate and collaborate; (7) practice professionalism. The competencies are achieved through integration of content, educational processes, course delivery, and experiential education.

Professional skills, attitudes, and values are developed within the curriculum by several means, including presentation of content within the classroom, application of knowledge in a controlled classroom/simulation setting and co-curricular as well as professional practice experiences with modeling by faculty and preceptors. For example, key elements such as medication safety practices and social issues in healthcare (health literacy, cultural sensitivity, health disparities) are present in the didactic curriculum and are emphasized with experiential activities and student involvement in community outreach programs (Generation Rx, immunization clinics and health fairs). Interprofessional interactions are not only evident in experiential activities, but also through integrated activities such as LoboWings (a collaborative communication medication safety program) and several electives (Geriatric IPE, Geriatric Med Management, Post Discharge Home Visit, et al) ([Appendix 9-F](#)).

The role of pharmacists as agents of change is introduced in several courses during the first semester of the curriculum (PHMR 707 and 709) and emphasized in subsequent courses throughout the curriculum (Pharmaceutical Care Labs and Public Health) with reinforcement in co-curricular activities (e.g. Community Outreach Day, Legislative Day) and in their Advanced Pharmacy Practice Experiences (APPEs). The curriculum provides opportunity to discuss and explore current controversial topics such as medical marijuana and end of life issues as well as apply established tools and strategies useful in effecting local system change (Root Cause Analysis, Failure Mode Effects Analysis). Students are actively involved in effecting change at local and state levels through student staffed immunization clinics, Generation Rx; and at national level through advocacy and participation in professional organizations.

In New Mexico, following specified training pharmacists have authority to administer immunizations, and prescribe tobacco cessation products, and emergency contraceptives. UNM graduates are able to be certified in these advanced practices upon licensure. Students participate

extensively in immunization programs supporting community needs through outreach programs. Students in partnership with others in the state administered more than 50,000 flu vaccines, which substantially raised the vaccination rate for children under 17 years of age in New Mexico ([Appendix 9-G](#)). Students were recognized in March 2015 for their efforts and were awarded the APHA National Immunization Award. New Mexico also authorizes Pharmacist Clinician recognition for those wishing to participate in collaborative practices with other healthcare providers. UNM graduates have the opportunity to receive the required physical assessment training and are prepared to begin accumulating the required patient interventions upon graduation. Students not only receive training in innovative practice skills, but also have the opportunity to observe Pharmacists Clinicians serving as preceptors and role models.

Overall, the majority of graduating students are in agreement that the curriculum prepared them to effectively perform the tasks of a pharmacist based on the results of the AACCP Graduation Student Survey ([Appendix 9-H](#)). The majority of graduating students (>90%) believed they were prepared not only to provide patient care within legal, ethical, social, economic, and professional guidelines, but also to practice pharmacy in interprofessional and collaborative practice settings. The majority of graduates (>90%) also agreed that they had opportunities to develop professional attitudes, ethics, and behaviors.

While the revised curriculum was initiated in Fall 2006, the first pass rate for the 2010 was markedly low at 85%. This anomaly was contributed to five students with a variety of progression issues as detailed in our October 2011 Interim Report and accepted by ACPE. The analysis of the 2010 first pass scores also showed a significant deviation is seen in the Area 2 scores. A contributing factor was determined as difficulty with pharmaceutical calculations. Corrective action to strengthen the calculations course included improved instructional strategies and institution of an annual Key Assessment for each cohort of students in Spring 2012. (Key Assessments are defined in Standard 11) While the first time NAPLEX pass rates for 2011, 2012, and 2013 exceeded the national average pass rate, the average area scores were consistently lower than the national average area scores by 1-3% ([Appendix 9-I](#)) and prompted further evaluation and investigation. This, in concert with the first-time pass rate for 2014 at 89.7%, along with feedback from recent graduates, led the COP to provide each graduating student with access to the Pre-NAPLEX to better prepare students for the exam. Additional

investigation and analysis of areas for improvement in instruction, instructional strategies and/or assessment is currently under way as part of a curriculum revision.

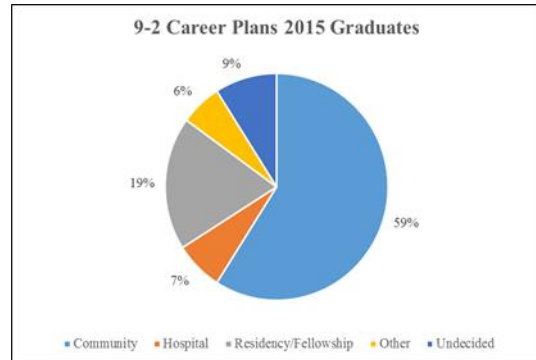
For the last several years first time pass rates for the MPJE exam have been near or higher than the national averages ([Appendix 9-J](#)). However, in 2014, first time successful pass rate was only 84.8%. While this deviation may parallel the first time pass rate of the NAPLEX, it did prompt the College to immediately (April 2015) begin providing graduating students with a law review seminar the week before graduation. This review was provided by a retired Executive Director of the New Mexico Board of Pharmacy and the College’s pharmacy law faculty. We also plan to emphasize law throughout our new curriculum (rather than just two courses).

The College uses multiple data sources when examining the effectiveness of

Figure 9-1 AACP Alumni Survey	2009	2013
20. When I was a student I knew what the program outcomes were.	90.4%	100.0%

our curriculum (Standard 15) including the AACP surveys ([Appendix 9-H](#)) as outlined above. We seek input from employers, students, faculty, preceptors and alums via multiple forums. An example of noted improved is seen when examining differences in the alumni surveys in 2009 and 2013 where student awareness of the program outcomes increased from 90.4% to 100% either agreeing or strongly agreeing.

We are proud of the diversity of career paths of our graduates select (Figure 9.2) in which more than 50% planned on working in community pharmacy, while 19% had been accepted to residency or fellowship positions.



Comments:

While our current curriculum solidly prepares students for the profession, we recognize the need for curricular revision to best prepare students for professional practice in changing times. The following reports on Standards 10-15 will provide more information on the proposed revision.

Appendices:

Appendix	Contents
9-A	COP Enduring Goals

9-B	College of Pharmacy Curricular Philosophy
9-C	UNM College of Pharmacy PharmD Curriculum
9-D	College of Pharmacy Competencies 2014
9-E	Faculty Retreat Discussion -Curricular Alignment and Integration
9-F	Interprofessional Activities
9-G	UNM COP Students Giving Immunizations
9-H	AACP Survey Report
9-I	NAPLEX Report
9-J	MJPE Report

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

competencies.

The curriculum for the professional portion of the degree program must be a minimum of four academic years or the equivalent number of hours or credits. The curriculum must include didactic course work to provide the desired scientific foundation, introductory pharmacy practice experiences (not less than 5% of the curricular length) and advanced pharmacy practice experiences (not less than 25% of the curricular length).³

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school [Appendix 10-R](#)
- A list of the charges or assignments and major accomplishments of the Curriculum Committee in the last academic year [Appendix 10-A](#), [Appendix 10-B](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 40 – 46 [Appendix 10-L](#)
- AACP Standardized Survey: Student – Questions 30, 34, 35 [Appendix 10-L](#)
- AACP Standardized Survey: Alumni – Questions 22, 27 [Appendix 10-L](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include a curricular overview, the college or school's curricular map, and data that link teaching-and-learning methods with curricular outcomes.

Appendices 10-A through 10-Q

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

	S	N.I.	U
The college or school's faculty is responsible for the development, organization, delivery, and improvement of the curriculum.	●	○	○

³ Refer to Standards 13 and 14 and Appendices B and C for additional detail and guidance.

The curriculum defines the expected outcomes and is developed with attention to sequencing and integration of content and the selection of teaching and learning methods and assessments.	●	○	○
All curricular pathways have both <i>required</i> and <i>elective</i> courses and experiences and effectively facilitate student development and achievement of the professional competencies.	●	○	○
The curriculum for the professional portion of the degree program is a minimum of four academic years or the equivalent number of hours or credits.	●	○	○
Introductory pharmacy practice experiences are not less than 5% (300 hours) of the curricular length.	●	○	○
The advanced pharmacy practice experiences are not less than 25% (1440 hours) of the curricular length.	●	○	○
On behalf of the faculty, the Curriculum Committee (or equivalent) manages curricular development, evaluation, and improvement to ensure that the curriculum is consistent with the collective vision of the faculty and administration.	●	○	○
Learning outcomes for curricular courses and pharmacy practice experiences are mapped to the desired competencies and gaps and inappropriate redundancies identified inform curricular revision.	●	○	○
Curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies. The curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.	○	●	○
The Curriculum Committee (or equivalent) is constituted to provide balanced representation from all departments, divisions, and/or disciplines within the college or school.	●	○	○
Faculty members are aware of the content, competencies, and learning outcomes for each other's courses and use that information to optimize these elements within their own courses.	○	●	○
The curriculum complies with university policies and procedures and the accreditation standards.	●	○	○
Student representation and feedback are integral parts of curricular development and improvement.	●	○	○
The Curriculum Committee (or equivalent) has adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data.	●	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- A description of the curricular structure, including a description of the elective courses and experiences available to students
- How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length
- Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- Data that link teaching-and-learning methods with curricular outcomes
- How the results of curricular assessments are used to improve the curriculum
- How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision
- How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.

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

Description:

The faculty of the College of Pharmacy are responsible for the development, organization, delivery, evaluation, and improvement of the curriculum. Functionally, this oversight is provided by the Curriculum and Learning Assessment Committee (CLAC) ([Appendix 10-A](#)). On matters of policy or major curricular changes, items are brought before the faculty at large for discussion and consensus through departmental and/or faculty meetings. The CLAC is also charged with responsibility for course approval and development of course policies, regular course review, and assessment of student learning outcomes. The accomplishments of the committee for the 2014 are summarized in [Appendix 10-B](#).

The CLAC is comprised of 12 faculty members nominated by the Dean and Department Chairs reflecting a distribution of faculty between the two departments and across the entire curriculum. The committee administratively reports to the Executive Associate Dean for Education. Student representation consists of two students from each class nominated by the Office of Student Services. Staff members on the committee are from the Curriculum Office and the HSC Library. The CLAC has three standing subcommittees (Curriculum Redesign, Experiential, and Curricular Assessment) with members from the CLAC and other ad hoc faculty members participating. Once monthly committee meetings are held at 5:00 PM so that faculty and students are able to attend regularly. Student members of the committee actively participate alongside faculty in curricular development, oversight, and assessment.

The CLAC systematically reviews the content of all courses in the curriculum according to a course review process ([Appendix 10-C](#)) to promote integration of course content and proper sequencing of courses across years. All required and elective courses are thoroughly reviewed each year. Multiple sources of data are used for course assessment, including the course syllabus, handouts and lecture notes, assignments, examinations, and student teaching evaluations. Each member of the committee is assigned a class to review at the beginning of the semester and is required to write a report at the conclusion of the semester and present that report to the

committee. The course evaluation form ([Appendix 10-D](#)) consists of 5 separate areas for review including course content and relationship to learning outcomes/competencies, student assessment, Instructor of Record performance (IOR), individual faculty teaching performance and recommendations. The form is completed independently by the course IOR and student representative and then the final report is written by a committee reviewer. The reports are provided to the course IOR, Dean and appropriate department chair. This intensive course assessment process minimizes unwanted morphing of the curriculum, facilitates continuous quality improvement in courses and in some cases defines needs for faculty development.

Before each semester, meetings are held to allow all course IORs within each respective curricular year to review course syllabi together, make suggestions to integrate content across courses, coordinate practical and exam schedules. The Curriculum Office prepares a master exam schedule ([Appendix 10-E](#)) for use by faculty, staff and students. Most recently, the CLAC undertook the task of standardizing syllabi ([Appendix 10-F](#)) for all Doctor of Pharmacy courses for information related to instructor information, course objectives and related competencies, course policies, schedule, grading practices, and teaching methods.

The Doctor of Pharmacy curriculum is a total of 139 credit hours across 4 academic years with required and elective credit hours per semester ranging from 16 to 18 ([Appendix 10-G](#)). The 139 credit hours includes eight credit hours of IPPE for a total of 320 hours in the summers after the first and second professional year and 36 credit hours of APPE in the fourth year for a total of 1440 hours. In the P1 year, students are provided with a foundation in the basic pharmaceutical, biomedical and social/behavioral/administrative sciences with introductions to pharmacy practice and principles of patient care. In the P2 and P3 years, the science-practice foundation is expanded, and disease state-based therapeutics courses integrate the basic science foundation with therapeutic principles and disease management. Theoretical principles and foundational information are presented to students during lectures and through active learning activities including case-based learning. A series of six Pharmaceutical Care Labs facilitates the development of **knowledge, skills, and attitudes** in a structured environment empowering students to practice in the contemporary and evolving field of pharmacy. Clinical cases reflective of concurrent topics in other courses are used to reinforce didactic course work, critical thinking skills, and communication skills. Students develop skills through a variety of simulated experiences, including laboratory activities, role play, and experiences with patient simulators

and standardized patients. Skills are further developed and refined when applied to actual situations in experiential courses. Mastery of skills develops as students progress through the IPPEs in the summers following their first two years of pharmacy school to the APPEs in the fourth year. Students provide reflections and self-assessment of their experiences through Learning Plans and Learning Records revolving around IPPEs and APPEs in addition to the preceptor provided assessment.

A wide variety of elective courses is available to the students. All elective courses ([Appendix 10-H](#)) offered by the College are first approved by the CLAC. In response to student and faculty input, faculty members developed and the CLAC approved 11 new elective courses over the past four years to add to the diversity of professional electives offered by the School. Students also have the option of selecting electives from a pre-approved list of courses offered by other units of the University. Students seeking to take elective courses within or outside the University that are not pre-approved must obtain CLAC approval by submitting a request ([Appendix 10-I](#)) that details how the course relates to their career plans and a syllabus showing the curricular outcomes the course is expected to achieve.

Since our last ACPE accreditation, the College has substantially increased the variety of teaching and learning methods employed in the PharmD curriculum, and the quantity of student-centered active learning in the classroom.

Figure 10.1 Standardized Syllabus Indicates Teaching Strategies

Teaching strategies: Knowledge- and ability-based outcomes will be achieved through the following teaching strategies: <i>(Check all categories that apply.)</i>			
<input type="checkbox"/>	Outside preparation	<input type="checkbox"/>	Individual quizzes
<input type="checkbox"/>	In-class lectures	<input type="checkbox"/>	Exams
<input type="checkbox"/>	Case-based learning exercises	<input type="checkbox"/>	Group project(s)
<input type="checkbox"/>	Problem sets	<input type="checkbox"/>	Homework Assignments
<input type="checkbox"/>	In-class discussions	<input type="checkbox"/>	Presentation

Presentations have been made at faculty retreats, faculty meetings, and faculty seminars examining how to incorporate active learning. For several years, annual course reviews required faculty to convey what active learning and other teaching techniques are used in the course ([Appendix 10-J](#)). Most recently, the newly approved standardized syllabus requires faculty to state what teaching methods will be employed in the class to achieve the outcomes of the course and curriculum as shown in Figure 10.1. The ultimate result of these efforts has been an increase in the variety of teaching methods and a general increase in the faculty of knowledge of the various teaching and learning methods ([Appendix 10-K](#)). Evidence of this exists in the fact that annual course reviews ([Appendix 10-D](#)) do not require the specific statement of active learning

strategies used in each course as the inclusion of these strategies are now part of the culture of the College.

Both formal and informal curricular assessments are performed on a continuous basis. Over the last 5 years, a number of minor to moderate curricular revisions have occurred to improve the curriculum. The first of these was increase the number of credit hours of PHRM 707 (Pharmacy and Healthcare Delivery) from 2 to 3. With the rapid changes in the healthcare system in America and the ever increasing complexity, both students and faculty thought it necessary to increase the time devoted to this subject. To make room in the curriculum for this change the credit hours of PHRM 706 (Foundations of Drug Action) were reduced from 4 to 3. This course was not adversely effected by providing exam time outside class instead of during the class time and by rearranging some lectures in our 3 semester Mechanisms of Drug Action course to absorb the content from Foundations. Another example is the creation of PHRM 713 (Pharmaceutical Calculation) as a separate course. Assessment from both students and preceptors revealed that students' calculation skills were not up to par during their first IPPE when the material was being taught and assessed as part of the PCL. Further assessment showed that students' calculations skills diminished over time and were not sufficient during their later IPPE and APPEs. To address this situation, a Calculations Key Assessment was introduced in spring 2012 where all P1-P3 students were required to demonstrate competency on a calculations exam each spring. Failure to demonstrate competence results in a delay in the summer IPPE or APPE, until successful demonstration of competence. Additionally, the College redesigned our Self-Care Therapeutics course. Originally, the students took the 3 credit course in the fall of their P2 year. Both students and preceptors voiced concern that the students did not know enough about OTC products during the P1 summer IPPE. The College responded by breaking up the 3 credit course into a 2 credit course the students took in their P1 spring semester that focuses on OTCs and a 1 credit course that remained in the P2 fall that focuses more on Complementary and Alternative Medicine.

Overall, the College CLAC uses multiple data sources including AACP survey data, semester course reviews, student course evaluations, student competency self-assessment, IPPE/APPE student evaluations as well as frequent informal feedback from multiple stakeholders to gain insight into the effectiveness of our curriculum. When examining AACP Graduating Student Survey Data ([Appendix 10-L](#)), student perception of the curriculum has been

favorable with the percentage of students who agreed or strongly agreed with the core statements related to this standard have ranged from the mid-80's to the high-90's for each year with the exception of the availability of electives for the Class of 2010. In 2010, the College did not have a good variety of electives, but has since increased our elective offerings resulting in greater student satisfaction. One exception is the most recent graduating class' opinion on the sequencing of the courses. Despite no changes in the course sequence from previous years, the percentage of students who were favorable on this question dropped to 80%. The College surmises this drop can be attributed to preliminary work on curriculum revision in which we pointed out how we will be changing the course sequence to move some courses (i.e. Public Health, Management) earlier in the curriculum.

The improvement in the curriculum can also be shown in the differences in the alumni surveys in 2009, 2013 and 2015 ([Appendix 10-L](#)) where both student perceptions of curricular sequence and elective offerings increased from unacceptable level in 2013 to 81-100% either agreeing or strongly agreeing in 2015 and 2013, respectively. Finally, faculty survey data ([Appendix 10-L](#)) from both 2009 and 2013 revealed high levels (> 85%) of agreement for the core questions related to this standard with the exception of faculty collaboration on curriculum. The College is committed to increasing the level of collaboration of our faculty in the curriculum and have introduced the concept of an integrated pharmacotherapy course to foster collaboration amongst our pathophysiology, pharmacology, medicinal chemistry and pharmacotherapy faculty.

Over the past few years, the CLAC has gone to great efforts to map the competencies and the curriculum to a number of different standards including ACPE Appendix B, and our own competencies (Appendices [10-M](#), [10-N](#), and [10-O](#)). This mapping has been accomplished through careful review of course syllabi, course objectives, individual lecture learning objectives, and one-on-one meetings with faculty. The mapping process gathered information from all required PharmD courses regarding the level of learning emphasized (introduce, reinforce or apply), the extent to which a given outcome is addressed (minor or major) and whether basic and/or applied aspects are addressed. The map documented progression of the curriculum throughout the academic years. It also showed several gaps and areas of redundancy. The few redundancies identified were addressed by instructors of the involved courses. Gaps were addressed by the revisions described earlier. We note that components of the curriculum meet

and exceed the standards for curriculum listed in Appendix B as well as the educational competencies developed by the faculty.

The appropriateness of course sequencing is assessed on a regular basis by the CLAC. At a higher level, courses are sequenced based on the content and how they prepare students for subsequent courses in the curriculum (i.e. pharmacology before pharmacotherapy). In addition, more difficult courses which require a higher level of baseline knowledge are placed later in the curriculum allowing students to develop that knowledge before advancing to the more challenging content. While we have had success in simulating patient experiences during our Pharmaceutical Care Laboratories and during IPPEs and APPEs, we believe we need to incorporate more application and patient care experiences into impending curricular revision.

A main tenet of the proposed curriculum revision are specific curricular threads with regular evaluation to ensure that content is threaded and sequenced appropriately both vertically and horizontally. Vertical threads ([Appendix 10-P](#)) are core courses, sequential instruction that permits students to gain both breadth and depth as they progress through the program. Integration and application of these threads as well as their assessment will be key tenets in the revision. Additionally, horizontal threads ([Appendix 10-Q](#)) (aka cross-cutting) are general attributes, more affective in nature than vertical threads. These are introduced early in the program and gain in breadth as they are applied at various levels and in various settings throughout the curriculum. Consistent reinforcement and reiteration are keys to professional success.

Comments: The UNM COP strives to continually improve the curriculum and our student experiences as evident by our noteworthy course review and assessment practices in concert with our curricular modifications and impending new curriculum.

Appendices

Appendix	Content
10-A	2015 Curriculum and Learning Assessment Committee
10-B	CLAC Annual Report 2014
10-C	CLAC Course Review Process
10-D	New Course Evaluation Form
10-E	Master Exam Schedule

10-F	Standard Syllabus Template
10-G	UNM College of Pharmacy PharmD Curriculum
10-H	Approved Professional Electives
10-I	Process for requesting approval of COP professional electives
10-J	Old Course Evaluation Form
10-K	Active Learning Strategies Employed across Courses
10-L	AACP Survey Report
10-M	Summary of Course Map to Appendix B
10-N	Detailed Course Map to Appendix B
10-O	Map of PharmD competencies to courses
10-P	Vertical Curricular Threads
10-Q	Horizontal Curricular Threads
10-R	Curriculum Committee Members

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

(None required for this standard)

Required Documentation for On-Site Review:

- Examples of instructional tools, such as portfolios, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement
- Examples of instructional methods employed by faculty to stimulate higher order thinking and problem-solving skills in learners
- Examples of instructional methods employed by faculty to address/accommodate the various learning styles of students

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 38, 39 [Appendix 11-G](#)
- AACP Standardized Survey: Student – Questions 28, 29, 31 – 33 [Appendix 11-G](#)
- AACP Standardized Survey: Alumni – Questions 21, 23 [Appendix 11-G](#)
- AACP Standardized Survey: Preceptor – Question 23 [Appendix 11-G](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include data that link teaching-and-learning methods with curricular outcomes and extracts from minutes of meetings of the curriculum and/or assessment committees.

Appendices 11-A through 11-I

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

	S	N.I.	U
The program, throughout the curriculum and in all pathways, uses and integrates teaching and learning methods that have been shown through curricular assessments to meet the diverse learning needs of students and produce the desired professional competencies and outcomes, including the development and maturation of critical thinking, problem-solving, and self-directed, lifelong learning skills.	●	○	○
Faculty members use a variety of teaching and learning techniques (e.g., active learning, case studies, etc.) that have been thoughtfully selected, designed, and/or tailored to help students achieve the learning outcomes articulated for their courses.	●	○	○
The college or school evaluates the effectiveness of its curricular innovations through its assessment activities	●	○	○
The outcomes of the distance-learning activities are appropriate for the student population and achievable through distance study. <div style="text-align: right;">N/A (no distance-learning activities) <input checked="" type="checkbox"/></div>	○	○	○
Teaching and learning methods used assure that learning experiences, opportunities, and outcomes are comparable for all pathways, branches or campuses. <div style="text-align: right;">N/A (single geographic location or no alternate pathways) <input checked="" type="checkbox"/></div>	○	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

Documentation of Teaching Methods and Instructional Strategies: Faculty members employ multiple teaching methods and instructional strategies throughout the curriculum to advance students' learning and meet the diverse learning needs of those entering the pharmacy profession. The use of multiple instructional methods is documented in (a) individual course syllabi (examples available during site review), (b) student assignments (available onsite), (c) course evaluations (d) IOR meetings at the beginning of each semester and (e) the results from a 2013-2014 faculty survey. As required, by the Curriculum and Learning Assessment Committee (CLAC), instructors should clearly identify the teaching and learning strategies used in each course in their syllabi using the predefined categories shown in Figure 11.1 ([Appendix 11-A](#)). As outlined in Standard 10, each course is carefully reviewed at the end of the semester by the Instructor of Record (IOR), a student representative and a CLAC member for potential improvements in content and delivery utilizing a standard course evaluation form ([Appendix 11-B](#)). In addition, before each semester, meetings are held to allow course IORs within each curricular year to review course syllabi together. These two processes not only allow for continuous quality improvement but also facilitates dialogue amongst faculty regarding course content as well as instructional strategies employed and thereby help to create best practices of teaching. As alluded to, the CLAC conducted a faculty survey in which faculty were asked to self-identify the teaching and learning strategies that they utilized in their courses during the 2013-2014 academic year. The highlights of the survey findings are described below and provided in greater detail in [Appendix 11-C](#).

Figure 11.1 Standardized Syllabus Indicates Teaching Strategies

Teaching strategies: Knowledge- and ability-based outcomes will be achieved through the following teaching strategies: (<i>Check all categories that apply.</i>)	
Outside preparation	Individual quizzes
In-class lectures	Exams
Case-based learning exercises	Group project(s)
Problem sets	Homework Assignments
In-class discussions	Presentation

Types of Course Offerings: The University formally recognizes a variety of types of course offerings (e.g., lecture, laboratory, project, clinical clerkship, etc.) ([Appendix 11-D](#)). While greater than 60% of our courses are categorized by the university as lecture courses, this does not adequately reflect our curriculum. CLAC recognizes that many faculty use multiple delivery strategies within a given courses. For example, our six laboratory courses, which predominately focus on skill development and application, often have some component of

lecture and discussion to provide a context for the subsequent skill and application exercise. Similarly 100% of our courses that are classified by the university as “lectures” involve discussion to varying degrees and many also involve projects ([Appendix 11-C](#)). Thus, the university approach for categorizing courses is too restrictive for our purpose, however faculty know to clearly articulate their expectations of students in terms of class activities.

Learning and Teaching Strategies: We have seen a major movement towards more active learning strategies being employed in the classroom. Today faculty utilize a broad portfolio of teaching approaches to engage students in the learning process. This shift has likely occurred due to (a) a greater focus on faculty development (Standard 26), (b) more faculty development offerings specifically related to teaching strategies available on campus, via our Center for Teaching Excellence and Office of Medical Educator Development ([Appendix 11-E](#)), (c) exciting new approaches to teaching approaches being discussed at national meetings and in publications and (d) critical review of the strengths and potential weakness of our program as we look to the new accreditation standards, all of which have led to a greater focus on “how we teach”. As part of our curricular redesign we have had multiple discussions on how to teach especially as we want to have a greater focus on problem-solving, critical-thinking, and self-directed learning. This has led some faculty to try new approaches (e.g., flipped classroom, self-directed learning, team-based learning, etc.) and this interest grows amongst others in a somewhat infectious manner.

The 2013-2014 faculty survey identifying teaching strategies that were employed in our curriculum revealed that the following approaches were commonly utilized:

- **Use of Questions to Assess Comprehension and Enhance Learning:** 90% of instructors incorporated the use of iClickers (an audience response system) in their teaching, which literature has been shown to improve student learning. At least 40% of instructors used open-ended questions to assess student recall and comprehension, to promote thinking, or to gauge opinions on controversial topics.
- **Group Work and In Class Group Assignments** are used to facilitate student engagement and learning and to help students build skills needed to work effectively as a member of a team.
- **Case-studies** used across the professional curriculum, especially in the three pharmacotherapy courses, provide students with the opportunity to apply content. Case

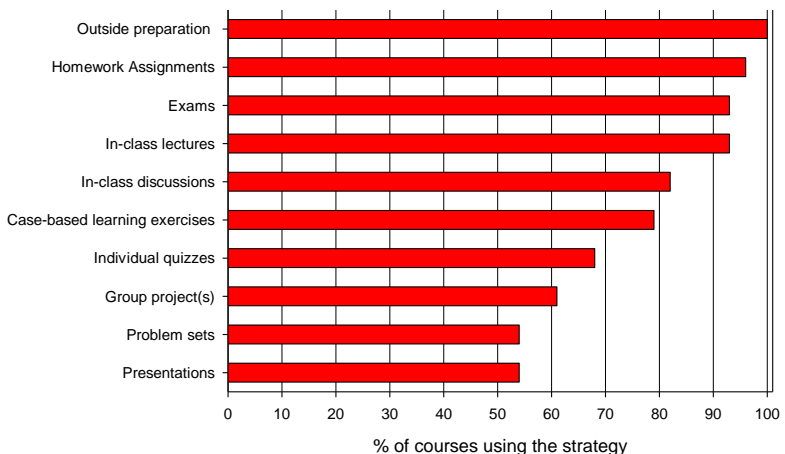
studies also allow for both vertical and horizontal integration of science and clinical practice while allowing students to self-select learning approaches. Careful scaffolding increases the case complexity as students advance. Case studies are used in-class to provide application of pre-class assignments or, alternatively, as homework to reinforce concepts taught.

