

UNIVERSITY of  
**HOUSTON**

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COLLEGE OF PHARMACY







**SELF STUDY REPORT**  
JANUARY 21, 2011

University of Houston

College of Pharmacy

Self-Study Faculty Ratification

  
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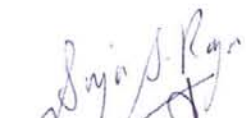


  
  
  
  
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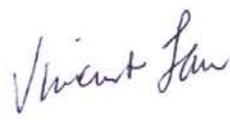

  
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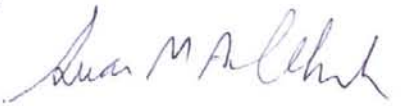
Julia Szilagyi  
Adrian  
Michael John  
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Srethana Tikens vs,  
H. A. ...  
Tom ...





Shara Zedekat  
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University of Houston

College of Pharmacy

Self-Study Faculty Ratification

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F. Jamar Pritchard

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## Abbreviations

AAALAC	Association for Assessment and Accreditation of Laboratory Animal Care
AACP	American Association of Colleges of Pharmacy
ACCP	American College of Clinical Pharmacy
ACPE	Accreditation Council for Pharmacy Education
ADAA	Associate Dean for Academic Affairs
ADEP	Assistant Dean for Experiential Programs
ADSPA	Assistant Dean for Student and Professional Affairs
AHRQ	Agency for Healthcare Research and Quality
ALA	American Library Association
AP	Admissions and Progression
APC	Admissions and Progression Committee
APhA	American Pharmacists Association
APhA-ASP	American Pharmacists Association Academy of Student Pharmacists
APPE	Advanced Pharmacy Practice Experience
ARP	Advanced Research Program
ARS	Audience Response System
ASHP	American Society of Health System Pharmacists
BSPS	Bachelor of Science in Pharmaceutical Sciences
CAPE	Center for the Advancement of Pharmaceutical Education
CAT	Computerized Axial Tomography
CBA	College Business Administrator
CBAC	College Budget Advisory Committee
CBO	College Business Office
CDC	Centers for Disease Control
CE	Continuing education
CMS	Curriculum Management System
CPHS	Committee for the Protection of Human Subjects
CSA	Clinical Sciences and Administration
CV	Curriculum Vitae
DDT	Differential Designated Tuition
DoD	Department of Defense
DSAC	Dean's Student Advisory Council
ECLT	Executive Council Leadership Team
FDA	Federal Drug Administration
FDA	Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
FTE	Full Time Equivalent
FY	Fiscal Year
GPA	Grade Point Average
GPP-I	Pearson's Gordon Personal Profile Inventory
GPSC	Graduate and Professional Studies Council
H1N1	Influenza
HAM-TMC	Houston Academy of Medicine-Texas Medical Center Library
HEPA	High Efficiency Particulate Air
HOMES	Houston Outreach Medicine, Education, and Social Services (free student-run clinic)

HPLC	High-performance liquid chromatography
IACUC	Institutional Animal Care and Use Committee
IHS	Indian Health Services
IPPE	Introductory Pharmacy Practice Experience
IT	Information Technology
IV	Intravenous
JCIP	Joint Committee on Internship Programs
KE	Kappa Epsilon
LASSI	Learning and Study Strategies Inventory
LC/MS/MS	Liquid Chromatography-Mass Spectrometry
LMS	Learning Management System
LRC	Learning Resource Center
MBA	Masters in Business Administration
MME I	MileMarker Exam 1
MME II	MileMarker Exam 2
MME III	MileMarker Exam 3,
MME	MileMarker Examination Series
MPJE	Multistate Pharmacy Jurisprudence Examination
MRI	Magnetic Resonance Imaging
MS	Master of Science
NABP	National Association of Boards of Pharmacy
NAPLEX	North American Pharmacist Licensure Examination
NCI	National Cancer Institute
NCPA	National Community Pharmacists Association
NIH	National Institutes of Health
NMR	Nuclear Magnetic Resonance
NSF	National Science Foundation
OHRP	Office for Human Research Protections
OLAW	Office of Laboratory Animal Welfare
OSCE	Objective Structured Clinical Examinations
OTC	Over-The-Counter
P&T	Promotion and Tenure
PCAT	Pharmacy College Admissions Test
PCCA	Pharmaceutical Compounding Centers of America
PDA	Personal digital assistant
PDX	Phi Delta Chi
PHAR	Pharmacy Prefix for professional pharmacy courses
PharmD	Doctor of Pharmacy
PhD	Doctor of Philosophy
PLS	Phi Lambda Sigma
PPS	Pharmacological and Pharmaceutical Sciences
PY1	Pharmacy Year 1
PY2	Pharmacy Year 2
PY3	Pharmacy Year 3
PY4	Pharmacy Year 4
RIF	Reduction in force
SACS	Commission on Colleges of the Southern Association of Colleges and Schools
SALT	Scholarship of Assessment, Learning and Teaching

SCAT	Student Curricular Assessment Task Force
SCH	Semester Credit hour
SFA	Stephan F. Austin
SLEH	St. Luke's Episcopal Hospital
SNPhA	Student National Pharmaceutical Association
SR2	Science and Research Building 2
SSC	Student Services Center
SSHP	Student Society of Health-System <i>Pharmacists</i>
StuNET	Student Section of ACCP
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TMC	Texas Medical Center
TPA	Texas Pharmacy Association
TSHP	Texas Society of Health System Pharmacists
UC	University Center
UH	University of Houston
UHCOP	University of Houston College of Pharmacy
ULM	University of Louisiana at Monroe
USDA	United States Department of Agriculture
UT	University of Texas
UTMB	University of Texas Medical Branch



## Introduction

### Accreditation Teams

#### Self-Study Task Force:

David Hayes, Chair  
Diana Chow  
Liz Coyle  
Kevin Garey  
Vincent Lau  
Russ Lewis  
Nancy Ordonez  
Dave Wallace  
Pharmacy Student – Bernadette Asias, PY3  
Pharmacy Student - Christi Su, PY2  
Alumnus/Practitioner – DAC Chair, Julie Spier  
Staff – Jerie Creal  
University – Libby Barlow (Assessment)  
Ex-Officio Associate Deans  
    Shara Zatopek  
    Ray Hammond  
    Andrea Smesny

#### Subcommittee Membership:

- I. **Standards for Mission, Planning, & Evaluation (Standards 1-3)**  
David Hayes, Chair  
    Liz Bikram  
    Hua Chen  
    Tahir Hussain  
    Anne Tucker  
    Pharmacy Student – Lori Krustchinsky, PY3  
    Alumnus/Practitioner – Paul Lott  
    Staff – Chip Lambert  
    Ex-Officio, Assessment - Julie Szilagyi  
    Ex-Officio, Associate Dean - Shara Zatopek
  
- II. **Standards for Organization & Administration (Standards 4-8)**  
Russ Lewis, Chair  
    Rustin Crutchley  
    Cathy Hatfield  
    Aditi Marwaha  
    Bradley McConnell  
    Ex-Officio, Assessment - Julie Szilagyi

- Ex-Officio, Associate Dean - Ray Hammond  
 Ex-Officio, Associate Dean - Shara Zatopek
- III. **Standards for Curriculum (Standards 9-15)**  
 Chair – Liz Coyle  
 Doug Eikenburg  
 David Hayes  
 Lindsay Schwarz  
 Dave Wallace  
 Student - Jeremy Garcia, PY3  
 Student – William Hsu, PY2  
 Alumnus/Practitioner – Edgar Rios  
 Ex-Officio, Assessment - Julie Szilagyi  
 Ex-Officio, Associate Dean - Ray Hammond
- IV. **Standards for Students (Standards 16-23)**  
 Chair – Nancy Ordonez  
 Kim Birtcher  
 Vishnu Gupta  
 Jeff Sherer  
 Lou Williams  
 Student - Brian Dinh, PY3  
 Student - Omar Leon, PY2  
 Alumnus/Practitioner - Latosha Mitchell  
 Staff - Shauna Owens  
 Ex-Officio, Staff – Barbara Lewis  
 Ex-Officio, Associate Dean - Andrea Smesny
- V. **Standards for Faculty & Staff (Standards 24-26)**  
 Co-Chair - Vincent Lau  
 Co-Chair - Kevin Garey  
 Jason Eriksen  
 Sujit Sanggiry  
 Lynn Simpson  
 Maria Tejada-Simon  
 Staff – Shari Mauthner, Chair of Staff Council  
 Ex-Officio, Associate Dean - Andrea Smesny
- VI. **Standards for Facilities & Resources (Standards 27-30)**  
**Physical & Practice Facilities – Standards 27-28**  
 Chair – Vincent Lau  
 Cathy Hatfield  
 Romi Ghose  
 Vincent Tam  
 Student Scott Wilkie, PY3  
 Alumnus/Practitioner – Rene Prescott

Staff – Charlotte Simpson  
Ex-Officio, Associate Dean - Ray Hammond

**Library & Educational – Standard 29**

Chair - Dave Wallace  
Karim Alkadhi  
Jessica Cottreau  
Svetlana Tikunova  
Staff – Darrell Parkin, Librarian  
Staff – Shari Mauthner, Instructional Designer  
Student – Mallory Gessner, PY3  
Alumnus/Practitioner – Jef Baek  
Ex-Officio, Associate Dean - Andrea Smesny

**Financial – Standard 30**

Chair – Diana Chow  
Michael Johnson  
Brian Knoll  
Randy Prince  
Staff - Shaki Commissariat, College Business Administrator  
Staff – Sara Tovar, Director of Development  
Ex-Officio, Associate Dean - Shara Zatopek

VII. **Reading Team**

Chair, Suja Rajan  
Raj Aparasu  
Richard Bond  
Joydip Das  
James Essien  
Ming Hu  
Amalia Issa  
Claire Mach  
Carlos Pedemonte  
Suja Rajan  
Ke-He Ruan

## Self-Study Milestones

October 30, 2009	Self-Study "Kick Off" and Task Force Meeting
November 9, 2009	Task Force Meeting
December 14, 2009	Task Force Meeting
January 11, 2010	Task Force Meeting
February 8, 2010	Task Force Meeting
March 8, 2010	Task Force Meeting
April 19, 2010	Task Force Meeting
April 20, 2010	Rough draft from subcommittees submitted for Spring Faculty Retreat
May 27, 2010	Self Study Draft Sections presented at Spring Faculty Retreat
June 28, 2010	Task Force Meeting
July 26, 2010	Task Force Meeting
August 16, 2010	Task Force Meeting
September 13, 2010	Task Force Meeting
September 17, 2010	Self-Study Draft Section submitted from subcommittees with revisions
October 4, 2010	Self-Study Reading Committee provided draft document for review
November 4, 2010	Self-Study Reading Committee submitted comments/edits
November 8, 2010	Task Force Meeting
November 12, 2010	Self-Study Draft with Reading Committee comments/edits to subcommittees
December 7, 2011	Submission of final subcommittee section revision
December 8, 2011	Submission of Draft to Administrative Team
December 12, 2011	External/Internal Technical Writer/Reviewer
December 23, 2011	Posting of Document for Stakeholder/Public Comment
January 12 <sup>th</sup> and 21 <sup>st</sup> , 2011	Self-Study Ratification – Faculty Meetings
February 12, 2011	Submission of Self-Study to ACPE
March 29-31, 2011	Site Visit

## Summary of the Self-Study Process

In the fall of 2009, the Self-Study planning process began at the University of Houston College of Pharmacy (UHCOP) with the formation of the UHCOP Self-Study Task Force, which would serve as the steering committee. This task force was comprised of a faculty chair, faculty, staff, students, a university representative, administrators, and an alumnus/preceptor. Each faculty member on the task force was assigned as a chair of a subcommittee responsible for the development of a section of the self-study (e.g. Mission, Planning, Evaluation; Organization and Administration; Curriculum; Students; Faculty/Staff; Financial; Library Resources; and Facilities). These subcommittees consisted of faculty, staff, students, and alumni. Furthermore, a reading committee was formed to provide editorial review once the document was in its later stage of development. There was a formal "kick off" meeting on October 30, 2010 that included a general session for stakeholders consisting of faculty, staff, students, and alumni along with the first formal meeting of the task force. At this meeting, the Dean and self-study chair reviewed the purpose and design of the self-study with the attendees. Additionally, a timeline for the process was presented, supporting information provided in the form of binders, and individual subcommittee assignments made. It was determined at the first task force meeting that the group would meet monthly to promote forward progress on the effort.

At the faculty retreat in the spring of 2010, a day was set aside for the presentation of the first draft of the document for stakeholder review. Each subcommittee chair presented the work of their committee and discussion ensued with comments and suggested edits from the stakeholders. This input was documented and provided to the subcommittee chair for their committee's consideration. In the meantime, the task force met regularly and provided support (e.g. AACP Survey Data) and direction for the individual subcommittees as well as the overall process. In the fall of 2010, the subcommittees submitted their revised sections, which were compiled and submitted to the reading committee for review.

The UHCOP Self-Study was discussed during various pharmacy student convocations, UHCOP alumni and preceptor meetings. Input from students, alumni and preceptors was encouraged. The reading committee provided valuable editorial and content input, which was incorporated in the document. After this, there was an administrative review completed and the document was given to a technical writer to ensure flow and continuity. In December 2010, the self-study was posted to a secure website for stakeholder review. Faculty ratification meetings for formal approval took place on January 12<sup>th</sup> and January 21, 2011 (10.5 hours). During these ratification meetings, the stakeholders provided the final refinement of the document and voted to approve the self-study. The UHCOP Self-Study was submitted to ACPE on February 12, 2011 and the site visit was scheduled to occur March 29–31, 2011.

The UHCOP wishes to thank the University of Louisiana at Monroe College of Pharmacy, the University of Arkansas for Medical Sciences College of Pharmacy, and the University of Texas at Austin College of Pharmacy for their advice and counsel during the self-study process.

## Overall Organization of the Self-Study Report

	Commendable	Meets Expectations	Needs Improvement
Participation in the Self-Study Process	<p>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</p> <p style="text-align: right;">Commend <input checked="" type="checkbox"/></p>	<p>The self-study report was written and reviewed with broad-based input from students, faculty, preceptors, staff and administrators.</p> <p style="text-align: right;">Meets <input type="checkbox"/></p>	<p>The self-study report was written by a small number who did not seek broad input from students, faculty, preceptors, staff, and administrators.</p> <p style="text-align: right;">Needs Improvement <input type="checkbox"/></p>
Knowledge of the Self-Study Report	<p>Students, faculty, preceptors, and staff are conversant in the major themes of the report and how the program intends to address any deficiencies.</p> <p style="text-align: right;">Commend <input checked="" type="checkbox"/></p>	<p>Students, faculty, preceptors, and staff are aware of the report and its contents.</p> <p style="text-align: right;">Meets <input type="checkbox"/></p>	<p>Students, faculty, preceptors, and staff have little or no knowledge of the content of the self-study report or its impact on the program.</p> <p style="text-align: right;">Needs Improvement <input type="checkbox"/></p>
Completeness and Transparency of the Self-Study Report	<p>All narratives and supporting documentation are thorough, clear and concise. The content appears thoughtful and honest. Interviews match the self-study findings.</p> <p style="text-align: right;">Commend <input checked="" type="checkbox"/></p>	<p>All narratives and supporting documentation are present. The content is organized and logical.</p> <p style="text-align: right;">Meets <input type="checkbox"/></p>	<p>Information is missing or written in a dismissive, uninformative or disorganized manner. Portions of the content appear biased or deceptive.</p> <p style="text-align: right;">Needs Improvement <input type="checkbox"/></p>
Relevance of Supporting Documentation	<p>Supporting documentation of activities is informative and used judiciously.</p> <p style="text-align: right;">Commend <input checked="" type="checkbox"/></p>	<p>Supporting documentation is present when needed.</p> <p style="text-align: right;">Meets <input type="checkbox"/></p>	<p>Additional documentation is missing, irrelevant, redundant, or uninformative.</p> <p style="text-align: right;">Needs Improvement <input type="checkbox"/></p>
Evidence of Continuous-Quality Improvement	<p>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.</p> <p style="text-align: right;">Commend <input checked="" type="checkbox"/></p>	<p>The program proactively presents plans to address areas where the program is in need of improvement.</p> <p style="text-align: right;">Meets <input type="checkbox"/></p>	<p>No plans are presented or plans do not appear adequate or viable given the issues and the context of the program.</p> <p style="text-align: right;">Needs Improvement <input type="checkbox"/></p>
Organization of the Self-Study Report	<p>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.</p> <p style="text-align: right;">Commend <input checked="" type="checkbox"/></p>	<p>The reviewer is able to locate a response for each standard and the supporting documentation with minimal difficulty.</p> <p style="text-align: right;">Meets <input type="checkbox"/></p>	<p>Information appears to be missing or is difficult to find. Sections are not well labeled.</p> <p style="text-align: right;">Needs Improvement <input type="checkbox"/></p>

## Summary of the Evaluation of All Standards

Standards	Compliant	Partially Compliant	Non-Compliant
<b>MISSION, PLANNING, AND EVALUATION</b>			
1. College or school Mission and Goals	●	○	○
2. Strategic Plan	●	○	○
3. Evaluation of Achievement of Mission and Goals	●	○	○
<b>ORGANIZATION AND ADMINISTRATION</b>			
4. Institutional Accreditation	●	○	○
5. College or school and University Relationship	●	○	○
6. College or school and other Administrative Relationships	●	○	○
7. College or school Organization and Governance	●	○	○
8. Qualifications and Responsibilities of the Dean	●	○	○
<b>CURRICULUM</b>			
9. The Goal of the Curriculum	●	○	○
10. Curricular Development, Delivery, and Improvement	●	○	○
11. Teaching and Learning Methods	●	○	○
12. Professional Competencies and Outcome Expectations	●	○	○
13. Curricular Core—Knowledge, Skills, Attitudes, and Values	●	○	○
14. Curricular Core—Pharmacy Practice Experiences	●	○	○
15. Assessment and Evaluation of Student Learning and Curricular Effectiveness	●	○	○
<b>STUDENTS</b>			
16. Organization of Student Services	●	○	○
17. Admission Criteria, Policies, and Procedures	●	○	○
18. Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing	●	○	○
19. Progression of Students	●	○	○
20. Student Complaints Policy	●	○	○
21. Program Information	●	○	○
22. Student Representation and Perspectives	●	○	○
23. Professional Behavior and Harmonious Relationships	●	○	○
<b>FACULTY AND STAFF</b>			
24. Faculty and Staff—Quantitative Factors	●	○	○
25. Faculty and Staff—Qualitative Factors	●	○	○
26. Faculty and Staff Continuing Professional Development and Performance Review	●	○	○
<b>FACILITIES AND RESOURCES</b>			
27. Physical Facilities	○	●	○
28. Practice Facilities	●	○	○
29. Library and Educational Resources	●	○	○
30. Financial Resources	○	●	○

## Progress and Changes

The ACPE Board of Directors listed significant areas that needed to be addressed following the last site visit on February 15-17, 2005. These eleven items have been identified below as underlined text under the appropriate section.

***Mission, Planning, and Evaluations*** In the last five years, the college has been led by three deans. Dr. Sunny E. Ohia left the college in August 2008 and Dr. Mustafa F. Lokhandwala, a previous dean, served as interim dean for a period of one year until the arrival of Dean F. Lamar Pritchard in September 2009. At that time, the college's focus shifted to acquiring a new building, budget, and increasing PharmD & graduate enrollment while still focusing on the college's former initiatives of education, research, faculty, staff, & student development, and increasing resources.