- **Skill Development:** The six-semester series of Pharmaceutical Care Labs (PCL) are integrated with concurrent didactic courses so students can connect and apply concepts and material in a skills-based setting. The small-class, multi-hour structure of PCL emphasizes interactivity, application and discussion using hands-on instructional techniques not well-suited to didactic courses. Activities here include learning and refining patient care skills (i.e., communication skills, physical assessment, IV preparation, compounding, dispensing, use of medical devices, patient education) and often involve use of simulation and standardized patients
- **Simulation and Formative Performance-Based Assessments:** Standardized patient instructors are used during interactive sessions to simulate patient-pharmacist interactions. These formative performance-based exercises and assessments prepare students for their Objective Structured Clinical Examinations (OSCEs) and their IPPEs and APPEs.
- **Experiential Learning** is a key learning strategy that builds and focuses the curriculum using robust practice experiences and facilitates application of classroom content to real healthcare practice.

Figure 11.2 summarizes the most recent data regarding approaches used to facilitate learning. Learning activities with accountability are encouraged and are used with increasing frequency. A simple reading assignment with a short quiz addresses foundational knowledge outside of lecture. Team-

Based learning/Flipped classroom are used to foster application of knowledge and team-skills development. All of these rely heavily on self-directed learning and the development of life-long learning skills. Specific

Figure 11.2 Teaching Strategies Used in the Classroom



examples of these approaches in our curriculum include:

- **Team Based Learning** is used in our Self Care sequence (PHRM 721) to foster the application of knowledge and the development of skills needed to work in teams.
- **Flipped Classroom** – throughout our pharmacotherapy three course sequence, instructors often utilize the principles of flipped classroom in which students are responsible for learning prior to the class and the class focuses on application of the knowledge.
- **Self-Directed Learning Approaches** in which students are responsible for creating and implementing a learning plan with reflection are used in our P1 Introduction to Pharmacy Practice Course (PHRM 709) as well as in two of our electives (PHRM 740, PHRM 755). In addition, students write learning plans prior to each IPPE, and each half of APPEs. The plans are posted and used to provide self-direction during the experiential activity. A learning record (reflection) is submitted at the end of the experiential activity. [Appendix 11-F](#) provides the forms used to guide students in writing of these plans and records as introduction to Continuous Professional Development.

The use of technology facilitates instructor adaptation to more active learning while enhancing student engagement beyond classrooms. Moodle is used to (a) post lecture materials, assignments, supplemental readings (b) create learning modules and administer quizzes, (c) post, accept and grade assignment submissions, and (d) provide individual feedback. A faculty member has also developed an online program to help students learn the Top 200 drugs which is then integrated into the PCLs. In addition, the College utilizes a lecture capture system which records lectures in all classrooms used.

To meet the diverse learning needs of our students, faculty utilize a variety of delivery approaches (lecture, case-study, discussions, skills labs, IPPE and self-directed learning) and employ a number of teaching strategies as outlined above. Faculty provide students with support and learning assistance by providing feedback and interacting by email or individual meetings. In summary, a variety of teaching approaches are used to promote critical thinking as well as the acquisition and application of knowledge and skills to enter practice. The 2015 AACCP Graduating Student Survey ([Appendix 11-G](#)) confirms the use of multiple active-learning instructional approaches as 94% of the students agreed or strongly agreed that they were provided opportunities to engage in active learning. Furthermore, information from the AACCP

Faculty, Preceptors and Alumni surveys ([Appendix 11-G](#)) further confirms that multiple instructional approaches are utilized.

Assessment of Student Learning: Formative and summative assessments are used to throughout the curriculum to measure student learning as detailed in Standard 15. Core didactic classes use formative assessments to inform faculty and students about students' progress, allowing feedback, review of difficult material and adjustments in teaching methods. Formative assessments include online and in-class paper-based quizzes, clicker questions, paired individual and team readiness assessments (RAT) in TBL classes. Pre-classroom assignments – including problem sets, written responses to reading assignments, quizzes, case studies, and brief research assignments – are also used as formative assessment. All core didactic courses employ exams for assessment of student learning throughout the semester. Exams include open-ended or calculation-type questions and high-quality multiple-choice items to assess recall, application and problem-solving abilities. In many courses, embedded assessment as a series of key assessments ([Appendix 11-H](#)) are used to evaluate students' learning and ability to apply key concepts to problem solving, usually through open-ended, case-based questions. .

Formative and summative performance based assessments are also employed throughout the curriculum. For example, standardized patients are used for formative as well as OSCE type summative assessments every semester in PCL to evaluate students' application of theory, drug information and patient care skills.

Programmatic Assessment of Learning: Whereas individual students are provided with information regarding their individual learning, the College also evaluates learning on a programmatic basis to facilitate curriculum assessment and revision as well as admission processes. Briefly, programmatic assessment of learning includes 1) evaluation of performance on key assessments across the curriculum; 2) self-efficacy assessments of competencies; 3) evaluation of competency during the P4 year; 4) correlation of course grades to admissions data; and 5) evaluation of AACCP survey data. Whenever possible, a triangulation assessment approach is utilized in which data from several sources are evaluated to determine consistency of the assessment signal and thus enable a more robust improvement plan if needed. Standard 15 provides greater detail.

Evaluation of Teaching Methods: The assessment of teaching methods and strategies is addressed through several venues. Exam results inform faculty of needed instructional changes.

Electronic student evaluations of teaching are conducted for each instructor and for each course. Midpoint assessment “Assessment, Analysis and Action” questions ([Appendix 11-I](#)) are periodically used to provide just in time feedback for new instructional methods or strategies of methods. Students who serve on the CLAC contribute to discussions in monthly meetings and present comments/concerns from their cohorts or their own experiences. Individual instructors are encouraged to reflect upon their teaching documenting any efforts made for improvement and the results ([Appendix 11-J](#)). Each course and its instructional methods and strategies are reviewed at the end of each offering by the CLAC as discussed in Standard 10. In addition, examination items are statistically analyzed and reviewed for appropriate rigor and learner discrimination, adequate cognitive levels, and alignment with lecture/course objectives. This serves multiple purposes, including identification of questions that should be eliminated and feedback that facilitates future exam item construction, design and rigor. Item analysis statistics are included in relevant course reviews. The review contributes to both student assessment as well as assessment of teaching. Most recently, the College is piloting the use of ExamSoft in several P1 courses with the intention to fully implement in the next academic year. The analytics produced by this software will allow a more robust evaluation of both student performance and assessment of our exams.

For all AACP Standardized Survey ([Appendix 11-G](#)) questions related to Standard 11, the College responses were consistently high and statistically equivalent or higher than peer institutions. This reflects the effort that the College makes to prepare students as innovative practitioners of pharmacy. Responses from faculty, graduating students, alumni and preceptors all endorse the quality of educational methods at level equal to or greater than the peer cohort.

Comments: The faculty are proud of progress made in the increased diversity of teaching and learning approaches utilized throughout the curriculum. The CLAC is commended for promoting new teaching approaches and helping to facilitate the implementation of these methods throughout the curriculum.

Appendices

Appendix	Content
11-A	Standard Syllabus Template
11-B	New Course Evaluation Form

11-C	2013-2014 Survey on Teaching Strategies: Results
11-D	University Course Type Definitions
11-E	Faculty Development Course Offerings by CET and OMED
11-F	Student Learning Plan and Reflection Record
11-G	AACP Survey Report
11-H	Defining Key Assessments
11-I	Assessment, Analysis Action form
11-J	Teaching Self-Assessment Example

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

Not applicable

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

1. Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.

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

Documentation and Data:

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- List of the professional competencies and outcome expectations for the professional program in pharmacy (SAME DOCUMENT FOR STANDARDS 9 AND 12) [Appendix 12-A](#)
- A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program [Appendix 12-C](#)
- Examples of didactic and experiential course syllabi, including stated outcomes related to desired competencies [Appendix 12-R](#)

Required Documentation for On-Site Review:

- All course syllabi (didactic and experiential) Available on-site

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 47 – 57 [Appendix 12-J](#)
- AACP Standardized Survey: Student – Questions 10 – 29, 84 [Appendix 12-J](#)
- AACP Standardized Survey: Alumni – Questions 20, 31 – 41 [Appendix 12-J](#)
- AACP Standardized Survey: Preceptor – Question 25 – 35 [Appendix 12-J](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendix 12-A through 12-R

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

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

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- A description of the professional competencies of the curriculum
- A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes
- How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements

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

Description:

The goal of the College’s curriculum is to instill students with a patient-centered and evidence-based approach to problem-solving that fosters the development and integration of knowledge, skills, attitudes, and values required in the profession while emphasizing professionalism, integrity, and diversity. This goal is embodied within the College’s professional competencies ([Appendix 12-A](#)).

The College faculty determined attainment of these competencies as essential for an entry-level generalist pharmacist. The College’s initial professional competencies were developed in 2008, underwent revision by the Curriculum and Learning Assessment Committee (CLAC) in 2012, and were subsequently presented to and approved by the College faculty the same year. The competencies are aligned with the CAPE outcomes as well as with topics contained in the ACPE Appendix B ([Appendix 12-B](#)). The 2012 College competencies consisted of 32 competencies that were categorized into one of 7 domains (Figure 12-1). The domains

Figure 12=1 Competency Domains	
1 Provide Patient-Centered Care	Design, document, implement, monitor, evaluate, and adjust an individualized evidence-based pharmaceutical care plan that will ensure patient safety and optimal therapeutic outcomes.
2 Promote Public Health	Promote wellness, disease prevention, management of medical conditions, and reduction of health disparities through education, advocacy, and other activities at the population and individual patient levels.
3 Manage medication use systems	Participate in the management of systems that promote and control safe, accurate, efficient, timely and cost-effective distribution of medications and related devices.
4 Manage pharmacy operation systems	Participate in the safe and effective management of operational systems to provide drug products to patients.
5 Manage drug and health information, informatics, and other technologies	Use information and communication technology to improve patient care and manage the practice of pharmacy.
6 Communicate and collaborate	Demonstrate effective communication, collaboration, and interpersonal skills for effective information exchange and team work with patients, caregivers, prescribers and other healthcare providers.
7 Practice professionalism	Demonstrate the attributes of a professional, including a commitment to, and accountability for, carrying out professional responsibilities, maintaining professional competence, and adhering to legal and ethical principles.

serve to provide generalized descriptions of competency areas and inform students of what they are expected to be able to know and do (knowledge, skills, attitudes, values and behaviors) at graduation in order to become successful pharmacists. The revised competencies were then mapped to the required core courses as well as to the experiential courses to ensure coverage and identify placement ([Appendix 12-C](#)). In order to ensure complete inclusion of the CAPE 2013 educational outcomes, one additional competency was added and approved by the faculty in 2014 bringing the total number of competencies to 33.

The College's competencies serve to define curricular content and structure and are featured prominently in the "current student" area on the College website. Of note, with our new website likely to launch in late September or early October, the competency statements will be highlighted under Academic Programs\PharmD Programs\Curriculum. The competencies are also published in the Student Handbook, which is reviewed with each entering class during orientation week. A standardized syllabus template was created by the CLAC for use in all core curriculum courses ([Appendix 12-D](#)). The template requires that competencies, previously mapped to core course learning objectives ([Appendix 12-C](#)), be listed immediately following the course goals and learning objectives. This reinforces the competencies and desired learning outcomes for students and faculty alike.

Preparing students to work as part of an interprofessional healthcare team: One of the advantages of being housed within an academic health science center (HSC) is the opportunity to provide interprofessional healthcare education (IPE). To date, IPE didactic experiences have been mostly elective courses or one-day events repeated from year to year. These events have centered on the management of geriatric patients ([Appendix 12-E](#), [Appendix 12-F](#)), public health (Example: [HSC Drive-Thru Flu Shot Clinic](#)) and community based education, patient safety ([Appendix 12-G](#)), and disaster preparedness (Example: [Bioterrorism drill](#)). UNM HSC has been successful in providing IPE in the experiential setting ([Appendix 12-H](#)) and in co-curricular activities ([Appendix 12-I](#)). The COP is fortunate in that the Director of IPE within the HSC is also the Assistant Dean for External Programs at the COP. Having this strong representation at the HSC administrative level ensures future inclusion of our students in many of the IPE initiatives. A series of specific IPE courses are in the developmental stages but represent a longitudinal curriculum built around many of the topics mentioned above while adding others such as professionalism and ethics. This curriculum will also address the IPEC Core Competencies for Interprofessional Collaborative Practice.

Current core courses as well as IPPE and APPE rotations prepare students to provide patient-centered care as part of an interprofessional team. During the P4 year students, through APPE rotations, are exposed to interprofessional team-based care in both ambulatory as well as institutional care settings. A review of the AACCP survey ([Appendix 12-J](#)) demonstrates that students are confident in their ability to communicate with other health professionals and they felt that the program prepared them to work with the health care team in order to implement the

patient care plan, identify and resolve medication related problems, and practice pharmacy in interprofessional and collaborative practice settings. Faculty and preceptors appeared to be in agreement with the students in regard to their ability to communicate with patients, caregivers, and other members of the interprofessional team.

Assessment of Professional Competencies: A variety of methods and data sources are utilized to assess student attainment of the college competencies. Data sources include AACP survey data from faculty, students, alumni, and preceptors ([Appendix 12-J](#)), student competency self-assessment surveys ([Appendix 12-K](#) and [Appendix 12-L](#)), Key Assessments ([Appendix 12-M](#) and [Appendix 12-N](#)), performance based assessments such as OSCEs, IPPE and APPE evaluations, and NAPLEX first-time pass rates ([Appendix 12-O](#)). In addition, the COP conducted focus groups of employers/preceptors, recent alumni, and 4th-year students to determine curricular performance in preparation of graduates ([Appendix 12-P](#)).

Competency-based assessments, such as our Key Assessments (KAs) and OSCEs, serve to provide immediate feedback regarding student learning and curricular performance. KAs were introduced into the curriculum in 2009 and have been incorporated into all core courses as of 2014 ([Appendix 12-M](#) and [Appendix 12-N](#)). The KAs are represented by either assessment questions embedded within core course examinations, OSCEs, or specific assignments and are directly mapped to the college competencies. In some instances students are required to achieve a minimum score to obtain credit. For example, PHRM 713, Pharmaceutical Calculations, requires a grade of > 75% for success, and the examination is repeated in the spring semester of P1 thru P3 years where passing increases to 80%. ([Appendix 12-Q](#)) Obtaining a passing mark on the spring exam is required for a student to advance to their IPPE or APPE. This requirement was enacted in response to feedback from preceptors, employers, and alumni who identified the ability to conduct pharmacy calculations as a weakness. This is an example of how the KAs are being utilized to assess achievement of competencies and identify and correct curricular shortcomings. We are continuing to evolve and strengthen the utilization of KAs within our curricular assessment.

Based on the annual student competency self-assessment survey ([Appendix 12-K](#) and [12-L](#)), the students are confident in their ability to provide patient-centered care, promote public health, manage medication use and pharmacy operation systems, manage drug and health information, communicate and collaborate, and practice professionalism. Students appeared to

be most confident in their ability to demonstrate professionalism and be life-long, self-directed learners and least confident in their ability to practice independent prescriptive authority and in their ability to explain differences between public and private payers. Independent prescriptive authority is unique to New Mexico and represents an expansion of pharmacy practice; therefore, it is not surprising that students would have some hesitance in performing upon graduation, as they may not have been exposed substantially to this practice during their APPEs. Through the process of mapping, healthcare systems and pharmacy operations and management were previously identified as areas needing improved coverage within the curriculum and so the students' decreased confidence in this domain is not unexpected.

AACP Survey Data: An additional data source, the annual AACP student survey ([Appendix 12-J](#)), demonstrated the student's readiness to enter into practice. Approximately 95% of graduating students in 2015 either strongly agreed or agreed that they were prepared to enter pharmacy practice, which is congruent with the national average. All data are provided in [Appendix 12-J](#). For the majority of competencies the student survey data was consistent with national data. Interpretation of economic data was determined to be deficient by students and faculty, which is consistent with the curricular gap analysis. Faculty identified students' ability to evaluate the health literature (question 54) as a deficiency, which has also been identified in our gap analysis. Preceptors were more apt to disagree that students were prepared to develop patient-specific care plans and manage a patient-centered pharmacy practice. Preceptors felt that students were not prepared to develop disease management programs whereas alumni felt very strongly that they were prepared to develop disease management programs.

Comments:

The College is proud of the revised competencies developed since our last site visit and the methods we are using to promote those competencies to our students. They were carefully constructed to be relevant to the fast changing world of healthcare. Evidence of this is the very minor revision needed when they were compared to the 2013 CAPE Outcomes. The College is also very proud of the leading role we are taking in facilitating interprofessional education at the UNM Health Sciences Center.

Appendices

Appendix	Content
12-A	UNM COP Professional Competencies 2014

12-B	Summary of Course Map to Appendix B
12-C	Map of Professional Competencies to Courses
12-D	Standard Syllabus Template
12-E	Geriatric Education and Health Maintenance (GEHM) Clinic syllabus
12-F	Geriatric Interprofessional elective syllabus
12-G	LoboWings Patient Safety poster
12-H	Project ECHO Interprofessional Chronic Complex Disease Rotation syllabus
12-I	Co-curricular IPE Activities
12-J	AACP Survey Report
12-K	Student Competency Self-Assessment Survey
12-L	Student Competency Self-Assessment Survey Results
12-M	Defining Key Assessments
12-N	Summary of Key Assessment Data
12-O	NAPLEX report
12-P	Curricular Focus Group Summary
12-Q	Excerpt from PHRM 713 syllabus
12-R	Example Syllabi-Experiential and Didactic

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

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

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- A map/cross-walk of the curriculum to Appendix B of the ACPE Standards

[Appendix 13-D](#)

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 34, 47 [Appendix 13-B](#)
- AACP Standardized Survey: Alumni – Questions 24, 25, 27 [Appendix 13-B](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include assessments and documentation of student performance and the attainment of desired core knowledge, skills and values.

Appendices 13-A through 13-K

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

	S	N.I.	U
The curriculum contains at an appropriate breadth and depth the necessary elements within the following areas as outlined in Appendix B of the Standards:			

• biomedical sciences	●	○	○
• pharmaceutical sciences	●	○	○
• social/behavioral/administrative sciences	●	○	○
• clinical sciences	●	○	○
The content of curricular courses is mapped to Appendix B to assess where specific content foundations are addressed in the curriculum. Gaps in curricular content and inappropriate redundancies identified in the mapping process inform curricular revision.	●	○	○
The college or school's vision includes the development of pharmacy graduates who are trained with other health professionals to provide patient care services as a team	●	○	○
The didactic course work provides a rigorous scientific foundation appropriate for the contemporary practice of pharmacy.	●	○	○
Knowledge, practice skills, and professional attitudes and values are integrated and applied, reinforced, and advanced throughout the didactic and experiential curriculum.	○	●	○
The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences are of adequate depth, scope, timeliness, quality, sequence, and emphasis to provide the foundation and support for the intellectual and clinical objectives of the professional degree program and the practice of pharmacy.	●	○	○
The sciences provide the basis for understanding the development and use of medications and other therapies for the treatment and prevention of disease.	●	○	○
Courses and other formal learning experiences are coordinated and integrated across disciplines.	○	●	○
Where instruction is provided by academic units of the university other than the pharmacy program, these areas are developed in accordance with the professional degree program's curricular goals and objectives; and assessment liaison mechanisms ensure effective instructional delivery and achievement of the educational objectives of the program.	○	○	○
N/A (no outside instruction) <input checked="" type="checkbox"/>			

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

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

[TEXT BOX] [15,000 character limit, including spaces] (approximately six pages)

Description:

Current Curriculum: The College has a long-standing history of incorporating a strong foundation of biomedical, social/behavioral/administrative (SBA), and clinical sciences into our curriculums in the 70 years of our existence. The current curriculum ([Appendix 13-A](#)), implemented in Fall 2006, is structured to offer vertical integration between basic pharmaceutical/biomedical/SBA and clinical sciences using clinical applications to reinforce concepts in basic science courses and the reinforcement of basic sciences concepts in primarily clinical applications. The first professional year provides the basics in pharmacy-related biochemistry and pathophysiology. Students are provided foundational knowledge in pharmaceuticals, pharmacy calculations, and law. Aspects of health care delivery including social issues (healthcare disparities, health literacy, and cultural sensitivity) are delivered in a standard didactic course and reinforced by activities in Pharmaceutical Care (skills) Laboratories (PCL). Self-care topics and the introduction to mechanisms of drug action (integrated pharmacology/medicinal chemistry) are introduced in the second semester. PCL focuses on Top 200 drug information and dispensing & compounding skills as well as patient counseling to prepare students for the 4-week, 160 hour summer Community IPPE. Concepts of professionalism, including leadership, professional learning, and communication are introduced didactically with reinforcement from PCL.

The second professional year transitions students more into the clinical sciences. Mechanisms of drug action continues with vertical integration with pharmacotherapeutics. Pharmacoepidemiology, informatics, and biomedical literature review are presented with reinforcement in skills lab through application assignments. A course in biopharmaceutics and pharmacokinetics provides additional foundational knowledge needed in pharmacotherapy. The first of three courses in pharmacotherapeutics (cardiology, pulmonary, endocrinology and renal) is presented in the spring. PCL in the 2nd year focuses on compounded sterile products and IV medications to prepare student for the summer 4-week, 160 hour Institutional IPPE. Other skills activities include drug information, patient interviewing, physical assessment and documentation

(SOAP notes) using patient cases based on self-care and therapeutics topics with integration of medication therapy management and social issues of healthcare.

The third professional year focuses on preparing students for Advanced Pharmacy Practice Experiences. Pharmacotherapy courses are presented in the fall (infectious disease, GI, men's/women's health, critical care) and spring (psychiatry, neurology, oncology, toxicology) with heavy emphasis on case studies and the development of care plans. Safe Medication Practice provides students with fundamental tools for analyzing and resolving medication errors. Advanced law and ethics are presented in problem-based case format to provide students with a greater understanding of the legal and ethical framework surrounding the practice of pharmacy and medicine. Courses in pharmacoeconomics, pharmacy management, public health, and emerging technologies present advanced topics with active exercises. These topics are reinforced in PCL with an emphasis on drug therapy assessment, communication, social issues of healthcare, and drug information to best prepare students for clinical rotations. Student feedback has indicated that the didactic curriculum prepares them for their APPEs with an average of 94% (range: 88%-98.8%) of students in agreement with that statement since 2009 ([Appendix 13-B](#)).

The fourth year consists of 9 four week rotations of APPE. In addition to the 4 required rotations (Advanced Community, Advanced Institutional, Ambulatory Care, General Medicine), students must take 2 Specialty Patient Care APPEs and 3 elective rotations. One of these 9 APPEs must be completed in a rural, underserved area within the state. At the end of the fourth year the student may elect to participate in a 60-hour course in physical assessment to meet the requirements towards qualification as a New Mexico Pharmacist Clinician.

There is a wide variety of electives ([Appendix 13-C](#)) available to meet the minimum requirement of 6 credit hours (students are always encouraged to take additional hours). Graduating Student Survey data in 2010 ([Appendix 13-B](#)) indicated that only approximately 2/3 of our students thought the elective courses met their needs so the College has made a concerted effort to increase not only the number and scope of courses offered by College faculty, but also to broaden the spectrum of courses offered by other UNM units (Anderson School of Management, School of Engineering, Public Health Program, and the School of Medicine). These efforts have paid off as demonstrated by at least 85% of students indicating that the expanded offerings do meet their needs ([Appendix 13-B](#)).

In both required and elective courses, the core knowledge of students is assessed in a variety of ways including assignments, quizzes, written exams, group and individual projects, and presentations. Skills are measure by completion of lab exercises and performance based assessments as well as performance on rotations. Attitudes and values are evaluated primarily by preceptors during rotations. More information on assessment is found in Standard 15

Appendix B: The content of core professional courses was mapped to Appendix B of the 2007 Standards by a subcommittee of the CLAC ([Appendix 13-D](#)). Each course was closely reviewed for instructional content and topics that were presented in the syllabus or course schedule and were assessed with feedback and then matched to a corresponding topic in Appendix B. An estimation of the amount of time spent on content topics was estimated from the course schedule or representative slide sets for multi-instructor courses. Upon completion, the CLAC and faculty members reviewed the mapping in an iterative process to identify deficiencies (gaps) or issues with the mapping process. Several gaps and/or insufficiencies in content were identified. The mapping process and the review of that map also brought forth additional concerns regarding the curriculum.

1. Some course content was not well defined in the course syllabus or the course schedule leading to omissions in mapping.
2. Some faculty were not aware of what was taught before or after their instruction belying vertical integration.
3. There is little horizontal integration between core courses, skills labs, and experiential activities.
4. There was a high percentage of redundancy in course content. (e.g., pathophysiology also taught in pharmacology and both subjects taught in pharmacotherapy).
5. Topics listed in Appendix B are presented in courses but students are not assessed (formative or summative) for mastery on some of the topics.

Overall, these concerns indicated to the faculty that a revision of the curriculum is needed ([Appendix 13-E](#)).

Performance Based Outcomes or Competencies: In 2012 the CLAC reviewed the competencies approved by faculty in 2008 ([Appendix 13-F](#)) to determine alignment with the professional curriculum. The committee revised the competencies for improved alignment and to provide specific and measurable statements of intended outcomes. After the CAPE 2013

Outcomes were released, the competencies were again reviewed to ensure alignment with the new outcome statements. The CLAC was pleased to determine that the competencies did align closely and only one additional competency (7.4) was added. The final product ([Appendix 13-G](#)) consists of seven domains dividing 33 competencies with specific tasks for each competency was approved by all faculty in January 2015.

Those approved competencies have been mapped to core professional courses using a weighted mathematical curricular mapping process.¹ Course syllabi were reviewed to determine if an intended outcome was represented and explicitly/implicitly stated. Each course Instructor of Record was asked to identify the competencies for which course content was provided and assessed and then to rate the scope and depth of that content using the rubric prepared by Maveev et al.¹ The intended competencies for each course are included in the course syllabus for reference.

The mapping project ([Appendix 13-H](#)) revealed that while the content applicable to the CAPE 2013 outcomes is presented within the curriculum, it is not always clearly defined in course syllabi or schedules. In particular, topics listed in Domains 3 and 4 of the CAPE 2013 Outcomes, while present, are not actively integrated into content matter or across courses and little documentation of individual student ability in these areas is available for review. There is a need for more formal presentation and incorporation of Domains 3 and 4 into the curriculum. Assessments need to be developed to evaluate and document student ability to perform/demonstrate the required professional values and attitudes. These curricular needs are added to those derived from the Appendix B mapping process (above) and will be incorporated as we continue to plan the revision of the core curriculum.

Curricular Revision: The need for curricular revision is based on the documentation from mapping of courses to Appendix B, C and D as well as to the College Competencies. Feedback from focus groups of preceptors, employers, recent alumni, graduating students, and faculty contributed to and supported the need for revision ([Appendix 13-I](#)). The collected data (mapping projects, competencies, feedback groups), combined with the expectations listed in ACPE Standards 2016, were used to begin drafting a new curriculum using an evidence-based approach. A working group drafted a framework for the revised curriculum, identifying key concepts to be addressed ([Appendix 13-J](#)). The framework serves as a starting point for discussion and revision by the CLAC and faculty, students and alumni. To obtain a precise

analysis of existent curriculum, each instructor in each of the core courses was asked to align individual lecture learning objectives with course goals and objectives to be used as reference in curricular revision.

Several key principles became evident during the revision process. First, identification of gaps in the program suggests either new courses or redesign of existent courses. A major change involves the integration of pathophysiology and mechanisms of drug action content with the pharmacotherapeutics content in close temporal alignment of content based on disease state(s) with scaffolding from simple to complex disease states. This change (1) minimized the redundancies among the separate course series; (2) essentially eliminates temporal separation of related content (3) provides better oversight for course design, teaching and assessment,(4) enhances alignment with skills and experiential activities, and (5) reduces course size to allow for better student focus and success (2-3 credit courses vs 6 credit courses). Second, a need for greater longitudinal reinforcement of material is needed. Foundational knowledge and application need reinforcement and scaffolding throughout the curriculum. For example, drug information activities should be included in almost every course to provide reinforcement of prior learning while developing and enhancing problem-solving and critical thinking skills that parallel new knowledge and integration with earlier instruction. Horizontal threads of core concepts such as communication, need to be present and intentionally reinforced across semesters. Effective communication is seen as an essential skill and is present in each semester for reinforcement of past teachings and presentation of new, progressing with the curriculum. Third, greater emphasis was needed in application of knowledge, problem-solving and critical thinking. Sufficient time and opportunity for students to apply concepts required prioritization of teaching strategies and activities.

Fourth, although a diverse collection of assessment approaches are used, greater emphasis needed to be placed on embedded assessment with standardized measures of outcome. For example, the assessment of drug information responses is conducted using a standardized collection and reporting form measured with a standardized rubric to allow for measurement of student skills development. Fifth, classroom learning is best reinforced by real-life application. To meet this need, the flexible course series of Aspects of Patient Care include IPPE activities throughout the curriculum. Lastly, the affective skills outlined in Standards 2016 need structured development and reinforcement. Employers and preceptors clearly call for more refined

approaches to practice and care (Standard 3 Standard 2016) as well as more enhanced personal/professional development. Integration of affective skills into the curriculum are recognized as a required but challenging component of any curricular revision.

Although the fully revised curriculum will not be in launch until Fall 2017, some aspects of change have been made where possible. Drug information was intentionally added to the P1 Introduction to Pharmacy Practice with reinforcement from other P1 courses and called out in P2 and P3 skills lab activities with sequential opportunities to practice communication of drug information rather than wait an additional year before implementing. Faculty are actively investigating ways to better use classroom time for higher order learning while avoiding sacrifice of content. Embedded assessment is slowly evolving. The pending rollout in 2017 is anxiously anticipated.

Comments: The College’s evidenced based approach to assessment of the curriculum and using the information in a structured manner to create the revised curriculum is laudable.

References:

1. Matveev AG, Hamilton L, Zapatero EG. Curriculum Mapping: A Methodology to Define, Demonstrate and Improve the Coherence of Program Curricula. As presented at SACSCOC Annual Meeting, Workshop #13, Orlando, FL, December 2011

Appendices

Appendix	Content
13-A	UNM College of Pharmacy PharmD Curriculum
13-B	AACP Survey Report
13-C	Approved Professional Electives
13-D	Courses Mapped to Appendix B
13-E	Rationale for Revising the Curriculum
13-F	College of Pharmacy Competencies 2008
13-G	College of Pharmacy Competencies 2014
13-H	Mapping of Courses to Competencies
13-I	Curricular Focus Groups summary

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

The progress of the development and implementation of the revised PharmD curriculum should be monitored.

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

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

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

- 1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- The objectives for each introductory and advanced pharmacy practice experience with the responsibilities of the student, preceptor, and site, as applicable

[Appendix 14-AB](#)

- A map/crosswalk of all pharmacy practice experiences (introductory and advanced) against the activities listed in Appendix C of the Standards. *(Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically [Appendix 14 C](#)*

Required Documentation for On-Site Review:

- Introductory and advanced pharmacy practice experience manuals, including assessment forms
- List of current preceptors with details of credentials (including licensure) and practice site

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 37, 38, 40 – 46, 48 – 52 [Appendix 14-AD](#)
- AACP Standardized Survey: Alumni – Questions 25, 27 [Appendix 14-AD](#)
- AACP Standardized Survey: Preceptor – Questions 11, 12, 18 – 21, 23, 24, 36, 38 [Appendix 14-AD](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard Examples could include assessments and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; aggregate data from students about the type (diversity) and number of patients, problems encountered, and interventions; evidence of assuring, measuring, and maintaining the quality of site used for practice experiences; and quality improvements resulting from practice site assessments.

See appendices 14-A thru 14 AE

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

	S	N.I.	U
The college or school provides a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.	●	○	○
The pharmacy practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.	●	○	○
Pharmacy practice experiences include periods for preparation and guided reflection.	●	○	○
The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site are defined.	●	○	○
Goals and outcomes for each pharmacy practice experience are mapped to activities listed in Appendix C to ensure that students' experience will cover, at a minimum, all the listed activities.	●	○	○
Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes are documented and assessed.	●	○	○

In aggregate, the pharmacy practice experiences include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.	●	○	○
Most pharmacy practice experiences are under the supervision of qualified pharmacist preceptors licensed in the United States.	●	○	○
The college or school ensures that all preceptors (especially first-time preceptors prior to assuming their responsibilities) receive orientation regarding the outcomes expected of students and the pedagogical methods that enhance learning, ongoing training, and development.	●	○	○
A quality assurance procedure is in place that facilitates standardization and consistency of experiences and outcomes while allowing for individualization of instruction, guidance, and remediation by the preceptor based on student needs.	●	○	○
Students do not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned. ⁴	●	○	○
The introductory pharmacy practice experiences involve actual practice experiences in community and institutional settings and permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities.	●	○	○
Introductory pharmacy practice experiences account for not less than 300 hours over the first three professional years. The majority of students' time (minimum 150 hours) is balanced between community pharmacy and institutional health system settings.	●	○	○
The length of the advanced pharmacy practice experiences is not less than 1440 hours (36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed.	●	○	○
All <u>required</u> advanced pharmacy practice experiences in all program pathways are conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands).	●	○	○
Required experiences include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings: <ul style="list-style-type: none"> ● community pharmacy ● hospital or health-system pharmacy ● ambulatory care ● inpatient/acute care general medicine 	●	○	○
Simulation is used appropriately as a component of introductory pharmacy practice experiences; it does not account for greater than 20% of total introductory pharmacy practice experience time and does not substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings.	○	○	○
N/A (simulation does not count toward the required minimum number of hours for introductory pharmacy practice experiences) <input checked="" type="checkbox"/>			

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes
- How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings

⁴ A professional degree program in an institution that meets the definition and characteristics of "cooperative education" (www.co-op.edu) may apply to ACPE for a waiver of this requirement.

- How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings
- How the college or school uses simulation in the curriculum
- How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.
- How the college or schools assures, measures, and maintains the quality of sites used for practice experiences
- How quality improvements are made based on assessment data from practice sites
- How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix C of Standards 2007 to ensure that students' experience will cover, at a minimum, all the listed activities
- How the college or school is applying the guidelines for this standard, **and the additional guidance provided in Appendix C**, in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Description:

The Experiential Education program offers a continuum of practice experiences that are designed to provide real-life application of the COP's competency statements ([Appendix 14-A](#)) throughout the curriculum. Thirty-two percent (44 of the required 136 semester hours) of the College's curriculum consists of pharmacy practice experiences for a total of 1,760 contact hours (320 at the introductory level and at least 1,440 hours at the advanced level). Of note, simulation experiences are not included in this quantification but are described in [Appendix 14-B](#).

Continuum of Pharmacy Practice Experiences: Prior to each Introductory Pharmacy Practice Experience (IPPE), students acquire the knowledge and then apply the information in controlled simulated environments with the use high/low fidelity mannequins, standardized patients, and interaction other healthcare professionals ([Appendix 14-B](#)). During the summer, following the P1 year, students complete 160 hours (40 hours per week for four weeks) in a community pharmacy and participate in the functions and services provided in this environment. Based on feedback from preceptors, the College revised its curriculum by moving the first section of self-care therapeutics from the fall of the second year to the spring of the first year. This provides the students with the knowledge needed to support non-prescription patient counseling during the summer community pharmacy IPPE. In addition, the two pharmaceutical care laboratories during the first year, focus on community pharmacy activities (e.g., dispensing, compounding, counseling, Top 200 medications, etc.) ([Appendix 14-C](#)). New in spring of 2016, all P1 students will participate in a Community Engaged Interprofessional Course ([Appendix 14-](#)

[D](#)), prior to their first IPPE. While this course aims to address interprofessional competencies it will also help to provide students with a great understanding of healthcare needs of patients prior to their community IPPE.

The second IPPE occurs in an institutional setting and is a 40 hour per week for four-week experience during the summer following the P2 year. Prior to the institutional IPPE, students learn the general skills needed for practicing in an institutional setting (e.g., Pharmacists' Patient Care Process, drug information, conducting patient interviews, writing SOAP notes, preparing IV admixtures, communication with other healthcare providers, etc.) ([Appendix 14-E](#)).

Upon successful completion of the P3 year in May, students complete nine, four-week advanced pharmacy practice experiences (APPEs). In the APPE setting, a variety of experiences and diversity of patient encounters is ensured through the types of rotations required, documentation, and the diversity of pharmacy settings within the state of New Mexico. Rotations are categorized into six broad types: advanced community, advanced hospital/institutional, general medicine, ambulatory care, specialty patient care, and electives. Of the 9 APPE rotations that total 1440 hours, students are required to take advanced community, advanced hospital, general medicine, and ambulatory care rotations. Of the remaining 5 rotations, students are required to take two specialty patient care rotations, two elective rotations ([Appendix 14-F](#)) that are not from the previous categories, and one “wild card” rotation (i.e., a rotation from any category). In addition, the UNM COP requires that students take at least one rotation in a rural setting as defined by HRSA which span across the entire state ([Appendix 14-G](#)). A diverse set of rotation settings ([Appendix 14-H](#)) is offered within each of these categories allowing students to tailor their APPEs to their individual interests while gaining the core skills set forth through the required rotations.

For each type of IPPE and APPE experience there are syllabi ([Appendix 14-I, 14-J, 14-K](#)) that describe the rotation and expectations, student workbook for IPPE activities ([Appendix 14-L, 14-M](#)), an evaluation instrument to assess student learning (i.e., “Preceptor Evaluation of the Student”) ([Appendix 14-N, 14-O, 14-P](#)) and an evaluation instrument to obtain student feedback regarding the rotation and the preceptor ([Appendix 14-Q, 14-R](#)). The syllabi templates were created by the COP Office of Experiential Education, and identify types of activities that students should experience in each environment based on Standard 14 guidelines, Appendix C,

and our curricular competencies. The cross-walk map between the goals and outcomes for each pharmacy practice experience to Appendix C is depicted in [Appendix 14-S](#).

Similarly, IPPE and APPE Preceptor Evaluation of the Student is constructed from the syllabus to effectively assess student performance of the required activities. Preceptors are encouraged to provide students with regular formative feedback regarding performance throughout the experience, and are required to complete a summative evaluation of student performance. The summative assessment of student performance is reviewed by the Office of Experiential Education (OEE) and if there are concerns regarding student performance the Director of Experiential Education discusses the situation with the preceptor and the student and when necessary creates a remediation plan. IPPEs are credit/no credit whereas the APPEs are graded courses. Of note, once the preceptor evaluates the competency, the grade is assigned at the COP via a standardized formula. The latter of which is a recent change. In January 2013, the College began working on a new evaluation instrument for APPEs to address multiple concerns with the previous APPE evaluation process including: (1) the previous process did not effectively measure appropriate outcomes as aligned with the college competencies and Appendix C, (2) the instrument (at that time) had an excessive number of criteria that were often redundant or not applicable to most rotations ([Appendix 14-T](#)), and (3) the scale failed to adequately discriminate student performance.

The new evaluation instrument ([Appendix 14-P](#)) specifically links assessment items to both college competencies and outcomes listed in the APPE syllabus, which are in turn linked to ACPE standards and Appendix C. The rating scale was changed to a Likert type scale with the following anchors: Does not meet (set to red flag student in the OEE); Needs Improvement; Meets Expectations; Exceeds Expectations. The letter grade associated with item ranking was removed from preceptor view and determined by the OEE. During the first year of use, the letter grades were determined with a sliding scale that assumed that early rotations would be rated lower than later rotations. Overall, the response was quite positive from preceptors who were relieved from determining the “grade” for an individual student. In June of 2015, the assessment scale was further refined based on experience with the 2014-2015, (i.e., first full APPE year of implementation) as data indicated that the assumptions used in determining the sliding scale grading process were incorrect. In addition, the sliding scale distribution was too broad to adequately discriminate between students who needed improvement and those who were

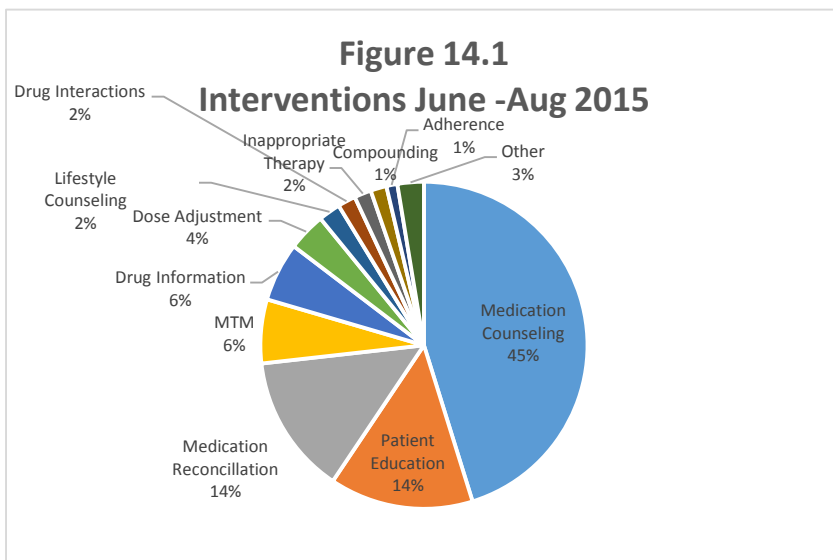
performing adequately. Since June of 2015, we are using a pre-defined cut-point process to determine the student's grade based on their overall performance and the preceptor's assessment of each competency criteria ([Appendix 14-U](#)).

To facilitate life-long learning, students are also required to develop a learning plan and then reflect after completion of that plan ([Appendix 14-V](#)) for both IPPEs and once during the fall and once during the spring of the students' APPE year. New Mexico is one of a very few number of states who accept Continuous Professional Development activities as an alternative to solely ACPE accredited CPE. The College adopted an activity that provides students the opportunity to plan learning and then use the plan to structure a learning record as used in the CPD program. Based on Kolb's Learning Cycle, students engage in a new experience followed by reflection on the learning and envision how the learning will impact their professional development.

Diversity of Patient Care

Experiences: The diversity of patient care experiences is partially dictated by the Office of Experiential Education and the categorization of rotations, as rotation assignments aim to give students a broad array of experiences in different settings as outlined above.

While on IPPEs, the extent of and breadth of patient and health care professional encounters are documented through the "patient interaction" and "providing patient care" categories in their final assessment by the preceptors. During Spring of the P3 year, the Director of Experiential Education meets with each student individually to discuss his or her APPE schedule to ensure diversity of experiences. Also, students on APPE rotations in which there is direct interaction with patients, are required to document 5 field encounters per week ([Appendix 14-W](#)) for reflection and communication/assessment with preceptors. With these field encounters, preceptors are asked to review and verify them. [Appendix 14-X](#) describes the most common disease states and interventions encountered by students on the first three months of their APPE



rotations this year. As shown in Figure 14.1, students are actively engaged in making recommendations to enhance the health of their patients.

Preceptor Development: New preceptors are oriented to the program after being approved as a volunteer faculty member based on their application ([Appendix 14-Y](#)) and needs of the program. Orientation includes: classification of rotation types, discussion of preceptor expectations, curricular competencies, rotation expectations, the template syllabus, example activities and COP/Experiential Office resources. Preceptors are encouraged to work closely with the OEE, particularly when student issues arise. The COP holds live preceptor training twice each year and when possible also includes preceptor education as part of the state professional meetings. Recently, the College has initiated webinars or video capture of live events to facilitate participation of rural preceptors and plans to utilize this mode of dissemination more frequently in the future as it was favorably received by preceptors. The College also offers online continuing education programs via Pharmacist Letter and Collaborative Education Institute. A listing of preceptor training programs offered over the past 3 years is listed in [Appendix 14-Z](#).

Quality Assurance: Quality of rotations is ensured by the COP and OEE in several ways. The Experiential program is overseen by the OEE, with the support of the Executive Associate Dean for Education, and the Experiential Subcommittee of the Curriculum Committee. This provides a broad support structure which facilitates programmatic development/modifications and ensures alignment with other educational aspects of our program. A key quality assurance aspect of our program is site/preceptor identification. When rotations are first created, sites are required to submit a site profile form for initial review and screening. This allows the OEE to screen out sites that may not be productive learning environments for students such as understaffed sites. Student evaluations of preceptors and sites are reviewed and the Director of Experiential Education investigates (and if appropriate remediates) any concerns. Site visits are conducted by the Director of Experiential Education and faculty with the College utilizing a standardized form ([Appendix 14-AA](#)). Recently, we have identified a faculty member in Las Cruces to help with experiential activities in the southern tier of the state.

The COP and the OEE, strive to continually improve the quality of the experiential education program. Recent initiatives have included (a) the revision of the grading process for APPEs (Appendices [14-P](#), [14-T](#), [14-U](#)), (b) reclassification of APPE rotations based on site

visits, preceptor training events and student/preceptor evaluations, (c) the implementation of a student-driven learning plan and reflection ([Appendix 14-V](#)), (d) utilizing Rx Preceptor as our rotation management to enhance efficiency, facilitate communication with preceptors, and ensure timely completion of evaluations, (e) substantial revision to Pharmacy Practice Experience Manual for preceptors ([Appendix 14-AB](#)), (f) changes to the didactic as well as experiential curriculum based on preceptor, alumni and employer feedback, (g) creation of innovative interprofessional rotations such as the new ECHO rotation ([Appendix 14-AC](#)) and (h) increased CE offerings to meet the needs of preceptors ([Appendix 14-Z](#)). The COP is currently working to (a) further refine the process for documentation of patient encounters, (b) identify those rotations that address IPE competencies and (c) expand the number of webinars offered throughout the state.

Graduating student feedback on the AACP standardized survey has been generally favorable with responses near or above the national ratings over the past 6 years. In 2015, graduating student feedback was somewhat lower for several questions as compared to previous years or the average for 2010-2014 ([Appendix 14-AD](#)). We believe this is likely due to (a) the fact we conducted P4 focus groups asking about their readiness for the entry into the market, pressing them for areas of potential improvement right before launching the survey, and (b) during 2014-2015 we had multiple changes in the Directorship for Experiential Education. Importantly, as discussed in [Appendix 14-AD](#), despite the slight decline in favorable responses in 2015 as compared to previous years, graduating student responses were similar (+/- 2% of the national data) for all questions, except 3. Preceptor responses to the AACP survey were more favorable (1.3-12.8% increase depending on the question) in 2013 as compared to 2009, which we attribute to greater resources we now provide to our preceptors ([Appendix 14-AD](#)), Preceptor responses in 2013 were similar or above the national data. Feedback from COP alumni as shown in [Appendix 14-AD](#) is similar to that received by other alumni across the country.

Comments: The COP prides itself on its experiential education program, the diversity of rotations, and our commitment to students, preceptors and continuous quality improvement. While the COP has been challenged with the departure of the Director of Experiential Education, we believe our interim structure has not only supported the program but has allowed for continued growth. We expect arrival of our new Director of Experiential Education in January

2016 and as such look forward to continued strategic growth in experiential education, especially as it links to our plans for curricular revision.

Appendices

Appendix	Content
14-A	Curricular Competencies
14-B	Simulations Embedded into the Curriculum
14-C	PHRM 703L and 704L Syllabi
14-D	P1 Community Engaged IPE Course Description
14-E	PHMR 718L and 733L Syllabi
14-F	List of Elective APPE Rotations
14-G	Map of Pharmacy Practice Experience Sites
14-H	List of Types of APPE Rotations
14-I	Community IPPE Syllabus
14-J	Institutional/Hospital IPPE Syllabus
14-K	APPE Syllabi
14-L	Community IPPE Workbook
14-M	Institutional/Hospital IPPE Workbook
14-N	Community IPPE – Student Performance Evaluation
14-O	Institutional/Hospital IPPE- Student Performance Evaluation
14-P	APPE Student Performance Evaluation Instrument (new)
14-Q	IPPE Evaluation of Preceptor
14-R	APPE Evaluation of Preceptor
14-S	Pharmacy Practice Experiences Mapped to Appendix C
14-T	Old APPE Student Performance Evaluation Instrument
14-U	2015 APPE Grading Process
14-V	Student Learning Plan and Learning Record
14-W	Field Encounter Process
14-X	Field Encounter Report
14-Y	Preceptor Application for Appointment
14-Z	Preceptor Training/CE Programs Offered

14-AA	Experiential Training Site Visit Form
14-AB	IPPE and APPE Preceptor manuals
14-AC	Project ECHO Interprofessional Chronic Complex Disease Rotation syllabus
14-AD	AACP Survey Report

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years **broken down by campus/branch/pathway** (*only required for multi-campus and/or multi-pathway programs*) [SAME DATA ARE USED FOR STANDARD 3, 9, AND 15]
- Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 15-Z](#)

- Performance of graduates (passing rate of **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 15-Y](#)

- Performance of graduates (Competency Area 1 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

- [Appendix 15-Y](#) Performance of graduates (Competency Area 2 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 15-Y](#)

- Performance of graduates (Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 5 years [NOTE: THIS DATA VIEW IS USED WITH STANDARDS 3, 9, 15]

[Appendix 15-Y](#)

Required Documentation for On-Site Review:

- Examples of instructional tools, such as portfolios, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Question 46 [Appendix 15-I](#)
- AACP Standardized Survey: Student – Question 28 [Appendix 15-I](#)
- AACP Standardized Survey: Alumni – Question 17 [Appendix 15-I](#)
- AACP Standardized Survey: Preceptor – Question 22, 24 [Appendix 15-I](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard Examples of assessment and documentation of student performance, nature and extent of patient and health care professional

interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

Appendices 15-A through 15-AC

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

	S	N.I.	U
The college or school develops and carries out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities employ a variety of valid and reliable measures systematically and sequentially throughout the professional degree program.	●	○	○
The college or school's evaluation of student learning determines student achievement at defined levels of the professional competencies, in aggregate and at the individual student level	●	○	○
The college or school uses the analysis of assessment measures to improve student learning and the achievement of the professional competencies.	●	○	○
The college or school systematically and sequentially evaluates its curricular structure, content, organization, pedagogy, and outcomes.	●	○	○
The college or school uses the analysis of outcome measures for continuous improvement of the curriculum and its delivery.	●	○	○
The college or school has developed a system to evaluate curricular effectiveness.	●	○	○
The college or school ensures the credibility of the degrees it awards and the integrity of student work.	●	○	○
The college or school has mechanisms to assess and correct underlying causes of ineffective learning experiences.	●	○	○
The college or school's assessments include measurement of perceived stress in faculty, staff, and students, and evaluate the potential for a negative impact on programmatic outcomes and morale.	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- A description of formative and summative assessments and measures used to evaluate teaching and learning methods and curricular effectiveness, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)
- A description of the assessment measures and methods used to evaluate student learning and achievement at defined levels of the professional competencies and educational outcomes, both in aggregate and at the individual student level
- How achievement of required competencies by all students is assessed and assured on completion of the program
- Comparisons with national data and selected peer-group programs (include a description of the basis for the peer-group selection) and trends over time
- How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness
- The mechanisms in place to assess and correct causes of ineffective learning experiences, including the measurement of perceived stress in faculty, staff, and students and evaluation of the potential for a negative impact on programmatic outcomes and morale

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

Description:

Formalization of our assessment practices occurred in 2009 with the approval of the College Assessment Plan ([Appendix 15-A](#)). The plan has continuously evolved over time based on a greater understanding of the role of assessment in the continuous quality improvement of enhancing student learning, curricular effectiveness and the organization. At the time of our previous accreditation review, the Organizational Planning and Effectiveness Committee (OPEC) provided oversight for all COP evaluation plans and assessment activities, including the assessment of student learning and curricular effectiveness. In 2012 upon review of our infrastructure, we identified that there was a disconnect between OPEC and the Curriculum Committee, which sometimes led to conflicting interpretations of next steps for continuous improvement. The COP decided to disband the OPEC committee and integrate the responsibilities for assessment of student learning and curricular effectiveness into the curriculum committee, then renamed this committee to the Curriculum and Learning Assessment Committee (CLAC). Standard 3 provides details as to how the CLAC and the Assessment of Student Learning and Curricular Effectiveness link to the organization and to our Comprehensive Evaluation Plan (CEP) ([Appendix 15-B](#)). The Director of the Professional Curriculum, who has a PhD in Educational Psychology, oversees the Curricular Office, extensively supports and guides curricular and assessment activities, fosters faculty development and, as such, is an invaluable member of the organization ([Appendix 15-C](#)).

In 2012, the COP underwent a formal external review of its evaluation and assessment practices throughout the organization. While the majority of comments by the assessment experts were laudable, these individuals identified areas in which the College could maximize its return on investment and create efficiencies in assessment practices ([Appendix 15-D](#)). Our revised Student Learning and Curricular Effectiveness Assessment Plan (commonly, referred to as the Assessment Plan) reflect these recommendations as well as the needs of the COP; the current Assessment Plan is shown in [Appendix 15-E](#). In comparing the two plans one should take note

that we have (a) tried to better clarify the purpose of each assessment, (b) changed from a semi-dysfunctional portfolio system to a reflective learning/ continuous professional development format, (c) focused on utilizing our key assessments to assess student learning and to using the findings to educate faculty, revise courses/curriculum, thereby “closing the loop”, (d) worked on enhancing our peer review of teaching process (Standard 26). In addition, as recommended by the external reviewers we have placed a greater emphasis on the scholarship of teaching and learning as shown in [Appendix 15-F](#).

Following the departure of the Assistant Dean for Assessment it was later recognized that in order to provide greater emphasis on assessment, an Assessment Subcommittee of the CLAC needed to be formed, however assessment remains a large focus of the entire CLAC ([Appendix 15-G](#)). Of note, the Chair of the Assessment Subcommittee has left Albuquerque for personal reasons, but has continued at 25% effort to work on assessment (and experiential) activities offsite, especially while we continue to search for a new Dean/Director of Assessment. We are redesigning the job description to attract a more viable pool of candidates. A replacement chair for the assessment subcommittee has also been named.

Assessment Plan: As articulated in standard 3, our philosophy of continuous evaluation and improvement is the cornerstone of all of our evaluation and assessment practices, including the assessment of student learning and curricular/program effectiveness. We utilize a robust portfolio of formative and summative assessments to enhance student learning and our educational program as listed in our Assessment Plan, and documented in the narratives for Standards 9-15.

Student performance is evaluated throughout the curriculum utilizing multiple measures to assess individual student attainment of College’s Educational Outcomes/Competencies ([Standard 15-H](#)), including 1) the AACCP survey data ([Appendix 15-I](#)); 2) key assessments ([Appendix 15-J](#)), 3) an annual self-assessment of competency ([Appendix 15-K](#)) by all students; 4) objective structured clinical examinations (OSCEs)/performance based assessments of key outcomes ([Appendix 15-L](#)); 5) a calculations exam assessing retention and proficiency of knowledge; 6) student reflections (learning records) ([Appendix 15-M](#)); and 6) student performance on IPPE/APPEs as measured by student evaluations ([Appendix 15-N](#)). A competency assessment proficiency matrix that maps our assessments to the College’s stated educational outcomes is displayed in [Appendix 15-O](#). While individual assessment is informative, the triangulation of this

with other information (e.g., focus groups, pre-pharmacy potential predictors of success, teaching approaches, curricular map, etc.) is even more powerful.

Key Assessments (KAs): Since 2009, the COP has used KAs as an underpinning of its Assessment Plan. While the actual KAs have changed over the years based on evaluation of the specific metric(s) to assess the stated competency, [Appendix 15-J](#) describes the process utilized, the key assessments (2009 and 2015), and reports recent data. This information has been used over the years to (a) identify student learning deficiencies in need of remediation, and (b) revise the curriculum. As indicated in Standard 12, the Calculations KA in concert with feedback from preceptors and employers identified the ability of our students to perform pharmacy calculations as a weakness and as such the course was modified and importantly, we added a high-stake calculation exam (key assessment) to the Spring of the P1 thru P3 year in which students failing to achieve competence are not allowed to progress to their IPPEs/APPEs until successfully remediated. We recognize that this approach allows us to assess performance at a given point in time but also retention of knowledge and ability to perform calculations overtime (i.e., retention and proficiency). We are committed to continuing to strengthen the utilization of KAs within our curricular assessment.

Self-Assessment of Competence: Since 2009, the COP has conducted an annual assessment in which students evaluate their perceived competence for each of the COP competency statements on a scale of 1 to 10 ([Appendix 15-K](#)). This assessment (a) provides the students with a framework of what is expected of them, (b) allows them to reflect on their ability and (c) provides the CLAC with information on student perceptions and (d) importantly, the CLAC triangulate this data with other information to make curricular improvements. Considering the student self- assessment data shows low confidence in their ability to explain the difference between public and private payers and our gap analysis based on the mapping of the curriculum to appendix B, we have identified that our new curriculum will place more emphasis on healthcare systems and pharmacy management.

Formative and Summative Performance Based Assessments: are utilized throughout the curriculum ([Appendix 15-L](#)). Several courses utilize standardized patient instructors who are trained to play the given role consistently, assess student performance objectively using a standardized rubric, and provide feedback to the student (when appropriate). Although we have

been conducting these performance-based assessments for several years we recently increased the use, particularly as formative assessments. One example is a new interprofessional formative performance based assessment, with debriefing in which nursing and pharmacy students with a mock physician interacted in a mock emergency room. Feedback was provided related to clinical and communication skills as well as team interaction. Objective Structured Clinical Exams (OSCE) are routinely employed as summative assessments in all six of our Patient Care Laboratories (PCL) and in our Pharmacist Clinician Physical Assessment Course ([Appendix 15-P](#)). The CLAC has recently identified the need to improve the validity of the rubrics used as part of these assessments, which will be a focus in the new curriculum.

IPPE/APPE Proficiency: As highlighted in Standards 14 and 28 we utilize student IPPE/APPE evaluations, which have been mapped to our curricular competencies as well as to ACPE Appendices C and D as appropriate ([Appendices 15-Q](#)), to assess student performance, curricular/programmatic weakness and programmatic processes ([Appendix 15-R](#)). The extensive quality improvement process used to revise our APPE evaluations and grading process exemplifies this fact.

Course Reviews: As noted, in Standard 10, the CLAC conducts extensive course reviews using a clearly defined process ([Appendix 15-S](#)) and evaluation form ([Appendix 15-T](#)). As part of this process, assessments are reviewed for alignment with learning objectives and also with college competencies. If discrepancies are found, the curriculum committee chair or other member of the curriculum committee assist the instructor with changing the assessment so that alignment is ensured and/or learning how to write clear learning objectives. The CLAC Assessment Subcommittee also reviewed and then mapped all in course learning assessments to ACPE Appendix B ([Appendix 15-U](#)). This information has enhanced the dialogue about (a) identification of appropriate assessments to use for a given situation, (b) how frequently students should be assessed and (c) the diversity of approaches all of which are leading to faculty development as well as improvements in our assessment practices.