An update regarding the continued execution of the College's strategic plan. The Strategic Plan continues an annual evaluation process with revisions occurring as frequently as the annual review. A SWOT analysis was conducted in January 2008 and the strategic plan was revised accordingly. Input and comments for the plan primarily come from faculty; however, all sections include input from college stakeholders: faculty, staff, students, alumni, and friends. Examples of mechanisms that provide student input include: focus groups, Dean's Student Advisory Council, Student Council, class officers, and student forums as well as course & teaching evaluations. The Dean communicates progress towards our goals to the University President/ Chancellor. The Executive Council Leadership Team (ECLT) has the primary responsibility for maintenance and tracking of the strategic plan.

*Shared University vision with emphasis on the College's physical facility needs as well as University's affiliation with the Methodist Health System.* Currently, the college is working with the university's facility planning office for a new 132,000 square foot building located adjacent to the new optometry annex in the University's new biomedical cluster. At the present time from the courses of action directed by the University, there has been no progress with the Methodist Hospital Health System affiliation. However, the college has sought opportunities to develop a concurrent MS Pharmacy Administration/Residency with the Methodist Health System, now entering its third year.

Continued need for adequate support to ensure the effectiveness of the College's assessment program. The assessment director has a dedicated full-time secretary to assist with program administration and a college committee is providing guidance and resources. The college invests in faculty training/education, i.e. various development AACP (American Association of Colleges of Pharmacy) programs, Texas A&M University Assessment Conference, OSCEology in Toronto. As a result of faculty training and education, the OSCE (Objective Structured Clinical Examination) piloted in 2008, was developed and administered by faculty to provide assessment support and include an additional dimension to evaluate knowledge, skills, abilities, attitudes, and values through application with patient-actors.

***Standards for Organization and Administration*** A. College's organizational and administrative structure needs to be monitored, evaluated, and refined as necessary, to ensure adequate support for the College's various diverse programs.

The most notable change was the consolidation of the two department's financial staff and college business office (CBO)



into one office, which improved efficiency and effectiveness in 2010. Additionally, Dean Pritchard restructured his leadership team creating an associate dean for operations, an associate dean for academic affairs, and two new assistant deans, one for experiential programs and the second for student and professional affairs. With the stepping-down of the chair for pharmacological and pharmaceutical sciences in the summer of 2010, a faculty member with chair experience is filling the interim position and the chair-search is currently on hold due to temporary budget constraints.

*B. The importance of College relationship in the Texas Medical Center (TMC) as well as other affiliated health facilities should be duly noted and reinforced so as to ensure a continued strong base of support for education, scholarship, and professional practice for both faculty and students.* Some of the notable relationships and accolades the college has developed with TMC and other affiliated facilities include: (1) Collaboration with Baylor College of Medicine and additional TMC institutions to partner in the Institute for Clinical and Translational Research. (2) The college offers a concurrent Residency/MS Pharmacy Administration in affiliation with six TMC institutions and a two-year Pharmacotherapy (Infectious Diseases) fellowship with St. Luke's Episcopal Hospital (SLEH). (3) The Center for Antimicrobial Stewardship and Epidemiology, a collaborative program with SLEH was named a 2010 ASHP (American Society of Health-Systems Pharmacists) Best Practices Award. (4) At the height of the flu epidemic in 2009, the college partnered with Harris County Health and Environmental Services Department to provide over 9,000 H1N1 immunizations over 14 days.

**Standards for Curriculum Continued Curricular Development.** (1) Faculty updated and approved Terminal Outcomes on March 18, 2010. (2) IPPE I (Introductory Pharmacy Practice Experience) was first offered in 2008 in assisted-living and long-term care facilities with reflective on-campus activities. IPPE I also includes a four-day City of Houston Emergency Preparedness training. (3) Offered spring 2010, IPPE II reinforces the student's knowledge, skills, and abilities to collect data from complex medical records of hospitalized patients. (4) New elective offerings continue to be developed, e.g. clinical epidemiology and evidence based medicine, critical care therapeutics, medical Spanish, introduction to community health, independent pharmacy ownership, and obesity and diabetes research.

*Desired Next Step in terms of Curricular and Student Learning Assessments:* In 2008, the college piloted the OSCE. It became a requirement for the PY1 class in January 2009. The second PY1 class OSCE assessment occurred in 2010. In January 2011, the 2010 class was reassessed. In 2008, an *e-OSCE* (electronic OSCE) for blood pressure screening and monitoring was developed. Continued expansion of the OSCE is planned.

**Professional Pharmacy Experience.** Adequately supported quality assurance: The college purchased E\*Value in 2010 to facilitate both curricular mapping and pharmacy practice experience rotational information. The IPPE and APPE (Advanced Pharmacy Practice Experience) information will be entered first to improve communication with preceptors, site directors, and students as well as facilitate student assignments. Quality control (1) Standardized forms are used for regularly scheduled experiential site visits as well as the OSCE experiences. (2) Through the JCIP (Joint Commission on Internship Programs), all Texas pharmacy programs meet to streamline the Texas standardized student evaluation forms

and standardized rotations start and stop dates. (3) Site visit(s) by experiential directors/assistant dean are occurring on a regular basis with an average of at least three visits weekly (meeting goal). The standardized AACP rubric is utilized to review sites for legal compliance and suitability.

*Educational Assessments:* Examples of educational assessments initiated since the last visit include: (1) ARS (Automatic Response Systems a.k.a. clickers) used in the classroom to provide immediate feedback to both the professor and student about learning comprehension and application, (2) Computer Chat Room – tool for students to clarify points from classroom discussions and lectures with professor, (3) OSCE, and (4) Portfolio Development utilizing E\*Folio.

*Curricular Mapping:* Initiated in 2006, curriculum mapping & inventory created by the Curriculum Committee includes a systematic approach utilizing individual student feedback from assessment, like MileMarker performances, course grades, and course evaluations.

Continued curricular review. The Curriculum Committee continues a systematic review of the curriculum to reduce unnecessary and undesirable curriculum overlap, to enhance integration/coordination of course material, and to ensure introduction of new topics & current information. As a result, the following curricular changes occurred since 2008: (1) Removed overlap in management series.(2) Re-sequenced toxicology into PY2 year to improve content flow with basic sciences curriculum.(3) From student members input, created stand-alone calculations course to ensure emphasis on the critical importance of mastering and applying this skill set to patient care and changed grading scheme from Pass/Fail to letter grade.(4) Created a skill's inventory, e.g. diabetic foot exams, chart reviews, bone density screening. This committee is also benchmarking curriculum delivery, i.e. modulation, integration, and curriculum flow and content with two selected schools. After review & discussion, the committee will provide feedback and/or recommend changes to faculty by fall 2011.

*Prepharmacy Prerequisite Review:* The Admissions Committee is currently reviewing prerequisite coursework to determine the value of specific courses, e.g. anatomy/physiology (add). Next Step in student learning and assessment. Beginning in fall 2011, the UHCOP with Baylor College of Medicine & Texas Women's University's nursing program intend to offer multidisciplinary patient simulation training for medical, nursing, & pharmacy students. The OSCE experience will expand in a step-wise fashion to include additional classes. Introductory and Advanced professional experiences adequately supported: Pharmacy experiential programs are adequately supported with an assistant dean, three directors, and a secretary. Additional college clinical faculty assist with seminars, examinations, and precepting. Over the past two years, 9.5% of APPEs were precepted by college clinical faculty. Concern continues related to fees charged by 87% of acute care practices sites as well as out-of-state competition for TMC sites. In the past, the college utilized unfilled faculty lines and DDT (differentiated designated tuition) for payment to these sites. However, all advanced ambulatory sites and a small number advanced hospital sites are offered as a professional service and the college is not charged. IPPEs are adequately supported with personnel and there are no sites fees for IPPE in the hospital, home care, assisted living, or ambulatory care facilities. Continue to measure cognitive learning, mastery of essential practice skills and the abilities to communicate

effectively and to use data in the critical thinking and problem solving processes. IPPE I & II and the OSCE are the most recent example of how the college is measuring cognitive learning, mastery of essential practice skills, and the abilities to communicate effectively, and to use data in the critical thinking and problem solving processes.

**Standards for Students** Enrollment Management. A. Continue support for student involvement: Faculty encourage and guide students with poster presentations and competitions. Examples include:(1) Locally students participate in the annual TMC interdisciplinary team competition with dental, medical, law, and nursing students, & over the past five years over 90 pharmacy students annually participate in our college patient counseling competition. (2) Statewide involvement includes TSHP (Texas Society of Health Systems Pharmacists) clinical skills competition and TPA (Texas Pharmacy Association) patient counseling competition (2010 1<sup>st</sup> place). (3) National examples include: NCPA (National Community Pharmacists Association) Business Plan Competition (3<sup>rd</sup> place 2006), ACCP (American College of Clinical Pharmacists) Best Research Poster Award (2006), APhA-ASP Student Executive Committee Member (2007), Top Ten in ASHP Clinical Skills Competition (2009), 1<sup>st</sup> place APhA Mortar & Pestle Professionalism Essay Award (2009), 2<sup>nd</sup> Place APhA National Patient Counseling Competition (2009), SNPHA (Student National Pharmacists Association) president-elect (2010), ACCP (American College of Clinical Pharmacists) National StuNET advisory committee member (2010), PLS (Phi Lambda Sigma) Founders Award Committee member (2010). Until January 2011, students were eligible for college travel support to national/state events; however, due to budget cuts, student travel funds are very limited & the college is actively soliciting external funds for student travel. B. Student Development: (1) First annual Internship Fair in 2006 for PY1 students, (2) Professional Convocations offered each semester, (3) Strength Finder Exercise to support students discovery of their own talents and to engage students with the college, (4) Networking and Etiquette Seminar started in the fall of 2009 for PY1 class, and (5) Student initiated dress code adopted in the fall of 2010. C. Academic Standards: Effective 2007, faculty approved a policy limiting the length of enrollment of a PharmD student to six years. It is too early to determine if this will impact overall graduation rate.

**Standards for Faculty** Effective faculty recruitment and retention by compensation sensitive to an increasing competitive market.

*Continue to address for the past 4 years salary pool and merit raises release time for consulting.* Twelve FTE (full-time-equivalent) faculty lines were added since the last accreditation site visit – six in each department and there were 26 hires and 14 departures (58.4 current total lines). At the time of the last site visit, there were 38.42 filled FTE across both departments plus 8 vacancies (46.42 total).

University of Houston & System Administration FY 2007-2011 Salary Increase			
		Faculty	Staff
FY2011	Merit Increase	3%	3%
FY2010***	One time payment	\$300	\$300
FY2009**	Merit Increase	3%	3%
FY 2008	Across the Board	0%	2%
	Merit Increase	4%	2%
FY 2007*	Across the Board	0%	2%
	Merit Increase	0%	2%
* Mid Year Salary Increase Effective Jan 1, 2007			
** Separate Pool of .05% in addition to 3% merit for faculty adjustments (e.g. merit/equity)			
*** Onetime payment to faculty/staff below \$50,000			

Although salary compression exists, the college makes an effort to counter/offset salary and research package offers from other academic programs in an effort to remain competitive. The college continues its release time policy for consulting,

e.g. providing educational lectures, legal work. *Adequacy of professional and administrative support staff:* As of January 2011, the college is supported by 34.1 FTE qualified professional and administrative staff including cross-trained individuals to assist faculty, students, and guests. This includes: 8 FTE across two departments (4 in each), and an additional 4.1 FTE college administrators, 6 FTE dean's office, 7 FTE CBO, 6 FTE student services, and 3 FTE information technology (IT). During the last accreditation visit, the college employed 29 FTE professional and administrative staff. Faculty development efforts: Faculty attend various academic teaching & development programs, e.g. AACP teaching seminars. Dr. D. Eikenburg was recognized as one of only five faculty members university-wide for the 2010 Teaching Excellence Award. The college supported both associate deans to complete the AACP Academic Leadership Fellows Program.

***Standards for Library and Learning Resources:*** *Need for continued and adequate support for college's technology initiatives.* (1) The college hired a full-time Instructional Designer summer 2006. (2) All classes utilize an online University learning management system to augment the didactic or laboratory experience. (3) The pharmacy library relocated to the main campus MD Anderson Library to reduce library expenses and redundancy. (4) LRC (Learning Resource Center) created in the fall of 2010 from remodeled & reconfigured college library space includes 42 individual study carrels and eight large group worktables plus computers, printers, and copy machine. (5) New video-conferencing Polycom Distance Learning System technology installed in SR2 large classroom and mobile cart for conference rooms which is linked to the TMC classroom and conference room to accommodate distant learning and meetings (2010). (6) Currently, the college is adopting a Printer Management System to track student printer usage to ensure equitable and sustainable use of printing resources. The fall 2010 pilot phase showed a dramatic decrease in printed pages.

***Standards for Physical and Pharmacy Practice Facilities*** An update regarding further enhancement to the College's physical facilities. *Upgrades to the TMC:* (1) Outdated network cabling replaced with fiber optic communication link. (2) Replaced wireless bridge to main campus with Opt-E-Wan hard-wired connection that improves download speed. (3) Remodeled 2<sup>nd</sup> floor space to create offices for pharmacy practice assistant dean & administrative assistant (4) PharmD student lounge remodel & upgrade to student learning center. *Upgrades to the Main Campus (SR2):* (1) Student lounge expanded to increase space to congregate for lunch and informal visiting/studying & student meetings. (2) Establishment of a faculty/staff lounge to provide an area for lunch and socializing. (3) Creation of a pharmacy student organization office to house student organization records and supplies as well as hold officer meetings. (4) Establishment of LRC to provide individual study carrels and group study area. To accommodate the projected increase of PharmD students, we are currently working with the University's Facilities Planning Office for a new 132,000 square foot pharmacy building with three large classrooms, each accommodating 250 students. *Upgrades to Research Laboratory:* A \$500,000 remodel to labs and facilities on the 4<sup>th</sup> and 5<sup>th</sup> floors of the SR2 building completed summer 2005 with funding provided by the UH Office of Vice President for Administration and Finance. In 2009, the college supported creating core imaging facilities (\$300,000). *Upgrades to student labs:* (1) Community Pharmacy Practice Lab: Currently, the college is in the final planning stages with a

retail pharmacy chain to convert the 30 individual work stations to nine counters to model community pharmacy workflows.

(2) Sterile Products Practice Lab: In fall 2008, the college added four individual "mock" laminar flow hoods.

*Strong support from a broad array of pharmacy practice facilities. Particular attention to community and ambulatory care family medicine practice sites.* In accordance with the 2007 standards, 100% of the students in the classes of 2009, 2010, and 2011 have at least one ambulatory care APPE among their 7 APPEs. Examples of ambulatory care family medicine practice sites include community health care centers, lipid and anticoagulation clinics, oncology clinics, outpatient infusion centers, and primary care clinics. *Enhanced quality control procedures:* The University and the college completed a preliminary IT review in 2010 and is now in the process of a comprehensive review. For example: The college enterprise servers are currently being migrated to the University's server hosting site to provide better stability in terms of power supply in, cooling, and other physical security issues. The college IT assistant director is developing written computer security procedures, e.g. phishing, patching, and regularly scheduled data backup. There is also increased security to animal facilities through installation of cameras and numeric pad access (2010).

**Standards for Financial Resources** A. An update regarding fiscal support flowing to the College. In 2008, DDT increased \$20 per professional student credit hour which generated permanent funding, an annual addition of \$282,500. The consolidation of college business functions to one central business office in April 2010 is projected to generate approximately \$240,000 annually by reducing redundancy and improving college business practices. During August 2009, two staff positions were eliminated through a reduction-in-force (RIF) in response to a budget reduction mandate. In fall 2010, a 10% base budget cut was absorbed through the Dean releasing two unfilled faculty lines as well as limiting travel and entertainment expenses, improving personnel management, and improving purchasing economies. Faculty and staff each had one mandatory furlough day in 2010. Five staff positions were eliminated in fall 2010. The college reassigned these responsibilities to current staff and planned a transition for the college's financial aid services to be redirected to the UH financial aid office to help minimize disruption of services to pharmacy students. The college will be experiencing at least an additional 2.5% base cut 2011 spring/summer, from the current fiscal year's budget. In fall 2012 and 2013, the next biennium, an additional 10-25% base cut may occur (reduction of \$400,000 to \$1,000,000). Additional staff reductions, possible faculty reductions, and faculty/staff furloughs are anticipated. B. Faculty amended the college bylaws in September 2010 to create a Budget Advisory Committee, membership of both faculty and staff, to assist in addressing annual budgetary concerns and to make recommendations to the Dean. C. The college has employed a total of three development officers over the last five year period. One left to start his own business, the second left for medical reasons, and the third resigned in December 2010 to transfer within the University. The duties of the development officer will be distributed amongst the strong alumni coalition as well as faculty alumni. D. An update regarding steps to work with the University to plan for the College's future needs. A proposal is currently at the Texas Higher Education Coordinating Board for tuition revenue bond funding approval to assist funding the new Pharmacy building ([PC-1](#)).

	S	N.I.
The college or school has progressed in each area since ACPE's last comprehensive visit.	<input checked="" type="radio"/>	<input type="radio"/>
The college or school has addressed any concerns previously raised by ACPE.	<input checked="" type="radio"/>	<input type="radio"/>
The college or school has adhered to the reporting guidelines, limiting the total summary to no more than 6 pages of double-spaced, 12-point text.	<input checked="" type="radio"/>	<input type="radio"/>

# Evaluation of Individual Standards

## Mission, Planning, and Evaluation

### For Standards 1-3:

Use a check  to indicate the information evaluated to assess the standards in this section:

- The current mission statement, goals, objectives, and core values for the college or school of pharmacy. (1)<sup>1</sup>
  - The Institutional Mission Statement and Goals. (1)
  - Descriptions of how the college or school's mission is aligned with the mission of the institution. (1)
  - Description of how the mission and associated goals in education, research/scholarship, service and practice are developed and approved by all stakeholders. (e.g., Committee meeting minutes, Faculty meeting minutes). (1)
  - Description of how the mission is being assessed and followed. (1)
  - Description of how and where the mission statement is published. (1)
  
  - The college or school's strategic plan for achieving its mission and goals. Plan should include: (2)
    - timelines for action scheduled at appropriate intervals (e. g., quarterly, semi-annually, etc.); (2)
    - person(s) identified as accountable for management and/or action for the stated events; (2)
    - identification of resources (not limited to time and finances) for the relevant items; (2) and
    - yearly review of the entire plan with continuation or proper re-direction dependent on new information and results. (2)
  - The Institutional strategic plan to achieve its mission and goals. **(To be made available on-site.)** (2)
  - Description of how the strategic plan was developed (including evidence of stakeholder input). (2)
  - Evidence of support and cooperation of University administration for the college or school plan (e.g., letters of support from the university administration, administrative actions taken in support of the plan, etc.). (2)
  - Evidence documenting that the strategic plan is driving decision-making in the college or school. (2)
  
  - Copy of the evaluation plan. (3)
  - Examples of instruments used in assessment and evaluation. (3)
  - Evidence of assessment in all components of the program's mission. (3)
  - Evidence that assessments resulted in improvements. (3)
  - Examples of analyses/evaluation findings/reports generated as a result of assessment and evaluation activities. (3)
  - Description of the members of the Assessment Committee (or equivalent) and charges in the last academic year. (3)
  
  - Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
  - Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
  - Other documentation or data that provides evidence of meeting the standard.
- 

<sup>1</sup> Standards are noted in parentheses.