Professionalism: Student professionalism is evaluated as part of the Student Self-Assessment Competency Assessment ([Appendix 15-K](#)) and as part of IPPE/APPE evaluations ([Appendix 15-N](#)). Two additional assessment approaches have/are being piloted. As part of an AACP New Investigator grant the former chair of the CLAC assessment subcommittee evaluated a new tool for preceptors to use to assess professionalism during APPE experiences ([Appendix](#)

[15-V](#)) and this year we are having our P1 students pilot a specific professionalism self-assessment tool that is based on previously published instruments. While a work in progress, we believe in order to better assess professionalism we need stronger objective (preceptor/faculty/employer) and subjective (student) rubrics and are committed to building and validating these tools.

Mechanisms to Assess and Correct Causes of Ineffective Learning Experiences: The COP uses a variety of approaches to assess and correct ineffective learning including using assessments (e.g, KAs, exams, OSCEs, feedback from faculty and preceptors, IPPE/APPE formative and summative performance) as triggers to identify students who may be poorly performing and in need of remediation. While the COP has two formal remediation programs ([Appendix 15-W](#)), we encourage students to work with individual faculty and take advantage of our tutoring program.

We routinely garner feedback from students, faculty and preceptors regarding the learning experiences with the goal of strengthening the learning experience, detecting stress in the system and improving the overall program ([Appendix 15-X](#)). When there is a suspicion of an ineffective learning environment, course, or exam, it is further investigated (i.e., site visits (Standard 28), evaluation of exam performance with item analyses, discussion between faculty and/or student with the Executive Associate Dean). While uncommon, such situations are handled quickly with appropriate remediation using a situation specific approach (e.g., shifting the exam schedule, if appropriate offering accommodations to the student, faculty development, preceptor development, dismissal of site from program, etc.)

While the formerly described assessments are predominately process and output measures of individual courses and/or the curriculum, our primary outcome programmatic outcome measures include performance on the NAPLEX ([Appendix 15-Y](#)) and MPJE ([Appendix 15-Z](#)), progression/graduation rates ([Appendix 15-AA](#)) and career paths ([Appendix 15-AB](#)) chosen by our students. Information from the NAPLEX and MPJE is utilized to influence curricular revision. The COP also benchmarks performance on the NAPLEX and MPJE and the AACP graduating student, faculty, preceptor, and alumni surveys against the national cohort, and when available a peer cohort. The COP also utilizes a number of approaches to systematically solicit feedback from applicants, students, faculty, preceptors, and alumni with the goal of improving the overall program and detecting stressors in the system ([Appendix 15-X](#)). This

qualitative feedback is extremely important as it often either confirms other qualitative assessment data we have gathered or provides us with insight into what needs further (deeper) assessment.

Evaluation of Assessment Practices: As highlighted throughout this narrative the COP uses a variety of approaches to evaluate its assessment practices including: routine review of the assessment instruments and process, assessment of reliability and validity of individual rubrics employed, and discussion amongst CLAC and others of (1) why are we doing this assessment and (2) how will we use the information. The focus as stated earlier is using the concepts of continuous quality improvement to enhance student learning and our program. Self-assessment of the assessment program is encouraged by our university ([Appendix 15-AC](#)). Further evidence that we evaluate our assessment practices is the external review we conducted in 2012 which truly helped to further refine our assessment program ([Appendix 15-D](#)).

AACP Graduating Student Surveys: We value the ability of our students to reflect critically and become better life-long learners as evidenced by our move to a CPD model within our program ([Appendix 15-M](#)). Of note, 90.6% -98.8% of our graduating students (depending on year) indicated that they are able to reflect critically on personal skills and actions and make plans to improve when necessary (national cohort 95.4-96.1%; peer cohorts 95.5%-96.5% ([Appendix 15-I](#)). The faculty of the College value assessment, with 85.3-87.5% of faculty indicating that the COP uses programmatic assessment data to improve the curriculum (National 71.7 – 78.7%) ([Appendix 15-I](#)).

Comments: The COP has truly embedded our assessment practices into the culture of the organization as evidenced by our continued improvement in assessment practices, despite the vacancy of our Dean of Assessment. Notably, the assessments have led to transformational changes that enhance or will enhance our program including our new curriculum that will launch in 2017.

Appendix	Contents
15-A	2009 Assessment and Eval Plans
15-B	Comprehensive Evaluation Plan
15-C	Dr. Wittstrom’s CV and Job Responsibilities

15-D	Critique of the College's Assessment and Evaluation Activities
15-E	Student Learning and Curricular Effectiveness Assessment Plan
15-F	Scholarship of Teaching and Learning
15-G	CLAC Duties and Charges
15-H	Educational Outcomes/Competencies
15-I	AACP Survey Report
15-J	Key Assessments (2009 and 2015)
15-K	Self-Assessment of Competency
15-L	Performance Based Assessments
15-M	Student Learning Plan and Learning Record
15-N	IPPE/APPE Evaluations
15-O	Proficiency Matrix
15-P	Pharmacist Clinician Physical Assessment Course
15-Q	Map IPPE/APPE to Appendix C and Curricular Competencies
15-R	2015 APPE Grading Process
15-S	Course Review Process
15-T	Course Review Evaluation Form
15-U	Evaluation of Assessments Mapped to Appendix B
15-V	Professionalism Tool
15-W	Remediation Programs
15-X	Curricular Focus Group summary
15-Y	NAPLEX Report
15-Z	MPJE Report
15-AA	Progression and Graduation Rates
15-AB	Student Career Plans
15-AC	University Assessment Practices

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

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

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

[TEXT BOX] [1,000 character limit, including spaces]

By measures of the University as well as our own self-assessment, our assessment practices are strong. We have clearly demonstrated that we routinely assess student learning as well as our program. In fact our assessment activities have significantly increased since 2009. More importantly we utilize this information for continuous quality improvement as evidenced throughout the self-study. However, we have identified two issues that need continued development. First, the hiring of an assessment Dean or Director is paramount as he/she will help to identify the new assessment strategies and tools that will be used to assess our new curriculum. Secondly, while we have strong assessment practices which drive change in our program, we must increase communication regarding assessment findings and the rationale for changes in the program to our entire community. At present communication is often limited to decision makers such as the CLAC, DELC and/or individual instructors.



4. Students

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Synopsis of the Curriculum Vitae of the student affairs administrative officer [Appendix 16-C](#)
- An organizational chart depicting student services and the corresponding responsible person(s) [Appendix 16-A](#)
- Professional Technical Standards for the school, college and/or university (as they relate to the professional degree program in pharmacy) (if available) [Appendix 16-J](#)

Required Documentation for On-Site Review:

- The Student Handbook [Appendix 16-O](#)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 53 – 59, 63 [Appendix 16-Q](#)
- AACP Standardized Survey: Alumni – Question 26 [Appendix 16-Q](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include documents used for student orientation, guidance and counseling.

Appendices 16-A through 16-Q

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

	S	N.I.	U
The college or school has an organizational element(s) devoted to student services.	●	○	○
The organizational element(s) devoted to student services has an administrative officer responsible for overseeing and coordinating them.	●	○	○
The budget assigned to student services is sufficient to provide needed services.	●	○	○
The college or school has an ordered, accurate, and secure system of student records which are confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA).	●	○	○
Student services personnel are knowledgeable regarding FERPA law and its requirements.	●	○	○
The college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities, e.g., residencies, fellowships, and graduate school.	●	○	○
The college or school offers access to adequate health and counseling services for students. Appropriate immunization standards exist, along with the means to ensure that such standards are satisfied.	●	○	○

The college or school has policies in place so that students who have off-campus classes or pharmacy practice experiences fully understand their insurance coverage and where and how to access health and counseling services.	●	○	○
The college or school has a policy on student services, including admissions and progression, that ensures nondiscrimination as defined by state and federal laws and regulations, such as on the basis of race, religion, gender, lifestyle, sexual orientation, national origin, or disability.	●	○	○
The college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling). N/A (single geographic location or no alternate pathways) <input type="checkbox"/>	●	○	○

2) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

Overview: The College of Pharmacy (COP) Office of Student Services (OSS) is comprised of three full-time staff members and two student employees ([Appendix 16-A](#)). [Appendix 16-B](#) provides university job descriptions for each OSS position and [Appendix 16-C](#) includes curriculum vitas for OSS personnel. The Executive Associate Dean for Education (EAD) oversees the office, confirms completion of degrees offered by the COP, manages student behavioral and academic discipline, coordinates academic interventions and remediation, and ensures that students with disabilities receive appropriate accommodations. The Director of Student Services (DSS) provides direct supervision to the Program Coordinator and Advisor, while organizing recruitment efforts for the Doctor of Pharmacy (PharmD) program. The DSS

serves as the advisor for the Student Pharmacist Council and UNM Pre-pharmacy Society. OSS assists students in locating resources available at UNM, including health and counseling, veterans' resources, and other student affairs offices ([Appendix 16-D](#)). OSS has built relationships with Health Science Center (HSC) departments, including the HSC Registrar, Office for Diversity and other financial aid offices.

Advising: Advising for current and prospective students is the primary activity within OSS. This includes advisement on prerequisite courses ([Appendix 16-E](#)) at UNM and other schools ([Appendix 16-F](#)), advisement on program requirements, and advisement on electives. Each student entering the PharmD program is presented with a Plan of Study ([Appendix 16-G](#)) at Orientation ([Appendix 16-H](#)) that details the required courses for the program. Each student receives a graduation check ([Appendix 16-I](#)) during their third year, communicating their progress within the program and remaining requirements.

The EAD monitors students' academic progress on a regular basis by receiving exam grades and personally meeting with poorly performing students. The EAD works with the Student Affairs Committee to develop and implement any remediation programs.

To provide a holistic student approach, advising extends beyond academics. The University has a financial aid office, however, the COP's Program Coordinator provides financial aid support for current student pharmacists. PharmD student financial aid is processed through OSS, allowing students to ask questions on their financial aid, while also allowing for quick response time when problems arise. OSS provides financial aid workshops to prospective students. OSS provides workshops on financial literacy to current students, helping them understand their borrowing. Exit counseling for graduating students is offered, helping students to understand their financial responsibilities accumulated loans. OSS provides information on various grants, loans, and scholarships.

Students with Disabilities: COP has a set of Technical Standards ([Appendix 16-J](#)) for students in the PharmD program. The standards are mailed to accepted students. Each student is required to indicate whether s/he can meet the standards without accommodation. A student's request for accommodation is examined by the HSC Committee on Students with Disabilities to develop and implement accommodations prior to starting his/her studies at the COP. This policy also takes effect if a student develops a disability during his/her studies at the COP.

Implementation of the technical standards is completed using specific administrative guidelines

([Appendix 16-K](#)) at the COP level.

The University has a non-discrimination statement by which COP abides. The statement reads as follows:

Equal Education & Opportunity Policy: The University of New Mexico is an affirmative action/equal opportunity institution. The University of New Mexico is committed to providing equal educational and employment opportunity regardless of sex, marital or parental status, race, color, religion, age, national origin or physical handicap. Equal educational opportunity includes: admission, recruitment, extracurricular programs and activities, housing, facilities, access to course offerings, counseling and testing, financial assistance, employment, health and insurance services and athletics.

Records: OSS maintains academic files for current and prospective students. Advisement, application, and progression materials are confidential and maintained in a securely locked room in a locked file cabinet and in password protected electronic files. Graduated student files are permanently stored electronically on a secure server. All OSS personnel have been trained in the Family Educational Rights Privacy Act (FERPA) through an online training course. FERPA rules and regulations are stressed during monthly OSS staff meetings and are reviewed through professional development opportunities.

Admissions, Liaisons, and Student Requirements: OSS works with the Admissions Committee, coordinating the admissions process, including onsite interviews. OSS personnel attend Admissions Committee meetings to answer questions about applicants and listen to feedback about applicants to assist in advisement. The DSS serves as a voting member on the admissions committee and the EAD serves as a non-voting member on the admissions committee.

OSS works closely with students to efficiently access University systems and support mechanisms, including the ethnic centers, undergraduate advisement centers, and other services throughout UNM ([Appendix 16-D](#)). OSS works with the HSC Registrar to assist students in adding courses throughout the semester, thus helping to better meet the needs of students when problems with courses arise.

All HSC students are required to provide proof of immunization and maintain yearly immunizations. Newly admitted students are sent the HSC immunization requirements

([Appendix 16-L](#)) in their orientation packet and are instructed to have the forms completed prior to the start of school ([Appendix 16-M](#)). The Office of Experiential Education (OEE) maintains immunization records separate from their academic records and contacts students to remind them of the requirements. Additional requirements tracked by the OEE include HIPAA training, Basic Cardiac Life Support certification, blood-borne pathogen training and intern license registration. Each HSC student is required to purchase needle stick insurance ([Appendix 16-N](#)). Information regarding this insurance (including information steps to take in the event of a needle stick) is provided to all students as part of their student handbook. Information can also be accessed online through the UNM Student Health and Counseling website.

Student Orientation and Milestone Events: OSS is responsible for implementing New Student Orientation ([Appendix 16-H](#)), a 3-day comprehensive event. The Dean of the COP opens orientation by introducing the organizational structure of the University and COP as well as the vision, mission, values, and goals. The Dean also stresses student responsibilities and professionalism and her remarks are reinforced through additional portions of orientation. Additional orientation activities include: introductory luncheons (with particular attention given to OSS personnel and first-semester faculty); an overview of the Student Handbook ([Appendix 16-O](#)); introduction to the PharmD competencies; information on professionalism expectations; information on the interprofessional education expectations; and introductions to student organizations. The Health Sciences Library and Informatics Center (HSLIC) pharmacy liaison introduces students to library resources, hours of operation and other HSLIC technology services.

Orientation concludes with a White Coat Ceremony. Students receive their white coat from a faculty member, recite the Pharmacy Student Oath of Professionalism and celebrate their transition with friends, family, and COP personnel.

The COP feels that it is important to celebrate key milestones throughout the program. OSS executes several important ceremonies including an annual Honors and Recognition Ceremony, a Pinning Ceremony, marking the students' transition from the didactic phase (P3) to the experiential phase (P4) of the program, graduation activities and facilitates student attendance at the Gold Circle Scholarship Reception (a reception where donors mingle with their scholarship recipients).

OSS coordinates a Career Expo each November for current students ([Appendix 16-P](#)).

This event allow students to learn more about careers in different areas of pharmacy and interact with individuals associated with those organizations. During that time, OSS coordinates interviews for students with employers, providing opportunities for student placement in intern and pharmacist jobs. OSS works with UNM’s Career Services for interviewing workshops and presence at the Career Expo. OSS is working to help manage the residency showcase with the SSHP organization; however, this is an area that can be improved.

Student Survey Data: The 2014 AACCP Graduating Student Survey ([Appendix 16-Q](#)) indicated an overall satisfaction with the student services offered by COP. Over 79% of the students who used the services agreed or strongly agreed that academic advising, financial aid, and student health and wellness services, met their needs. Greater than 90% of students agreed or strongly agreed that the college was welcoming to a diverse population. The weakest area in the COP’s OSS was with career planning and guidance, where 53% agreed that the information provided met their needs. One initiative to improve this area was the overhaul the recruitment fair in 2013 to a career exploration format instead of a job fair format. The college continues to evaluate and create innovative methodologies for providing career services and engaging students in career planning.

Appendices

Appendix	Content
16-A	Office of Student Services Organization
16-B	Student Services Job Descriptions
16-C	Student Services Curriculum Vita
16-D	University Resources
16-E	Prerequisite Course Sheet
16-F	Transfer Equivalency Examples
16-G	Plan of Study Example
16-H	2015 Orientation Agenda
16-I	Graduation Check Example
16-J	COP Policy on Technical Standards

16-K	Procedure for Administering Technical Standards
16-L	Immunization Requirements for Healthcare programs
16-M	Cover Letter with Instructions
16-N	Needlestick Insurance Information
16-O	Student Handbook
16-P	Career Expo Program
16-Q	AACP Survey Report

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

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

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

Note: PCAT, GPA, Math GPA and Science GPA data requested below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data.

- The list of preprofessional requirements for admission into the professional degree program [Appendix 17-E](#)
- Copies of instruments used during the admissions interview process [Appendix 17-M](#)
- Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable) [Appendix 17-R](#)
- Enrollment projections for the next five years (if applicable, broken down by branch/campus and by pathway) [Appendix 17-L](#)
- Enrollment data for the past five years by year and branch/campus (*only applicable to multi-campus programs*)
Not applicable
- PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-S](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

Note: PCAT, GPA, Math GPA and Science GPA data views listed below are provided as data views in the Assessment and Accreditation Management System (AAMS) for colleges and schools that participate in PharmCAS. For colleges and schools that do not participate in PharmCAS, the charts and tables must be created from the college or school's own data (see Required Data and Documentation above).

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- Application and admissions/enrollments for the past 5 years [Appendix 17-K](#)
- Enrollment data for the past five years by year and gender [NOTE: SAME DATA VIEW AS FOR STANDARD 3] [Appendix 17-X](#)

- Enrollment data for the past five years by year and race/ethnicity [NOTE: SAME DATA VIEW AS FOR STANDARD 3] [Appendix 17-Y](#)
- PCAT Scores (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- Math GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- Science GPA (Mean, Maximum and Minimum) for Admitted Class for Past 5 Years [NOTE: SAME DATA VIEW FOR STANDARDS 3 & 17] [Appendix 17-S](#)
- AACP Standardized Survey: Student – Question 64 [Appendix 17-Q](#)

Optional Documentation and Data:

- Mean PCAT Scores for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-T](#)
- Mean GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-U](#)
- Mean Math GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME DATA FOR STANDARDS 3 & 17] [Appendix 17-V](#)
- Mean Science GPA for Admitted Class for Past 5 Years Compared to Peer Schools [NOTE: SAME VIEW FOR STANDARDS 3 & 17] [Appendix 17-W](#)
- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include recruitment aids, extracts from the college or school’s catalog, brochures, screenshots from the college or school website; data on student employment after graduation; and curricular outcomes data correlated with admissions data.

Appendices 17-A through 17-Y

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

	S	N.I.	U
The college or school produces and makes criteria, policies, and procedures for admission to the professional degree program available to students and prospective students.	●	○	○
Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional technical standards for graduation.	●	○	○
As a component of its evaluation plan, the college or school regularly assesses the criteria, policies, and procedures to ensure the selection of students who have the potential for academic success in the professional degree program, the ability to achieve the professional competencies, and the disposition to practice in culturally diverse environments.	●	○	○
Student enrollment is managed in alignment with available physical, financial, faculty, staff, practice site, preceptor, and administrative resources.	●	○	○

The dean and a duly constituted committee of the college or school share the final responsibility for enrollment and selection of students.	●	○	○
Written and verbal communication skills are assessed for student admissions in a standardized manner.	●	○	○
Interviews are structured to consistently address key admission criteria for each applicant.	●	○	○
Interviewers have appropriate credentials and are trained in successful interview strategies and techniques.	●	○	○
Evaluation of professional attitudes and behaviors is a component of the student selection process.	○	●	○
The college or school develops and employs admission criteria that set performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession.	●	○	○
The admission evaluation of students is documented and records are maintained by the college or school.	●	○	○
Admission criteria, policies, and procedures are not compromised regardless of the size and quality of the applicant pool.	●	○	○
In accordance with United States Department of Education regulations, the college or school has a process in place through which the college or school establishes that the student who registers in a distance education course or program is the same student who participates in and completes all course or program requirements and receives academic credit. N/A (no distance education courses or program) <input checked="" type="checkbox"/>	○	○	○
Consultation with ACPE occurs at least six months before recruiting students into new pathways or programs. N/A (no new pathways or programs) <input checked="" type="checkbox"/>	○	○	○
The college or school ensures that early assurance students are at least as well qualified as students accepted for direct entry into the first professional year. Early assurance agreements and policies allow the college or school to manage student enrollment in alignment with physical, financial, faculty, staff, practice site, preceptor, and administrative resources. N/A (no early assurance agreements or policies) <input type="checkbox"/>	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable
 - How admission evaluations of students is documented and how records are maintained.
 - A description of the college or school's recruitment methods
 - A description of methods used to assess verbal and written communication skills of applicants to the program
 - How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources
 - How curricular outcomes data are correlated with admissions data
 - How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
 - Any other notable achievements, innovations or quality improvements

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

Description:

The College of Pharmacy (COP) has 325 Doctor of Pharmacy (PharmD) students enrolled in fall 2015 and has one of the most ethnically-diverse student bodies in U.S. academic pharmacy, with greater than 2.5% representation of each of the five AACCP ethnicity y categories. The College has the 3rd highest percentage of Hispanic student pharmacists in the continental U.S. (44%), the 3rd highest percentage of Native American student pharmacists (3%).

Admissions Committee: Members of the admissions committee are selected each year by the Dean and serve on a volunteer basis. The committee is represented by COP faculty, students, staff, and community practitioners. Student members of the committee start as P-1 students in providing tours to interviewing students, becoming guest interviewers in subsequent years and are eligible to be considered for a voting member position on the admissions committee as a P-4.

The committee reviews applications to the PharmD program, selects applicants for interview, conducts interviews, compiles scores for each applicant and makes admissions decisions. The committee annually reviews the COP's current admission criteria and procedures to maximize the chance of selecting students with the greatest potential for academic and professional success. One example of this review process is conducting an analysis of student academic performance in the first semester of pharmacy school in comparison to admissions criteria. In a blinded fashion, the committee reviews students who under-performed, as well as students whose performance exceeded expectations ([Appendix 17-A](#)).

Recruitment: Recruiting qualified, diverse applicants is a high priority of the COP. Recruitment occurs on national, regional, state, and local levels. National and regional recruitment is primarily through the [COP's web page](#) and [PharmCAS school page](#). The Director of Student Services is an active member of the Health Sciences Center Recruitment, Retention and Outreach Committee. This group coordinates activities for New Mexico students, with the aim of helping all HSC programs recruit a diverse student body. Statewide and local recruitment mechanisms ([Appendix 17-B](#)) are varied to maximize reaching highly qualified New Mexico residents.

In addition to the overall recruitment for pharmacy, the COP has instituted the UNM/NMSU Cooperative Pharmacy Program ([Appendix 17-C](#)). This innovative program was funded by the New Mexico legislature in April 2007. This early commitment program is

designed to recruit highly qualified high school students in rural, southern New Mexico to help address the shortage of pharmacists in that area, where there are approximately 40 pharmacists per 100,000 population, half of the national and New Mexico averages. The program is in collaboration with New Mexico State University (NMSU), located in Las Cruces, NM. To better serve these students, there is a program office at NMSU, which houses two faculty from the COP who work with the students in the undergraduate portion of the program.

As of fall 2015, 6 UNM/NMSU Cooperative Pharmacy Program students have graduated from the COP. 39 students are currently in the PharmD program portion of the program (8 P-4 students, 8 P-3 students, 13 P-2 students, 10 P-1 students). In addition 32 students have been accepted into the program and are completing their undergraduate requirements at NMSU (12 juniors, 10 sophomores, 10 freshman), see [Appendix 17-D](#) for additional details on student progression in the program. This unique program is the only collaboration between UNM and NMSU of this nature and provides an opportunity for students to be conditionally accepted into the PharmD program from high school.

Prerequisite Courses: The COP currently requires 91 semester credit hours of prerequisite courses ([Appendix 17-E](#)) in biology, chemistry, physics, English, math, and communications prior to matriculation into the PharmD program. These courses provide students with a well-rounded educational background, help to prepare them for the rigors of pharmacy school, while also satisfying the credit hour requirements to qualify for graduate student federal aid.

Admissions Criteria: The criteria for admission ([Appendix 17-F](#)) are posted on the [COP website](#) and published in the [University Catalog](#). Additionally, the information can be found on [PharmCAS](#), as the Office of Student Services (OSS) maintains a school information page through the application service. Paper copies of all materials are made available to students in the Student Services office ([Appendix 17-G](#)). Materials contain information on the academic requirements, including lists of prerequisite courses ([Appendix 17-E](#)) and information on the curriculum, laid out in a semester by semester format ([Appendix 17-H](#)).

Admission criteria include a minimum cumulative prerequisite GPA of at least 2.5 (recommended minimum GPA of 2.7). All prerequisite grades must be a C or higher to be considered. In addition, all biology and chemistry prerequisites must be completed within the preceding 7 years. The COP requires that all prerequisites be completed prior to enrolling in any

COP course. Students can be offered admission during the spring semester, with the conditions that all biology and chemistry lecture courses be completed in the spring semester and all other courses be completed in the summer prior to matriculation. Other admissions criteria include a completed PharmCAS application, a supplemental application, a \$50 non-refundable application fee, recent photo and completion of the PCAT by January of the application year ([Appendix 17-D](#)). A background check for all admitted students is required prior to matriculation ([Appendix 17-J](#)). Background checks are reviewed by the Director of Student Services and if an issue arises their background check is further reviewed by the Executive Associate Dean. If necessary, background checks are then reviewed by the Student Affairs committee for a final decision. To date, no background checks have revealed issues that required committee review or resulted in the denial of admission. Student admission is maintained between 75-90 students as part of management of resources necessary for students to successfully complete the program. Student enrollment in the PharmD program has remained fairly stable over the past several years. However, in Fall 2015, we witnessed a drop in enrollment with our incoming class of 2019 having 74 students and an overall enrollment down to 325 ([Appendix 17-K](#)). We expect, due workforce issues, that less students may be applying to colleges of pharmacy, yet we expect that our enrollment numbers will range between 73 and 77 per cohort ([Appendix 17-L](#)).

Interview Process: The admissions committee makes an effort to interview most (~80%) of the first-time New Mexico applicants, unless a student is ineligible due to GPA or other factors. Ensuring fairness in the process requires consistency in the admissions process. To decrease inter-rater variability, all interviewers, committee or guest, receive a half-day training on the admission process, interview techniques, letters of recommendation, letter of intent, PCAT scores, and the use of guidelines to evaluate the writing exercise and letter of intent ([Appendix 17-M](#)).

After the interview, each applicant is presented at the admissions committee meeting, where they receive a committee score. The committee score is obtained by evaluating the applicant's personal statement, letters of recommendation, transcripts, interview, and performance on the interview writing exercise. Details on specific written and verbal communication skills assessment and rubrics can be reviewed in attached ([Appendix 17-N](#)). The Committee score (range 1-10) is an average of the committee members scores and the guest interviewers composite interview score. A total score for each interviewed applicant is calculated

using three categories and is weighted as follows: prerequisite course GPA, 35%; PCAT composite score, 15%; and Committee score, 50% ([Appendix 17-O](#)).

Admissions documents and records are saved for 5 years in the OSS. The COP tracks the numbers of applicants to the PharmD program by both the number of PharmCAS applications and number of completed applications (PharmCAS applicants who also submitted the supplemental application and application fee).

Student Views on the Admissions Process: Each year interviewees have the opportunity to anonymously rate components of the admissions process. Applicants surveyed in 2014 responded positively to items regarding the pre-interview communications, with over 95% of 114 respondents agreeing that the written correspondence was informative and instructions were specific ([Appendix 17-P](#)). Over 95% of the applicants agreed that the COP Supplemental Application forms were easy to locate and the instructions were clear and specific. At least 95% of applicants who responded agreed that the interview was well organized. 97% felt there was sufficient time for the interview, but fewer (87%) felt there was sufficient time for the writing exercise. Overall, 98% of applicants agreed that they had a positive experience during their interview.

The 2015 AACCP Graduating Student Survey ([Appendix 17-Q](#)) showed that 94% of graduating students strongly agreed or agreed that the admissions process of the COP was well organized.

Comments: The admissions process is designed to recruit a diverse class. To this end, those involved with the process comprise of a diverse group of individuals, from both background and perspective. The UNM/NMSU program cultivates students from the underserved Southern areas of the state. Efforts are made to accommodate out-of-state students travel needs by allowing them to select their interview date.

Appendices

Appendix	Content
17-A	Admissions Student Reviews
17-B	Recruitment Mechanisms
17-C	UNM-NMSU Cooperative Program Overview

17-D	Cooperative Program Student Progression
17-E	Prerequisite Course Sheet
17-F	Criteria For Admission
17-G	Example Recruitment Brochures
17-H	Plan of Study Example
17-I	Application Procedures
17-J	Consent for Background Check
17-K	5 year application, admissions and enrollments
17-L	Projected 5 year enrollment
17-M	Writing Evaluation Rubrics
17-N	Interview Evaluation Rubrics
17-O	Applicant Scoring Matrix
17-P	Applicant Survey Question Responses
17-Q	AACP Survey Report
17-R	UNM-NMSU Cooperative Pharmacy program agreement
17-S	5 year PCAT and GPA data
17-T	PCAT comparison with other schools
17-U	GPA comparison with other schools
17-V	Math GPA comparison with other schools
17-W	Science GPA comparison with other schools
17-X	Enrollment data for the past five years by year and gender
17-Y	Enrollment data for the past five years by year and race/ethnicity

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

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

	plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	bring the program into compliance.	
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

Student transfer credit and course waiver policies **Not applicable**

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

(None required for this standard)

Optional Documentation and Data:

Other documentation or data that provides supporting evidence of compliance with the standard

Appendices 18-A through 18-B

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

	S	N.I.	U
The college or school produces transfer credit and course-waiver policies, based on rational procedures and defensible assessments and makes that information available to students and prospective students.	●	○	○
The college or school implements policies and procedures for the evaluation of the equivalency of educational courses (preprofessional or professional) prior to admission or transfer to the professional degree program.	●	○	○

Requisites are only waived based upon an educationally sound assessment of the professional competencies (as set forth in Standard 12) that have been achieved through, for example, continuing pharmacy education, other education and training, and previous pharmacy practice experience.	●	○	○
The college or school has established and implemented policies and procedures for students who request to transfer credits or who wish to change from one program pathway to another.	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided.
 - How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
 - Any other notable achievements, innovations or quality improvements

Description:

Prerequisite Transfer Credits: The state of New Mexico Department of Higher Education has course transfer equivalency guidelines for all New Mexico 2- and 4-year universities and colleges ([Appendix 18-A](#)). The Office of Student Services and Executive Associate Dean for Education evaluate applications that contain out-of-state prerequisite courses. The Office of Student Services maintain a database of equivalent courses at other institutions, examples of these equivalencies can be found in [Appendix 18-B](#). Course equivalency (in content and level) is reached if course descriptions in the school's catalog are comparable to those of the UNM prerequisite courses. If the course catalog description is insufficient, a student may provide a course syllabus for further evaluation. If a course is not comparable, the transfer is not granted and the student is required to complete the missing prerequisite course.

Pharmacy Core Course Transfer Credit: Requests to transfer pharmacy core credits into the Doctor of Pharmacy program are rare at the COP. If a transfer request occurs, the Executive Associate Dean for Education, in consultation with appropriate COP faculty, evaluates the transferring course descriptions, syllabi, work samples and grades the student received for the courses. Since the inception of the Doctor of Pharmacy program at UNM, the COP has accepted one transfer student.

Pharmacy Elective Course Transfer Credit: Requests to take elective courses offered at other pharmacy schools are increasing, as several pharmacy schools have begun to offer specialty electives in an online format. The Curriculum Committee has taken the proactive step of approving all online elective courses offered by ACPE accredited Colleges of Pharmacy as professional elective for UNM’s program. In this process, students are notified of available online course offerings and the student is responsible for registering and enrolling in the course. After completion of the online course, the student submits an official transcript to UNM and the courses are transferred into the program.

Foreign Transfer Credits: Foreign transfer credits are only accepted for students who were admitted to and attended UNM. The credits can only be for prerequisite courses and must be exact equivalents to UNM courses, as determined by UNM’s International Admissions Office. International Pharmacy course work is not accepted.

Course Waiver Policy (Prerequisite courses): Prerequisite course waivers are allowed for college credits earned through Advanced Placement Exams or CLEP exams. If college credit was not awarded or the credit was not for a specific prerequisite, course waivers are not accepted. In addition to the exams listed above, UNM students may receive prerequisite credit for portfolios if the portfolio meets the UNM requirements and has UNM awarded course credit.

Course Waiver Policy (Pharmacy Courses): The College of Pharmacy does not waive any courses.

Appendices

Appendix	Content
18-A	New Mexico Department of Higher Education Transfer Equivalencies
18-B	Example Transfer Equivalencies

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance /or	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated /or

	<ul style="list-style-type: none"> Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance. 	not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	<ul style="list-style-type: none"> Adequate information was not provided to assess compliance
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- The policy(ies) that address student progression, academic probation, remediation, missed course work or credit, dismissal, readmission, due process and appeals [Appendix 19-I](#)
- Section of the student handbook that covers the student progression policy [Appendix 19-A](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- On-time graduation rates for past five years (compared to national rate) [Appendix 19-G](#)
- Percentage total attrition rate for past five years (compared to national rate) [Appendix 19-G](#)
- Percentage academic dismissals for past five years (compared to national rate) [Appendix 19-G](#)
- PharmD degrees conferred for past five years [Appendix 19-J](#)
- AACP Standardized Survey: Faculty – Question 61 [Appendix 19-H](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendices 19-A through 19-I

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

	S	N.I.	U
The college or school produces and makes available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.	●	○	○
The college or school's system of monitoring student performance, based on formative assessments of learning outcomes provides for the early detection of academic difficulty.	●	○	○
The college or school maintains a record of student retention, attrition, and on-time graduation, identifies and analyzes trends, and makes programmatic adjustments as needed.	●	○	○
The college or school ensures that all students have comparable access to individualized student services such as comprehensive academic success counseling, tutoring and faculty advising. N/A (single pathway and geographic location) <input checked="" type="checkbox"/>	○	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

The College of Pharmacy (COP) has policies and procedures related to academic progression, probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms. These policies are available in the Student Handbook in both written form ([Appendix 19-A](#)) and [online](#). These policies are also discussed in detail at New Students Orientation ([Appendix 19-B](#)) by both the Executive Associate Dean for Education (EAD) and Director of Student Services.

The progression rules state that students are expected to complete the Doctor of Pharmacy (PharmD) curriculum in 4 years and any deviation from the 4 years needs to be approved by the Student Affairs Committee. Academic difficulties that can trigger delays in progression include failure (grade of F or NC) in any course in the professional curriculum or accumulating more than 1 grade of less than C- in any academic year or more than 6 semester hours of grades of less than C- at any time. If a student fails to progress to the next semester, the Student Affairs Committee generates a 1-year individualized remediation plan.

During the remediation year, students may address specific deficiencies, as defined within the plan, and repeat any course(s) in which they received grades of less than C-. After successful completion of the remediation plan, the student can continue through the remainder of the Doctor of Pharmacy curriculum. Students cannot have more than one remediation plan during their studies in the PharmD program. Any additional grades less than C- will result in dismissal from the COP.

Academic Advisement, Support and Counseling: The EAD and the Office of Student Services (OSS) continually assesses student progress by monitoring the student records and working with the students to ensure that they meet the PharmD program requirements for progression and graduation. The Director of Student Services serves as the students' academic record advisor and completes audits to ensure students are on track to graduate. She maintains curriculum worksheets and provides students with individualized information in the beginning of the third year of the program regarding their remaining elective requirements before registration for the second semester of third year begins ([Appendix 19-C](#)). The form contains a list of each student's professional electives and also advises them of their remaining required and elective credit requirements. The EAD and Director work with students during the following fall term and spring term registration periods, counseling students in person or by email. The EAD also maintains the list of acceptable health-relevant elective courses and provides the students with registration information each term, along with a schedule of their required courses.

The COP has maintained a concerted, multi- tiered effort to preserve excellent student progression and graduation rates since the last ACPE site visit. This includes a rigorous recruitment and admission processes, as described under Standard 17 and a three-tiered student advisement and monitoring program, which includes early exam monitoring, tutoring

support/referral and exam remediation. The student advisement and monitoring program began in 2003 and has been refined over time to further meet students' needs.

The first tier of the progression and graduation program consists of exam monitoring, in which all exam grades are reviewed by the EAD. In addition, any student with a course average of less than 70% *at any time* during a course must meet with the EAD for advisement. At these meetings, the EAD determines reasons for a student's poor performance whether they are personal, medical or academic and assigns appropriate interventions to the student.

The second tier includes academic support services such as the peer-tutoring program. Each year, 2-3 students from each class are selected by the EAD to act as peer tutors (i.e., 2nd year student tutor 1st year students and 3rd year students tutor 2nd year students). These students are selected based on their overall academic performance in the PharmD curriculum, as well as their ability to serve as good tutors. Peer tutoring potential is determined in consultation with other members of the OSS, which interacts with these students on a regular basis and is able to assess their communication skills and their ability to work well with others. Selected tutors receive monetary and non-monetary compensation (i.e., a guaranteed APPE selection in the 4th year for every year they tutor). During each academic semester, 1-hour tutoring sessions are scheduled two or three times per week to allow students a variety of options for assistance. Two tutors are available per session so students can obtain help with any course. This tutoring is available for any student on a walk-in basis and all students must sign-in to the tutoring session for attendance purposes. Students who are assigned mandatory tutoring as part of a remediation plan have their attendance monitored on a weekly basis by the EAD.

Additional tier-two academic support services include mandatory meetings with faculty if peer tutoring does not seem to be effective and referrals to the Center for Academic Program Support ([CAPS](#)) on UNM main campus. CAPS provide study skills workshops such as time management, note-taking, reading effectively, and test-taking skills.

The final tier of the COP's monitoring and advisement program is the course remediation exam. Students who earn a final grade of less than C- for a course have the opportunity to take a comprehensive remediation examination to demonstrate competency in the course materials and improve their grade. The course remediation examination is administered within 4 weeks after the conclusion of the semester. If a score of C or greater is achieved on the exam, the

final grade will be changed to a C. If a score of C or greater is not achieved, the student's original grade is reported to the University. Only students who have satisfactorily attended the tutoring sessions or completed the additional remediation activities designated by the EAD are permitted the option of taking the course remediation examination. Data over the last 5 years show remediation exams have improved 84 grades. Overall success rate on the remediation exams over that time has been 45% ([Appendix 19-D](#)).

In the event that a student is dismissed from the PharmD program for additional academic deficiencies after the remediation year, they can appeal their decision to the Student Affairs Committee which has faculty representatives from each department. Prior to the formal committee meeting, the student is advised by the EAD regarding the policies and procedures ([Appendix 19-E](#)) of the appeal process. Students are required to submit a letter to the Student Affairs Committee to provide insight into the situation and are encouraged to make themselves available for questions from the committee. Each case is considered according to the student's circumstances, the COP policies on scholarship, and progress toward fulfillment of degree requirements. Students are subject to one of the following actions by the Committee: 1) academic warning and permission to advance to the subsequent semester, 2) academic warning and permission for a second remediation year or 3) dismissal from the COP. Per policy, student appeals regarding committee decision are heard by the Dean. [Appendix 19-F](#) summarizes academic standing decisions over the past 5 years. The committee closely examines the student's petition, past academic record, and asks probing questions of the petitioner before rendering their decisions. In the past 5 years, the committee has approved the petitions of 9 (out of 13) students to remain in the program after dismissal. Of those 9 approvals, 7 students have graduated or are on track to graduate with their PharmD.

Student Graduation Rate: The Office of Student Services maintains records of student progression and our associated graduation rates ([Appendix 19-G](#)). The rate of attrition and dismissal from our program is similar to the national average. The 6-year average (\pm standard deviation) for our 4-year graduation rate is $91.7\% \pm 2.8\%$ with a range of 90.9% to 94.1% (with the exception of the Class of 2014 which had an unusually high number of non-academic late delayed graduation and withdrawals). This 4-year graduation rate is higher than with the national average (89.5%). Our overall graduation rate is $97.1\% \pm 1.6\%$ which is also comparable with the national average (95.4%). When examining the rates of students who do

not graduate from our program, data show that 1.4% ± 0.9% were dismissed for academic reasons and 1.3% ± 1.3% withdrew for non-academic reasons.

Despite the efforts of the admissions committee, Office of Student Services, EAD, and the Student Affairs Committee and the evidence of excellent 4-year and overall graduation rates, the 2013 AACP Faculty Survey ([Appendix 19-H](#)) indicated that only 70.6% of responding faculty thought the COP effectively manages poor academic performance of students. That number was a drop from 2009 when 83.4% of faculty agreed. This 2013 value was also below that of the national average whereas we were above the national average in 2009.

Comments: The COP has an excellent progression rate with stable overall graduation rates of 94-97%. The COP’s success in this area is likely due to many factors; 1) strong academic advising, 2) close supervision of student progress in the Office of Student Services, 3) progressive remediation strategies for struggling students, 4) a Student Services Committee that works with struggling students to give them the opportunity to graduate, and 5) recruitment and admission of highly qualified students.

Appendices

Appendix	Content
19-A	Progression and Graduation Policies Excerpt from Student Handbook
19-B	2015 Orientation Agenda
19-C	Graduation Check Example
19-D	Remediation Exam Analysis
19-E	Student Grievance Procedure Excerpt from Handbook
19-F	Student Affairs Committee Appeal decisions
19-G	Student Progression and Graduation Rate Data
19-H	Faculty Survey Data for Standard 19
19-I	Student Academic Policies
19-J	PharmD degrees conferred for past five years

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

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

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

Standard No. 20: Student Complaints Policy: The college or school must produce and make available to students a complaints policy that includes procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms. Students must receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards.¹

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

Copy of policy and procedures for handling complaints related to ACPE Standards [Appendix 20-A](#)

Required Documentation for On-Site Review:

The Student Complaints File

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

AACP Standardized Survey: Student – Question 61 [Appendix 20-B](#)

Optional Documentation and Data:

Other documentation or data that provides supporting evidence of compliance with the standard

¹ Refer also to ACPE Complaints Policy at <http://www.acpe-accredit.org/complaints/default.asp>

Appendices 20-A through 20-G

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

	S	N.I.	U
The college or school produces and makes available to students a complaints policy that includes procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms.	●	○	○
Students receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards. ²	●	○	○
The college or school includes information about the complaint policy during student orientation.	●	○	○
The college or school maintains a chronological record of student complaints related to matters covered by the accreditation standards and allows inspection of the records during on-site evaluation visits by ACPE.	●	○	○
The college or school informs ACPE during an on-site evaluation if any of the student complaints related to the accreditation standards have led to legal proceedings, and the outcomes of such proceedings.	●	○	○

- 3) **College or School’s Comments on the Standard:** The college or school’s descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school’s self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

The COP has established procedures for dealing with student grievances and complaints related to ACPE Standards. A detailed description of the COP complaint policy ([Appendix 20-A](#)) is contained in the Student Handbook that is given to every student and also described in detail during New Student Orientation. In addition, a [link to the complaint policy](#) is maintained on the UNM COP website on the “Current Students” page. The COP also provides information to the students on how to file a complaint with ACPE related to one of the accreditation standards. This multifaceted approach has led to good student understanding about the process. The results from Question 61 of the Graduating Student Survey “I was

² Refer also to ACPE Complaints Policy at <http://www.acpe-accredit.org/complaints/default.asp>

aware of the process for raising issues with the college/school administration” show that the numbers who agree or strongly agree range from 81.7% to 90.5% with the last 4 graduating classes having 89% or 90% agreement. The COP’s results also compare favorably to our national peers and New Mexico Higher Education Department peers as shown in [Appendix 20-B](#).

It is the COP’s policy that both internal academic disputes and professionalism issues are first handled on an informal basis between the faculty and the student. If a dispute cannot be settled informally, the student may bring forth a formal grievance to the Executive Associate Dean for Education (EAD) or to the Honor Council ([Appendix 20-C](#)), as described in the Student Handbook. Procedures for a hearing before the Honor Council can be found in [Appendix 20-D](#). Further levels of appeal include the Dean of the COP of Pharmacy and the Chancellor for Health Sciences. These procedures are explicitly communicated to the student during any dispute-related meetings between COP administration and students.

Open communication between the students and COP administration, faculty and staff is key in obtaining feedback from students (including complaints). These mechanisms include twice yearly “Town Hall Meetings” in which all students are invited to openly discuss COP issues with the Dean and other administrators/faculty, an open-door policy for both the EAD and Director of Student Services and active relations with students and student organizations including the Student Pharmacist Association (SPC) and Student Pharmacist Executive Advisory Roundtable (SPEAR). Both the SPC and SPEAR meet monthly with the EAD and Director and Dean, EAD and Director, respectively. This feedback allows the COP to usually address student issues before they escalate into student complaints. Consequently, actual student complaints and formal grievances rarely occur and the COP has not received any formal complaints or grievances within the last five years. The EAD is responsible for keeping records on ACPE complaints. While it is true that we have not had any formal ACPE related complaints, we do currently have one student appealing an academic dismissal from the COP and that appeal was forwarded to ACPE via email.

Appendices

Appendix	Content
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20-A	Complaint Procedures Policies Excerpt from Student Handbook
20-B	AACP Survey Report
20-C	Student Grievance Procedure Excerpt from Handbook
20-D	Honor Council Hearing Procedures Excerpt from Handbook

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

- 1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- URL or link to program information on the college or school's website

Required Documentation for On-Site Review:

College or school's Catalog [available online only](#)

Recruitment brochures [Appendix 21-D](#)

Student Handbook [Appendix 21-A](#)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

AACP Standardized Survey: Student – Questions 58, 70 [Appendix 21-E](#)

Optional Documentation and Data:

Other documentation or data that provides supporting evidence of compliance with the standard

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

	S	N.I.	U
The college or school produces and makes available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.	●	○	○
Admissions policies, procedures, and practices fully and clearly represent the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance. N/A (no distance pathways) <input checked="" type="checkbox"/>	○	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard

Any other notable achievements, innovations or quality improvements

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

Description:

Doctor of Pharmacy students are provided information about the College of Pharmacy (COP), the curriculum, the faculty, programs within the COP and student rights through multiple mechanisms. At orientation, students receive a student handbook ([Appendix 21-A](#)) and time is spent reviewing various information on the college ([Appendix 21-B](#)). They are informed about

the COP's accreditation status through the [COP's website](#) and the ACPE accreditation certificate that is framed in the COP reception area.

The COP's website also includes key information for both [prospective](#) and [current](#) student pharmacists. Prospective student pharmacists may access information on Doctor of Pharmacy prerequisites, admission requirements, application procedures, contact names, frequently asked questions, information on financial aid and scholarships, the pre-pharmacy society and the online supplemental application. Additional recruitment materials include handouts with information on our prerequisites ([Appendix 21-C](#)) and various recruitment brochures with information on requirements and the overall program ([Appendix 21-D](#)). Information can also be found online in the [UNM catalog](#) under the Doctor of Pharmacy program and on PharmCAS. General information on the COP's M.S. and Ph.D. graduate programs, as well as postgraduate residencies and fellowships are also on the COP's website. The COP mails recruitment brochures to prospective students upon request. The COP also emails students the same information, upon request. These brochures include information on the prerequisite requirements, professional curriculum, application process, information about the University of New Mexico and Albuquerque and information about the Pre-Pharmacy Society and the UNM/NMSU Cooperative Pharmacy program.

The COP's website also provides important information for current student pharmacists, including the sequence of courses for each semester of the professional degree program, the Doctor of Pharmacy competencies, RxOutcomes, Moodle learning management system, Course Policies and Procedures, the COP Complaint Policy, and the Student Handbook.

Information from the 2015 AACP Graduating Student Survey ([Appendix 21-E](#)) reveals that 94.1% of students who were able to comment agreed or strongly agreed that the COP of Pharmacy provided timely information about news and events and important matters within the COP. That number has been consistent over the last 6 years of graduating classes ranging from 92% to 98.8% and has been above the national average all 6 years. In addition, 100% (ranging from 97.5% to 100% from 2009-2014) of students also stated that they were aware of expected behaviors in regards to professional and academic conduct.

Comments: The COP works diligently to inform and provide expectations early and to reinforce those expectations throughout the curriculum through seminars, role modeling and the student honor council.

Appendices

Appendix	Content
21-A	Student Handbook
21-B	2015 Orientation Agenda
21-C	Prerequisite Course Sheet
21-D	Example Recruitment Brochures
21-E	AACP Survey Report

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- A list of committees involving students and the names and professional years of students involved on committees [Appendix 22-E](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Student – Questions 60 – 62, 65, 66 [Appendix 22-D](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee meeting minutes that demonstrate active participation by students.

Appendices 22-A through 22-E

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

	S	N.I.	U
The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.	●	○	○
The college or school involves student representatives on appropriate program committees, as well as in accreditation self-studies and strategic planning activities.	●	○	○
The pharmacy students feel their perspectives are heard, respected, and acted upon in a fair and just manner.	●	○	○
A clear process exists for students to follow to raise issues with the college or school administration.	●	○	○
The college or school administration responds to problems and issues of concern to the student body.	●	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- The participation and contribution of students on college or school committees
- The organization, empowerment, and implementation of a student government association or council
- The other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) used to gather student perspectives

- Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACCP standardized survey questions, especially notable differences from national or peer group norms

Description:

The College of Pharmacy (COP) utilizes a variety of approaches to garner student perspectives including: providing a number of opportunities for student representatives to serve on committees; allowing and encouraging students to conduct their own self-study process; and vehicles by which students can readily share their views.

Representation on Committees: 37 students serve as members on five of the 13 standing COP committees ([Appendix 22-A](#)), including Admissions, Curriculum, Graduate Affairs, Dean's Student Advisory Committee (DSAC) and the Honor Council. The Executive Associate Dean for Education and the Director of Student Services recommends students to the Dean for membership on standing committees.

Students serving on committees are expected to report back to their respective constituencies, providing information on committee activities. To facilitate this process, DSAC was formed, composed of the Presidents of all classes and organizations within the COP. DSAC meets monthly during the semester and provides advice to the Dean regarding student issues and information for consideration.

Students influence on the committees is considerable. On the Admissions Committee, students participate in increasing levels of responsibility starting as tour guides as first-year students. P2 and P3 students may progress to be guest interviewers. Three P4 students are chosen to be full voting members of the Admissions Committee.

Two students from each of the first, second, and third classes serve as full voting members on the curriculum committee. The students act as members of course review teams and provide feedback to the committee through overall course reviews and individual instructor evaluations.

Self-Study Process: In the 2015 spring semester, University of New Mexico College of Pharmacy students were informed about the ongoing ACPE Accreditation self-study process. Students were invited to write their own self-study regarding accreditation standards of their

choosing and they enthusiastically agreed to participate in this activity. The Student self-study groups identified which standards that they felt most strongly about (Standards 11, 13, 15, 16, 20, 21, 22, and 23). Students recruited their own writing teams. The only oversight provided was a recommendation to select representatives from as many different classes as possible on their committees. The Student Self-Study can be found in [Appendix 22-B](#).

Student Governance: Student governance is represented by the Student Pharmacists Council (SPC). Membership in the SPC consists of the Executives of each pharmacy class and student organization ([Appendix 22-C](#)). The Presidents of the 1st-, 2nd-, and 3rd-year classes serve as Secretary, Vice President and President of SPC, respectively. Each organization president has one vote, while the other executives are included to increase awareness and understanding of student issues. The SPC meets monthly during the semester. Functions of the SPC include facilitating student representation and communication, acting as a liaison between students and COP administration, and serving as the umbrella organization where affairs of student organizations are discussed and resolved. Additionally, the SPC solicits questions from the student body to pose at our Town Hall meetings. Town Hall meetings are held at least annually by the Dean. Town Hall Meetings have been effective communication tools to obtain student perspectives and to communicate curricular and other issues to students. The advisor for the SPC is the Director of Student Services. The Executive Associate Dean for Education serves as an ex-officio member.

Program Development and Evaluation: Student perspectives are gathered through a number of mechanisms including the Assessment, Analysis, and Action (AAA) form and surveys. The Assessment, Analysis, and Action (AAA) form is administered occasionally during a semester, students are given an opportunity to anonymously answer questions pertaining to a specific topic in a course or a general question about the course. All written responses are transcribed by an administrative assistant to assure anonymity and are analyzed by the IOR of the course. This method has proven effective in correcting deficiencies in courses in real-time instead of waiting until the end-of-semester surveys. Most recently, the AAA has been used in the pharmacotherapy course sequence, where feedback helped to institute a change to a more flipped classroom with reduced lecture time, but with the addition of homework and in-class assignments. Student feedback has been generally positive on the changes and is helping us in designing our new curriculum.

Graduating Student Survey: The Graduating Student Survey provides feedback about the COP, student experiences and the curriculum. It can be triangulated with the AACP Preceptor and Faculty Surveys and it provides comparison data with selected peer schools. COP has a high response rate of >98% for the last 6 years ([Appendix 22-D](#)).

Appendices

Appendix	Content
22-A	College of Pharmacy Standing Committees
22-B	Student Written Self-Study
22-C	List of Student Organizations with Presidents and Faculty Advisors
22-D	AACP Survey Report
22-E	PharmD students serving on College Committees

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

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

- 5) **Recommended Monitoring**: If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- The college or school's code of conduct addressing professional behavior and harmonious relationships. [Appendix 23-A](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 58-60 [Appendix 23-I](#)
- AACP Standardized Survey: Student - Questions 59, 67, 68, 70 - 75 [Appendix 23-I](#)
- AACP Standardized Survey: Alumni – Questions 18, 19, 30 [Appendix 23-I](#)
- AACP Standardized Survey: Preceptor – Questions 13, 14 [Appendix 23-I](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendix 23-A thru 23-I

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

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

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- Strategies that the college or school has used to promote professional behavior, and the outcomes
 - Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes
 - Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes
 - How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
 - Any other notable achievements, innovations or quality improvements
 - Interpretation of the data from the applicable AACPC standardized survey questions, especially notable differences from national or peer group norms

Description:

The College of Pharmacy (COP) is one of the smallest units at the University, but uses that to its advantage by providing many personalized initiatives for student, faculty, and staff enrichment and engagement. These programs promote a sense of community and provide many opportunities for personal and professional development.

Fostering Professional Behavior: The COP promotes professional behavior among students through its Student Academic and Professional Conduct Policy ([Appendix 23-A](#)) located in the Student Handbook ([Appendix 23-B](#)). All HSC students and employees must also comply with the HSC Code of Ethics ([Appendix 23-C](#)) and the [University Student Code of Conduct](#). The Student Handbook is distributed to each incoming student and is available on the COP's website. On day one of orientation they receive their handbook and a copy of the code of conduct. Each student is required to review the Code and sign a statement indicating that s/he has read and understands the Code of Conduct.

Students have an active role in determining what is and is not acceptable behavior as they themselves are part of the Honor Council which encourages student self-governance in matters of academic and professional misconduct. The Honor Council consists of ten students (two from each of professional year and two graduate students) six faculty members from the Student Affairs Committee. One P-3 student is selected to serve as chair for the council. The Honor

Council policies and procedures describe how to report violations, how to conduct investigations, the composition of the Honor Council, hearing procedures, determination of violations and subsequent sanctions, and administrative and judicial review. Since its inception, the Honor Council typically handles on a few instances (2-4 per year) of student professionalism violations. Information on the hearing procedures can be found in [Appendix 23-D](#). Recently, the Honor Council was reconfigured to include a mixture of students and faculty to make a more collaborative council. This reconfiguration was done to reduce ambiguity on what issues the Honor Council should address.

The College of Pharmacy develops student professionalism throughout the curriculum. This process begins the first day of New Student Orientation with a presentation on professionalism given by the Dean and the Director of Student Services ([Appendix 23-E](#)). The concept of professionalism is reinforced through the Pharmaceutical Care Laboratory (PCL) where students also regularly self-assess their professionalism. The COP's standardized syllabus template ([Appendix 23-F](#)) includes language regarding academic dishonesty and professional expectations. Similar reinforcement occurs in the experiential training orientations and affiliated syllabi. In practice experiences, students are graded on professionalism. Poor professionalism is grounds for failing, even if the student earned a grade sufficient to pass the course. In addition, Doctor of Pharmacy students are held to high degrees of professionalism during outreach activities such as health screenings, outreach day, and UNM Day at the state legislature. Professionalism is further emphasized at IPPE and APPE orientation sessions throughout their curriculum.

Involvement in professional organizations is another mechanism to develop professionalism. Currently, the COP has chapters for APhA-ASP, ASHP, NCPA, the professional fraternities Kappa Psi and Phi Delta Chi and the honor societies Rho Chi and Phi Lambda Sigma. The COP is noteworthy in having regional and national student leaders in several student organizations ([Appendix 23-G](#)). The Dean's Office provides travel funds to a significant number of students to attend annual national meetings and regional meetings of the professional pharmacy organizations. For example, the COP typically sends between 35 and 45 students to the APhA Annual meeting, 20-25 to the ASHP Midyear Clinical Meeting and 3-5 students to the NCPA and AACP Annual meetings. The COP has had a large presence at the APhA-ASP midyear regional meetings (MRM) and one of our second year students was elected

as Midyear Regional Meeting Coordinator for 2014's Region 8 MRM meeting. The level of funding varies depending on student involvement with the various organizations, but the COP endeavors to at least pay the meeting registration fee for all students.

Faculty, preceptors and staff must also exhibit professional behavior and comply with a Code of Conduct. All faculty and staff at the UNM HSC are required to complete yearly training in the areas of HIPAA, the HSC Code of Conduct and Compliance, and Preventing Sexual Harassment. Preceptor expectations are defined in the Advanced Pharmacy Practice preceptor manual ([Appendix 23-H](#)), which is available on the COP website and emailed to new preceptors.

Fostering Harmonious Relationships: Fostering harmonious relationships among students, faculty and staff is facilitated through respectful interactions in classes, by listening and addressing individual and student-body concerns, engaging students in standing COP Committees and having faculty involvement as advisors for student organizations.

Each of the classes and 13 student organizations (SPC, six professional, two honor societies, two fraternities) has a faculty advisor, which allows the students to get to know the faculty on a more personal level as they work together on various activities and travel to professional meetings. The Director of Student Services or the Executive Associated Dean for Education make every effort to attend class meetings, helping to be a liaison for the college and students and for building relationships.

Many faculty members also attend a number of student events including the White Coat Ceremony, Pinning Ceremony, Honors and Recognition Ceremony, Graduation Banquet and Convocation. Other opportunities for informal interactions include a COP-sponsored tailgate at Homecoming and the Welcome Back Picnic held the first weekend after fall semester begins.