**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.<sup>2</sup> 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.

	S	N.I.
The college or school has 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 mission statement is compatible with the mission of the university in which the college or school operates.	●	○
The college or school's 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, and the assessment and evaluation of desired outcomes.	●	○
For new college or school initiatives and alternate pathways to degree completion, the college or school ensures that: <ul style="list-style-type: none"> <li>• the initiatives are consistent with the university's and the college or school's missions and goals</li> <li>• the same commitment is demonstrated to all students, irrespective of program pathway or geographic location</li> <li>• resources are allocated in an equitable manner</li> </ul> <p style="text-align: right;">N/A (no alternate pathways, etc.) ■</p>	○	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines:**

The mission of UHCOP is published in the catalog and is available on the college's website (1-A). It was revised and adopted in 2008 to reflect the college's responsibility to train and promote pharmacist-delivered patient care, self-directed lifelong learning behavior, and leadership abilities in the professional program. Furthermore, the mission acknowledges the need for scholarly activity in the areas of basic sciences, clinical sciences, and innovation of teaching. The commitment to the mission is evident in the Vision Statement, which states, "The College will be a leader in education, research, service, and pharmacist-delivered patient care in a diverse society to develop life-long learners and improve health outcomes." Both the UHCOP Mission and Vision statements have been shaped by and are consistent with the University of Houston's Mission and Goals with a shared value of becoming an internationally recognized institution by conducting and promoting research in the areas of basic research, applied research, and scholarly activities while incorporating these elements in service to improve the quality of life for our community, our nation, and the world (1-B). Ultimately, the mission serves as the guide for the activities and efforts of the College and is assessed and evaluated by programmatic assessments (1-C; 1-D).

<sup>2</sup> The term "university" includes independent colleges and schools.



Comments:

Noteworthy accomplishments by the college include our faculty, students, and alumni involvement in our community in normal times and times of disaster and/or potential pandemics. Our faculty, students, and alumni participate in delivery of patient centered care through routine community outreach in the form of health fairs (e.g. Humble Health Fair) and delivery of immunizations during normal times and potential pandemics (e.g. Influenza/H1N1). In fact, over 9,000 immunizations were provided by our students and faculty to address the H1N1 threat in 2009. Likewise, our faculty, students, and alumni rose to the challenge to provide necessary pharmacist-delivered patient care during Hurricane Katrina. These stakeholders worked in an interdisciplinary effort to assist thousands of displaced people with their medical and pharmaceutical needs despite the lack of infrastructure.

In the area of scholarship the College has had both tenure and non-tenured faculty recognized at the University level in the form of the UH Teaching Excellence Award for Tenured Faculty 2009-2010 and finalist for UH Teaching Excellence Award for Non-Tenured Faculty 2009-2010. Furthermore, annual research funding has increased from \$2.8 million to \$6.1 million over the last five years.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<p>The college has a dynamic, long-term mission with broad coverage that was created through group processes that include faculty endorsement.</p> <p>The college or school's mission is aligned with the university's mission.</p> <p>The college or school's goals include fundamental commitments to preparing students who possess the competencies necessary to provide pharmacist-delivered patient care.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<p>The college has a short-term mission with limited coverage that was created with little input or faculty endorsement.</p> <p>The college or school's mission is not aligned with the university's mission.</p> <p>The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</p> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<p>The college has no mission or no goals.</p> <p>The college or school's goals do not include commitments to preparing students who possess the competencies necessary to provide pharmacist-delivered patient care.</p> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	Ok	N.I.
The program is in the process of or has developed, implemented, and regularly revises a strategic plan to advance its mission and 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.	●	○
Substantive changes are addressed through its 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.	●	○
The college or school monitors, evaluates and documents progress toward achievement of strategic goals, objectives, and the overall efficacy of the strategic plan.	●	○
The program notifies ACPE 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) <input type="checkbox"/>		
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The college is guided by a dynamic strategic plan that was revised in 2008 with eight strategic initiatives identified through a SWOT analysis conducted at an Executive Council Retreat (2-A). The effort included input from faculty, students, and alumni (e.g. Annual Faculty Retreat, Executive Council, Dean's Advisory Committee, and Pharmacy Council). The accomplishment of the focused strategies along with the strategic adjustments are reviewed and approved by the faculty annually, and the strategic plan is listed on the College's Website (2-B). These strategies have produced desired outcomes by increasing Introductory Pharmacy Practice Experiences (IPPEs), enhancing and establishing collaborative relationships with partner organizations/institutions, increasing the number of elective course offerings, and implementation of innovative teaching and assessment methods (e.g. audience response technology – “clickers” and OSCE). According to the AACP Faculty Surveys 2007–2010, a majority of faculty have strongly agreed or agreed that they have been included in the strategic planning and that the College effectively employs strategic planning (2-C).

In the past, the strategic plan progress was tracked by the Dean's Office and reported to and approved by the faculty. Most recently, the Dean has determined the Center for Assessment will be responsible for tracking and reporting on progress related to the strategic plan as component of programmatic assessment.

**Comments:**

While the College recognizes achievement of strategic initiatives set forth in the UHCOP Strategic Plan 2008, we acknowledge the need to revise the strategic plan to include important areas for consideration as identified through our self-study and the Joint Commission of Pharmacy Practitioners Vision 2015 (2-D). The strategic planning will take place in the spring/summer of 2011 and the tracking of progress will be a function of the UHCOP Center for Assessment.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<p>The strategic plan was developed and endorsed by the faculty as a whole and is reviewed at least annually.</p> <p>The strategic plan lists all responsible participants and timelines.</p> <p>Strategic planning includes preceptors and alumni.</p> <p>The strategic plan identifies planned substantive changes (e.g. enrollment growth, expanded programs, satellite campuses).</p> <p>The faculty are keenly aware of the strategic plan in areas that are assigned to them.</p> <p>Goals in the strategic plan are being accomplished.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<p>The strategic plan was developed with little input or faculty endorsement and has no timeframe for review and revision.</p> <p>Strategic planning excludes key constituents such as preceptors and alumni.</p> <p>The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</p> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<p>The college or school is not following its strategic plan or has none.</p> <p>The strategic plan does not address substantive changes (e.g., enrollment growth, expanded programs, satellite campuses) that have taken place or are planned.</p> <p>The faculty are unaware of the strategic plan in areas that are assigned to them.</p> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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.	●	○
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 checked="" type="checkbox"/>		
The program assesses achievement of the mission and goals.	●	○
The analysis of process and outcome measures are 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 college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The college Executive Council and the Strategic Planning Committee provide ongoing evaluation and assessment of the College’s strategic plan. [\(2-B\)](#)

The college has in place a variety of methods by which to assess the effectiveness of the professional program. The Assessment Committee is a standing committee chaired by a faculty member appointed by the Dean, and is responsible for programmatic assessment. Members include a committee chair and two faculty members from each of the UHCOP departments, the Department of Clinical Sciences and Administration (CSA) and the Department of Pharmacology and Pharmaceutical Sciences (PPS), along with one professional student and one graduate student. The Associate Dean for Academic Affairs, the Associate Dean for Operations, Chair of the Curriculum Committee, and the Director of the Center for Assessment serve in an ex-officio capacity. Charges to the Assessment Committee and Center for Assessment include comprehensive programmatic assessment including scholarship and research, development and maintenance of the OSCE assessment process, the application and evaluation of the MileMarker Examinations (MMEs), and review of the professional program’s terminal outcomes. The Center for Assessment was established as a conduit of change and assessment and has historically concentrated on the assessment of the curriculum; however, the scope of activity has recently broadened to include all aspects of programmatic assessment.

Assessment efforts have typically encompassed collecting both objective and subjective data using formative and summative assessments. Among the assessment tools employed are: (1) prior knowledge assessment which provides an individual student knowledge assessment for students entering the professional program, (2) student reflections

regarding their confidence in specific learning areas, and (3) formative and summative progress assessments, which are administered after completion of the professional year one (PY1), professional year two (PY2), and professional year three (PY3). Furthermore, data regarding North American Pharmacy Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) scores are evaluated. The summative and formative assessments are ongoing in direct relationship to courses and desired proficiencies. The activities and findings of the Assessment Committee as they relate are conveyed to the Curriculum Committee for review and action regarding needs for curricular enhancement and change. Currently, the Center for Assessment and Assessment Committee are in the process of expanding their scope to include comprehensive programmatic assessment, including such areas as tracking of progress of the UHCOP Strategic Plan, research outcomes, and service.

**Comments:**

The Center for Assessment and the Assessment Committee have developed a comprehensive programmatic assessment map and plan that will serve to enhance the exchange and translation of assessment data to aid in providing continuous quality improvement for all aspects of the program (1-C; 1-D; 2-B). Furthermore, the Center for Assessment will provide organization structure and support for continuous programmatic assessment. This data is used by Executive Council and the Strategic Planning Committee and their assessments of the Strategic Plan.

**Quality Improvements:**

Under our upcoming strategic planning process we will further align our college committees and assessment structure by developing a central repository for assessment of all activities of service, teaching, and research through options such as E\*Value™, SharePoint, and the College website.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
The college or school has identified outcomes for all its goals. The evaluation plan outlines a systematic process to measure achievement of the outcomes. The college or school's assessment activities involve other areas than just curriculum, such as outcomes of faculty research. Individuals have been assigned specific responsibilities in the evaluation plan. The evidence of achievement shows that the college or school is educating students to become generalist practitioners as well as meeting the specific mission of the program.	The college or school's assessment activities are limited to just curriculum. The evidence of achievement shows that the college or school is not educating students to become generalist practitioners or to meet the specific mission of the program. The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.	The college or school has not identified outcomes or it has no systematic process to measure achievement of the outcomes. No one has been assigned the responsibility for evaluating the plan.
<input checked="" type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard

## Organization and Administration

### For Standards 4-8:

Use a check  to indicate the information evaluated to assess the standards in this section:

- Document(s) verifying institutional accreditation. (4)
  - Report of any deficiencies from institutional accreditation. (4)
  
  - University and college or school organizational charts. (5, 7)
  
  - Description of number and nature of affiliations external to the college or school. (6)
  - Example of affiliation agreements for the purposes of experiential education and professional services. (6)
  - Evidence of contract for each affiliation. **(To be made available on-site.)** (6)
  - Description of academic research activity outside the college or school. (6)
  - Description of alliances that will produce interprofessional education. (6)
  
  - Written bylaws and policies and procedures of college or school (e.g., copy of Faculty Handbook, **to be made available on site**). (7)
  - Job Descriptions for Administrators. (7)
  - List of committees with their members and designated charges. (7)
  - List of support staff within each department/division. (7)
  
  - Desired qualifications and responsibilities of the Dean (from job description or position announcement). (8)
  - Synopsis of Curriculum Vitae of the Dean. (8)
  - Evaluations of the Dean's performance (e.g., annual review, 5-year review, 360-evaluations). (8)
  
  - Interpretation of the data from the AACCP Surveys of Students, Faculty, Preceptors and Alumni.
  - Raw data from the AACCP Surveys of Students, Faculty, Preceptors and Alumni.
  - Other documentation or data that provides evidence of meeting the standard.
-

**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.

	S	N.I.
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 program 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"/>	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The University of Houston (UH) is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award baccalaureate, master's, and doctoral degrees. The University has been continuously accredited since 1954 and was recently re-accredited in 2008 through 2018 ([4-A](#); [4-B](#)). In addition, UH is a member of the Council of Graduate Schools, the National Commission on Accrediting, the Association of Texas Colleges and Universities, the American College on Education, the Association of American Colleges, the Association of Urban Universities, and the National Association of State Universities and Land Grant Colleges.

The college routinely reviews and documents substantive administrative changes that may influence the professional program. Substantial changes are identified and included in interim reports to ACPE by the office of the Dean.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>Documentation of regional/institutional accreditation is included.</li> <li>If the regional/institutional accreditation status changes, the Dean can articulate how the changes affect the college or school. (ACPE review procedures.)</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>The institution has applied for regional/institutional accreditation and is awaiting the outcome.</li> <li>The institution has received an adverse action and is in the process of responding to it.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>The institution has no accreditation and has not applied to become accredited.</li> <li>The institution has lost its accreditation.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The college or school is an autonomous unit within the university structure, led by a dean.	●	○
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"> <li>● programmatic evaluation</li> <li>● definition and delivery of the curriculum</li> <li>● development of bylaws, policies, and procedures</li> <li>● student enrollment, admission and progression policies</li> <li>● faculty and staff recruitment, development, evaluation, and retention</li> </ul>	●	○
The college or school's reporting relationship(s) is depicted in the university's organizational chart.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The University of Houston is one of four universities within the University of Houston System. The other universities in the System are: (1) University of Houston-Clear Lake, (2) University of Houston-Downtown, and (3) University of Houston-Victoria (5-A). All four universities operate autonomously within the University of Houston System and are governed by a single Board of Regents. The President of UH, Renu Khator, Ph.D., also serves as the Chancellor of the University of Houston System (5-B). In the organizational structure, the UHCOP, is an autonomous unit within the University structure and is led by Dean F. Lamar Pritchard, Ph.D. (5-C), who reports to the Senior Vice President of Academic Affairs and Provost, John Antel, Ph.D. The Senior Vice President of Academic Affairs and Provost also holds the appointment of Senior Vice Chancellor of the University of Houston System (5-D). The UHCOP is one of fifteen colleges within the University (5-E). Deans of all colleges report to the Senior Vice President and Provost. The Deans attend a monthly meeting of the University Council of Deans chaired by the Senior Vice President of Academic Affairs and Provost. Furthermore, the Dean meets with the Senior Vice President of Academic Affairs and Provost on a regular basis to discuss specific issues pertaining to the UHCOP. As needed, the Dean also meets with the Chancellor and Interim Vice President for Research, Donald Stuart Ph.D., to request research support for new and existing faculty and the College Research Institutes (5-F). The interaction of the Dean with University officers such as the Vice President for Research and the Vice President for Administration and Finance has proved useful as indicated by the increased level of support to the College in matters pertaining to teaching, research, personnel, and physical infrastructure. According to the 2010 Dean's Evaluation and Staff Survey, 80% of Faculty and 55% of Staff either agreed or strongly agreed that the



Dean effectively worked and communicated with University administration on behalf of the College of Pharmacy (5-G, n=24; 5-H, n=38).

### **UHCOP Acts in Accordance with all ACPE Accreditation Standards**

Dean Pritchard, (5-I) and the UHCOP Business Administrator, Shaki Commissariat, M.B.A. (5-J), work at the administrative level to manage and to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources. Resources are allocated with advice from the executive leadership team and faculty input to meet the Accreditation Council for Pharmacy Education (ACPE) standards.

### **UHCOP Participation in University Governance**

The UHCOP participates in the governance of the University in accordance with its policies and procedures through shared governance between faculty, administration and students. Faculty participation in University governance occurs through the Faculty Senate, which provides a framework for cooperation and communication between UH faculty and the administration. The Faculty Senate, together with other University constituencies, works to achieve the common vision of excellence for the University. The Senate allows each faculty member an opportunity in developing academic policies, establishing performance standards, and in protecting academic freedom; thus having a primary responsibility for curricular matters and degree programs. The Faculty Senate provides a venue whereby representatives can offer recommendations to the administration pertaining to the academic and operational improvement of the University as well as matters concerning the improvement of the general welfare of the faculty. Correspondingly, the Faculty Senate provides the means whereby the administration can refer academic, operational, or common interest matters to a body representing the entire faculty. The UHCOP has two seats on the Faculty Senate and senators are elected by the faculty to represent the College and the faculty as a whole, in compliance with the *Constitution of the Faculty Senate* (5-K). UHCOP senators have taken on leadership roles for many Senate subcommittees and one currently serves as the Senate Chair of the Budget and Finance Committee. In addition to the representation on the Faculty Senate, UHCOP faculty routinely serves on University committees and task forces such as Institutional Animal Care and Use Committee, Institutional Review-Board and Protection of Human Subjects Committee, University Research Council, University Biosafety Committee, Promotion and Tenure Committee (P&T), and Graduate Professional Studies Council (GPSC) (5-L).

### UHCOP Autonomous Relationship with the University

The UHCOP makes every effort to maintain an autonomous relationship within the bounds of UH policies and procedures as well as the State of Texas and federal regulations. This autonomous relationship is defined in the following areas regarding policies, procedures and regulations, including: (a) programmatic evaluation, (b) definition and delivery of the curriculum, (c) development of bylaws, policies, and procedures, (d) student enrollment, admission, and progression policies, and (e) faculty and staff recruitment, development, evaluation, and retention.

- a. **Programmatic Evaluation:** The UHCOP evaluates its program using several measurement tools as described in the assessment plan. [\(1-D\)](#) In addition, the UHCOP provides programmatic assessment data to the University Office of Institutional Research.
- b. **Definition and Delivery of the Curriculum:** The UHCOP has the autonomy to develop, maintain, and deliver its own curriculum within the framework of the UH and the University of Houston System. The UHCOP curriculum is overseen by the UHCOP Curriculum Committee with membership determined by the UHCOP Bylaws. [\(5-M\)](#), [\(5-N\)](#).
- c. **Development of Bylaws, Policies, and Procedures:** The UHCOP operates within the University's bylaws, policies, and procedures as stated in the UH Faculty Handbook [\(5-O\)](#). Areas unique to the UHCOP have additional policies and procedures, as outlined in the UHCOP Bylaws. [\(5-N\)](#)
- d. **Student Enrollment, Admission, and Progression Policies:** All areas concerning the UHCOP PharmD student admissions and progression policies are governed by the UHCOP PharmD Admissions and Progression Committee, which reports to and makes recommendations to the Dean.
- e. **Faculty and Staff Recruitment, Development, Evaluation, and Retention:** The UHCOP follows the University guidelines [\(5-P\)](#) concerning faculty and staff recruitment and hiring. However, the UHCOP maintains full autonomy in the selection process. Within the framework of University policies, the UHCOP maintains responsibility for faculty development, evaluation, and retention. The UHCOP Faculty Advisory Council and department chairs are charged with implementation of UHCOP specific programs to supplement University programs. Policy is in place stipulating that all faculty are to be evaluated by their department chair each year [\(5-O\)](#); [\(5-Q\)](#)

### UHCOP Reporting Relationship

The UHCOP reporting relationships, with the University as well as within the College, are depicted in the following documents which include: (1) a: UH System Organizational Chart [\(5-A\)](#); (2) UH Main Campus Organizational Chart [\(5-B\)](#); and (3) UH College of Pharmacy Organizational Chart [\(5-D\)](#).