Each academic year, at least one town hall is held by the Dean. This town hall is used as a mechanism to communicate information to students as well as address student issues. Class presidents collect areas of concern or information from their class. The Dean compiles these topics and includes them as part of her overall address. After providing the information, the session is open for comments from the floor and follow-up questions. The town hall format creates an atmosphere for dialog and getting to know the Dean.

Student Opinions about Professionalism: According to the 2015 AACP Graduating Student Survey ([Appendix 23-I](#)), 97% of students who could comment agreed or strongly agreed that the COP encouraged them to participate in regional, state or national pharmacy meetings and 93%

indicated that the COP was supportive of student professional organizations. 100% of graduating students were aware of expected behaviors with respect to professional and academic conduct. Ninety-three percent (88%) of the students agreed or strongly agreed that faculty, administrators and staff were committed to serving as positive role models for students and 94% of preceptors modeled professional attributes and behaviors in the pharmacy practice experience. 69% and 67% of the students who were able to comment agreed or strongly agreed, respectively, that the COP effectively managed academic and professional misconduct by students. While these numbers are a slight improvement over 2014, UNM's numbers were about 10% lower than the national average. Although the survey data indicates that this may be an area in need of attention, the proposed changes to the honor council may help to create an atmosphere and perception to address this issue. According to the 2013 AACP Faculty Survey, the opinions of the faculty had a more positive opinion compared to the students. At that time, 82% of the faculty agreed or strongly agreed that the COP effectively managed academic misconduct and 76% agreed or strongly agreed that the COP effectively managed professional misconduct by students.

One factor that may influence perceptions regarding misconduct is the accused student's right to privacy. Even in instances when a student who has been found to have violated the student Code of Conduct or committed an act of academic dishonesty, other students and faculty may not know that the student has been disciplined, unless that student is dismissed from the COP or held back a year. In cases of punishments such as verbal or written reprimands, it may appear that the student has not been disciplined. Regardless of the reasons behind the opinion, the COP recognizes the continued need to implement and enforce policies and procedures that inspire confidence in the ability of the COP to effectively manage academic and professional misconduct.

Comments: The COP has been noteworthy in having regional and national student leaders in several student organizations. The COP will continue to monitor how issues of academic and professional misconduct are handled and continue to utilize and monitor the mechanisms it has put into place to address the issues, such as changes to the Honor Council.

Appendices

Appendix	Content
23-A	Student Academic and Professional Conduct Policy Excerpt from Student Handbook

23-B	Student Handbook
23-C	HSC Code of Ethics
23-D	Honor Council Procedures Excerpt from Student Handbook
23-E	2015 Orientation Agenda
23-F	Standardized Syllabus Template
23-G	National Student Leadership Positions
23-H	IPPE and APPE Preceptor Manuals
23-I	AACP Survey Report

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not Applicable



5. Faculty and Staff

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- List of full time staff within each department/division and their areas of responsibility (e.g. administrative support, telecommunication, audiovisual, and computer personnel) [NOTE: SAME REPORT FOR STANDARD 7 & 24]

[Appendix 24-V](#)

- List of part time paid faculty (< 0.5FTE) and staff with (as applicable) academic title, credentials, department/division, and areas of responsibility

[Appendix 24-AJ](#) Part-time faculty

[Appendix 24-AK](#) Part-time staff

- ACPE Faculty Resource Report

[Appendix 24-AH](#) Faculty Resource Report

- List of faculty turnover for the last 5 years, by department/division, with reasons for leaving and timing of replacements

[Appendix 24-D](#)

- List of staff turnover for the last 5 years, by department/division, with reasons for leaving and timing of replacements

[Appendix 24-W](#)

Required Documentation for On-Site Review:

- List of voluntary faculty, with academic title/status and practice site; specify IPPE and/or APPE

[Appendix 24-R](#): IPPE Volunteer Faculty

[Appendix 24-S](#): APPE Volunteer Faculty

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- List of key university and college or school administrators, and full-time and part-time (≥ 0.5 FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable) [Faculty Addendum Template]

[Appendix 24-H](#)

- AACP Standardized Survey: Faculty – Questions 14, 20, 27, 28, 62 – 65

[Appendix: 24-Q](#)

- AACP Standardized Survey: Student – Question 69

[Appendix: 24-Q](#)

- Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5 FTE)

[Appendix 24-AI](#)

- Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank

[Appendix 24-F](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard.

Appendices 24-A through 24-AL

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

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

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.
- A description of the process and interval for conducting faculty workload and needs assessments
 - An analysis of teaching load of faculty members, including commitments outside the professional degree program
 - The rationale for hiring any part-time faculty, and the anticipated duration of their contract
 - Evidence of faculty and staff capacity planning and succession planning
 - A discussion of the college or school's student-to-faculty ratio and how the ratio ties in with the college or school's mission and goals for the program
 - How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
 - Any other notable achievements, innovations or quality improvements
 - Interpretation of the data from the applicable AACPS standardized survey questions, especially notable differences from national or peer group norms.

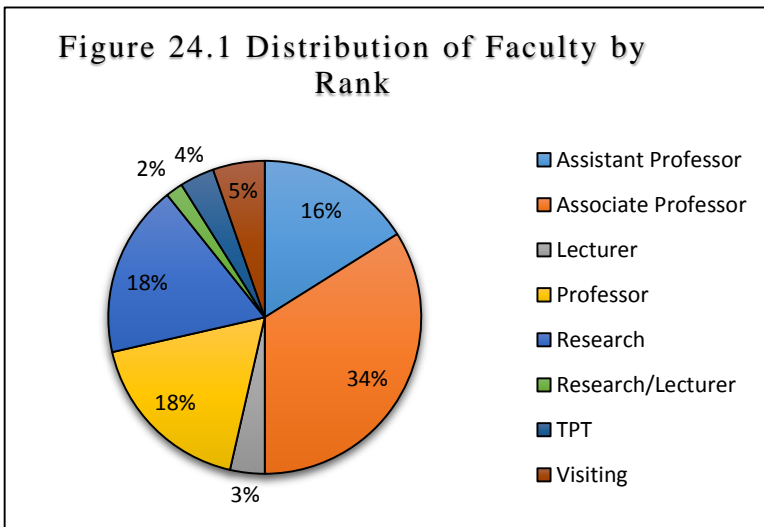
Description:

The College of Pharmacy (COP) currently has 59 faculty members or 53.65 FTEs (25 tenured/tenure track faculty); 12 non-tenure clinical educator (CE) track faculty; 1 lecturer, 12 research track, 1 flex-track (V-track); and 3 visiting professors who work together to effectively support our mission. [Appendix 24-A](#) provides a description of the faculty tracks. The visiting track ([Appendix 24-B](#)) is being used at the COP to hire faculty who are paid via multiple university non-recurring sources. We are working to convert these to CE-track faculty positions via MOUs. The COP also has 1 shared faculty position with Walgreens, 1 working emeritus faculty, 3 temporary part-time (TPT) faculty who provide instruction in the professional program. A description outlining how such individuals support the program is provided in [Appendix 24-C](#). Unpaid faculty who are cross-appointed to the COP, serve as volunteer, adjunct faculty and staff pharmacists (3) with letters of academic title, are not included the above information.

The COP currently has 6.55 FTE vacancies, and an additional 2.0 FTEs are available from the HSC as part of the Dean's initial startup package. Faculty searches were intentionally delayed until the new Department Chair for Pharmacy Practice and Administrative Sciences was onboard. Recently, our offer for the Assistant Dean of

Experiential Education position was accepted (start Jan 4, 2016), with more searches underway soon. Details regarding faculty departures are described in [Appendix 24-D](#). The COP hires TPT faculty to support the instructional program as needed to support unique course needs, relieve pressures due to departures, and provide added support while transitioning to the new curriculum ([Appendix 24-E](#)).

Faculty: The distribution of faculty displayed in Figure 24.1 shows a fair balance across ranks. [Appendix 24-F](#) provides information regarding distribution of faculty by rank within in each department. A strength is the wisdom of our experienced



faculty; 40% of faculty have more than 10 years of service ([Appendix 24-G](#)). Information regarding individual faculty members in terms of degree, academic rank, and type of appointment is shown in Appendices [24-H](#) and [24-I](#).

Despite economic challenges within the state, the COP has maintained stable financial support for the Doctor of Pharmacy Program ([Appendix 24-J](#)). Salaries for full-time and part-time faculty are funded from state appropriations, tuition differential and grant funds ([Appendix 24-K](#)). The Faculty Compensation Plan ([Appendix 24-L](#)) includes three components: base salary, supplement (administrative supplement or performance) and a non-recurring incentive. While the COP has strived to provide salary increases, this has been difficult, due to minimal increases in recurring funds and as such 36.1% of faculty are below the 50th AACCP percentile for total compensation and 69.5% are below the benchmark for base salary ([Appendix 24-M](#)). The COP remains committed to enhancing faculty salaries.

The COP has undergone an intended gradual decrease in the professional program enrollment, from 405 students in 2006 to 325 students in 2015 due in part to the termination of the non-traditional PharmD Program ([Appendix 24-N](#)). The enrollment target for the Doctor of Pharmacy program was previously set at approximately 80-85 students per class (total

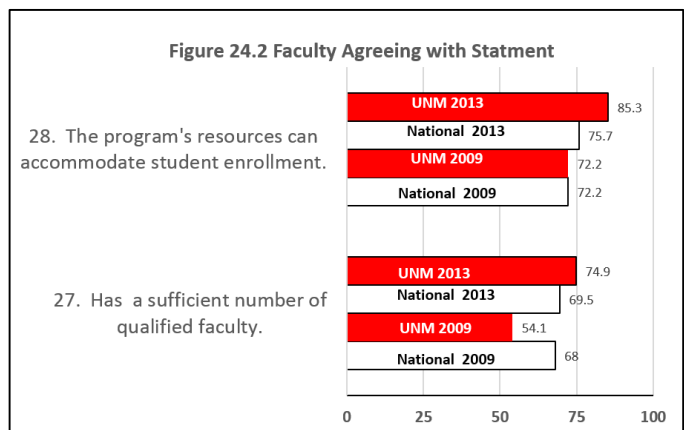
enrollment of 320-340). However, due to a decline in enrollment in 2015 we are carefully re-assessing our enrollment plans. Based on pharmacist workforce needs in New Mexico ([Appendix 24-O](#)), we believe at present our enrollment should be 72-82 students per year. Attention must be paid to (1) promoting programs that correct the mal-distribution in workforce in the state, (2) national workforce trends and (3) changes in healthcare. Currently, the COP's relatively small class size is valued because it contributes to a sense of a close-knit community, aligns comfortably with COP resources and with the needs of the State. With our current enrollment (Fall 2015) in the professional program (325) and the number of instructional FTEs (~41), our student-to-faculty ratio is 7.92, which is better than the national average of 10:1 (based on data provided by AACP). Evidence that the COP has an adequate faculty base to support the program comes from the faculty productivity data ([Appendix 24-P](#)). Furthermore, the 2013 AACP Faculty survey (Figure 24.2), show that 85.3% of our faculty agree that the COP has sufficient resources to accommodate the class size ([Appendix 24-Q](#)).

Adjunct and Volunteer Faculty: The COP has >300 volunteer/adjunct faculty who serve as preceptors for our professional program (listed in [Appendices 24-R](#) and [24-S](#) displaying contributions to IPPE and/or APPEs, respectively) and/or as unpaid

instructors supporting our professional and graduate programs ([Appendix 24-T](#)). We highly value the diversity of experiences and the dedication of our volunteer and adjunct faculty. Of note, 100% of IPPEs and 82% of the APPE rotations are precepted by volunteer faculty.

The New Mexico Poison and Drug Information Center (NMPDIC), a component of the COP, employs 13 pharmacists as poison and drug information specialists (11.25FTE), two toxicologists (0.60 FTE) and 2.0 FTE staff in administrative and poison information technician positions. The Director of NMPDIC is a full-time, non-tenured faculty member of the COP. Other than the Director, who teaches and supervises students, these numbers have not been included in the student: faculty ratios listed above.

Staff: Support personnel in the COP are divided into ten groups: administrative staff (17 FTE) including information technology (2.0 FTE); department staff (6.0 FTE); student



services staff (3.0 FTE); experiential education office staff (2.0 FTE), curriculum office staff (3.25 FTE); research office staff (1.8 FTE), research laboratory staff (30.3), clinical initiatives staff (8.8 FTE); and NMPDIC (13.25 FTE as detailed above), for a total of 85.4 FTE. When the COP departmentalized, it underwent a growth in the number of staff, with 5 FTE added between 2008 and 2010. About 32 staff FTEs have been added since FY10, to support the Research Office, Experiential Education, Student Services, strategic initiatives and research activities. [Appendix 24-U](#) outlines the growth in the number of support staff. [Appendix 24-V](#) details the responsibilities of individual staff members. [Appendix 24-W](#) describes staff turnover within the COP. The 2013 AACF faculty survey reveals that 73.6% of faculty thought staff resources were appropriate; 11.1% increase from 2009 and now similar to national peers (73%) ([Appendix 24-Q](#)). Recently, the COP underwent an assessment of its organizational structure and we are awaiting the report from the consultants.

Process for conducting workload assessments: Activities of individual faculty differ depending on their appointments as well as their expertise, all tenure track and clinical educator track faculty support the education, research/scholarship and service missions of the COP. Visiting faculty support education and service missions. While the COP attempted to determine the distribution of workload across the missions ([Appendix 24-X](#)), this process proved fraught with difficulty due to differences in definitions amongst the faculty. Currently workload assessments are made at least on an annual basis via discussions with the Department Chair. Dialogue regarding “added work” as defined per the COP guidelines ([Appendix 24-Y](#)) occurs throughout the year if workload adjustments are necessary.

The distribution of each faculty member’s effort amongst the three core missions is discussed annually as part of the faculty evaluation process ([Appendix 24-Z](#)). Seventy seven percent of faculty responding to 2013 AACF faculty survey indicated that their effort allocation had been clearly defined ([Appendix 24-Q](#)). The distribution of didactic teaching among faculty, is shown in [Appendix 24-AA](#). The 2013 AACF Faculty Survey indicates that most faculty believe that the proportion of their time spent on teaching, research and service is appropriate ([Appendix 24-Q](#)).

Faculty productivity: COP faculty are highly productive, as evidenced by the teaching (didactic and experiential), research/scholarship and service productivity data summarized for each department ([Appendices 24-P](#)). Each faculty member typically serves on three COP

committees each year. Faculty also serve on committees within the HSC and the University ([Appendix 24-AB](#)). Research and scholarly productivity have increased 34.1% since 2011 ([Appendix 24-AC](#)).

Faculty and staff capacity planning: The Dean works with Department Chairs to review and determine faculty recruitment needs based on strategic planning and other opportunities. With the recent hiring of a new Department Chair for Pharmacy Practice and Administrative Sciences, the COP is working on developing a strategic hiring plan ([Appendix 24-AD](#)), outline a succession plan ([Appendix 24-AE](#)) and enhance support for faculty and staff development (Standard 26). All faculty searches are chaired by a faculty member in the respective department where the vacancy or new position occurs and committee members are faculty from the College and other units within the HSC. The COP has worked to provide greater staff support to search committees, clarify policies and procedures and develop a stronger orientation program (Appendices [24-AF](#) and [24-AG](#)).

Comments: The COP has highly talented and productive faculty and staff who are committed to our students and to our mission. The faculty resource table in [Appendix 24-AH](#) provides further evidence that the COP has the necessary faculty resources to support its mission.

Appendices

Appendix	Content
24-A	Description of Faculty Tracks
24-B	Visiting Faculty
24-C	Additional Faculty and Pharmacists Supporting the Professional Program
24-D	Details Regarding Faculty Departures
24-E	Responsibilities of Temporary Part-Time Faculty
24-F	Distribution of Faculty By Rank in Each Department
24-G	Years of Service for Faculty
24-H	Faculty Addendum Report
24-I	Credentialed in UNMH and Pharmacist Clinicians
24-J	College Financial Resources Overtime
24-K	Budget

<u>24-L</u>	Faculty Compensation Plan
<u>24-M</u>	Faculty Salary Comparisons
<u>24-N</u>	Enrollment in Doctor of Pharmacy Program Overtime
<u>24-O</u>	New Mexico Pharmacist Workforce Evaluation
<u>24-P</u>	Faculty Productivity Data
<u>24-Q</u>	AACP Survey Report
<u>24-R</u>	IPPE Volunteer Faculty
<u>24-S</u>	APPE Volunteer Faculty
<u>24-T</u>	Adjunct and Volunteer Faculty Report
<u>24-U</u>	Increase in Staff Support Overtime
<u>24-V</u>	Staff Responsibilities
<u>24-W</u>	Staff Turnover
<u>24-X</u>	Workload Form
<u>24-Y</u>	Compensation and Added Work Guidelines
<u>24-Z</u>	Faculty Evaluation Process and Forms
<u>24-AA</u>	Distribution of Teaching
<u>24-AB</u>	Service Productivity
<u>24-AC</u>	Research Productivity
<u>24-AD</u>	Strategic Hiring Plan (Outline of Process)
<u>24-AE</u>	Succession Planning Framework
<u>24-AF</u>	Support for Faculty Searches
<u>24-AG</u>	Orientation Plans-Example
<u>24-AH</u>	Faculty Resource Table
<u>24-AI</u>	Allocation of Faculty Effort
<u>24-AJ</u>	Part-time faculty
<u>24-AK</u>	List of Part Time Staff
<u>24-AL</u>	Clarification of Faculty Vacancies

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

In 2009, the COP reported to have 55.1 FTE with 4.4 vacancies. While we currently have 57.8 faculty FTE, we are committed to hiring additional faculty to fill the vacant positions and those that are currently in temporary or visiting faculty lines. We have recently hired an Assistant Dean for Experiential Education and faculty in the departments are working to identify the next strategic hires. We envision filling our vacant lines over the next 2 years or so, some of which should occur in FY16. ([Appendix 24-AL](#))

Standard No. 25: Faculty and Staff—Qualitative Factors: The college or school must have qualified faculty and staff who, individually and collectively, are committed to its mission and goals and respect their colleagues and students. Faculty must possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and be committed to the advancement of the profession and the pursuit of research and other scholarly activities. Faculty whose responsibilities include the practice of pharmacy must satisfy all professional licensure requirements that apply to their practice. The college or school must foster the development of its faculty and staff, commensurate with their responsibilities in the program.

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Extract from the faculty handbook relevant to policies and procedures for faculty recruitment, promotion, tenure (if applicable), and retention

Appendices, [25-E](#), [25-G](#), [25-J](#), [25-T](#), [25-U](#)

- A list of full and part-time paid faculty with pharmacy practice responsibilities, the nature of their practice, their percent effort in practice, and their pharmacy licensure status

[Appendix 25-L](#)

Required Documentation for On-Site Review:

- Copy of the Faculty Handbook
- Faculty Member Profiles

[Download template from <http://www.acpe-accredit.org/pdf/Word%20Documents/FacultyMemberProfileTemplateApril2011.doc>]

- CVs of administrators, faculty and staff

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 11, 33, 34 [Appendix 25-I](#)
- AACP Standardized Survey: Student – Question 69 [Appendix 25-I](#)
- AACP Standardized Survey: Alumni – Questions 29, 30 [Appendix 25-I](#)
- AACP Standardized Survey: Preceptor – Question 37 [Appendix 25-I](#)
- Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity [Appendix 25-M](#)
- Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned [Appendix 25-O](#)
- Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status [Appendix 25-R](#)
- Table: Distribution of Full-Time Pharmacy Faculty by Department and Tenure Status [Appendix 25-Q](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include job descriptions, recruitment advertisements, faculty and staff policies and procedures, and extracts from committee meeting minutes.

Appendices 25-A through 25-AK

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

	S	N.I.	U
The college or school has qualified <u>faculty</u> who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	●	○	○
The college or school has qualified <u>staff</u> who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	●	○	○
Faculty possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and are committed to the advancement of the profession and the pursuit of research and other scholarly activities.	●	○	○
Faculty generate and disseminate knowledge through scholarship. Scholarship by faculty members, including the scholarship of teaching, is evident and demonstrated by productive research and other scholarly activities.	●	○	○
Faculty whose responsibilities include the practice of pharmacy satisfy all professional licensure requirements that apply to their practice.	●	○	○
Pharmacy practice faculty possess additional professional training (residency, fellowship, or equivalent experience).	●	○	○
Pharmacy practice faculty either have or are working toward additional credentials (for example, specialty certification) relevant to their practice and teaching responsibilities.	●	○	○
The college or school ensures that policies and procedures for faculty recruitment, promotion, tenure (if applicable), remuneration and retention are established and applied in a consistent manner.	●	○	○
The college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement.	●	○	○
Faculty, regardless of their discipline, have or are developing a conceptual understanding of current and proposed future pharmacy practice in a variety of settings.	●	○	○
Faculty members have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective communication skills, and an understanding of pedagogy, including construction and delivery of the curriculum, and a commitment to learning outcomes assessment.	●	○	○
The college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residency and fellowship programs.	●	○	○
The college or school fosters an environment that encourages contributions by the faculty to the development and transmission of knowledge.	●	○	○

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities
- How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement
- How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences

- How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings
- A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty
- Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching
- A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning
- How the college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residencies and fellowship programs
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

[TEXT BOX] [10,000 character limit, including spaces] (approximately four pages)

Description

The College's commitment to having an outstanding faculty to support the mission is embedded in our strategic goals ([Appendix 25-A](#)), and is explicitly articulated in Strategic Goal #6. COP faculty have the appropriate education and expertise ([Appendix 25-B](#)) to support our mission and enduring goals ([Appendix 25-C](#)) and achieve excellence in education, scholarship, practice and service ([Appendix 25-D](#)).

Faculty Recruitment: Policy 3210 in the UNM Administrative Policies Manual articulates recruitment and hiring policies ([Appendix 25-E](#)) and is supported by the UNM Faculty Search Committee Handbook, the UNM Faculty Hiring Guidelines, the UNMJobs Originator Guide, and the HSC Faculty Hire Checklist ([Appendix 25-F](#)). The COP has recently developed guidelines for Faculty Search Committees to use that is built on aforementioned resources ([Appendix 25-G](#)). To recruit diverse, talented, qualified candidates, the COP appoints a diverse faculty search committee who oversees the national search process as articulated in the Faculty Search Committee Handbooks. Since 2014, the COP has also required that all search committee members complete unconscious bias training (<https://www.aamc.org/video/t4fnst37/index.htm>) offered by AAMC. The search committee is supported by COP HR Administrator and if needed the HSC Director for Academic Affairs ([Appendix 25-H](#)). In the 2013 AACP Faculty Survey ([Appendix 25-I](#)), 70.6% of faculty agreed or strongly agreed that the COP uses an effective faculty recruitment process which is similar to national data (74.5%) and substantially higher than the 2009 findings (2009 UNM 58.3%).

Credentialing Process: Faculty credentials are rigorously evaluated as part of the interview and review process ([Appendix 25-J](#)), including documentation of accomplishments, validation by peers, and a required credentialing process for faculty with clinical responsibilities. The latter includes verification of licensure, education, and criminal background screening. The Office of Experiential Education annually verifies pharmacy licensure status for all preceptors who are practicing pharmacists; preceptor licensure is also required for those practicing in New Mexico ([Appendix 25-K](#)). The Department of Pharmacy Practice and Administrative Sciences (PPAS) similarly verifies pharmacy licensure status for all clinical faculty ([Appendix 25-L](#)). Staff credentials are also rigorously evaluated as part of the review process including interviews with multiple staff, faculty and administrators, reference checks, and formal background checks as appropriate prior to hiring.

Our Faculty: The diversity of our faculty by rank, gender and ethnicity is shown in [Appendix 25-M](#). Faculty expertise, based on academic credentials, for individuals in each of the two departments is shown in [Appendix 25-N](#). One hundred percent of the full-time faculty have advanced degrees (1 MBA, 28 PhD, and 19 PharmD degrees) ([Appendix 25-O](#)). Ninety two percent of clinical faculty have advanced residency and/or fellowship training and/or are board certified, [Appendix 25-P](#). Each department has tenure track faculty (12 in PS and 12 in PPAS) as outlined in [Appendix 25-Q](#), with 3 being non-tenured assistant professors, 10 tenured associate professors, 7 tenured full professors and 6 tenured faculty administrators ([Appendix 25-R](#)).

Faculty expectations are communicated to individuals as part of offer letters, by the Department Chair as part of the Annual Faculty Evaluation Process ([Appendix 25-S](#)), and in our promotion and tenure policies and procedures ([Appendix 25-T](#), [Appendix 25-U](#)). All faculty with the exception of Visiting faculty and Research Track faculty are expected to contribute to the educational, research/scholarship and service missions of the College. Clinical faculty are also expected to contribute our clinical practice mission. We are continuing to make improvements in our annual evaluation processes as articulated in Standard 26, which includes identifying appropriate qualitative measures of success and further clarifying faculty expectations and workload distribution. Also the promotion and tenure guidelines were modified in 2013 to enhance clarity.

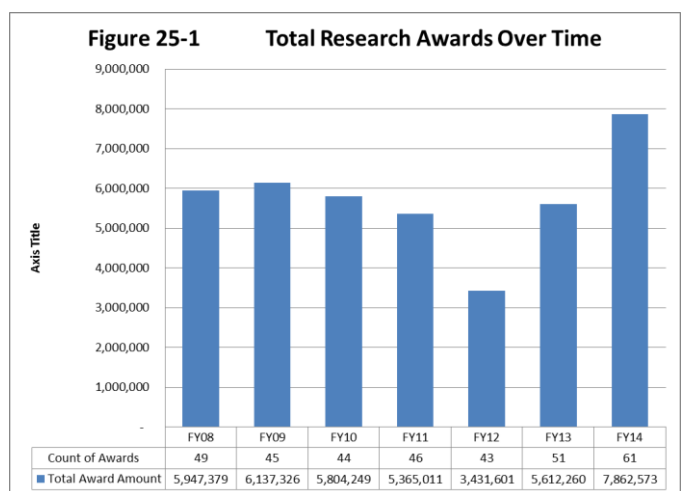
Conceptual Understanding and Shared Vision: The COP has recently revised its orientation program for faculty (and staff) ([Appendix 25-V](#)) to be broader in nature and occur over the first three to six months post-hiring. The new program aims to give faculty a better understanding of the mission and vision of the COP; how to navigate the system; resources available and an understanding of the PharmD program via meetings with faculty and the Executive Associate Dean for Education. Faculty gain a greater understanding for current and future trends in the scientific basis underpinning the PharmD program and of pharmacy practice via COP faculty meetings, faculty retreats, and collaborations. The process of curricular revision has galvanized these discussions, as we move to greater integration of basic and clinical sciences faculty have had enriched dialogue about both the scientific basis as well as the future needs for pharmacy practice. This has not only enhanced curricular revision but it has also brought the community closer together. In an effort to gain a greater appreciation for the various disciplines

and create a dialogue as to how to improve the horizontal and vertical integration with the curriculum, faculty occasionally observe courses taught by faculty in the other department.

Commitment to Teaching Excellence: The Department Chairs assign teaching responsibilities based on faculty expertise and experience ([Appendix 25-W](#)). Our faculty are truly committed to excellence and innovation in the teaching, as evidenced in part by their by the number of teaching awards they have received ([Appendix 25-X](#)). The 2015 AACCP Alumni Survey ([Appendix 25-I](#)) indicates that 93% of alums indicated that faculty were effective teachers which is similar to the national data (94.5%). Moreover, in recent years, we have seen an increase in the number of scholarly presentations, grants and publications related to scholarship of teaching and learning ([Appendix 25- Y](#)).

Adjunct, Volunteer and Temporary Part-time (TPT) faculty are invited to support our education mission because of their unique expertise. The process for appointing or promoting Adjunct/Volunteer/TPT is either initiated by the Department Chair or the Office of Experiential Education (preceptors). Of note, faculty who have appointments as “Volunteer” faculty serve as preceptors (Standards 14, 28) but in some cases they are invited to teach in the didactic portion of the program based on programmatic needs, their expertise and willingness to do so. [Appendix 25-Z](#) summarizes how these individuals contribute to the teaching mission of the COP.

Research and Scholarly Productivity: Our faculty’s research and scholarly productivity has substantially increased in recent years as evidenced by (a) increase in number of grant submissions, (b) increase in grant funding (Figure 25-1), (c) increase in NIH awards, (d) increased number of funded faculty members, (e) increase in project center-type grants (i.e., P30, P50), (f) the expanded diversity in the types of research activities that are conducted, and the number of scholarly publications our faculty have produced (Appendices [25-AA](#), [25-AB](#), [25-AC](#)). We attribute the growth in research and scholarly productivity to (a) talented faculty, (b) expanded support services via our research office, (c) pilot funding available by the COP ([Appendix 25-AD](#)), and (d) faculty development. In 2014, the COP ranked in the top 23% of all colleges of pharmacy in the



US in terms of NIH funding (2014 AACCP NIH ranking 28 out of 122 fully accredited programs). [Appendix 25-AE](#) details faculty research interests and activities in our new research brochure.

Collaboration: As highlighted in Standard 6, our faculty collaborate extensively with other faculty in the COP, with faculty across the HSC and University and with external partners. Overall, 53% COP faculty with active research funding collaborate with other faculty throughout the university. Faculty also partner with 16 different external entities (other universities, organizations, etc.) on research grants. [Appendix 25-AF](#) shows that collaboration is most common with faculty in the School of Medicine.