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The college or school is led by a dean.</li> <li>• The college or school has established faculty bylaws and governance.</li> <li>• The college or school is in control of its curriculum.</li> <li>• The college or school is in control of its own admission policy and hiring.</li> <li>• Faculty serve on university-wide committees.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school is led by a temporary or interim dean and is in the search process for a permanent dean.</li> <li>• The college or school is developing faculty bylaws and governance and there is evidence that they will be implemented.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> <li>• The dean lacks autonomy in certain areas or has undue outside influences.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has no dean.</li> <li>• The college or school is led by a temporary or interim dean for an extended period.</li> <li>• The college or school has no faculty bylaws and governance or uses the university bylaws without having them formally accepted by the faculty.</li> <li>• The college or school is not in control of its curriculum.</li> <li>• The school is not in control of its own admission policy and hiring.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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.	●	○
The relationships, collaborations, and partnerships advance the desired outcomes of the professional degree program, research and other scholarly activities, service and pharmacy practice programs.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The college receives University support in its established academic, research, and other scholarly activity. Participation in these activities is required by all faculty. The college has been an active member of the Texas Medical Center since 1980. With the full support of the University, the College has developed numerous affiliations with local, state, and national organizations to further the College mission and goals and enhance inter-professional education. (6-A, 6-B, 6-C) These affiliations enable the College faculty to provide a multidisciplinary training model for UH pharmacy students and promote collaborative research opportunities for faculty. Several examples of collaborative relationships resulting in enhanced educational opportunities, increased research and scholarly activities and provision of direct patient care include the development, implementation, and maintenance of a secondary prevention lipid clinic, as well as an antimicrobial stewardship program which recently received the ASHP Best Practices Award 2010. The relationships developed as a result of these affiliation agreements provide clinical experiences for PharmD students and enable the college’s faculty to share their clinical expertise with the broader community.

**Comments:**

It should be noted that faculty interact extensively in research and educational efforts in the Texas Medical Center. Many UHCOP faculty members have joint appointments with other medical institutions and hospitals (6-C). These relationships, collaborations, and partnerships advance the desired outcomes of the professional degree program, research and other scholarly activities, service and pharmacy practice programs (6-D).

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>The college or school has strong ties with health institutions and sister organizations.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>The college or school has weak ties with university health institutions and sister organizations.</li> <li>The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>The college or school has no formal ties with health institutions and sister organizations.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The college or school is organized and staffed to facilitate the accomplishment of its mission and goals.	●	○
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 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.	●	○
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's administration is aware of problems and issues of the student body.	●	○
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.	●	○
The administration is aware of faculty needs/problems.	●	○
The administration is responsive to faculty needs/problems.	●	○
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 alt. pathways) ■	○	○
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 alt. pathways) ■	○	○
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 alt. pathways) <input type="checkbox"/>	●	○
The college or school has addressed the guidelines for this standard.	●	○

## Describe how the program is meeting the Standard and Guidelines.

### College Organization

The organizational structure within the college consists of the Office of the Dean, two academic departments (CSA, PPS), Office of Research, and the Center for Assessment. Department Chairs administratively direct the departments with their responsibilities clearly defined by the University ([5-Q](#)) and the College of Pharmacy Bylaws ([5-N](#)). There are also directors for various student services areas, assessment and research institutes. The college's Executive Council Leadership team consists of the Dean, Associate Deans, Executive Vice Dean, College Business Administrator, Assistant Deans, Department Chairs and Assistant Department Chairs. The college organizational chart is provided in the appendix ([5-D](#)).

Staffing at the college level and within the departments currently meets the present needs. However, due to recent state budgetary cuts, four non-academic staff positions have been impacted by reductions in force and responsibilities have been reassigned within the college or secured at the university level. An example would be university support of college IT efforts and website development. According to the AACP 2010 Pharmacy Faculty Survey Summary Report ([2-C](#), n=41) and UHCOP 2010 Staff Survey ([5-H](#), n=38), 76% of faculty and 66% of staff either agreed or strongly agreed that staffing was adequate at the current time in the College of Pharmacy. Over time, the college increased staffing to meet the educational mission of the college and the needs of the students. Overall, each of the college's units has the necessary staff support in the form of permanent, part-time, temporary, and college work-study personnel.

### Philosophy of Management

The philosophy of management is one of "from the bottom up" meaning that the Dean empowers the faculty with the responsibility of routine college functions (e.g. comprehensive committee work on curriculum, retention, admissions, progression, budget, facilities planning, and other college related issues). Faculty members play an active role in the operation of college and formulation of policies. A comprehensive committee structure exists and involves most faculty serving in one or more committees ([5-M](#)). Students, as well as alumni, preceptors, and staff are voting members on many of the committees. Aspects related to management within the college are discussed during both the Executive Council (including ex-officio members) and Executive Council Leadership Team (Executive Council excluding ex-officio members) meetings that are held monthly to discuss the issues related to their respective areas of responsibility. ([5-M](#)) The Dean uses these forums to actively seek input from the college leadership teams on a variety of operational issues, as well as formal recommendations. The minutes of Executive Council's monthly meetings are distributed to Department Chairs as a means of keeping an open line of communication between the leadership team. Faculty meetings are scheduled once a semester to discuss business and matters concerning the college. There is an annual two-day faculty

retreat each spring. Faculty meetings within the department are conducted by the chairs once a semester and as needed. The chairs are charged with meeting with each faculty member and discuss their annual faculty activity report as well as academic and professional goals.

### **Bylaws policies and procedures**

Within the College, actions are carried out under College Bylaws that have been developed, approved, and revised by the faculty (5-N). Revision occurs on a regular basis and is under the supervision of the Faculty Advisory Council. All revisions are distributed and approved by a majority faculty vote. The professional program within the college operates in autonomous manner (within University policy) controlling its own recruitment of students, standards for admissions, admissions process, and standards for student progression. The Bylaws, as well as the policies and procedures for faculty, are addressed in the University's Faculty Handbook (5-O) and for student enrollment, admission, and progression policies are addressed in the college's Student Handbook (7-A)

Critical data is backed up on both onsite and offsite servers (7-B). The existing system ensures that all the data can be retrieved in case of disaster.

### **Communicating with stake holders**

Various formats for communication amongst the different internal and external constituents of the college are used. Electronic list-serves exist for each class, making it possible to communicate with the entire student population in a timely fashion. In addition a faculty and staff list-serve also exists within the college. The college's Communications Office currently publishes electronic news releases and a biannual newsletter, *Interactions*, in both hard copy and electronic format that is sent to students, faculty, staff, alumni, donors, and friends (7-C). This means of communication ensures frequent contact with all constituencies of the college and provides an opportunity for feedback on issues of interest to them. At the college, the Dean has an open door policy whereby faculty, students, and staff can have immediate access if necessary. In addition to the regularly scheduled meetings between the Dean and various groups within the college, *Interactions* and communications, particularly with affiliated practitioners also occur at local, state and national pharmacy education and practice related meetings.

### **Comments:**

The 2010 AACP Pharmacy Alumni Survey Summary Report indicated that 83% of the respondents agreed or strongly agreed that the college communicates effectively with them about college activities (2-C, n=24).

**Quality Improvements:**

We are utilizing distance education technologies between our main campus and our TMC campus and are currently assessing the effectiveness and quality to ensure an optimal educational outcome.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The organizational structure has appropriate channels of communication and faculty, staff and students are made aware of the chain of command within the college or school.</li> <li>• Specific review procedures exist for each organizational unit. Each organizational unit evaluates itself on its goals, objectives and contribution to the professional program. The procedures themselves are reviewed at least once every 6 years in conjunction with the self-study process.</li> <li>• Bylaws are current, approved, and adopted by the faculty. They are functional, truly guiding the activities of the faculty who are observing the letter and spirit of the document.</li> <li>• The organizational chart accurately and appropriately reflects direct and indirect reporting structures.</li> <li>• The organizational structure and staffing facilitates achievement of the mission and goals.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school is developing or updating review procedures for each organizational unit and there is evidence to show that they will be implemented.</li> <li>• The college or school is developing or updating faculty bylaws and governance and there is evidence to show that they will be implemented.</li> <li>• The organizational chart does not accurately reflect direct and indirect reporting structures.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has no bylaws.</li> <li>• Decisions are made outside the process outlined by the bylaws.</li> <li>• The college has no defined lines of authority or responsibility.</li> <li>• The college or school has no defined communication channels for faculty, staff and students.</li> <li>• Faculty or students routinely do not respect the chain of command when dealing with administrative or student issues.</li> <li>• The organizational structure or insufficient staffing impedes achievement of the mission and goals.</li> <li>• Organizational units do not collaborate to facilitate achievement of the mission and goals.</li> <li>• The college or school does not have or has inadequate policies and procedures to address potential systems failures.</li> <li>• Alternate program pathways are not integrated into the college or school's administrative structures, policies and procedures or are not supervised by a college or school administrator.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>



**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.

	S	N.I.
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.	●	○
Faculty receive adequate support from the dean.	●	○
The qualifications and characteristics of the dean relate well to those called for in the standards (i.e., <ul style="list-style-type: none"> <li>• a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems</li> <li>• a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy practice, in particular</li> <li>• publications in pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school</li> <li>• appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors</li> <li>• strong written and interpersonal communication skills</li> <li>• a commitment to systematic planning, assessment, and continuous programmatic improvement</li> <li>• a commitment to teaching and student learning, including pedagogy</li> <li>• a commitment to the advancement of research and scholarship</li> <li>• the ability and willingness to provide assertive advocacy on behalf of the college or school to the university administration</li> <li>• 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</li> <li>• a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies).</li> </ul>	●	○
The dean is responsible for directly or indirectly 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	●	○
• development and progress of the strategic plan and the evaluation plan, including assessment of outcomes	●	○
• recruitment, development, 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 college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

Dr. F. Lamar Pritchard was appointed Dean of the University of Houston College of Pharmacy in August 2009. Dean Pritchard has general administrative authority over college affairs in the areas of educational policy, budgets, and

personnel by procedures established by the University and the College By-Laws. The responsibilities of the Dean are outlined in the following document ([5-I](#)).

Prior to joining the University of Houston, Dr. Pritchard served as a professor and dean at the University of Louisiana at Monroe (ULM) College of Pharmacy (8/2005-7/2009) and professor and dean of the ULM College of Health Sciences (7/2004-7/2005). During his time at ULM, he was responsible for eight separate health sciences programs, 193 faculty and staff, and around 4,400 students. Dr. Pritchard also led and managed the State of Louisiana Medicaid Outcomes and Evaluation Office, the Prior Approval Program, and initiated the Disease Management Program. He was also responsible for the State of Louisiana Drug Information and Poison Control Center. The total budget for all of the programs exceeded \$25 million.

Dr. Pritchard is a registered pharmacist that practiced in retail, hospital, clinical, and industrial settings. He earned his Ph.D. in Pharmacy Administration in 1993, after which he joined the faculty at the University of Georgia College of Pharmacy. In his appointment at Georgia, he was actively involved in teaching undergraduate and graduate level students. Dr. Pritchard's research areas are outcomes research, disease state management, and quality management. He has served as a consultant for various pharmacy and pharmaceutical corporations, including the Wal-Mart Corp., the Kroger Company, Bristol-Myers-Squibb, Cholestech Corp., Eli Lilly Pharmaceuticals, and Glaxo-Wellcome Pharmaceuticals, Inc. Dr. Pritchard has extensive experience in multiple settings, which can be further evidenced by his *curriculum vitae* ([5-C](#)). He has spoken at numerous local, regional, and national meetings. He has been awarded numerous research and educational grants totaling over \$450,000

While Dr. Pritchard had served for less than a year as Dean of UHCOP at the time of the 2010 AACP Faculty Survey Summary Report ([2-C](#), n=24), 74% (12.5% unable to comment) of the respondents strongly agreed or agreed that the Dean is a qualified and effective leader of the college. The majority of respondents (90%) strongly agreed or agreed that the Dean and administrators have clearly defined responsibilities, that he has developed a unified team (59% [14.6% unable to comment]), and that faculty members receive adequate support from the dean (63%). When college staff were asked the same or similar questions ([5-H](#), n=38), 63% of the respondents strongly agreed or agreed that the Dean is a qualified and effective leader of the college, that the Dean has clearly defined responsibilities (58%), that he has developed a unified team (63%), and that staff members receive adequate support from the dean (48%). According to the 2010 AACP Pharmacy Alumni Survey Summary Report, 34% (66% unable to comment) of the respondents strongly agreed or agreed that the Dean provides leadership in pharmacy ([2-C](#), n=24).

### Comments:

Since arriving at the University of Houston College of Pharmacy, Dean Pritchard, along with the executive leadership team, have pursued several initiatives aimed at advancing the educational experience for students, reducing

administrative costs while increasing productivity, and preserving the college's standing among the region's top pharmacy schools. The initiatives that have been implemented or proposed include:

- Replacing the outdated shortwave radio communication system between UH main campus and the Texas Medical Center campus with a direct, high-speed data connection service that is 10 times faster and more reliable than the current system (completed in July 2010).
- Renovating the Pharmacy Care Laboratory to improve the educational experience for our students (in progress, scheduled for completion in 2011).
- Consolidating the college's dispersed business operations into a Central Business Office to increase productivity and eliminate redundancies (completed in April 2010).
- Replacing the multiple fees paid by PharmD students with a single, comprehensive "professional fee" to streamline accounting practices (effective Fall 2011).
- The contents of the Pharmacy Library located in the SR2 Building moved to the main university library. The vacated space was converted into the Learning Resource Center, tripling the amount of study space made available for pharmacy students.
- A distance learning/video conferencing communication system was installed in both the TMC and Main Campus large lecture rooms to facilitate distance communication of courses and meetings between the two campuses.

Dean Pritchard's chief goal continues to be securing a dedicated building for the college. Currently the college is working with the UH Facilities Planning Office to design this new building. UH Administration submitted a proposal to the State Legislature and Texas Higher Education Coordinating Board asking for \$47 million towards the construction of this new building.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The dean has a clearly articulated job description that is readily accessible by all.</li> <li>• Faculty and students support the dean's activities.</li> <li>• The dean meets with the executive committee regularly.</li> <li>• The dean has options for advising and shared decision-making when needed.</li> <li>• The dean has a full complement of administrative-support personnel, (budget, development, etc.).</li> <li>• The dean will make unpopular decisions when necessary, but is still able to retain support.</li> <li>• The dean takes steps to clearly communicate decisions.</li> <li>• The dean has good communication with the university administration and alumni.</li> <li>• The dean has a clearly-identified chain-of-command and is supported by administrators who have the authority to make decisions in the dean's absence.</li> <li>• The dean is engaged in development (funding) activities and is able to acquire resources needed to support the college or school.</li> <li>• The dean is actively engaged in the profession outside the school.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The dean is not willing to delegate or share authority with administrators and support personnel.</li> <li>• The dean's job description does not accurately articulate his/her responsibilities.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The dean is a poor communicator or leader.</li> <li>• There is a widespread feeling of faculty unrest or dissatisfaction at the college or school.</li> <li>• Faculty or university officials are not supportive of the dean.</li> <li>• The dean does not defend the college or school.</li> <li>• The dean is not adequately qualified.</li> <li>• The dean is not involved with the profession.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

## Curriculum

### For Standards 9-15:

Use a check  to indicate the information evaluated to assess the standards in this section:

- Description of the professional competencies of the Curriculum. (9)
- Licensing statistics of graduates (e.g., North American Pharmacist Licensure Examination™ (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®)) for the last 5 years including first-time pass rates and competency area scores. (9, 15)
- Description of the curricular structure. (10)
- Demonstrate how both the didactic and experiential components meet the Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length. (10)
- Description of how the results of curricular assessments are used to improve the curriculum. (10)
- Demonstrate how the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping or other techniques. (10)
- Description of any nontraditional pathway(s) leading to the Doctor of Pharmacy degree. **(If Applicable)**(10)
- Description of the members of the Curriculum Committee (or equivalent) and charges in the last academic year. (10)
- Description of teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable). (11)
- Description of efforts to address the diverse learning needs of students. (11)
- Data that link teaching-and-learning methods with curricular outcomes (Standards 3, 10 and 15). (11)
- Examples of instructional tools, such as portfolios **(to be made available on-site)**, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement. (11, 15)
- Description of both 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)** (Standards 3, 10 and 15). (11)
- List of the professional competencies and outcome expectations for the professional program in pharmacy. (12)
- Examples of didactic and experiential course syllabi, including stated outcomes related to desired competencies **(to be made available on-site)**. (12, 13)
- 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 (Standards 3, 9, 10 and 15). (12)
- Description of the curricular structure and content of all curricular pathways. (13)
- Description of how the curricular content for all curricular pathways is linked to Appendix B of Standards 2007 through mapping or other techniques. (13)
- Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values (Standards 3, 9, 10 and 15). (13)
- Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the curriculum, including the pharmacy practice experiences. (13)
- Introductory and advanced pharmacy practice experience manuals, including assessment forms **(to be made available on-site)**. (14)
- List of introductory and advanced pharmacy practice experience sites and locations offered in the previous academic year, with sites affording student interactions with other health care professionals designated. (14)
- The objectives for each required pharmacy practice experience and the responsibilities of the student, preceptor, and site. (14)
- Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes (Standards 3, 9, 10 and 15). (14)
- List of current preceptors with details of credentials (including licensure) and practice site. (14)
- Description of how the aggregate experiential programs address students having direct interactions with diverse patient populations in a variety of health care settings. (14)
- Aggregate data from students about the type (diverse) and number of patients, problems encountered, and interventions. (14)
- Evidence of assuring, measuring, and maintaining quality of the site. (14)
- Examples of quality improvement as a result of the practice site assessments. (14)
- Description of assessment measures used to evaluate student learning and curricular effectiveness. (15)

- Examples of assessment instruments and activities employed, including comparisons with national data and, if desired, selected peer-group programs (include a description of the basis for the peer-group selection) and trends over time (Standard 3, 9 and 10). (15)
  - Examples of how assessment data has been used to improve student learning and curricular effectiveness (Standards 3,9 and 10). (15)
  - Assessments of teaching-and-learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable) Standards 3, 9, and 10). (15)
  - Assessment measures and methods to evaluate achievement of professional competencies and outcomes (Standards 3, 9, 10 and 12). (15)
  
  - Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
  - Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
  - Other documentation or data that provides evidence of meeting the standard.
-

**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.

	S	N.I.
The college or school's professional degree program 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. Including:		
<ul style="list-style-type: none"> <li>The ability to 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.</li> </ul>	●	○
<ul style="list-style-type: none"> <li>The ability 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.</li> </ul>		
<ul style="list-style-type: none"> <li>The ability 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.</li> </ul>		
The curriculum develops in graduate's knowledge that meets the criteria of good science; professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession.	●	○
Graduates are able to identify and implement needed changes 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.	●	○
The curriculum encompasses content, instructional processes, course delivery, and experiential education.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

Our curricular vision statement is to continue as a premier urban pharmacy program with excellence in teaching, research, and service with a focus on a dynamic curriculum that insures the knowledge, skills, attitudes, and values of the professional student. Students are prepared for the challenges of a varied and complex professional practice in a variety of pharmacy settings and diverse populations (9-A).

In keeping with the curricular vision, the goal of the Doctor of Pharmacy program is to provide students with a curriculum and learning environment that prepares them to become effective practitioners and leaders in a dynamic healthcare environment as reflected by the professional program's terminal outcomes. (9-B) The curriculum is designed to provide a foundation of knowledge in the basic sciences and introductory application of pharmacy practice in the first two years. During this time, the IPPE's are utilized as the gateway to clinical thinking and pharmacy practice application. In years three and four, emphasis is placed on comprehensive clinical and administrative sciences application through both didactic and advanced pharmacy practice experiences.

Specifically, the college's curriculum (9-C) provides a strong fundamental background in the basic pharmaceutical sciences with integrated pathophysiology and biochemistry courses in PY1 and pharmacology, medicinal chemistry, and

toxicology in PY2. Management courses are included throughout the curriculum to focus on healthcare delivery systems, professional practice management, human resource and conflict management, and pharmacoeconomics. Pharmacy Practice courses are sequenced throughout the didactic curriculum starting with the fundamentals of communication and drug information in PY1, drug distribution, patient counseling, community practice in PY2, and over-the-counter (OTC) medications along with sterile products in PY3. Pharmacotherapy/disease state management is introduced in the second semester of PY2 and continued throughout PY3 with a focus on ambulatory care, chronic diseases, and acute care. In addition, PY3 includes an emphasis on physical assessment. Application of knowledge and skill is conducted and evaluated in the college's Pharmacy Skills Program courses (9-D), which are embedded throughout the didactic curriculum. In addition, a variety of electives are offered in the summer between the PY2 and PY3 years, providing the student with a variety of options to enhance their knowledge in specialized areas such as infectious diseases, research, and pediatric and geriatric pharmacotherapy (9-E).

Promotion of professionalism begins with the application and admissions interview process, continues throughout the preparation of the students to enter the program and is emphasized during New Student Orientation, culminating with the recitation of the Oath of Professionalism at the UHCOP White Coat Ceremony. Professional attitudes and values are further promoted throughout the curriculum but are a focal point within UHCOP IPPE and Professional Development Courses (9-F). IPPEs are first offered in the PY2 and PY3 years allowing the student to develop skills in emergency preparedness, patient monitoring in long term and acute care, development of patient care plans, and interdisciplinary patient care. In addition, a four-week introductory community practice experience is offered in the summer between PY2 and PY3. Reflection assignments, patient care discussions, and examinations are utilized for both formative and summative assessment of these experiences.

After successful completion of all didactic coursework, IPPEs, and cumulative assessments, students begin the fourth professional year (PY4) consisting of seven, six-week long advanced pharmacy practice experiences (APPE). Of the seven APPEs, four are required with the remaining being a variety of electives (9-G). These APPEs are assessed thru preceptor evaluations, periodic examinations, and final seminar presentations.

The curriculum's effectiveness is highlighted by the success and perceptions of UHCOP graduates. Since 2006, the average annual first-time passing rates on the NAPLEX for UH graduates has been >98.05% as compared to the national annual first-time passing rate averages >92.46% (9-H). In addition, average annual first-time passing rates on the MPJE for UH graduates for the previous 5 years have also consistently above the national averages with school averages >96.37% as compared to national averages >89.36\$ (9-I). The strength of the UHCOP curriculum and ability to produce competent and confident professionals is reflected in the attitudes of graduates. Results from the AACP 2009 Graduating Pharmacy Student Survey Summary Report indicates that a majority of UHCOP graduates either



strongly agreed or agreed that they were prepared to enter pharmacy practice (93%) and that they would choose the UHCOP program (81%) if they were to choose a school again (2-C, n=94 ).

**Comments:**

In 2005, the UHCOP Curriculum Committee set forth a five-year strategic plan (9-J). Specifically, we evaluated the Curriculum Committee’s responsibilities as related to our UHCOP Strategic Plan and the new 2007 ACPE Standards. Furthermore, strategic planning defined the relationship of the curriculum committee to other components/committees of the college (9-K), determined the need for IT expert input within the committee, acknowledged the need to effectively and efficiently evaluate the quantitative and qualitative nature of our curriculum and to insure that changes in course matter was reviewed and approved by the Curriculum Committee. There were nine strategic initiatives targeted and the development of a curriculum management system (9-L) in a relational database was determined to be essential in achieving many of these. Consequently, the Curriculum Management System (CMS) was developed in a Sequel® database and has been implemented with continued development and refinement occurring. Other strategic initiatives such as IT expert inclusion in the committee membership, development of IPPEs, and increases in elective offerings have been achieved. Finally, the college and the Curriculum Committee are determining how our newly purchased E\*Value™ system may help with various curricular assessments and improvements including those within the CMS. The Curriculum Committee plans to initiate committee strategic planning for the next five years shortly after the UHCOP Strategic Planning occurs in the spring/summer of 2011.

**Quality Improvements:**

The current charge of the Curriculum Committee is to continue in-depth review of curricular delivery. Specifically, the committee will evaluate the integration of courses for earlier introduction of critical thinking and clinical skills applications, increasing curricular emphasis on problem solving skills to enhance the students’ life-long learning skills and abilities.

<i>Meets the Standard</i>	<i>Partially Meets the Standard</i>	<i>Does Not Meet the Standard</i>
<ul style="list-style-type: none"> <li>• Faculty are able to discuss the goal and philosophy of the curriculum</li> <li>• NAPLEX Pass rates are not lower than 2 standard deviations below the national mean.</li> <li>• Graduates work in all areas of the profession (e.g. not all in hospitals or community settings).</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The goal of the curriculum is poorly communicated or understood among the faculty and administration (e.g., the dean and department heads, know about it, but not the faculty).</li> <li>• Graduates are directed toward one particular practice (e.g. community pharmacy) to the exclusion of others.</li> <li>• NAPLEX scores are significantly inconsistent from year to year.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• NAPLEX scores of students are 2 or more standard deviations below the national mean (refer to ACPE policy).</li> <li>• Graduates have difficulty securing employment of choice or suffer from low employment rates.</li> <li>• Students do not exhibit professional attitudes, values and behaviors.</li> <li>• Employers or state boards of pharmacy indicate that students are unprepared for practice.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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).<sup>3</sup>

	S	N.I.
The college or school's faculty is responsible for the development, organization, delivery, and improvement of the curriculum.	●	○
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.	●	○
The didactic course work provides the desired scientific foundation.	●	○
Introductory pharmacy practice experiences are not less than 5% of the curricular length (i.e., 300 hours).	●	○
The advanced pharmacy practice experiences are not less than 25% of the curricular length (i.e., 1440 hours).	●	○
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.	●	○
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.	●	○
The college or school has addressed the guidelines for this standard.	●	○

### Describe how the program is meeting the Standard and Guidelines.

The college has a strong commitment to providing a robust curricular experience for its students. The Curriculum Committee has been empowered to provide the continuous quality assurance and improvement of the curriculum to insure that the curriculum meets and/or exceeds the accreditation standards and provides the student with the didactic and experiential training necessary to provide pharmacist-directed patient centered care. The Curriculum Committee consists of a faculty chair appointed by the Dean, two faculty members from each of the two departments, two student representatives (PY2 and PY3), one alumni practitioner, and ex-officio members from technology, experiential programs, academic affairs, assessment, and the Dean's office. The committee meets several times a semester and reviews the curriculum in relationship to the accreditation standards, CAPE outcomes, and the college's Terminal Competencies/Outcomes ([10-A](#), [9-B](#)). In addition, the committee works with the UHCOP Assessment Committee to determine curricular outcomes and needs for change or enhancement, as well as faculty and other stakeholders of the curriculum ([9-K](#)). Both committees work together to evaluate the level of learning methods utilized for teaching and assessment throughout the professional program. In the spring of 2010, the Curriculum Committee revised the college's

<sup>3</sup> Refer to Standards 13 and 14 and Appendices B and C for additional detail and guidance.

terminal outcomes, which were approved by the faculty. These outcomes are concise and reflect the professional vision for today and for the future, focusing on producing graduates with the ability to adapt in a dynamic healthcare environment with emphasis on increased scientific inquiry (9-B). In relationship to the new terminal outcomes, the committee has embarked on a mapping of the current curriculum to evaluate the need for curricular changes to achieve such outcomes. The Curriculum Committee presents all recommendations for programmatic revision and/or enhancement to the faculty for a vote before such changes are made.

The current UHCOP curriculum is structured to provide the student with knowledge, skills, attitudes, and values to practice pharmacy and meet the challenges of a dynamic healthcare system (9-C). PY1 provides a total of 30 hours of course work, including the basic sciences and pharmacy practice. PY2 focuses on the fundamentals of science and practice with a total of 28 hours of course work by introducing pharmacology, medicinal chemistry, management, toxicology, therapeutics, and pharmacokinetics while continuing to emphasize pharmacy practice and professional development. It is the first semester of the PY2 in which Introductory Pharmacy Practice Experiences I (IPPE I) occurs with the students being assigned to long-term care facilities to expose them to and engage them in current pharmacy practices in a long-term care setting. The students review medical charts and critically evaluate residents' drug regimens and participate in structured reflection exercises to reinforce and emphasize internalization of their learning experience and encouraging the application of their learning in future practice. In addition, another component of IPPE is emergency response training in case of bioterrorism or other mass emergencies. PY3 begins in the summer after the PY2 and consists of Introductory Community Pharmacy Experience with 4 hours credit and a number of electives with a total opportunity to satisfy a required 6 hours of elective credit (9-E). Starting in the fall of PY3, the curriculum offers the student continued experiences in therapeutics and pharmacy practice with the addition of management, ethics/law, and physical assessment/anatomy with a total hour credits for both spring and fall semesters of 28 hours. It is in the second semester of the PY3 that the Introductory Pharmacy Practice Experience II occurs with the students being assigned to health-systems institutions to expose them to and engage them in current pharmacy practices in an institutional setting. The students gain experience in gathering information and evaluating patient's drug regimen by reviewing both paper and electronic medical charts along with introducing them to the structure of pharmacy departments within this setting. PY4 consists of the Advanced Pharmacy Practice Experiences (APPE), of which the student is required to take Advanced Hospital Pharmacy, Advance Community Pharmacy, Internal Medicine, and Ambulatory Care and may choose three electives of which two will be patient-focused for a total of 42 weeks with 42 hours credit awarded. In addition, the student pharmacists are required to attend and present a major seminar for 1 credit hour (9-C). The professional program consists of a total of 139 hours of which 82 required didactic hours, 6 required didactic elective hours, and 51 experiential hours consisting of IPPE 8 credit hours with 300 contact hours (or ~ 5.7% of program hours), APPE 42 credit hours with 1,750 contact hours (or ~ 25% of program hours), and a seminar (1 credit/1 hour).

**Comments:**

According to the AACP Pharmacy Faculty Survey Summary Reports 2007–2010, a majority of faculty agreed or strongly agreed with all the statements in Section VI - *Curriculum, Teaching, and Assessment*. Likewise, a majority of students responding to the AACP Student Surveys 2007–2010 agreed with all the statements in Section II - *Doctor of Pharmacy Curriculum* (2-C, n=120).

**Quality Improvements:**

The college and the Curriculum Committee are dedicated in finding more efficient ways to continually and effectively evaluate the College's curriculum. Current methods of evaluating the effectiveness of the curriculum include course assessments, MME, OSCES, and curricular mapping. The College has recently purchased the E\*Value™ System and the Curriculum Committee is implementing the curricular mapping ability and other utilities for curricular application i.e. electronic portfolios.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The curriculum committee is an agent for improvement that is broadly composed of faculty members and students.</li> <li>• The curriculum committee evaluates and approves all courses and oversees the sequencing and integration of course content.</li> <li>• The curriculum committee's reviews are proactive, recurrent, and systematic.</li> <li>• The faculty as a whole is engaged in committee processes through discussion and voting.</li> <li>• Introductory-practice experiences are not less than 5% of total credit during the didactic component and include exposure to community and institutional settings.</li> <li>• Advanced-practice experiences are not less than 25% of total credit, and occur after the didactic component is complete.</li> <li>• Preparation and reflection periods are included in the syllabus for early and advanced practice experiences.</li> <li>• The curriculum has elective as well as required courses.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Preparation or reflection periods are missing from either early or advanced-practice experiences, but not both.</li> <li>• The curriculum committee exists, but it is not representative of the faculty.</li> <li>• The curriculum committee has no mechanism for proactive, recurrent, and systematic reviews.</li> <li>• Introductory practice experiences are all in one setting.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• No preparation and reflection periods are included in the syllabus for early and advanced practice experiences.</li> <li>• The college or school has no curriculum committee or it is ineffective.</li> <li>• Introductory-practice experiences are nonexistent or less than 5% of total credit during the didactic component.</li> <li>• Advanced-practice experiences are less than 25% of total credit.</li> <li>• The curriculum has few elective courses, or poor scheduling practices effectively make it impossible for many students to take desired electives.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The college or school, throughout the curriculum and in all program pathways, uses and integrates 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.	●	○
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.	○	○
N/A ■		
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The first three years of the curriculum are predominantly taught in the traditional didactic format. The majority of these courses are team-taught with faculty delivering their area of expertise. However, pharmacy practitioners in the Texas Medical Center (TMC) and the Houston area may contribute to the teaching effort if a faculty resource is not available or the individual has an exceptional reputation and experience in the particular area of practice. UHCOP Pharmacy Skills Program sessions are dispersed throughout the didactic curriculum and serve as an amalgam from the various courses to enrich the classroom activities, and typically involve a problem solving and a group work component (9-D). These sessions focus on active and collaborative learning and provide an environment where students can engage in critical thinking and demonstrate ability. The Pharmacy Skills Program Sessions are facilitated by faculty, graduate students, pharmacy residents, and fellows. Included in these are focus areas such as compounding, community pharmacy practice, applied medicinal chemistry and pharmacology, sterile products preparation, physical assessment, literature evaluation, and applied pharmacotherapy. Some Pharmacy Skills Program sessions have skills check-offs, clinical presentations, patient counseling, videotaped presentations, and student reflection exercises that help the student tangibly measure their own participation and knowledge progression.

Student performance in didactic course work is primarily evaluated via written examinations throughout the semester including a final, although other assessments such as self-reflection, paper writing, and peer evaluation may take place as well. Written summative exams are typically multiple-choice and short answer formats. In addition, case presentations, projects, and assessments of skills and abilities are integrated throughout the courses. In PY4, each student is enrolled in the senior seminar course and required to present an evidence-based PowerPoint presentation on a clinically relevant topic to their peers and to faculty who evaluate them. In addition, each PY4 student must complete an approximate 12-page paper report on their topic, which is graded by experiential faculty.

To assess the knowledge acquisition and retention for PY1, PY2, and PY3, a comprehensive capstone exam (MME) ([11-A](#)), is administered after completion of the professional year. MME I and II are formative, but the MME III is summative. These exams are used to identify areas of strengths and weaknesses of the student related to learning retention. Performance on all MMEs is provided individually to students and to course coordinators in a composite manner. This information can then be used by the student and course coordinator to identify areas for curricular improvement. Students who do not pass MME III may not progress to PY4 until they pass this exam or complete remediation. Students may retake MME III once and if a passing grade is not achieved, then the student is remediated ([11-B](#)).

The faculty and the Curriculum Committee work together to align course topics to flow within the curriculum. For example, in PY2 the medicinal chemistry and pharmacology courses topic matters are aligned and the coordinators of these courses work closely to share handouts, skills sessions, and student assessment data. Similarly, in the PY3 year, every attempt is made to align the Advanced Therapeutics II and III courses with the OTC course.

IPPEs in PY2 engage the student in patient chart review, provide training in emergency preparedness, promote blood pressure measurement ability, and introduce the student to chronic disease treatment and assessment in the areas of dyslipidemia, diabetes, and osteoporosis. The student is required to evaluate patient medications and formulate a pharmacotherapy note relative to a patient in a long-term care facility. In addition, reflection exercises reinforce and emphasize internalization of their learning experience and encourage the application of their learning in future practice.

UHCOP Experiential Programs Office coordinates the PY4 APPEs, and the student's performance on the APPE is assessed by the preceptor using forms developed by the Joint Committee on Internship Programs and the Texas State Board of Pharmacy ([11-C](#)). Students not meeting the criteria for competency must repeat the APPE. For some APPEs such as the Advanced Community Pharmacy, Advanced Hospital Pharmacy, and Internal Medicine, there are final exams (written and practical) and the student must meet minimum competency to pass these exams. Students may retake the Internal Medicine APPE Exam one time if they do not pass. If students fail the exam a second time they are required to repeat the APPE.

Among the many areas of the curriculum that students can apply their knowledge, skills, abilities, and attitudes is in community outreach opportunities. As mentioned previously, our students assisted in the mass administration of H1N1 vaccine in the fall of 2009. In addition, they routinely volunteer at the Houston Outreach Medicine, Education, and Social Services (H.O.M.E.S) Clinic, an interdisciplinary, student-run, free health care clinic for Houston's homeless population. In this setting, students assist in providing medications, assessing blood pressure, blood glucose levels, physical assessment, and patient counseling. Students are evaluated by faculty preceptors and attending physicians. UHCOP students also help run an annual local health fair located in Humble, Texas, a suburb of Houston. At this health-fair,

which is attended by 750-1,000 patients, students check blood pressures, blood glucose levels, lipid profiles, perform diabetic foot exams, assist or administer vaccinations, and screen for osteoporosis. Summative evaluations by the faculty as well as faculty mentorship are provided for all of these community outreach programs.

Newer technologies (e.g. Audience Response Systems and tablet laptops) are utilized along with standard technologies (e.g. PowerPoint and document cameras) throughout the didactic curriculum. Several course coordinators utilizing Audience Response Systems (ARS) have compared in-class results with performance of the same question on the semester exam or final, thus providing another way to measure student learning and retention ([11-D](#)). Furthermore, tutorial videos on physical assessments techniques such as measuring blood pressure and cholesterol screening have been developed by UHCOP faculty which students may access via the UH Blackboard Vista. Additional electronic resources such as textbooks, interactive cases, self-assessment quizzes, and video animations are available to students through UH's M.D. Anderson Library. Additional resources such as medical and scientific journals are available to students and faculty through the Texas Medical Center's Jesse H. Jones Library. The Lexicomp® database is licensed and available for PY3 and PY4 students to download on their PDA's, smartphones, iPhones, and similar technologies.

Faculty are encouraged and supported to enhance their teaching methods and technology. Educational learning sessions are routinely presented at the annual faculty retreats, such as formulating effective exam questions, applying unique assessment opportunities (clickers), and maximizing the benefits of classroom technology ([11-E](#)). Faculty members are encouraged and financially supported by the college to attend teaching workshops at the annual AACP meetings. Additionally, the college supports a full-time instructional designer to assist faculty with various areas of course development such as UH Blackboard Vista, and all courses are now fully or partially administered using Blackboard Vista. Other aspects that the designer assists faculty within this format are discussion group formation, written assignments submission, creation of the virtual classrooms, provision of online practice assessments, and examinations.

### Comments:

As mentioned previously in Standard No. 7 we are embarking on distance education and the utilization of distance technologies.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Faculty members use a variety of teaching-and-learning techniques (e.g., active learning, case studies, etc.).</li> <li>• Results from capstone exams are used to assess and remediate individual student learning as well as to assess the effectiveness of the curriculum.</li> <li>• A process is used throughout the curriculum to document that students are applying knowledge and skills.</li> <li>• Preceptors tailor instruction to meet the needs of the student by challenging strengths and remediating weaknesses.</li> <li>• Students are supported to become self-directed, lifelong learners.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• A process is used in the curriculum to document knowledge, but not application and skills.</li> <li>• Faculty are participating in structured development activities in order to move from a lecture-based curriculum to one that uses a variety of teaching-and-learning techniques.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Lecture is the primary mode of instruction.</li> <li>• No process is used to document that students are applying knowledge and skills.</li> <li>• The college or school has no evidence of assessing and evaluating teaching methodologies.</li> <li>• Students are dependent learners and lack critical-thinking and problem-solving skills.</li> <li>• The college or school has no strategies or systems to support the needs of diverse learners.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>



**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:

	S	N.I.
Professional Competencies 1, 2 and 3 guide the development of stated student learning outcome expectations for the curriculum.	●	○
Graduates are able to 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.	●	○
Graduates are able 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.	●	○
Graduates are able 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.	●	○
Graduates possess basic knowledge, skills, attitudes, and values to practice pharmacy independently by graduation.	●	○
The college or school has addressed the guidelines for this standard.	●	○

### Describe how the program is meeting the Standard and Guidelines.

The UHCOP Terminal Outcomes ([9-B](#)) are embedded with the Center for Advancement of Pharmaceutical Education (CAPE) outcomes ([10-A](#)), and are the targeted competencies of each graduate. The outcomes are coupled to the core areas of patient care, dispensing medications, health promotion and disease prevention, professionalism, and health systems management. The curricular structure ([9-C](#)) is designed to build from the basic sciences background of the prerequisites and the Curriculum Committee reviews and determines the most relevant and necessary prerequisites for the professional program ([12-B](#)). The didactic courses in years PY1 and PY2 of the professional curriculum build the foundation for the students with a mix of the administrative, social and behavioral sciences, and then transitioning into the clinical sciences in the latter part of PY2 and PY3. Critical thinking skills and clinical applications are developed and assessed throughout the curriculum through the Pharmacy Skills Program sessions, IPPEs, electives, professional service, and APPE's. Each course has proficiencies that are developed by the course coordinator and reviewed by the college's Assessment Committee for appropriateness of taxonomy and level of learning, then approved by the Curriculum Committee.