Commitment to Postgraduate Training: Recently, students have had greater interest in pursuing additional graduate degrees (MBA, MS or PhD) and as such we have developed the PharmD/MBA dual degree program in partnership with UNM's business school. We also work with individual students to help them navigate PharmD/MS or potentially PharmD/PhD paths ([Appendix 25-AG](#)). The COP is working to formalize a PharmD/MS path with a focus in pharmaceutical sciences. The COP is also committed to supporting and developing residency and fellowship opportunities for PharmD graduates. The COP partners with University Hospital to support its PGY-1 residency and the PGY-2 residency in Emergency Medicine programs ([Appendix 25-AH](#)). In addition, the College offers PGY-2 residencies in Ambulatory Care and Infectious Diseases as well as a two-year fellowship in cardiology ([Appendix 25-AI](#)). The COP also has a novel postgraduate residency/fellowship with Tricore, a clinical laboratory facility, which aims to define new collaborative roles for pharmacists. The COP is currently exploring residency partnerships with a manage care organization, and a community pharmacy. The COP may also offer a toxicology fellowship. We are continuing to explore other opportunities as our Strategic Plan ([Appendix 25-AJ](#)) specifically emphasizes our commitment to post graduate training (Strategic Goal #2).

Comments: The COP is extremely proud of its talented, productive faculty. Faculty, students, and alums have not only served in leadership capacities but have also been honored for their amazing accomplishments ([Appendix 25-AK](#)).

Appendices:

Appendix	Content
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<u>25-A</u>	Strategic Goals
<u>25-B</u>	Faculty Credentials AAMS
<u>25-C</u>	Mission and Enduring Goals
<u>25-D</u>	Faculty Productivity and Awards
<u>25-E</u>	UNM Policy 3210 Recruitment and Hiring
<u>25-F</u>	UNM and HSC Faculty Hiring Resources
<u>25-G</u>	COP Faculty Search Committee Guidelines
<u>25-H</u>	Support for faculty searches
<u>25-I</u>	AACP Survey Report
<u>25-J</u>	Verification of Credentials
<u>25-K</u>	Preceptor Licensure Verification
<u>25-L</u>	Clinical Faculty Licensure Verification
<u>25-M</u>	Faculty by Rank, Gender and Ethnicity
<u>25-N</u>	Faculty Expertise
<u>25-O</u>	Faculty by Rank and Degree
<u>25-P</u>	Clinical Faculty with Postgraduate Training or Board Certification
<u>25-Q</u>	Full-Time Faculty Rank and Tenure Status by Department
<u>25-R</u>	Full-Time Faculty by Tenure Status
<u>25-S</u>	Faculty Evaluation Process
<u>25-T</u>	UNM Promotion and Tenure Policies
<u>25-U</u>	COP Promotion and Tenure Policies and Procedures
<u>25-V</u>	COP Faculty and Staff Orientation Program
<u>25-W</u>	Faculty Expertise and Alignment with Teaching Assignments
<u>25-X</u>	Teaching Awards
<u>25-Y</u>	Innovations and Scholarship of Teaching
<u>25-Z</u>	Expertise of Volunteer or External Faculty Teaching in the PharmD Program
<u>25-AA</u>	Grant Submissions and Grant Funding
<u>25-AB</u>	Diversity of Research
<u>25-AC</u>	Faculty Publications
<u>25-AD</u>	Research and Scholarship Committee RFP

25-AE	Research Brochure Highlighting Faculty
25-AF	Research Collaborations
25-AG	Graduate and Dual Degree Programs
25-AH	UNMH Residencies Supported by COP Faculty
25-AI	COP Residencies and Fellowships
25-AJ	Strategic Plan
25-AK	Leadership Positions and Honors of Faculty, Students and Alumni

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Examples of faculty and staff development programs and opportunities offered or supported by the college or school

Appendix [26-A](#) and [26-U](#)

- Faculty Activity Report forms used officially in goal setting/performance evaluation meetings

Appendix [26-X](#) and [26-Y](#)

Required Documentation for On-Site Review:

- If utilized, examples of faculty portfolios, documenting teaching, research and service activities

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 12, 13, 15 – 18, 33, 37

[Appendix 26-T](#)

- AACP Standardized Survey: Preceptor – Questions 15 – 17, 39

[Appendix 26-T](#)

- Table: Research and Scholarly Activity of Full-Time Faculty by Department

[Appendix 26-Z](#)

- Table: Research and Scholarly Activity by Department: Number of Full-Time Faculty with No Activity in a Category

[Appendix26-AF](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendix 26-A through 26-AE

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

	S	N.I.	U
The college or school fosters the development of its <u>faculty</u> and has an effective continuing professional and career development program for full-time, part-time, and voluntary faculty consistent with their responsibilities.	●	○	○

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

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff
- A description of the relationship between faculty, preceptor, and staff continuing professional development activities and their performance review
- A description of faculty development programs and opportunities offered or supported by the college or school
- A description of staff development programs and opportunities offered or supported by the college or school
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms.

Description:

Professional Development: The College encourages and supports professional development for faculty, staff and preceptors with opportunities existing in a variety of areas to foster excellence in teaching, research, and service, support organizational effectiveness and promote leadership development ([Appendix – 26A](#)).

The Faculty Development Committee (FDC) is designed to assess faculty development needs within the COP and subsequently develop and implement effective programs/procedures that enhance faculty knowledge and skill in teaching, research and service. This committee's routine activity ([Appendix 26-B](#)) and 2015 charges ([Appendix 26-C](#)) all focus on supporting professional development of faculty and the organization. FDC accomplishments are listed in [Appendix 26-D](#). The FDC has created a unique program in which individual faculty members can request financial support for development activities via a request for proposals (RFP) process ([Appendix 26-E](#)). The FDC evaluates the submissions and funds those meeting the given criteria with allocated COP funds. Of note, assistant professors are also given resources to attend professional meetings for the first 3 years after hire.

Activities to develop research skills are available and provided by the COP, HSC and University ([Appendix 26-F](#)). Each department hosts seminars on a monthly or bi-monthly basis. The COP also offers internal funding to help develop inter-departmental research teams ([Appendix 26-G](#)). The HSC offers a number of grant writing training workshops, online ethics and regulatory science educational programs, ([Appendix 26-H](#)), and a series of training modules to assist faculty to become research mentors ([Appendix 26-I](#)). The COP Director of Mentoring, intermittently also offers a semester long grant-writing workshop. The University provides a variety of seminars including those on grant writing and venues to identify and foster collaborative interactions ([Appendix 26-J](#)).

Numerous teaching development programs are also available ([Appendix 26-K](#)). In 2014 the School of Medicine made its Medical Education Scholars (MES) Program ([Appendix 26-L](#)), open to COP faculty and we currently have one participant. In this 2-year program, participants take part in a series of interactive seminars and workshops, develop a scholarly project and an educational portfolio. The COP sponsors a Teaching Certificate Program ([Appendix 26-M](#)) that residents and faculty are invited to attend some or all of the sessions. The COP has also provided programs to improve the teaching skills of our faculty including the mapping and aligning of learning objectives and assessments. The HSC and University also provide numerous teaching development opportunities through the Office for Medical Educator Development (OMED) and the Center for Teaching Excellence. Importantly, the HSC Interprofessional Education Team has offered a number of IPE workshops for training IPE facilitators ([Appendix 26-K](#)).

For years, the COP had a junior faculty mentorship program that focused predominately on the promotion/tenure process. The FDC surveyed faculty regarding their mentorship needs ([Appendix 26-N](#)) and identified that a broader mentoring program was needed. Recently the FDC developed a new, flexible, individualized, voluntary mentoring program that uses a multi-modal model of mentorship to focus on overall faculty development ([Appendix 26-O](#)). The process includes mentee self-assessment ([Appendix 26-P](#)), a mentoring agreement ([Appendix 26-Q](#)) and meeting report form ([Appendix 26-R](#)).

The COP encourages leadership development as evidenced by faculty who have participated in the AACP Academic Leadership and Research Fellows Programs. The COP recently decided to pilot the use of several online professional development programs offered by Magna Publication Access ([Appendix 26-S](#)).

In the 2013 AACP Faculty Survey ([Appendix 26-T](#)), the majority (68%) of College faculty agreed or strongly agreed with the statement that they receive adequate guidance in career development, which was comparable to the national average of 69%. The majority of COP faculty also agreed or strongly agreed regarding availability of programs specific for research and/or scholarship (UNM 73% vs National 70%).

Staff Development: Professional development is strongly encouraged for all staff members. Supervisors are responsible for assisting and guiding employees in their career development. These career development efforts may address performance improvement as well as enhancement areas. The COP provides further support for staff development based on need and available funding with \$10,000 being set aside annually. The University provides all employees Tuition Remission (up to eight credit hours or equivalent for non-credit courses) each fall and spring semester. Supervisors are encouraged to work with the staff subordinates to arrange flexible work schedules to allow attendance of classes during the workday. The COP as well as the university offer an array of professional development opportunities for staff ([Appendix 26-U](#)).

Preceptor Development: Preceptors are encouraged to participate in professional development activities. They are invited to attend 2 live CE programs organized by the COP yearly specifically geared towards preceptor development ([Appendix 26-V](#)). Preceptors are provided access to a variety of online CE programming including the Pharmacists' Letter Preceptor Training and Resource Network and the University of Iowa CE ([Appendix 26-W](#)).

Responses from the 2013 AACP Preceptor Survey ([Appendix 26-T](#)) showed that COP preceptors more frequently strongly agreed or agreed that the COP has an effective continuing professional development program, as compared with national averages (90% vs 83%). This is a substantial improvement by the COP (2009 68% vs 2013 90%), that is based in large part on our greater emphasis on preceptor development. The COP Experiential Office continues to work on providing and enhancing preceptor education related to utilizing best practices to manage harassment and discrimination issues (UNM 2013 65.2% vs National 78%).

Performance Evaluation: All faculty and staff undergo annual performance reviews. The faculty performance evaluation process continues to evolve and underwent extensive revision in 2012. Faculty are reviewed by their Department Chair and the materials are subsequently reviewed to assess intra- and inter-department consistency in evaluation by the Salary Committee. The annual evaluation process begins with faculty completing the Faculty Activity Form ([Appendix 26-X](#)) and a narrative highlighting key accomplishments and challenges from the past year as well as goals for the next year ([Appendix 26-Y](#)). As part of the evaluation process, each faculty member meets with their Department Chair and receives verbal as well as written feedback regarding their performance ([Appendix 26-Z](#)). The Annual Faculty Activity Form continues to undergo refinement and while the current document captures the quantity of activities undertaken by faculty it is undergoing further enhancement to better capture the quality of activities. The Dean's Executive Leadership Committee, the FDC and the departments are addressing this issue.

The majority of faculty strongly agree or agree with having access to documents that detail policies and that performance assessment criteria are explicit and clear (79% and 74% respectively) ([Appendix 26-T](#)). COP faculty recognize that they are encouraged to engage in scholarly activity with 100% of faculty strongly agreeing or agreeing with this statement and confirmed by their impressive scholarly productivity ([Appendix 26-T](#) and [26-AA](#)). COP faculty also strongly agree or agree that they receive formal feedback on performance on a regular basis. This is considerably higher than the national average (91% vs 77%) and has substantially increased over the years (COP 2009 71% vs COP 2013 91%).

Faculty and staff are given the opportunity to complete a survey on the Dean's performance annually. The Dean is evaluated on an annual basis by the Chancellor for Health Sciences. The Department Chairs and assistant/associate deans are evaluated yearly by the

College Dean for their administrative responsibilities after evaluation by their department chairs (if applicable) for their faculty responsibilities. In 2014, a 360° survey was implemented to evaluate all director and assistant and associate deans ([Appendix 26-AB](#)).

Staff Evaluation: The COP is committed to providing staff with meaningful performance reviews. Reviews are designed to determine how well employees achieve their established goals and/or perform their respective duties. Supervisors are responsible for establishing unit goals as well as individual employee goals that align with the University, HSC and COP’s education, research and service missions ([Appendix 26-AC](#)).

Preceptor Evaluation: A primary component of preceptor evaluations are student feedback (Standards 14 and 28). Each student must complete a preceptor evaluation upon completing the rotation ([Appendix 26-AD](#)). In the 2013 AACP Preceptor Survey, the COP preceptor responses regarding whether criteria for evaluating their performance was clear, was slightly lower than the national average (70% vs 79%). The COP Office of Experiential Education is working with preceptors to clarify criteria for evaluation and to provide prompt feedback, at preceptor symposium and at site visits ([Appendix 26-AE](#)). One issue identified by preceptors is the timing in which they receive feedback regarding their performance. They would like immediate feedback, however to ensure student confidentiality we provide feedback on an annual basis and immediately when problems are identified.

Comments: The COP has made an exceptional effort to improve faculty development and performance evaluations. Additionally the College has dedicated resources for faculty development.

Appendix	Contents
26-A	List of Professional Development Opportunities for Faculty, Staff and Preceptors
26-B	Routine Activities of the Faculty Development Committee
26-C	2015 Charges for the Faculty Development Committee
26-D	Accomplishments of the Faculty Development Committee
26-E	Faculty Development RFP
26-F	Professional Development Opportunities-Research
26-G	Research and Scholarship Committee RFP
26-H	HSC Research Training Programs

<u>26-I</u>	HSC Online Mentoring Modules
<u>26-J</u>	University Research Training Programs
<u>26-K</u>	Professional Development Opportunities-Teaching
<u>26-L</u>	Medical Education Scholars Program
<u>26-M</u>	COP Teaching Certificate Program
<u>26-N</u>	FDC Mentoring Survey
<u>26-O</u>	Revitalized Mentoring Program Proposal
<u>26-P</u>	Mentee Self-Assessment Form
<u>26-Q</u>	Mentoring Agreement Form
<u>26-R</u>	Mentoring Meeting Report Form
<u>26-S</u>	Online Professional Development –Magna Publications
<u>26-T</u>	AACP Survey Report
<u>26-U</u>	Professional Development Opportunities for Staff
<u>26-V</u>	COP Offered CE for Preceptors
<u>26-W</u>	Online CE Offered to Preceptors
<u>26-X</u>	Faculty Activity Form and Timeline
<u>26-Y</u>	Faculty Evaluation-Reflection: Accomplishments, Challenges, Goals
<u>26-Z</u>	Performance Evaluation Feedback Form
<u>26-AA</u>	Faculty Productivity Data
<u>26-AB</u>	Administrator 360 Survey and Dept Chair Survey
<u>26-AC</u>	Staff Evaluation Process
<u>26-AD</u>	Preceptor Evaluation by Student
<u>26-AE</u>	Experiential Training Site Visit Form
<u>26-AF</u>	Research and Scholarly Activity by Department

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

6) Not applicable



6. Facilities and Resources

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Plans/architectural drawings of the physical facilities (if not feasible, please provide for on-site review)

[Appendix 27-C](#) provides floorplans but greater details available on site

- A statement attesting that the facilities meet legal and other standards as appropriate (e.g., animal facilities)

[Appendix 27-K](#)

- Supporting documentation for the above (e.g., OLAW, USDA and/or AAALAC)

[Appendix 27-K](#)

Required Documentation for On-Site Review:

- Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 21 – 24, 26, 28 – 30, 39

[Appendix 27-D](#)

- AACP Standardized Survey: Student – Questions 76 - 81

[Appendix 27-D](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendices 27-A through 27-P

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

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

- 3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

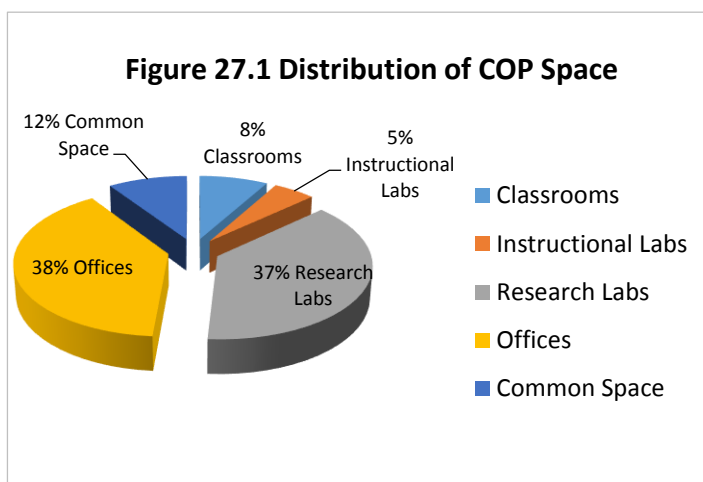
- ☑ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, offices, laboratories, etc.
- ☑ A description of the equipment for the facilities for educational activities, including simulation areas
- ☑ A description of the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

Description:

The College of Pharmacy (COP) is located on the University of New Mexico (UNM) Albuquerque campus, ([Appendix 27-A](#)). COP faculty and staff are located across 10 different facilities on the Health Sciences Center (HSC) campus ([Appendix 27-B](#)) and in the newly renovated HSC Business and Communications Center Building (HSCBCC). With the exception of the HSCBCC, all sites are located within walking distance of all health professional schools/colleges, and University Hospital.

Description of Physical Facilities:

COP faculty, staff and students occupy ~73K nasf (University owned and leased space) in several buildings: College of Nursing/College of Pharmacy (CON/COP), Research Incubator Building (RIB), Multidisciplinary Research Facility (MRF), Med II, SURGE, HSCBCC, Stanford House, and 905 Vassar



([Appendix 27-C](#)). The COP has dedicated space within the Domenici Interprofessional Healthcare Simulation Center (IHSC) for our Pharmaceutical Care Lab (PCL) and model pharmacy ([Appendix 27-D](#)). The COP also occupies approximately 600 sq. ft. at New Mexico State University (NMSU) as part of the UNM/NMSU Cooperative Pharmacy program (Standard

17). Figure 27.1 provides a categorical breakdown of COP, while [Appendix 27-E](#) provides greater detail.

The administrative hub of the COP is located in its main 44,000 gsf building (COP/CON), which is shared with CON. The COP occupies approximately half of the first floor and most of the basement. COP administrative services (Dean's office, Student Services and Experiential Education) offices are located on the 1st floor. The basement houses an array of functions including large and small active learning classrooms (B98, B28, B15), administrative offices, faculty and staff offices, as well as, research facilities.

Safety and Risk: All facilities meet with appropriate construction, safety and regulatory requirements as represented by [Appendix 27-F](#). Recent safety enhancements include: CON/COP badge access, shelter-in-place enhancements to COP classrooms and an Emergency Response Team (ERT) supporting the COP's Continuity of Operations plan (Standard 7).

Equipment/Facilities for Educational Activities: While most classes are held in the CON/COP building, the COP participates in the HSC's shared educational facility system (EMS) and uses classroom spaces throughout the HSC. All classrooms are equipped with educational technology, including network-connected computers, Wi-Fi access, projection equipment ([Appendix 27-G](#)). DOMCtr is a publicly funded 110K sq. ft. facility (Building 220) serving all of the education programs at the UNM HSC. State-of-the-art classroom technology facilitates and enhances interprofessional education and is a point of pride for the HSC campus. Opened in January 2010, the facility contains a human anatomy lab, a 50 seat classroom, 3 small study rooms, and a 28,000 sq. ft. state of the art simulation center (IHSC) that provides 4 different simulation environments (outpatient, acute care, inpatient and pharmacy). The IHSC provides an environment for performance based assessments with video recording in 28 private rooms ([Appendix 27-D](#)). The COP's newest point of pride, HSCBCC, houses several HSC programs including the COP's MTM call center and the NM Poison and Drug Information Center, both of which are used to support clinical and educational missions of the COP ([Appendix 27-H](#)).

In June of 2015, the State of New Mexico approved a capital outlay of ~\$281 million, ~10% of which is slated for the construction of DOM III education building. Once complete, COP PCL/model pharmacy will be moving to DomCtr III which will be designed to meet our future curricular needs. In addition, there will be new shared classrooms varying in design size for small groups and groups as large as 150 students, assessment facilities, and a computerized

testing facility. The COP is slated to have two large classrooms (that allow for flexible seating). Project completion is slated for Fall 2017 ([Appendix 27-I](#)).

Student Facilities and Resources: Students may utilize EMS to schedule the student lounge and reserve any available meeting space within the HSC campus. In addition, there are several common areas in COP/CON building, HSLIC, and DOMCtr available for student activities (6,875 nasf) which encourages interprofessional interaction. COP also provides dedicated storage areas for equipment and supplies for student organizations. Within the COP, we have dedicated space, with computer access to the electronic health record that is used by our P4 students while they complete their APPEs at UNMH or COP.

The CON/COP lounge contains a refrigerator, microwaves, sink and filtered water and provides a large area for study and/or social activities. The Med II Café, UNMH cafeteria, Domenici Center Espresso Cafe and UNMH restaurants/cafes are close to educational facilities and provide additional food service and interaction spaces. With the addition of Dom III, students will also have access to a food service center and a gym.

UNM has extensive computing services for faculty, staff and students. Students have access to the UNM's web portal that enables users' access to e-mail, grades, class schedule viewing and registration, tuition payments and other applications. Students have the ability to purchase many software applications for little or no cost (<http://it.unm.edu/software/>). UNM provides the entire campus with wireless internet. In 2011, the College enhanced Wi-Fi access and in 2015 added a networked printing system for students in the COP/CON student lounge. Additional computer and printing resources are available at the HSLIC facility, as well as Main Campus, as detailed in Standard 29.

Equipment/Facilities for Research Activities: The COP is committed to providing access to the state of the art shared instrumentation and facilities required to support the diverse, cutting edge research pursued by our faculty and students. Currently, the COP has a mixed array of wet lab research space in 3 buildings (CON/COP, RIB, MRF), some of which is in need of substantial renovation. RIB and MRF, the newest COP research facilities, provide open concept research labs that encourage collaboration among faculty, research staff, and students. The COP also encourages interdisciplinary collaboration via the purchase and maintenance of shared equipment ([Appendices 27-J](#)).

The UNM HSC maintains a 40,000 sq. ft. animal resource facility (ARF), directed by a board certified veterinarian. A 400 sq. ft. satellite facility for ARF is housed in COP/CON (B18). The ARF is registered as a research facility with the USDA, with a Letter of Assurance (PHS /OLAW) and is accredited by the Association for Assessment and Accreditation of Laboratory Animal Care ([Appendix 27-K](#)).

All human research must conform to state and federal regulations and be approved by the Human Research Protection Office (HRPO). HRPO provides support for the UNMHSC Human Research Review Committees and the UNM Institutional Review Board (IRB) designated to protect the rights and welfare of research participants.

Interpretation of the AACP Survey questions related to facilities: In general, student and faculty responses to the survey questions were highly positive and exceeded both national and peer group responses ([Appendix 27-L](#)). Students and faculty agree that the physical facilities of the COP provide a safe and comfortable teaching and learning environment. ([Appendix 27-L](#)) Although UNM positive response rates exceed the national average, there is a slight declination in opinion by faculty on adequate office, clinical/laboratory space and resources. While the nature of the survey limits our ability to assess which spaces are inadequate, the more negative responses likely came from respondents located in the CON/COP facility. As noted in a faculty dialog ([Appendix 27-M](#)) gathered from a recent retreat, several faculty find that the older facilities are lacking in quality and quantity but understand that administration is working to enhance space.

While students judged the available space positively with regards to socialization, faculty opinion on this type of space is less positive. This is likely due to a lack of meeting space in COP/CON. While there are many meeting rooms available on the HSC campus, small study/interaction areas are more useful when in close proximity to work/office/classroom activities. The COP leadership will address this during the remodeling considerations.

Renovation: The COP continually updates its office and classrooms and replaces equipment to support teaching, research and administrative functions. Funding for these upgrades is most frequently provided through internal COP resources. However, in 2011 the HSC funded (\$76K) as part of the Educational Shared Space Initiative to expand and renovate B15 in the CON/COP building. Moreover, later in 2011, ~\$654K was allocated from HSC upon arrival of the new dean to fund the remodel of several building/projects ([Appendix 27-N](#)).

While most buildings are adequate to excellent in quality of space, the CON/COP building is an aging facility as shown in [Appendix 27-O](#). Although recognized as a building that needs replacement, this is not likely to occur for 5-10 years. COP leadership is actively working with HSC Facility consultants to plan to further remodel the basements. Planning is expected to complete in late 2015 with implementation over the following two years. The COP is committed to helping fund the investment needed to remodel CON/COP but will likely need funding assistance from the University, HSC and other stakeholders/donors.

Other notable Achievements, Innovation and Improvements: Overall space has increased by 10.6% since 2009, representing an investment of over \$8M from HSC and COP resources ([Appendix 27-P](#)). Notable achievements since the last accreditation include the HSCBCC space, SURGE, the current DOMCtr buildings as well as the pending DOMCtr III building.

Appendices:

Appendix	Content
27-A	Combined UNM Campus Map
27-B	Health Science Center Map
27-C	Floorplans for all COP Buildings
27-D	Floorplans for IHSC Space
27-E	Graph and detail of College Space
27-F	Continuity of Operations
27-G	College Audio Visual Equipment Lists
27-H	1650 Building Floor Plan
27-I	Master Project Plans
27-J	COP Shared Equipment List, COP Lab Equipment Inventory
27-K	Animal Facility documentation
27-L	ACPE Survey Report
27-M	Faculty Dialog (from retreat)
27-N	List of COP Renovations from Dean's Offer Letter 2011
27-O	HSC Facility Evaluation Summary
27-P	COP Major Renovation/Remodel Projects FY09-FY15

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Examples of affiliation agreements or "statements of understanding" with practice affiliates

[Appendix 28-A](#)

- ACPE IPPE Capacity Chart [Download template from <http://www.acpe-accredit.org/pdf/IPPECapacityChartFeb2008.xls>]

[Appendix 28-B](#)

- ACPE APPE Capacity Chart [Download template from <http://www.acpe-accredit.org/pdf/APPECapacityChartFeb2008.xls>]

[Appendix 28-C](#)

- Criteria used for selection of various types of practice facilities

[Appendix 28-D](#)

Required Documentation for On-Site Review:

- A list of practices sites (classified by type of practices), specifying IPPE and/or APPE, with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites used in the past academic year should be identified.)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 22, 28 [Appendix 28-E](#)
- AACP Standardized Survey: Student – Questions 39, 40, 49, 51, 52 [Appendix 28-E](#)
- AACP Standardized Survey: Alumni – Question 28 [Appendix 28-E](#)
- AACP Standardized Survey: Preceptor – Questions 15, 37, 40 [Appendix 28-E](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendices 28-A through 28-R

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

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

The college or school periodically assesses the quality of sites and preceptors in light of curricular needs and identifies additional sites when needed. The college or school discontinues relationships that do not meet preset quality criteria.

●	○	○
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3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

- Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment
- Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements
- How the college or school is collaborating with practice sites to advance patient care services
- How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria
- How the college or school is applying the guidelines for this standard in order to comply with the intent and expectation of the standard
- Any other notable achievements, innovations or quality improvements
- Interpretation of the data from the applicable AACP standardized survey questions, especially notable differences from national or peer group norms

[TEXT BOX] [10,000 character limit, including spaces] (approximately four pages)

Description:

Diversity of Practice Experiences: The UNM COP prides itself on the diversity of practice experiences offered to our students. With 59% of the pharmacists in the state being alums of the COP, we are able to readily recruit preceptors from unique high quality practice sites to participate in our program. At present 39% of our preceptors are our alums. We offer a diverse array of IPPE and APPE rotations as outlined in [Appendix 28-F](#). Over the years the majority of our alums (88.1% to 90.9%, depending on the year) have indicated that they were provided an adequate number and mix of practice facilities for experiential education which similar to the national average (88.8% to 91.4%) ([Appendix 28-E](#)).

Students are required to take an Ambulatory Care APPE rotation, a General Medicine Patient Care Rotation an Advanced Community Rotation, and an Advanced

Institutional/Hospital Rotation. In addition, students are also required to take two Specialty Patient Care rotations, two electives rotations and one additional “wildcard” rotation from any of the preceding categories. As part of most of these rotations, students consistently interact with other health care providers to provide team-based patient care. As evidenced by the AACCP Graduating Student Survey, 96.5% agreed that their APPEs allowed them to collaborate with other health care professionals ([Appendix 24-E](#)). Further support that the students collaborate as members of the health care team comes from our patient encounter data which indicates that 59% of the interventions (n =1040) were made as part of a healthcare team ([Appendix 28-G](#)). Overall, students highly value the diversity of patient care experiences offered as part of their experiential rotations. The AACCP graduating student survey indicated that 97.5% of students agreed or strongly agreed that their pharmacy practice experiences allowed them to have direct interaction with diverse patient populations ([Appendix 28-E](#)).

We believe that we have a unique mix of rotations in part due to the progressive pharmacy practice within the state. We are proud that we require all students to complete at least one rotation in a rural setting, as this area of greatest healthcare need in our state and it allows our students to learn to work in these distinctive settings. Moreover, pharmacy practice in New Mexico, is highly progressive which sets the foundation for unique APPEs for our students. Specifically, pharmacists can become certified to: (a) administer vaccinations to individuals of all ages, and (b) prescribe medications for emergency contraception and tobacco cessation. At the end of the P4 year, students can complete training programs to become certified in many of these activities. In addition, New Mexico is one of only four states in which pharmacists with advanced training have prescriptive authority under collaborative drug management protocols. Our P4 students, following completion of all APPE rotations, can complete the 60 hour board-approved elective physical assessment course, which is required along with a 150-hour, supervised collaborative practice, for licensure as a pharmacist clinician.

Collaborating to Advance Patient Care and Developing Sites as well as Preceptors: The COP is committed to advancing pharmacy and patient care throughout the state. Clinical faculty in the Department of Pharmacy Practice and Administrative Sciences provide pharmacy services in a diverse array of interprofessional practice settings ([Appendix 28-H](#)). Throughout our history, faculty have continued to forge new roles for pharmacists and new models of care that not only improve the health of our communities, but also serve as practice laboratories to prepare our

students to be next generation of pharmacy providers. The COP has partnered with others within the HSC to develop new practice models that serve (or will serve) as innovative practice sites for our students including: a MTM call center, patient centered medical home, pharmacy management consulting services, care transitions, telehealth/extension community health outreach and a translational radiopharmacy ([Appendix 28-I](#)).

The COP and the HSC are committed to developing preceptors and practice sites throughout the state. We do this through (a) preceptor development, (b) forging unique partnerships with organizations and communities, (c) disseminating our new models of care to other institutions and (d) providing resources to our sites and preceptors. We aim to provide live preceptor training workshops as well as continuing education (CE) programs that enhance pharmacy practice (e.g., MTM, radiopharmacy, etc.). We also provide preceptors with a number of resources for professional development including The Pharmacist Letter, continuing education opportunities through the Collaborative Education Institute ([Appendix 28-J](#)) and via sponsorship of CE offered by our state pharmacy organizations ([Appendix 28-K](#)).

We value our partnerships with our preceptors, sites and communities throughout New Mexico. In addition, to supporting them with resources, such as CE and access to our library system, we work to collaborate with them in a number of ways. For example, we support the residency program at UNMH and provide the residency teaching certificate to other hospitals in Albuquerque. The Health System is also forging patient care partnerships with hospitals throughout the state that further serves to connect our preceptors and sites to UNM. Extension Community Health Outreach (ECHO) assists providers throughout the state in managing complex patients while educating local providers. The COP provides CE for pharmacists participating in ECHO clinics/programs. Through the Health Extension Rural Outreach (HERO) program, the COP and HSC partner with local communities to enhance health and to support the development of the healthcare workforce. In Hobbs, New Mexico, the community provides housing for all health professional students while they complete their rotations in local communities. Our commitment to improving the health of the citizens of New Mexico is in part achieved through our valued partnerships throughout the state which support the education as well as clinical missions of the College.

Capacity: Student enrollment in the PharmD program has remained fairly stable over the past several years. However, in Fall 2015, we witnessed a drop in enrollment with our incoming

class of 2019 having 74 students. While the College strives to have at least a 10% excess in the number of all types of rotations to create the flexibility, we have significantly more capacity ([Appendices 28-B and 28C](#)). We expect due to workforce issues leading to potentially less students applying to colleges of pharmacy, that our enrollment numbers will remain between 73 and 77, and as such we have sufficient capacity for each of the types of rotations we require. Eighty five percent of faculty agree that we have the resources to accommodate our current student enrollment which is higher than national rating of 75.7% on the AACP Faculty Survey ([Appendix 28-E](#)). To ensure site understanding of roles and responsibilities, the College requires that all sites have affiliation agreements in place before students may be assigned ([Appendix 28-A](#)).

Ensuring Quality of Sites and Preceptors: The COP maintains high standards for its preceptors, students and our programs. Criteria for new preceptor/site selection are outlined in [Appendix 28-D](#). Based on their application, preceptors are reviewed carefully with regard to licensure and professional qualifications before they are given volunteer faculty appointments ([Appendix 28-L](#)). New preceptors are oriented to the program regarding classification of rotation types, discussion of preceptor expectations, curricular competencies, rotation expectations, the template syllabus ([Appendix 28-M](#)), example activities and COP/OEE resources including preceptor policies ([Appendix 28-N](#)). While preceptors are provided information regarding COP and EEO policies, the AACP preceptor survey results indicate we still have work to be do as only 65.2% of preceptors indicated they knew how to utilize policies of the college/school that deal with harassment and discrimination (national =78%), ([Appendix 28-E](#)). We will continue to incorporate this information in our orientation and preceptor training programs.

Student evaluations of preceptors and sites ([Appendix 28-O](#)) are reviewed at the end of each rotation and summarized annually ([Appendix 28-P](#)). The Director of Experiential Education investigates and if appropriate remediates any concerns. In addition, to regular correspondence, review of student ratings of preceptor performance and student evaluations, site visits are usually conducted at least every 3 years to assess quality and to maintain positive connections with preceptors ([Appendix 28-Q](#)). While we have had only a limited number of quality concerns arise over the years, most of which can be addressed through remediation/education of the preceptor, on occasion we have to discontinue preceptor/site participation in our program. The latter tends to occur when there are changes in the

site/organization which minimize their commitment to our program. As outlined in Standard 14, the College has a strong commitment to continuous quality improvement as part of its experiential program and has conducted a number of quality initiatives ([Appendix 28-R](#)). As reflected throughout this chapter and summarized in [Appendix 28-E](#), the AACCP Surveys are an integral part of our program’s quality assessment.

Comment: The College is very proud of its of its experiential education program which is committed to enhancing the profession of pharmacy, preparing the next generation of pharmacists for new and unique roles, supporting our preceptors, sites and communities and continually striving for excellence via continuous quality improvement.

Appendices

Appendix	Content
28-A	Example of an Affiliation Agreement
28-B	ACPE IPPE Capacity Chart
28-C	ACPE APPE Capacity Chart
28-D	Criteria Used for Selection of Practice Sites
28-E	AACP Survey Report
28-F	Diversity of IPPE and APPE Rotations
28-G	Field Encounter Report
28-H	COP Clinical Faculty Practice Sites and Specialties
28-I	COP New Models of Practice
28-J	Continuing Education Offerings
28-K	NMPHA Continuing Education Offerings
28-L	Preceptor/Site Application

28-M	Template Syllabi
28-N	Experiential Policies
28-O	Student Evaluations of Preceptors -Forms
28-P	Review of Preceptor Evaluations by Students and Preceptor Remediation
28-Q	Site Visit Form
28-R	Quality Improvement Initiatives

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

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

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- Data on the use of library resources by pharmacy students and faculty [Appendix 29-H](#)
- Library Collection Development Policy [Appendix 29-I](#)
- The list of search databases available to faculty and students [Appendix 29-J](#)
- The list of full text journals electronically available [Appendix 29-K](#)

Required Documentation for On-Site Review:

- CV of the librarian(s) who act as primary contacts for the pharmacy program [Appendix 29-E](#)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- AACP Standardized Survey: Faculty – Questions 25, 28 [Appendix 29-G](#)
- AACP Standardized Survey: Student – Questions 82, 83 [Appendix 29-G](#)
- AACP Standardized Survey: Preceptor - Question 41 [Appendix 29-G](#)

Optional Documentation and Data:

- Other documentation or data that provides supporting evidence of compliance with the standard

Appendices 29-A through 29-G

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

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

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

UNM's Health Sciences Library and Informatics Center (HSLIC) (<http://hslc.unm.edu>) uses advanced information systems and a state-of-the-art collection of electronic, print and multimedia materials to serve the needs of UNM's Health Sciences Center (HSC) faculty, staff, students and health care providers. The HSLIC is the only federally designated resource library to serve New Mexico's health information needs, including those of the state's 22 native nations. HSLIC serves as the official resource library for New Mexico in the National Network of Libraries of Medicine, a program of the National Library of Medicine. In addition to offering reference services, online literature searches and document delivery, HSLIC librarians and IT professionals provide instruction in the use of health-related resources and information technologies. The HSLIC offers Help Desk services for HSC's academic and research components, maintains the network and email/file-management system, provides support to 3,000+ workstations and manages HSC's desktop website and mobile-optimized website.

HSLIC Facilities and Educational Technology: Located adjacent to the College of Pharmacy (COP), the HSLIC ([Appendix 29-A](#)) is a 40,749 square foot facility open 7 days per week, 94.5 hours per week. Digital access is available 24 hours a day, 7 days a week. The HSLIC is open until 11:00 pm except Fridays and Saturdays when it closes at 6:00 p.m. Within the building are 56 publicly accessible computers, 8 study rooms, public seating for 358, and a

12 seat computer classroom. A second electronic classroom with 26 workstations is located to the south of the COP. The classrooms are equipped with an instructor workstation, LCD projector and whiteboard. The workstations have access to the Internet, email, electronic resources, Microsoft applications, and audience response systems. For example, the classroom located in the library is used throughout the year by students in Pharm 770 (Drug Information rotation) and in the fall semester Pharm 728 course for hands-on database training. The HSLIC also maintains a computerized testing center and two mobile classrooms for educational use. Pharmacy faculty can schedule any of these resources through an online scheduling system.

Since the 2009 accreditation survey, a number of remodeling projects have taken place in the HSLIC building. The interior of the facility was rejuvenated and brought into compliance with ADA regulations. Acting in response to comments gathered from customer satisfaction surveys (2011 and 2013), the HSLIC purchased new photocopiers, additional workstations and printers (black & white and color), a scanner, a swipe-card system for printing and copying, expanded wireless-enabled seating and quiet study space, and installed a portable-device charging station, and beverage and snack vending machines. Enhanced lighting and furniture reconfiguration took the place of one section of bound journals to make room for an open study area. A suite encompassing study and lounge space was constructed. Each of the four study rooms is capable of seating ten and includes a Bright-Link projector/Computer, wireless internet access and a white board.

The HSLIC also manages the Domenici Center for Health Sciences Education complex. The northeast building of the complex houses a 28,000-square-foot Interprofessional Healthcare Simulation Center (IHSC) ([Appendix 29-B](#)). The IHSC contains a mock community pharmacy, simulated in-patient rooms, and drop-in skills lab and exam rooms.

HSLIC Collection Services: College of Pharmacy students, faculty, staff and preceptors have access to over 139,000 total volume holdings and over 100 health related-databases (including Access Pharmacy, Clinical Pharmacology/ToxEd, Cochrane Databases, International Pharmaceutical Abstracts, Lexicomp, Micromedex, Natural Standard, and PubMed). Over the past three years HSLIC has increased its number of electronic books and journals, while still maintaining a core print collection. The move towards more electronic holdings has been in response to students and faculty members need to have library resources available 24/7. Since

2011/2012 electronic serials subscriptions (N=2,239) have increased 8% while electronic monographs (N=1849) are up 24%.

In March 2015, the HSLIC's collection was compared with the American Association of Colleges of Pharmacy (AACP) *Core List of Journals for Libraries that Serve Schools and Colleges of Pharmacy, 5th Edition, 2013*. Of the 236 journals listed in the AACP Core List, COP faculty, staff, students and preceptors have electronic and/or print access to 213 (90%) of the recommended titles ([Appendix 29-C](#)). Materials not owned or licensed by UNM may be requested for free through Interlibrary Loan.

Online resources ([Appendix 29-D](#)) such Access Pharmacy, Clinical Key, and Visual DX provide readily available information for use in clinical settings and for answering student learning issues. Material from these resources (i.e., multimedia, textbook chapters, guidelines, etc.) may be used by faculty to post curricular content within SharePoint, Moodle or as reserve material. Online self-study examination preparation and review is offered by the library through ExamMaster software and Access Pharmacy. Access to the full range of HSLIC and UNM University Library online resources are available anytime, anywhere to students, staff, faculty, and preceptors by logging in with a NetID and password. Annual letters sent to preceptors by the COP explain resource access. Statistics for pharmacy related subscriptions include all HSC usage and are not specific to the College. Listed below are 2014 usage figures for several key pharmacy resources:

- AccessPharmacy – 3,974 book views (includes 1,619 self-assessment examinations)
- ExamMaster – NAPLEX – 624 views (study/review/learning/test); 330 test only
- International Pharmaceutical Abstracts – 1,390 searches
- Lexicomp – 13,962 logins; 28,406 searches; 24,811 book views
- Micromedex – 35,782 searches; 59,651 documents viewed

In order to improve collection holdings and respond to faculty and student's needs, HSLIC invites participation from faculty in selecting new resources. Although neither the HSLIC nor the COP has a library committee, recommendations may be made electronically via the HSLIC website or through the faculty envoy. The HSLIC endeavors to fill as many of these requests as possible, depending on demand and the availability of funding. Requests from HSC faculty resulted in the following additions:

- Access Pharmacy
- Clinical Pharmacology/ToxED

- Natural Standard
- Reprotox

Library Information Services: The HSLIC employs 60 staff and 10 library faculty.

Service Point staff provide services to walk-in, telephone, email and text users, including: library circulation, reference assistance, class and group study room scheduling, mobile device assistance, desktop/laptop imaging, troubleshooting public printing and photocopying and checkouts of print materials, room keys, laptops, iPads, adapters, iClickers and anatomic models. Staff members restart accounts, assist with passwords, enter service requests for users, and triage and resolve service requests.

Reference services, provided by Service Point staff and librarians, are available in person whenever the building is open, by phone, email (reflib@salud.unm.edu), or text. Individual consultation with a library faculty member is recommended for more in-depth requests. One librarian ([Appendix 29-E](#)), designated as the HSLIC faculty envoy to COP, is the primary selector for pharmacy-related materials, attends monthly COP Curriculum and Learning Assessment Committee (CLAC) meetings, works with the Drug Information subcommittee, teaches in the pharmacy curriculum, and maintains a pharmacy subject guide <http://libguides.health.unm.edu/pharmacy>. The envoy also conveys library policies, procedures and services to the College and, in turn, relays information and requests back to HSLIC staff and administration.

Curricular Activities: The departmental envoy provides customized instruction, consultation, and support at the request of students, faculty, or staff. The envoy is assisted by various HSLIC staff and faculty as necessary. Pharmacy students receive instruction at various points in the PharmD curriculum. Instructional content includes orientation to HSLIC resources and services, literature searching using IPA, PubMed Medline, and other databases, plagiarism, poster development, and personal file management software. In Academic Year 2012-2013 librarians provided 66 contact hours of instruction for 427 COP learners, 118 contact hours/443 learners in 2013-2014, and 61 contact hours/447 learners in 2014-2015. The decrease in contact hours is most likely due to incorporating more learners into fewer computer lab sessions. Active learning is preferred over lecture and, whenever possible, hands-on experience in a computer lab is employed. The attached syllabus ([Appendix 29-F](#)) is an example of content developed by two

librarians for the Pharm 770 Drug Information elective. Integrating this type of learning throughout the curriculum is part of an ongoing collaboration between HSLIC and COP faculty.

AACP Graduating Student Survey ([Appendix 29-G](#)) data since 2010 has indicated that students strongly agree that HSLIC provides both on campus access and off campus access during pharmacy practice experiences to educational resources with strongly agree/agree responses ranging from 94.7% to 100% across the years. AACP Faculty Survey data showed that 100% of faculty agreed or strongly agreed that they had access to library and other educational resources in both 2009 and 2013. Finally, AACP preceptor data in 2009 and 2013 also indicated that the vast majority (> 90%) of preceptors felt they had access to library and educational resources which was significantly higher than the national average.

Appendices:

Appendix	Content
29-A	HSLIC Floor Plan
29-B	IHSC Floor Plans
29-C	2013 AACP Core Journals
29-D	HSLIC Databases
29-E	HSLIC Liaison CV
29-F	PHRM 770 DI APPE Syllabus
29-G	AACP Survey Report
29-H	2014 Library Resource Usage Data
29-I	Library Collection Development Policy
29-J	List of search databases available to faculty and students
29-K	List of full text journals electronically available

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

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

	current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	evidence that the plan is addressing the factors and will bring the program into compliance.	
<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Compliant with Monitoring	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non Compliant

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not Applicable

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

1) **Documentation and Data:**

Use a check to indicate the information provided by the college or school and used to self-assess this standard:

Required Documentation and Data:

- A financial summary including an analysis of actual or projected revenues and expenses for the past year, current year, and next year. [Download template from: <http://www.acpe-accredit.org/pdf/Excel Documents/FinancialSummaryReport.xls>]

[Appendix 30-C](#)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

It is optional for the college or school to provide brief comments about each chart or table (see Directions).

- In-state tuition for past five years [Appendix 30-J](#)
- Out-of-state tuition for past five years [Appendix 30-J](#)
- NIH funding for past five years [Appendix 30-L](#)

Optional Documentation and Data:

- In-state tuition for past five years, with peer school comparisons [Appendix 30-J](#)
- Out-of-state tuition for past five years, with peer school comparisons [Appendix 30-J](#)
- NIH funding for past five years, with peer school comparisons
- Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. (*Note: This report is available from AACP on request.*) [Appendix 30-R](#)
- Other documentation or data that provides supporting evidence of compliance with the standard

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

	S	N.I.	U
The college or school has the financial resources necessary to accomplish its mission and goals.	●	○	○
The college or school ensures that student enrollment is commensurate with its resources. Enrollment is planned and managed in line with resource capabilities, including tuition and professional fees.	●	○	○
Tuition for pharmacy students is not increased to support unrelated educational programs.	●	○	○
The college or school has input into the development of and operates with a budget that is planned, developed, and managed in accordance with sound and accepted business practices.	●	○	○
Financial resources are deployed <u>efficiently</u> and <u>effectively</u> to:	●	○	○
• support all aspects of the mission, goals, and strategic plan	●	○	○
• ensure stability in the delivery of the program	●	○	○
• allow effective faculty, administrator, and staff recruitment, retention, remuneration, and development	●	○	○
• maintain and improve physical facilities, equipment, and other educational and research resources	●	○	○
• enable innovation in education, interprofessional activities, research and other scholarly activities, and practice	●	○	○
• measure, record, analyze, document, and distribute assessment and evaluation activities	●	○	○
• ensure an adequate quantity and quality of practice sites and preceptors to support the curriculum	●	○	○
The dean reports to ACPE, in a timely manner, any budget cuts or other financial factors that could negatively affect the quality of the professional degree program or other aspects of the mission of the college or school. N/A (no budget cuts or other factors since last accreditation visit) <input checked="" type="checkbox"/>	○	○	○
Business plans, including revenue and expense <i>pro forma</i> for the time period over which the change will occur and beyond, are developed to provide for substantive changes in programmatic scope or student numbers. N/A (no substantive changes) <input checked="" type="checkbox"/>	○	○	○
The college or school ensures that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways. N/A (no alternate pathways) <input checked="" type="checkbox"/>	○	○	○

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever

possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

Description:

For financial purposes, the University is considered a special-purpose government entity engaged in business-type activities. Like other public universities, state support declined from 2009-2012. Currently, the Health Science Center (HSC) will receive \$191.3 million in state support for education for FY16, of which, \$5.04 million will go to the COP. State support has grown by 19.6% since FY12, the last year of rescissions. The COP also receives a state appropriation to operate the State's only Poison and Drug Information Center (NMPDIC), where funding has returned to FY09 levels, increasing 28.5% since the lowest point (FY12). The NMPDIC was placed into NM statute in 2013 and in 2015, the NM Legislature called for a memorial to investigate new revenue sources, ([Appendix 30-A](#)), as 25% of funding is at risk due to potential loss of tobacco settlement funds.

The COP became part of the HSC in 1994 and, as such, reports to the HSC Chancellor. The budget model is mixed, part incremental, part RCM, part activity based. All standard tuition is held by the university's Main Campus ([Appendix 30-B](#)). The COP receives state support for education, as mentioned above, as an allocation from the HSC Budget office, based in part on performance outcomes. The COP's tuition differential funding is received directly from the Bursar's office and, as such, the COP manages all

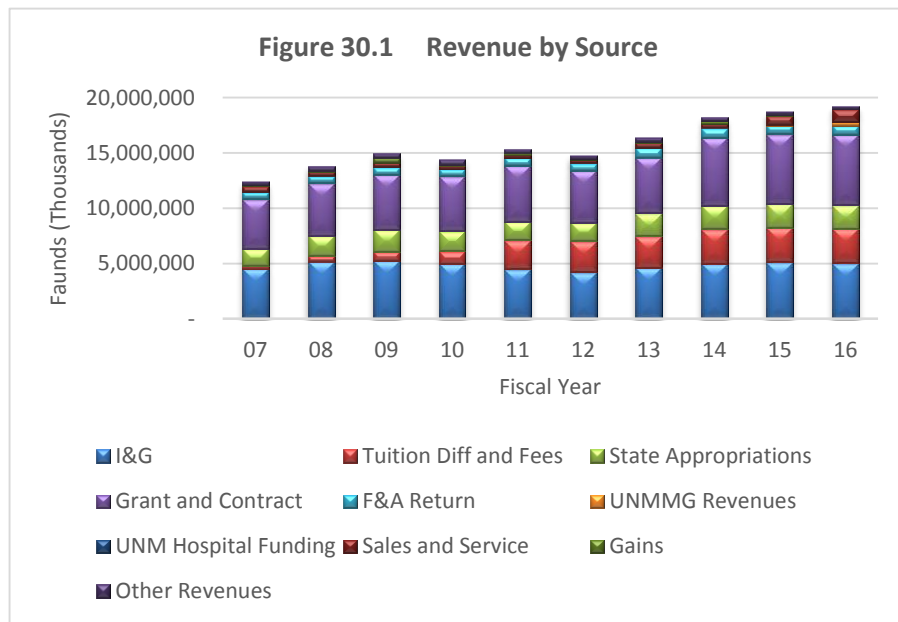
costs including fringe. Revenue streams from sales and service, clinical revenues, net new tuition ([Appendix 30-C](#)) and other miscellaneous revenues are managed similarly. The COP also receives a portion (~50%) of its indirect costs (F&A) for research. However, the COP pays institutional support, namely; Research Based (Top Slice), Health Science (Institutional Support), Health System, UNM Foundation, other Administrative fees, as well as Base Year 2013 tuition ([Appendix 30-B](#), held at Main Campus) from its F&A return and other resources ([Appendix 30-D](#)). [Appendix 30-E](#) shows comparison of relative distribution of F&A for FY12, FY15 and projected FY16.

The COP's budget is collaboratively developed by the faculty, the departments, the College's Budget and Planning (B&P) committee, the Dean and the Associate Director for Finance and Administration, in accordance with guidelines established by the HSC Budget Office, to meet the COP's mission and vision. A budget hearing is held annually in March between the Dean's Office, the Chancellor and the HSC Budget Office to review the mid-year condition for the current fiscal year as well as the proposed budget for the following fiscal year. The budget is approved by the Dean, the Chancellor and ultimately by the University's Board of Regents and submitted to the state on May 1st each year. The Dean, Chancellor and HSC Finance Office also meet in October for a review of the prior fiscal year performance and first quarter performance. Financial reports are communicated to the COP via the State of the College address by the Dean, ad hoc meetings and the annual August All Staff Meeting ([Appendix 30-F](#)).

Similar to other publicly funded institutions, the COP faced some challenging years since the last accreditation visit due to a decline in state support for education and the national economic downturn. The COP initially met the rescissions with use of reserves and reductions in expenses. Beginning in FY10, this gap was filled with a block increase in tuition differential, as reported in ACPE interim reports in FY10, FY11 and FY12 ([Appendix 30-G](#)). Since our last ACPE interim report (2012), the COP has garnered new state support for education through the revised New Mexico state funding formula tuition received. The new funding formula, established in FY13, is focused on outcomes, including: graduation rates, student credit hours, student loan program awards, research and STEHM designation. In an effort to stabilize the many changes and potential changes in state aid for education, the HSC established an agreement with UNM Main Campus in

2014 in which the HSC (including COP) will receive the net tuition above Base Year 2013. ([Appendix 30-H](#)). Upon the arrival of a new Dean, the COP realized \$1.15 million in additional resources, which included 5 new faculty lines, \$450K in additional start-up funding, ~\$650K in renovation funding (Standard 27), \$200,000 for market driven faculty salary increase needs and \$225,000 in research start up for the Dean. As of September 30, 2015, three (3) of those faculty lines remain (~\$300,000) unfilled due planned phase in of hires. The COP expects to garner these funds within the next two fiscal years.

FY16 total revenues in of the COP are expected to be \$19.2 million before transfers and have increased by 54.7% since 2007. Since the last ACPE site visit in 2009, revenues have increased by 28.4%. Expenses have increased by a commensurate amount. A summary of the COP revenue profile is shown in Figure 30.1.



COP revenues for FY14 compared to mean revenue of our Higher Education Department (HED) peer group based on our operational size, are shown in [Appendix 30-I](#). Comparison of our tuition to regional peer schools is shown in [Appendix 30-J](#). While we previously had large increases in tuition set by the University, we now have the ability to set the tuition and we have been committed to minimally increasing tuition.

The PharmD enrollment plan is undergoing an intentional gradual decrease (Standard 24). While the unexpected 13% decline in enrollment (from 85 to 74) in Fall 2015, may be a one-time situation, we have conservatively lowered enrollment target due based on market pressures to 72-82 students per year. We are designing new recruitment strategies and working closely with the NM Board of Pharmacy, the state workforce committee and HSC to dynamically respond to changing pressures. While this decline in

enrollment will negatively impact the COP by \$91K-\$118K per year for four years in tuition differential revenues, per class and, at most, \$200K in net tuition, the COP will bridge the predicted 5 year gap with new revenue from clinical sources, a new B.S. in Pharmaceutical Sciences program, increased COP research activities, COP reserves and, if needed, vacant lines.

The College developed a fiscal plan to support its 2020 strategic plan (Standard 2) ([Appendix 30-K](#)). Since the last site visit, as part of the COP's strategic plan, the COP has invested in establishing two centers of excellence: (1) the re-establishment of a Radiopharmacy that services clinics in Albuquerque and as a training site for students, and (2) our Clinical Initiatives, in which we are developing new models of patient care that payers are willing to support, that can also be utilized as innovative new clinical learning and research laboratories. The B&P committee meets quarterly with each enterprise to review progress and monitor expectations and operating margins.

While a robust development plan was created for the COP, the COP has not been successful in garnering these funds partly due to New Mexico's economic decline and slow recovery as well as the turnover of the COP's Director of Development staff. In the interim, COP reserves have supported most of the strategic goals to date. In August, the COP, in partnership with the UNM Foundation, successfully hired a new Development Director and as such a new giving plan will soon be in place.

[Appendix 30-L](#) summarizes annual COP NIH grant funding for 2010-2013 and outlines national rankings as compared to other pharmacy schools. Our overall federal research funding from 2010-2014 has been good. ([Appendix 30-M](#)). An increase in overall funding coincides with (a) an investment to expand our research office to better support investigators, (b) a multi-tier pilot grant program ([Appendix 30-N](#)), (c) our new clinical initiatives ([Appendix 30-O](#)). There was a slight downturn in the number of submissions in FY15, as several faculty appropriately placed greater focus on obtaining large center grants. This may lead to a decrease in grant revenue over the next one to two years, as funding for center grants is highly competitive and most grants are not funded on their first submission. We are proud to note that the COP recently receive a P30 grant from NIEHS/CDC. These efforts create new large restricted funding streams and opportunities

to create excellence in research which will subsequently create new educational opportunities for our planned growth in graduate education.

Our faculty compensation plan is described in [Appendix 30-P](#). Total faculty compensation is within/above the 50th percentile for discipline and rank for 64.4% of our faculty, however base salaries are markedly lower than the 50th percentile (69.45%) for faculty who have continued to meet our high standards ([Appendix 30-Q](#)). We continue to strive to identify appropriate ways to compensate our faculty and staff. [Appendix 30-R](#) outlines how our faculty compare to our peers. While the COP was affected by the economic downturn it has been able to manage the change with little or no impact on the educational program. Both faculty and staff salaries were affected during this decline and we are slowly raising salaries to better meet market levels. The COP’s ability to absorb the cuts during this down turn speaks to the University, HSC and COP’s sound business practices, creativity and flexibility in a challenging environment. The COP’s current investments may help to further stabilize revenue streams.

Since the arrival of the new dean, the COP has sought to strengthen internal understanding and transparency of the COP’s budget process and financial standings through the B&P and Dean’s Executive Leadership Committees, Faculty/Staff meetings, and the annual State of the College address. Despite the economic challenges experienced in the first three years following the last accreditation site visit, there are currently no financial impediments to the delivery of the professional program.

Appendix	Content
30-A	NMPDIC Legislative Statute
30-B	Main Campus Tuition Collections FY09-FY15
30-C	ACPE Financial Summary Report FY15 FY16 FY17
30-D	Institutional Support FY09-FY16
30-E	Net F&A Distribution
30-F	COP Schedule of Standard Meetings

30-G	ACPE Interim Reports
30-H	UNM-HSC Incremental Tuition-Formula Agreement
30-I	Peer Revenue Distribution Comparison
30-J	Historical Peer Comparison of Tuition and Mandatory Fees
30-K	Strategic Plan Financial Plan
30-L	COP NIH funding Fed FY 10-15
30-M	COP Federal Research Funding Growth 2010-2014
30-N	COP Multi-Tier Research Pilot Program
30-O	Clinical Initiatives FY10-FY15
30-P	Faculty Compensation Plan
30-Q	Faculty Performance Standards
30-R	Faculty Salary Peer Comparison

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

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

- 5) Recommended Monitoring: If applicable, briefly describe issues or elements of the standard that may require further monitoring.

Not applicable