The college's comprehensive program prepares students for a variety of practice settings upon graduation, including community, institutional, and clinical settings. ([9-A](#)) A measure of UHCOP graduates' ability to perform the functions outlined in the guidelines of this section is their self-reported data from the 2009 AACP Graduating Pharmacy Student Survey Summary Report. In regards to Section I: Professional Competencies/Outcomes, more than 90% of respondents agreed or strongly agreed with all statements with the exception of item 17, "interpret economic data relevant to treatment of disease," which received a response rate of 71.3% ([2-C](#), n=94 ). UHCOP Employer Satisfaction Surveys done with both hospital and community employers during PY4 Placement Conferences from 2004-2010 corroborate the

2009 AACP Graduating Pharmacy Student Survey Summary Report with respondents either agreeing or strongly agreeing in the abilities of UHCOP graduates ([12-C](#), n=40; [12-D](#), n=13).

**Comments:**

A noteworthy area of the program is the collaboration between the Assessment and Curriculum Committees to review and maintain current state of the art competencies for our graduates.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Faculty have written and adopted a set of competencies and outcomes and are conversant about them.</li> <li>• The curriculum is built on the competencies which are linked to courses through the curricular map.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Faculty are in the process of developing competencies and outcomes and there is a high likelihood that they will be adopted.</li> <li>• The faculty are in the process of curricular mapping.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The program does not use a curricular map or equivalent.</li> <li>• The program has no stated competencies.</li> <li>• The college or school's educational outcomes or competencies are not aligned with those required by the standards.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The curriculum contains 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	●	○
Knowledge, practice skills, and professional attitudes and values are integrated and applied, reinforced, and advanced throughout the curriculum, including the pharmacy practice experiences.	●	○
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.	●	○
The sciences provide the basis for understanding the development and use of medications and other therapies for the treatment and prevention of disease.	●	○
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 type="checkbox"/>		
The college or school has addressed the guidelines for this standard.	●	○

### Describe how the program is meeting the Standard and Guidelines.

The UHCOP professional curriculum provides a thorough scientific foundation leading to the knowledge, skills, attitudes, and values required for entry-level practice of the profession of pharmacy. This is accomplished by a variety of approaches throughout the curriculum, including didactic, small group problem solving, self-paced independent learning, and laboratory instruction.

PY1 provides the basic science foundation in a number of scientific disciplines. During PY1, a comprehensive basic knowledge of human physiology, biochemistry, and fundamentals of immunology are provided. Simultaneous with this, the pharmaceutical sciences are introduced, including the basic physicochemical properties of solid and liquid dosage forms, bio-pharmaceutics, design of specialized dosage forms, and fundamental principles of drug absorption, elimination, and metabolism. An introduction to medicinal chemistry provides the study of chemical functional groups and their contributions to drug solubility, bioavailability, stability, and method of degradation and metabolism. Introduction to medical terminology, history of pharmacy, and foundational work on the development of communication and interpersonal skills essential to the pharmacy profession also begins here. Pharmaceutical calculations are taught

through a self-paced, web-based curriculum. Students also receive laboratory training in the preparation of extemporaneous dosage forms that is coupled with developing an appreciation for the unique opportunities these skills can provide to improve patient care. In addition to the basic sciences, students are introduced to the evaluation of scientific literature and the use of that literature for the purpose of responding to drug information requests from patients and other health care providers. This includes assessment of different sources, evaluation of study design and statistic validity, and practice in distillation and presentation of this information. Along with this, training in management is initiated with introduction into the health care system, including the influences and roles of various providers and payers, as well as the impact of business models on the practice of the profession.

PY2 continues with the provision of basic and pharmaceutical science foundation along with introductory pharmacy practice experiences, building on the essentials provided in PY1. Pharmacology is provided in an organ/system/disease-based format. Medicinal Chemistry is presented in a separate but highly coordinated manner with complementary sequencing to facilitate integration of structure-activity relationships with pharmacodynamics. Pharmacokinetic principles are applied through a rigorous coverage of the math/science discipline followed by exploration of clinical pharmacokinetic challenges presented by specific pharmacotherapies. Toxicology focuses on adverse drug events, including but not limited to mutagenesis, teratogenesis, specific organ toxicity, and strategies for prevention. Teaching methods within these courses include both didactic lecture and small group problem solving sessions, where the students begin to make therapeutic decisions based upon applying their biomedical and pharmaceutical knowledge to make therapeutic decisions. Both therapeutics and administrative sciences begin at the introductory level in PY2. Therapeutics introduces the student to the application of pharmacotherapy as it relates to common chronic diseases such as diabetes and hypertension. Likewise, the administrative sciences are continued within the management sequence with a focus on reducing costs and optimizing healthcare outcomes. Topics such as general fundamentals of business and progressing into management issues more specifically directed to the practice of pharmacy are covered. Pharmacoeconomics is addressed, both from the perspective of how pharmacy services contribute to the health care system and how these services are reimbursed by third party providers. After the student finishes the spring semester of PY2, they continue their IPPEs by completing an introductory community pharmacy experience, which further allows application and enhancement of their professional attitudes and values.

The PY3 curricular emphasis shifts markedly towards the clinical sciences. This includes advanced training in therapeutic problem solving via both didactic and small group sessions, training in medical devices and durable medical equipment, physical assessment with an emphasis on human anatomy, and pharmacy law and ethics. Laboratory training with pharmacy computer systems, dispensing, intravenous dosage preparation, advanced training in counseling skills with standardized patients and case settings, and additional training in literature evaluation are also a part of this year. The PY3 represents the melding and maturation of student knowledge, skills, and attitudes that is the foundation

for performance in and satisfactory completion of the final year of practical training in pharmacy. The MMEs serve to assess student knowledge and retention throughout the PY1-PY3s and satisfactory performance on this exam is required to advance into the PY4, ensuring students have the requisite knowledge.

The PY4 of the curriculum consists entirely of APPE experiences (9-C). Preceptors have rated UHCOP PY4 students high with a majority indicating they strongly agree or agree with performance measures stated in the AACP Preceptor Survey. In the 2010 AACP Pharmacy Preceptors Survey Report Summary, a majority of the respondents strongly agreed or agreed with the statements that UHCOP students can develop and use patient specific pharmacy care plans (94%), communicate effectively with patients, caregivers, and other professional members of the health care team (95%), have expertise in informatics (88%), and can retrieve and evaluate health sciences literature (93%). (2-C, n=96) The most recent 2010 AACP Pharmacy Alumni Survey Summary Report showed comparable results (2-C, n=24).

### Comments:

Several notable areas of the curriculum include:

1. Dosage formulation training occurs at Professional Compounding Centers of America (PCCA) and their state-of-the-art training facility provides a unique opportunity for our students. This training is holistic, in that it addresses not just the art of formulation, but uses real-world case examples to illustrate how compounding can improve patient care and therapeutic outcomes. In order to educate pharmacists, scientists, and pharmacy educators we have developed the PharmD/PhD and PharmD/MS programs.

2. Our IPPE experiences incorporating disaster and bio-terrorism training are examples of the dynamic nature of the curriculum in response to the ever changing environment. As the fourth largest city, a major petrochemical center in the U.S., and located on the Gulf Coast, Houston is a potential target for both man-made and natural disasters and pharmacists have and can make significant contribution to both preparedness and response to these events, and we have incorporated this into our experiences with Hurricanes Katrina, Rita, and Ike.

3. Another notable area in our curriculum is an emphasis on team taught courses in pharmacology and therapeutics, involving both college faculty and experts from the local community. In pharmacology, team teaching provides very current information about pharmacological agents, and the dedication of the course coordinator, who attends most lectures, insures consistency of coverage. In therapeutics, we are able to capitalize on the expertise afforded by being located in the largest medical center in the world, examples being experts in oncology from the M.D. Anderson Cancer Center and pediatrics from Texas Children's Hospital.

**Quality Improvements:**

Continuous quality improvement is accomplished by coordination between the college's Curriculum Committee and Assessment Committee. Examples of curricular changes initiated by this process include moving Toxicology to PY2 from PY3 to integrate it better with the basic sciences and introductory therapeutic, movement of business management curriculum closer to APPE's in the curriculum, and removing Functional Group Analysis and Pharmacy Calculations from the Skills program to stand-alone courses to increase student accountability for essential parts of the curriculum.

In 2010, members of the Curriculum Committee, the Director of Assessment, and the Associate Dean for Operations attended the AACP Workshop on Curricular Change. Two issues struck the group as we listened to presenters and examined our curriculum. First, our students are well prepared when they enter their final experiential year, but most of the development of integrative therapeutic skills takes place in PY3 because of the linear nature of the curriculum. In the course of this self-study, we are examining how we might introduce therapeutics into the curriculum earlier, enabling more time for maturation of these skills and to prepare students to be better practitioners. Many of our graduates pursue advanced training after graduation, and this would be of great benefit to them. [\(13-A\)](#) However, we think we could do more to encourage our students to be agents of change within the profession and are looking at ways that we could do this within the curriculum. We have started this process by changing our terminal outcomes [\(9-B\)](#) to reflect the goal to enrich our graduates with the ability to be professionals prepared to practice in a dynamic healthcare environment, and the abilities to be life-long learners. We have begun increasing professionalism and critical thinking activities within the curriculum beginning with PHAR 4251 Pharmacy Skills Program II in PY1 (leading with emotional intelligence; how to inspire, influence and achieve results as a leader; time management; dressing professionally, E-professionalism, leadership awareness).

The College of Pharmacy is partnering with the Hispanic Studies Department of the College of Liberal Arts and Social Sciences to develop a certificate program for pharmacy students entitled "Spanish for the Professions in the Globalized World". This program is designed for students who anticipate careers in which they will need to interact with the Hispanic communities in the U.S. and/or abroad and who wish to continue the study of Spanish language and culture specifically for the profession of pharmacy and healthcare in general. The certificate includes a core course in the Spanish language and culture for professionals and then a course addressing the Spanish language as it specifically relates to the medical and pharmacy profession. In addition to these two courses, students will eventually be able to elect to participate in a Spanish language immersion experience with emphasis on increasing language proficiency and in-depth learning about the Spanish culture.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Courses have coordinators and are integrated across disciplines.</li> <li>• Faculty from different disciplines communicate with each other and all disciplines are represented on committees.</li> <li>• Courses are well managed with content experts delivering specific topics as needed.</li> <li>• Faculty cooperate and work as teams when preparing courses.</li> <li>• The content is aligned with the recommendations listed in Appendix B of Standards 2007.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The content is in the process of being mapped to the recommendations listed in Appendix B of Standards 2007.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Courses are integrated in name, but not in actual practice, i.e., information is presented independently without respect to the material being covered by other disciplines.</li> <li>• Content areas noted in Appendix B of the Standards 2007 are not addressed in the curriculum.</li> <li>• The instruction provided by other academic units of the university does not meet the educational objectives of the curriculum.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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.	●	○
The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site are defined.	●	○
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 preceptors receive orientation regarding the outcomes expected of students and the pedagogical methods that enhance learning, especially for first-time preceptors prior to assuming their responsibilities, ongoing training, and development.	●	○
Students do not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.	●	○
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.	●	○
All required 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"> <li>● community pharmacy</li> <li>● hospital or health-system pharmacy</li> <li>● ambulatory care</li> <li>● inpatient/acute care general medicine</li> </ul>	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The UHCOP curriculum is comprised of a variety of pharmacy practice experiences starting in PY2. The pharmacy practice experience include over 300 contact hours of IPPE’s and 1750 contact hours of APPE’s. All these experiences allow the application of basic and clinical sciences to advance knowledge, to develop and refine skills, and to instill attitudes and values of a professional pharmacist through application.

UHCOP has fully implemented all of the IPPE requirements effective with the graduating class of 2011 (entering class in the fall of 2007). In the summer of 2003, the curriculum required an introductory community practice experience. The IPPE’s begin in the fall of the PY2 with IPPE I and Professional Development, PHAR 5254. Afterwards, the



students are assigned to long-term care facilities and participate in patient medication/chart reviews followed up by reflection exercises where they present the patients and their respective interventions. Following long-term care facility practice standards, students compose a formal letter to the physician with suggested medication interventions. If a concern is discovered, the preceptor consultant pharmacist at the facility is contacted and addresses the concern as necessary.

In addition, 36 hours of this course is dedicated to emergency preparedness and students are trained by staff from the Texas A&M Health Science Center and the City of Houston Health Department. Topics include basic disaster life support, advanced disaster life support, and bioterrorism/disaster preparedness training with simulations. Each student receives a certificate of completion and in the event of a disaster, may be contacted by the Harris County Office of Emergency Preparedness to respond to the disasters in the Houston and surrounding areas.

Additionally, students are required to complete a 4-week (170 contact hours) Introductory Community Practice Experience during the summer between PY2 and PY3. IPPE II and Professional Development, PHAR 5257, occurs in the PY3 spring semester. This experience offers 65 contact hours in an acute care setting in the greater Houston area. Activities include evaluating charts and monitoring patients' progress. Through a formal mentoring and discussion time, the students present and discuss findings with PY4 students, pharmacy residents, preceptors, and/or faculty. These experiences are designed to familiarize students to the acute hospital care environment and facilitate their transition into their APPE's.

The PY4 consists of seven, six-week (250 hours) APPE's consisting of four required and three elective. Required APPEs include Advanced Community Pharmacy, Advanced Hospital Pharmacy, Internal Medicine, and Ambulatory Care. The elective APPEs offer a wide variety of opportunities for the student to pursue individual professional interests and can include Infectious Diseases, Pharmacokinetics, Nutritional Support, Government Pharmacy, Academic APPEs, etc. The required APPEs provide opportunities for the student to develop skills required to deliver medication therapy management in both acute care and community practice settings and build upon their previous IPPE experiences ([9-G](#)) ([9-F](#)).

To provide pharmacy practice experiences, the college utilizes its own clinical faculty and volunteer preceptors in the Texas Medical Center, the Houston Metropolitan Area, and in many other locations throughout the State of Texas and the United States. There are over 1,000 available preceptors, with 331 active for the 2010-2011 internship year. These sites/preceptors are discussed in Standard No. 28: Practice Facilities section. ([6-B](#))

Currently, the college has 648 available sites with 186 active for the 2010-2011 internship year. Some sites are located in federal institutions (i.e. NIH, NCI, CDC, FDA, IHS) out-of-state. With a large number of sites and preceptors offering experiential education opportunities to our students, quality and consistency within APPEs and among instructional sites is a matter that receives constant attention. Evaluation and development of students, sites and

preceptors are continuously monitored and issues are addressed as needed. Educational and preventative measures include preceptor training, site visits by the experiential staff, student and preceptor feedback as well as interactions with The Joint Committee on Internship Programs and the Texas State Board of Pharmacy.

The UHCOP Internship Program must meet rules and requirements of the Texas State Board of Pharmacy. The colleges of pharmacy in Texas established a Joint Committee on Internship Programs (JCIP) in 1994 to address common problems and to adopt standardized forms for use in the Internship Programs. The JCIP standardized Intern Evaluation Form continues to be updated and revised annually and reflects the goals and objectives of the college's Internship Program ([11-C](#)). With a statewide common internship calendar as well as standardized student evaluation form, Texas preceptor education activities can be focused on student evaluation techniques and standardization exercises designed to promote consistent ratings of students across all Texas Colleges of Pharmacy. The UHCOP presents a biannual ACPE accredited preceptor CE program and additional programs are offered by JCIP at statewide association meetings.

The JCIP meets regularly with the Texas Pharmacy Congress including two representatives from the Texas State Board of Pharmacy. JCIP has input into the Texas State Board of Pharmacy rules that affect the internship experience. Texas internship sites must meet certain State standards and preceptors must have a State preceptor's certificate in addition to their Texas pharmacy license in good standing. Upon the initial application for a preceptor's certificate, the pharmacist must have at least one year of experience or six months of residency training in a program accredited by the American Society of Health-System Pharmacists (ASHP), must have completed at least three hours of preceptor education provided by a Texas college of pharmacy every two years and must be in good standing with the Texas State Board of Pharmacy. The preceptor certificate must be renewed every two years, at the time of licensure renewal, and additional preceptor education is required.

Ongoing evaluation of experiential sites and preceptors is addressed through several mechanisms. The faculty internship directors have regular contact via site visits, email, and/or telephone with students and preceptors to assure that the academic content and objectives of the experience are being attained. When necessary, the ADEP and directors visit sites to resolve problems and observe students' progress. This regular contact between the director, the preceptor, and the student provides an excellent source of information for ongoing site evaluation. Problems come to the attention of the director through all of these routes. Sites are excluded from the program when they are experiencing difficulties that would interfere with their ability to properly instruct students. With the number and variety of sites available, the college at present, is able to select the best sites to meet the professional and geographic needs of the student.

Preceptors evaluate student interns utilizing the standard Intern Evaluation Form described above, as well as additional evaluations specific to the experience. In both hospital and community pharmacy APPEs, there is a mid-term

practical examination and final written examination designed and administered by the faculty internship director to evaluate practical skills essential to the internship experience.

Presentations and reports submitted in the clinical and elective APPEs allow the faculty internship director to assess written and oral communication skills. Students must also pass a written exam to earn credit for the Institutional Medicine, Advanced Hospital Pharmacy, and Advanced Community Pharmacy APPEs. Students are allowed only one retake for all exams administered for APPEs before repeating the rotation. From 2005-2010, the frequency of PY4 students required to repeat one of these three APPEs was 1.35% (n=664).

The Assistant Dean for Experiential Programs and directors are accessible to students for special problems, announcements, and assistance with any other issues or needs that might arise throughout the year. Practical and written exams described above indirectly reflect the effectiveness of the ongoing program at the site. Students evaluate sites and preceptors at the end of each experience.

Additionally, the college's Experiential Advisory Committee consisting of faculty and non-faculty practitioners, serves as a liaison with the community of practitioners as well as ensures that the quality of experiential instruction is maintained and in compliance with ACPE standards. This is supplemented by cooperative activities with the Texas State Board of Pharmacy and with the other Texas colleges of pharmacy through the JCIP.

#### Comments:

In September 2008, Hurricane Ike hit the Galveston/Houston area during the (4<sup>th</sup>) week of APPE 3 and had dramatic impact with much of the greater Houston area without electricity for up to a month. During this time, several experiential sites were significantly damaged and students were unable to return. Due to our collaborative efforts with the other schools of pharmacy in the State where we have a planned 10% reserve of experiential sites for all schools to use in emergent situations, we were able to quickly place these displaced students in other practice sites.

In the fall of 2008, we implemented our first IPPE I course with the Class of 2010. Utilizing an opportunity to integrate UHCOP with the City of Houston and Harris County, we required the students to become certified in Emergency Preparedness Training. Since more than 90% of our students are certified immunizers through the college's elective, we became an integral part of the 2009 H1N1 pandemic response in Harris County and the City of Houston via vaccination clinics. During the height of the epidemic and controlled vaccine roll-outs, students and faculty staffed City of Houston and Harris County clinics for two weeks and triaged, screened, and administered over 9,000 vaccinations.

#### Quality Improvements:

We have purchased E\*Value™ to streamline computer data entry and tracking of experiential activities, and improve communications with preceptors.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The introductory through advanced practice experiences form a continuum with no gaps.</li> <li>• The college or school provides elective rotations.</li> <li>• Introductory experiences expose students to actual practice sites not simulated ones.</li> <li>• Most experiences are under the supervision of a pharmacist.</li> <li>• The student-to-preceptor ratio facilitates individual instruction, guidance, supervision, and assessment.</li> <li>• Students are not paid for practice experiences.</li> <li>• Preceptors are primarily licensed as pharmacists.</li> <li>• Preceptors are trained to meet the needs of the college or school and have defined positions with it.</li> <li>• Preceptors evaluate students and vice versa.</li> <li>• The college or school has quality assurance mechanisms that include visiting sites.</li> <li>• The coordination and management of rotations is straightforward and efficient (e.g., students are notified in a timely manner whether their choices for rotations have been accepted).</li> <li>• Rotations occur in diverse practice settings covering all required areas (community, institutional, etc.).</li> <li>• Practice experiences cover diverse patient populations in terms of disease state, race, age, gender, and cultural background.</li> <li>• The college or school has criteria for defining the level of practice (e.g., advanced community) which are validated by the faculty (e.g., worksheet to enroll a preceptor; review syllabi for the rotation).</li> <li>• The practice experiences support the achievement of the required professional competencies.</li> <li>• Student outcomes and patient interaction are documented and assessed.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Some introductory practice experiences are missing in first 3 academic years or the progression of experiences do not form a continuum from introductory to advanced.</li> <li>• The college or school has quality assurance mechanisms that do not include visiting sites.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> <li>• Some required areas are not adequately covered.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• One or more required introductory or advanced experiences is/are missing.</li> <li>• Preceptors are not properly trained.</li> <li>• Some preceptors are not licensed in the state of practice.</li> <li>• Required rotations fall below the expectations the standard.</li> <li>• One or more required pharmacy practice experiences occur(s) overseas.</li> <li>• The college or school has no quality assurance mechanisms.</li> <li>• The college or school has an inadequate number of preceptors.</li> <li>• The majority of students are not precepted by pharmacists.</li> <li>• Outcomes are not documented or not assessed.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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 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, 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 addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The role of the Center for Assessment is to conduct comprehensive programmatic assessment ([1-C](#); [1-D](#)) of the professional pharmacy program. During the time period of this report, the Assessment Committee was chaired by the Director of Assessment. Effective September 2010, the committee is now chaired by a faculty member appointed by the Dean, and the Director of Assessment now serves as an ex-officio member. Additional members include four faculty representatives and various other *ex-officio* representatives. The Director of Assessment works with the Assessment Committee to oversee assessment activities within the college. College faculty developed a list of “general abilities” and “analysis/critical thinking abilities” which are posted on the college’s website ([15-A](#)). These abilities are incorporated into the curriculum and included in the development of a new course or the revision of a current course. All required course proficiencies are reviewed annually by the assessment and curriculum committees. At the close of each semester, students review and score their competencies for the relevant course proficiency statements. The Director of Assessment compiles student evaluation data and makes this information available to the course coordinators for consideration of content or delivery modification.

Global knowledge assessments and capstone exams are administered through the Center for Assessment. A “Prior Knowledge” exam is given to the incoming PY1 class during orientation ([15-B](#)). The results of this exam are used to assess fundamental professional program entry knowledge.

The Director of Assessment quota samples professional students to participate in the Student Curricular Assessment Team group (SCAT). These student groups meet twice a year to voice concerns about learning gaps and suggestions for course improvement. After reviewing the data and student input, if a true weakness is identified within a

course, the Assessment Committee meets with the course coordinator to discuss the relationship between the students' perceived competency with the stated learning objective and potential strategies for improvements.

The MileMarker Examination sequence (MME) is a series of formative and summative instruments rooted in case-based questions that have been fully vetted by faculty and student assessment data. The content is reviewed and updated by course coordinators at least once a year and as necessary. At the close of each academic year, an MME that is reflective of the course work completed is administered. The PY2 and PY3 exams focus heavily on the most recent curriculum for that year but will also include questions on curriculum from the PY1 or PY1 and PY2 years, respectively. The exams administered in PY1 and PY2 are formative. However, students not achieving minimum competency are required to either retake the exam or are assigned a self-directed remediation. Typically, self-directed remediation is based on areas of deficiencies and constructed through a "develop a case-premise" where the student develops a case relevant to their deficiencies. These cases are evaluated by faculty. By contrast, the MME III is summative and students who do not meet minimum competency may not progress to their PY4 APPEs. The student is allowed one additional attempt and if a passing grade is not achieved then self-directed remediation will be completed. The majority of students pass on the first attempt (99%). The students who do not pass on their first attempt typically pass on their second attempt. No student has been prevented from beginning the APPEs since 2003.

The MME series allows the college to specifically assess the effectiveness of previous year's course work and allows timely feedback between the Assessment Committee, Center for Assessment, and the faculty. Results can be compared between the various years to identify any inadvertent disconnection between the course proficiency statement and the course content, changes in delivery, faculty substitutions, thus allowing the college to assure content consistency. Moreover, having UHCOP student data allows the college to spot-remediate deficiencies.

The college has piloted Objective Structured Clinical Examinations (OSCEs) ([15-C](#)) as a part of the annual assessments. At this time, all of the PY1s were included in the formative OSCE for 2010 and results of their performance have been distributed to the students. Students were provided with a highest-lowest range, average, and their own score. They also received an indication of where the faculty believes the students should be performing. The PY1 OSCE cases, rubrics, and competency scale were developed by six of the college's established clinical faculty, each having active practices and serving as preceptors. Volunteers consisted of PY4 pharmacy students who were trained by the faculty member directing the OSCE administration to develop and standardize their responses. The PY1 students have various resources available, such as [Facts and Comparisons](#) or a relevant package insert during the OSCE. OSCEs for the PY2 class will be implemented in March 2011. As to whether or not these OSCEs will continue to be formative or summative is currently under discussion by college faculty.

The Director of Assessment maintains an inventory of which courses utilize which types of assessments as a part of the curricular mapping ([9-L](#)). Most courses offer several multiple choice exams during the semester and a

comprehensive final and the type of assessment, whether or not it is formative or summative, is left up to the course coordinator and the course instructors. These may include assessments other than traditional exams such as student papers, the use of audience response systems, presentations, and observed structured clinical examinations (OSCEs).

The college adopted the use of ARS in 2006. Since that time, ARS are routinely used in Pharmacology 1 and Pharmacology 2, Pharmacy Practice 4, and Therapeutics I in the PY2 year. The instructor inserts multiple choices, true/false, or opinion questions directly into PowerPoint presentations. As the questions appear, the students, who have individual response pads, are polled for answers. Questions might be those testing prior knowledge, recall of recently presented material, or those that require critical thinking and synthesis. After results are obtained, the instructor may remove a choice, ask the students to discuss the remaining answer choices between themselves for two minutes, and then re-poll. Whether re-pollled or not, the results are discussed by the instructor as to why they are correct/incorrect unless the question is an opinion question. In this way, comprehension can be reinforced while misconceptions can be addressed on the spot. One instructor has also included one of these in-class questions on the semester test and the final and compared the results ([11-D](#)). In this way, classroom learning is assessed both in the classroom and on the exams. In general, students perform better on these questions during the semester test and the final. Moreover, students who miss questions on the test, often as not, are absent the day the question was presented and discussed. These systems have also been used anonymously to poll student opinions in ethics classes. This classroom option has improved student participation and active learning.

### Comments:

Three notable areas of the program are the comprehensive MMEs, OSCEs, and use of ARS in the classroom. The MME as described previously allows selective remediation of student knowledge deficiencies when they appear, after each annual exam, and PY3 students typically perform well and are prepared for their APPEs.

### Quality Improvements:

Systematic and sequential evaluation of the entire curriculum needs to be more proactive. With the acquiring of the E\*Value® program, continual and efficient evaluations of the curriculum should be possible.

Feedback to faculty and curriculum on formative and summative assessments throughout the curriculum need to be improved. As a result, the college by-laws have been changed. The Director of Assessment is now an ex-officio member and the Chair of the Assessment Committee is a faculty member appointed by the Dean. There is a new expectation that the committee will meet on a regular basis and a new charge to the committee to provide a comprehensive assessment of the entire college.

The development of OSCEs throughout the curriculum will be an additional measure of application and skills; however, it is in the early stages and need to be further developed.

The Curriculum Committee recognizes that student exposure to scientific inquiry, knowledge retention, and life-long learning skills need to begin earlier in the curriculum. The recently developed and implemented student convocation series will address topics such as professionalism and life-long learning beginning Fall 2011. Structured student portfolio development utilizing E\*Value's® MyFolio will be required, implemented and maintained through the Pharmacy Skills Program, IPPEs, and APPEs. In addition, new professionalism topics and activities are being researched and developed by students through a Special Topics course and are being piloted in PHAR 4251 Pharmacy Skills Program Course II in spring 2011 of PY1.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Assessment data are used for program improvement.</li> <li>• The college or school uses multiple measures to evaluate professionalism.</li> <li>• The college or school has a systematic plan for assessing student learning outcomes.</li> <li>• The college or school is gathering and using both formative and summative assessment data.</li> <li>• Portfolios document progressive achievement of the competencies through integrated learning experiences.</li> <li>• Students are involved in self assessment.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The assessment plan is not systematic.</li> <li>• Data from the assessment plan are not analyzed or not fed back into the curriculum.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has no assessment plan or does not systematically carry out evaluations of student learning and curricular effectiveness.</li> <li>• The college or school can not document progressive achievement of the competencies as demonstrated in the learning experience.</li> <li>• The college or school does not have mechanisms to diagnose and correct underlying problems that might diminish learning such as perceived stress on the faculty, staff, or students.</li> <li>• Assessment and evaluation activities to allow comparison of outcomes between alternate program pathways are not carried out.</li> <li>• Data is not used to improve the curriculum or its delivery.</li> <li>• Assessment activities do not use valid or reliable measures.</li> <li>• Assessment activities do not include assessment of students, faculty or preceptors.</li> <li>• Assessment methods do not promote consistency and reliability within and among faculty, practice sites and preceptors.</li> <li>• No systems are in place to ensure the integrity of student work and limit opportunities for academic misconduct.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>



## Students

### For Standards 16-23:

Use a check  to indicate the information evaluated to assess the standards in this section:

- Synopsis of the Curriculum Vitae of the student affairs administrative officer. (16)
- An organizational chart depicting student services and the corresponding responsible person(s). (16)
- Description of the nature of student services offered. (16)
- Examples of documents used for student orientation. (16)
- Student Handbook (**to be made available on site**). (16, 21)
- Description of sections of the student handbook that deal with specific requirements of the standard and guidelines. (16)
- Professional Technical Standards<sup>4</sup> for the school or college and/or university. (16)
- Admissions and enrollment information, highlighting how specific requirements of the standards and guidelines are met. (17)
- Evidence that enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources. (17)
- Description of the college or school's recruitment methods. (17)
- Recruitment and admissions data. (17)
- Examples of recruitment methods: college or school's catalog, recruitment brochures, college or school Internet site. (17)
- Aggregate data on student employment after graduation. (17)
- Curricular outcomes data correlated with admissions data (Standard 3). (17)
- Description of methods used to assess verbal and written communication skills. (17)
- If applicable, example of an Early Assurance Program agreement between the college or school and the associated institution(s) or student. (17)
- Student transfer credit and course waiver policies. (18)
- Number of transfer students and correlation of transfer policy and success in the program. (18)
- Student progression policy consistent with the college or school's mission. (19)
- Data on student matriculation, progression and graduation rates correlated to admission and transfer policies. (19)
- Section of the student handbook that covers the student progression policy. (19)
- Copy of policy and procedures for handling complaints related to ACPE Standards. (20)
- Description of how the complaint policy is communicated to students. (20)
- Discussion of number of complaints since last accreditation visit and the nature of their resolution. (20)
- College or school's catalog, recruitment brochures (**to be made available on site**). (21)
- URL to program information on the college or school's Internet site. (21)
- List of committees involving students and the names and professional years of students involved on committees. (22)
- Description of 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. (22)
- Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives. (22)
- The college or school's codes of conduct addressing professional behavior and harmonious relationships. (23)
- Description of strategies that the college or school has used to promote professional behavior; and the outcomes. (23)
- Description of strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes. (23)
- Description of strategies that the college or school has used to promote student mentoring and leadership development; and the outcomes. (23)
- Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.

**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.

	S	N.I.
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 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.	●	○
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 has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The UHCOP Student Services Center (SSC) oversees and provides administrative services for the professional program. The services provided include but are not limited to academic advising and counseling, admissions, recruiting, scholarship and financial aid, student events and professional activities, graduation, etc (16-A). The staff of the SSC includes the Assistant Dean for Student and Professional Affairs (ADSPA), Director of Admissions, Director of Recruiting, two Academic Advisors, Student Events Coordinator and one secretary. Throughout the semesters, there may be one to three work-study students assisting in the SSC depending on the need and availability. The ADSPA is the administrator primarily responsible for development, implementation, and oversight of student services, student professional development, support of the admissions and recruiting process, and verification of completion of degree requirements (16-B). The ADSPA reports directly to the Associate Dean for Academic Affairs (ADAA) and with the recent reorganization of the Dean’s administrative team, responsibilities may continue to change as the year progresses. Additional support for the SSC is provided by the college’s Directors of Communication, Technology and a university financial aid officer with respect to recruitment, admissions, and scholarships while standing committees such as Admissions and Progressions and Student Affairs committees assist the Office of Student Services in carrying out its duties. In addition, the SSC interfaces with many University offices on campus to increase the breadth and scope of services provided to the students. Some of these offices and programs include the Office of Scholarship and Financial Aid, Registration and Academic Records, Office of Admissions, Graduate and Professional Studies, University of Houston Libraries, Texas Medical Libraries, Counseling and Psychological Services, Learning Support Services, Scholars Enrichment Program, and Student Health Center.

The Director of Recruiting, along with other SSC staff members, attend various student recruiting events including career fairs, graduate fairs, pre-pharmacy association meetings, and other organizational meetings at various educational institutions around the state. With the large applicant pool and number of pre-pharmacy students at the University, the Director of Recruiting along with the Assistant Dean, two academic advisors, and the Director of Admissions provide valuable pre-pharmacy advising services. The pre-pharmacy advising staff conducts advising for individuals and groups, serves as the pre-pharmacy student organization faculty/staff advisors, and fulfills the University's mandatory general university orientation for all freshmen and transfer students. Staff providing academic advising are encouraged to complete the UH Undergraduate Academic Advisor Certification Program, which consists of a 56-hour certification program open to all University of Houston employees involved in undergraduate academic advising ([16-C](#)). Two advisors completed the certification program and the Director of Admissions and the Director of Recruiting are currently enrolled in the program. Information about advising, admissions requirements, professional technical standard requirements, and progression processes are available on the UHCOP website ([16-D](#)) and in the UH Undergraduate Catalogue ([16-E](#)).

Incoming pharmacy students are required to attend a mandatory four-day new student orientation overseen by the Student Services Center prior to the start of classes ([16-F](#)). The students receive information regarding UHCOP's mission and vision, policy and procedures, and expectations of students in a professional program, as well as orientation and training to use the University's and UHCOP's technology and teaching methodologies. In addition, all incoming students receive a copy of UHCOP's Student Handbook and the UH Student Handbook, which contains detailed information to guide the student through the professional program and university ([7-A](#), [16-G](#)). Orientation provides an opportunity for new students to interact with UHCOP faculty, staff, current pharmacy students, and practicing pharmacists from various fields as well as an introduction to the various UHCOP student organizations and state pharmacy associations ([16-F](#)). Orientation culminates with a White Coat Ceremony where students take the Oath of Professionalism in front of family, friends, faculty, staff, and current pharmacy students.

All applicant and current professional pharmacy student records are retained in the SSC, both in hard copy format housed in secure, locked file cabinets and electronically using a FileMaker Pro 7® database. All student record information is kept confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA). Only SSC staff, ADAA, and ADSPA have access to the locked file cabinets, and electronic data entry of applicant's and professional student's information into the database is limited to the ADAA, ADSPA, and designated staff members. Security for the FileMaker Pro 7® database is monitored and maintained by the college's Assistant Director of Technology on a dedicated server, with daily back-up tapes. To ensure compliance with all state laws and regulations concerning student information confidentiality, all University of Houston personnel are required to complete annual online FERPA training and exam with a minimum passing score of 80%.

An average of 85% of all UHCOP students receive some form of financial aid and with the classification of the professional program as a graduate program, there is limited availability of grants. Since the last accreditation visit, the college has utilized full and part-time financial aid advisors. Due to current budget constraints, the college is transitioning to a shared financial aid advisor with the College of Optometry. This is not expected to impact quality of services. During this transition period, the shared financial aid officer will reside in the University's Scholarship and Financial Aid office and will retain a presence within the college. The ADSPA will continue to assess financial aid services and address changes as needed. Services offered to both prospective and current professional students include distribution of financial aid packets, advising sessions, and assisting UHCOP's Student Affairs Committee and with UHCOP's scholarship application process, decision making, awarding and dissemination of scholarship information to current students. In addition, SSC staff members are well versed in essential financial aid information. A list of internal and external scholarships and grants is available in the UHCOP Financial Aid Handbook ([16-H](#)) and on the college's website ([16-I](#)).

The ADSPA, a licensed professional counselor and pharmacist, provides counseling needs for prospective and current professional students, support services for academic progression, as well as personal and career pathway counseling. Faculty supports the ADSPA's services by referring students with possible academic and or emotional issues as well as those in need of risk assessment review, academic monitoring, text anxiety skills, targeted tutoring, and/or other services ([16-J](#)).

The University of Houston Health Center located on the main campus serves the medical needs of students, faculty, and staff, and provides a walk-in clinic that offers immediate access to medical services in addition to specialty clinics such as Women's Clinic, Men's Clinic, Orthopedic, Dermatology, Psychiatry, and Nutrition Clinic. The Health Center also provides pharmacy and diagnostic services along with preventive services, such as immunizations and patient education. The University offers students an opportunity to purchase student health insurance. Additional services offered by the University include counseling and psychological services, Center for Students with DisABILITIES, University Testing Center, The Recreation and Wellness Center, and University Libraries. These services provide student access to academic enhancement services as well as mental and physical health services ([16-K](#)).

The UHCOP required immunization policy is outlined in the University Undergraduate Catalogue and Graduate Catalogue ([16-E](#), [16-L](#)). All professional pharmacy students are required to be immunized against rubeola, rubella, mumps, varicella, and tetanus prior to beginning the first professional year. In addition, the Hepatitis B immunization series must be initiated prior to the beginning of the first professional year and completed by January 31st of the second semester of the first professional year. A negative TB skin test or chest clearance must be documented no sooner than three months prior to beginning the fall semester of the PY1 year and updated annually. In addition, if an experiential site requires additional immunizations (i.e. influenza vaccine), students are expected to comply with the site's

requirements. In Fall 2009, the UHCOP began using Student Immunization Tracker through CertifiedBackground.com (16-M). This simplified the immunization record tracking process, eliminated the task of collecting paper files, and allows students to upload documents to a secure storage area and the SSC staff can monitor compliance of immunizations through the website. In addition, all UHCOP students are required to purchase health insurance that is comparable to or better than the student health insurance plan offered by the University. Students are informed of this requirement prior to orientation and referred to the student health insurance website for information about the University's student health insurance policy coverage as well as provided with a University brochure outlining the coverage and application information (16-N).

In addition, UHCOP is enrolled in a University medical/professional liability insurance policy, which covers both students and faculty. Students are informed of this at the beginning of their PY2 year during the Introductory Pharmacy Practice Experience I (IPPE I) Orientation (16-O), at the beginning of the IPPE II Orientation (16-P) and then reminded again at the beginning of their fourth year during the Advanced Pharmacy Practice Experience Orientation (16-Q).

The University of Houston and UHCOP provides equal treatment and opportunity to all persons without regard to race, color, religion, national origin, sex, age, disability, veteran status, or sexual orientation except where such distinction is required by law. In addition, SSC works with faculty and the UH Center for DisABILITIES when needed to provide support to faculty in effectively and efficiently teaching students with acknowledged disabilities (16-R).

#### Comments:

The AACP 2010 Graduating Pharmacy Student Survey Summary Report indicates that overall, the students who utilized the academic advising, career planning and guidance, tutoring services, and student health and wellness services felt that their needs were met. In addition, 95% of the students responding felt UHCOP's admissions process was very well organized. Although 50% of the students utilizing financial aid services felt that their needs were met, this area will need to be monitored as the University restructures the position (2-C, n=65).

The pre-pharmacy group advising model started in early 1990's and used by UHCOP was one of the first of its kind on the University campus and other colleges adopted this style of advising over the past 10 years. Group advising was implemented to meet the needs of a very large pre-pharmacy population. The quality of the UH pre-pharmacy applicant pool continues to improve as evidenced by proactive advising methods providing more rigorous advising interventions, career redirection as needed, and a steady increase in the average GPA of UH pre-pharmacy students from 2.61 in 2000 to 2.94 in 2010 (16-S).

It is noteworthy that our Student Services Center offers professional counseling services within the college.

**Quality Improvements:**

The SSC initiated a counseling intern program for which one to two counseling interns will be acquired each semester from accredited counseling programs for the Licensed Professional Counselor master level degree. This student intern will assist in provision of counseling services to pharmacy students and be supervised by the ADSPA who is a licensed professional counselor-supervisor and pharmacist.

In addition, online pre-pharmacy advising will become a part of the advising model in 2011 to allow students a more advanced and available advising tool.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• An administrative officer oversees student services.</li> <li>• Students indicate that student services are meeting their needs.</li> <li>• The organizational element devoted to student services has adequate financial and personnel resources to support the needs of students.</li> <li>• Student services for pharmacy students are coordinated with university support services.</li> <li>• Personnel are knowledgeable and aware of what they need to support students.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Complaints reported about student services appear to be valid.</li> <li>• Students appear to be confused about procedures in the school that should have been covered in student orientation.</li> <li>• Students have not received an orientation.</li> <li>• Student services do not know how to address pharmacy students' needs.</li> <li>• The student services office is poorly coordinated or communicates poorly to students.</li> <li>• Health and counseling services are either absent or not adequate for students.</li> <li>• Financial aid or guidance is either absent or not adequate for students.</li> <li>• Student records and confidential documents are poorly maintained and not secure.</li> <li>• There is evidence of discrimination.</li> <li>• The college or school has a high level of student complaints.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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 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 and the ability to achieve the professional competencies and 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.	●	○
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.	●	○
Admission criteria, policies, and procedures are not compromised regardless of the size and quality of the applicant pool.	●	○
Consultation with ACPE occurs at least six months before recruiting students into new pathways or programs.	○	○
N/A (no new pathways or programs) ■		
The college or school has addressed the guidelines for this standard.	●	○

### Describe how the program is meeting the Standard and Guidelines.

The college makes available the information regarding the admission criteria, policies, and procedures to students and prospective students through the SSC and the UHCOP website. The pre-pharmacy course requirements and the current Doctor of Pharmacy course requirements are available to prospective students through the UH Undergraduate Catalog ([16-E](#)) as well as on the UHCOP website ([16-D](#)). Information on the Doctor of Pharmacy program itself, including academic policies, admission requirements, degree requirements, and tuition and fees is available through the UH Graduate Catalog ([16-L](#)), the UHCOP 2010-2011 Student Handbook ([7-A](#)), and the UHCOP admission website ([16-D](#)). The pre-professional educational requirements for admission to the professional program consist of approximately 58-72 hours of coursework in the basic sciences, mathematics, information and communication technologies, and physical sciences areas as well as in the general education areas of humanities, behavioral sciences, social sciences, and communications skills ([16-D](#)). The college maintains printed one-page and multi-page recruiting materials highlighting information on the curriculum, prerequisites, and admissions. These brochures and materials are also available with comprehensive admissions and UHCOP information on the college website ([17-A](#); [17-B](#); [17-C](#)).

Students can be admitted to UHCOP through two limited cooperative pre-pharmacy programs with early acceptance through Lamar University and Stephen F. Austin University. A Memorandum of Understanding between UHCOP and each institution is reviewed and updated annually ([17-D](#)). Requirements for students to be admitted into these cooperative programs are outlined at the UH/Lamar and UH SFA Coop program websites, respectively ([17-E](#); [17-F](#)). Once a student is accepted into one of the coop programs, he/she is required to sign a Memorandum of Agreement ([17-G](#)), which outlines their conditional admission to the UHCOP Doctor of Pharmacy program and the criteria they must maintain while in the coop program in order to successfully matriculate into the professional pharmacy program.

All admissions criteria, policies, and procedures are reviewed and evaluated annually by the Admissions and Progression Committee and recommendations for changes are provided to the Assistant Dean for Student and Professional Affairs and Associate Dean for Academic Affairs for implementation. The Committee consists of a faculty chair appointed by the Dean, four faculty members, two from each department, one elected and one appointed by their respective department chair/department. Additionally, a student representative is appointed by the Dean from a pool of candidates submitted by Pharmacy Council. The student must be in at least the second professional year and may serve a maximum of two years. The student participates only in discussions related to new student admissions, admission standards, and progression procedures. A pharmacy practitioner alumnus is appointed by the Dean to serve on the committee. The ADAA, ADSPA, and Director of Admissions serve as ex-officio members. The Committee reports to the Dean.

Prospective students apply through a secure, online system ([17-H](#); [17-I](#)). All applications are reviewed by each member of the APC, taking into consideration an applicant's scholastic accomplishments, PCAT scores, honors and awards, extracurricular activities and leadership activities, and community service activities when making decisions about inviting applicants to interview and recommendations are made to the ADSPA and the ADAA.

The Interview Team, a group made up of faculty, staff, and alumni of the college, conducts the on-site admissions interviews. A training session is conducted by the ADSPA and the Director of Admissions every two years for all faculty and alumni interviewers and refresher training sessions are conducted on an as-needed basis for new interviewers or if concerns are expressed by the APC, SSC staff members, or other members of the Interview Team.

Prior to the interview, each applicant receives a standardized Interview Questionnaire, a self-assessment tool, and essay question, all of which are to be completed and emailed to the Director of Admissions prior to the interview day. These three written tools are reviewed by the faculty/alumni interviewers prior to the interview day ([17-J](#); [17-K](#); [17-L](#)) and may be referenced by the interviewer during the applicant's interview.

The onsite interview day consists of a 30-minute one-on-one interview with a faculty/alumni practitioner where a behavior-targeted assessment tool is used to explore the candidate's self-reported strengths and weaknesses relating to professional outcomes desired upon graduation such as ability to adapt to change, resolve conflict, respond to pressure,



as well as judgment and perseverance ([17-M](#); [17-N](#)). In addition, the interviewees participate in a group teamwork assessment evaluation allowing interviewees to be observed when practicing consensus decision-making within a group. Specific communication skills such as spoken language, listening, and body language are evaluated using the Teamwork Assessment Activity Evaluation Form ([17-O](#); [17-P](#)). Three trained faculty members and/or staff monitor the teamwork assessment activity and approximately 130 student ambassador volunteers are recruited and trained annually to visit and interact with interviewees or serve as student evaluators for the teamwork exercise. These student volunteers provide feedback to the APC from visiting and interacting with interviewees as well as evaluating the teamwork exercises. As a result, the interview process includes feedback from faculty, current students, alumni, and staff.

The interview process also includes the 30-minute Pearson's Gordon Personal Profile Inventory (GPP-I) designed to identify traits which are indicators of success in a job or role. Nine traits are measured to assist the committee in assessing dependability, attention to detail, diligence, innovation, conscientiousness, adaptability, analytical thinking, and stress tolerance in the interviewee ([17-Q](#)). In 2009, this diagnostic assessment was added to the admissions interview day to explore what additional information could be valuable in assessing candidates. The APC has evaluated the preliminary information and currently does not have enough data to make a correlation between the assessment data and success of the accepted students in the professional program. Once additional data is obtained, it will be reviewed to determine if a correlation exists between the GPP-I and student success.

In addition, individual time is spent with the college's Financial Aid Officer and SSC staff ensures all application requirements are met and all questions answered. This includes time with the trained UHCOP Student Ambassadors who provide answers to interviewees' questions about the college, the program, student life, housing, etc. from a current student's point of view.

After the interview day, the APC members are provided with copies of all the interview day information received as well as the application information and documents. The APC considers pre-pharmacy GPA, math/science GPA, interview evaluation, PCAT writing and problem solving skills evaluation, teamwork evaluation, diagnostic assessment, PCAT scores, as well as the pre-interview essay and questionnaire and community service, honors and awards, and extracurricular activities when evaluating a candidate for admittance. This is done through a paperless process. Blackboard™ Vista is used to disseminate all materials to the APC members and this allows the APC to work online as a committee, within a secure online setting, sharing comments and questions prior to the actual face-to-face APC meeting where a final decision is reached.

Prior to 2009, the University's Writing Center assisted with evaluating writing samples obtained on-site during the admissions interview. The Writing Center staff were trained to judge writing and problem-solving abilities following defined rubrics that were designed by both Writing Center Staff and the college. After comparing interviewed applicants'

Writing Center scores with their PCAT scoring in 2007-2008 and having the Writing Center evaluate the PCAT grading rubrics with the college's grading rubrics, it was determined that the PCAT and college grading rubrics were covering similar areas in both the writing and critical problem solving scores and applicant's scores were similar. As a result, the APC discontinued the onsite writing activity during the admissions interview for the 2008-2009 admissions cycle and began using the PCAT writing and critical problem solving scores for applicant evaluation.

### Comments:

The Admissions Committee uses a comprehensive process of reviewing applicants for admission to the college. Multiple factors are utilized to determine admission of applicants including GPA (both composite and math/science), PCAT scores, interview, letters of recommendation, a written personal statement by the applicant, work experience, teamwork assessment exercise, and a diagnostic assessment. The Committee also considers volunteer experience/community service, extracurricular activities including leadership positions, pharmacy career path exploration and commitment such as membership in pre-pharmacy associations or pharmacy professional organizations, honors, awards, and background information. Individual consideration might also include overcoming hardships, successful careers in other fields, and language fluency. Attrition rates are low, with overall graduation rates for students entering with the classes of 2006-2009 of at least 91% and on-time graduation rates of 76% or more ([17-R](#)). An indication that the admission process works well is the NAPLEX performance of UHCOP graduates. Over the period of January 2006 through August 2010, the UHCOP NAPLEX pass rate for all takers was 98.90% ([9-H](#)). May 2009 graduates and May 2010 graduates had a pass rate of 100% and 98.11%, respectively. The pass rate for all UHCOP MPJE takers was 96.67% over the period of January 2006 through August 2010 ([9-I](#)). These pass rates are consistently higher than the national and state averages of 95.20% and 91.79%, respectively.

The Learning and Study Strategies Inventory (LASSI), a self scored instrument that provides a valid and reliable view of 10 scales (Anxiety, Attitude, Concentration, Information Processing, Motivation, Self-Preparation, Selection of Main Ideas) is used each summer to assess approximately one-third of the incoming class to further identify and/or discuss risk factors and concerns revealed in the interview process or discovered by the APC. Its results assist in the identification of academic problem areas and help in creating individual descriptions for enhancing study skills. The ADSPA meets with these students providing resources (support techniques, time management, and test-taking strategies) and creating an action plan to address the risk factor as much as possible prior to the beginning of the semester.

Of the 2010 graduates responding to the AACP Graduating Pharmacy Student Survey, 95.8% agreed that the admissions process of the college/school of pharmacy was well organized ([2-C](#), n=65). However, the AP Committee continues to monitor the admissions process and continues to consider the possibility of further refinements to

standardize the admissions process and increase the ability to predict student success in the program. The diagnostic assessment was instituted during the 2008-2009 admissions cycle, and the results obtained are being evaluated in terms of how well they correlate with student success. Additionally, a system to formally rank all applicants prior to interview invitations is being discussed. The current prerequisite requirements for the professional program are currently being reviewed by the APC and Curriculum Committee to determine if any changes need to be made to improve upon the knowledge base required prior to entry into the professional program.

**Quality Improvements:**

The college website is being redesigned at this time to meet standardized University requirements. This redesign provides a “cleaner” view for the visiting students, applicants, and parents who need admission information. SSC staff members continue to seek means to better communicate with the pre-pharmacy population. An online advising format will be test piloted during the summer of 2011 to address easier access to advisors as well as ease travel/distance challenges.

As a result of recent changes in our Assessment Program the college will examine correlations between admissions criteria and curricular outcomes on a much more consistent and systematic basis.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The college or school provides students with comprehensive information regarding its admissions criteria and policies and procedures.</li> <li>• The college or school has low attrition combined with high NAPLEX pass rates.</li> <li>• Pre-admitted students perform on a level that's comparable to students who were not pre-admitted.</li> <li>• The diversity of student body reflects the college or school's area of service.</li> <li>• The college or school regularly assesses its criteria, policies and procedures for admission into the program.</li> <li>• Student enrollment is well managed and the dean and faculty share the final responsibility for selection and enrollment of students.</li> </ul>	<ul style="list-style-type: none"> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals outside the college or school are making decisions about enrollment.</li> <li>• Students consistently fail or have to remediate courses because of weak foundational knowledge from pre-pharmacy or poor instruction in the professional program.</li> <li>• The college or school does not assess its criteria, policies and procedures for admission into the program.</li> </ul>
<input checked="" type="checkbox"/> Meets the Standard	<input type="checkbox"/> Partially Meets the Standard	<input type="checkbox"/> Does Not Meet the Standard

**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.

	S	N.I.
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 continuing pharmacy education, other postgraduate 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.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

UHCOP policies and procedures address transfer credit and course-waivers for both pre-pharmacy prerequisite courses and professional pharmacy courses. The policies are published in the UH Graduate and Professional Catalog ([16-L](#)), on the UHCOP website ([16-D](#)), and in the UHCOP 2010-2011 Student Handbook ([7-A](#)).

For pre-pharmacy students enrolled in a Texas university or college, pre-pharmacy course equivalency sheets for various Texas institutions are available on the college's website ([16-D](#)) and are distributed to individual state educational institutions during recruiting pre-pharmacy association events and meetings throughout the year. ([18-A](#)) Students desiring to transfer pre-pharmacy coursework from out of state institutions are evaluated on an individual basis by academic advisors in the SSC.

Pharmacy students transferring from another ACPE-accredited professional degree program to UHCOP must be in good academic standing at their current institution and must meet all of UHCOP's pre-pharmacy prerequisite and application requirements. Once a student has been accepted for transfer, all previously completed pharmacy coursework is evaluated by the respective department faculty for course equivalency and requisites are only waived based upon an assessment and comparison of the professional competencies of the course being transferred. The UHCOP thoroughly reviews each case individually. Students interested in transferring from another ACPE accredited professional pharmacy program are required to complete the last 25 percent of semester hours of the pharmacy curriculum and related work in residence at the University of Houston. During the period of 2006–2010, one professional student from another professional program transferred to the UHCOP and has been academically successful with an expected graduation date of May, 2012 ([18-B](#)).

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The college or school has and makes available, transfer of credit and course-waiver policies that are based on rational procedures and defensible assessments.</li> <li>• Policies are correlated with student results.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• A high number of individuals complain that transfer credits or course waivers are not being accepted or granted.</li> <li>• The college or school has no policies or applies them arbitrarily.</li> <li>• The college or school does not assess its policies relative to outcomes.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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 ensures that all students have a comparable system of access to individualized student services such as tutoring and faculty advising.	○	○
N/A (single pathway) ■		
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

UHCOP criteria, policies, and procedures for academic progression, academic probation, remediation, dismissal, readmission, rights to due process, and appeal mechanisms are made available to prospective and/or current students in the UHCOP 2010-2011 Student Handbook (7-A), the University's Graduate and Professional Studies catalog (16-L), and through the UHCOP website (16-D) and are in line with the college's mission (1-A). These resources are reviewed and updated annually by the Associate Dean for Operations, ADAA, the SSC staff, and/or other faculty, staff, and student organizations.

During the New Student Orientation Program, sessions are scheduled with the ADSPA to discuss the criteria, policies, and procedures for academic progression including remediation, transfer equivalency, academic probation, dismissal, and readmission. Each student is required to initial a statement stating they have received a copy of policies via the UHCOP Student Handbook and are informed about the policies during the New Student Orientation (16-G; 19-A). The Student Services Center area may consider additional re-enforcement strategies, i.e. send reminder emails about policies throughout the semester, reminders given by the ADAA and ADSPA about college policies at class meetings at the beginning of each semester, etc.

The Director of Assessment provides information regarding the college's MileMarker Assessments to students at Orientation and at intervals during the school year. MileMarkers I and II are formative and do not directly impact progression. Students are provided a comprehensive score report indicating their specific strengths and weaknesses. Individualized remediation exercises may be required for students who do not pass certain sections of the exam. MileMarker results are shared with and discussed by the Assessment Committee and recommendations are made regarding remediation if necessary. MileMarker III is summative.

Formative assessments also take a variety of other forms as well. These can include end of the semester course assessment, self-reflections, course-related case studies, presentations, quizzes and practice exams, and electronic portfolios. Audience Response Systems are also used to provide immediate feedback to students in class. The ADSPA monitors each student's course progress throughout the semesters and when a student begins to demonstrate academic difficulties as reported by course instructors/evaluators, the student's faculty mentor is alerted by the ADSPA and urged to contact the student mentee in an effort to support the situation proactively. In addition, the ADSPA is a registered pharmacist and licensed professional counselor who provides academic support services for the professional students as well as is a resource for any personal and/or career counseling services they may need. An academic advisor supports academic advising and managing professional students' immunization and health insurance records as well as graduation certification activities and the ADSPA offers personal counseling and advising services on as needed basis ([16-J](#)).

Requirements for progression, probation, and suspension are outlined in the UHCOP Student Handbook ([7-A](#)). Requirements for the maintenance of professional behavior and academic integrity are outlined in the UHCOP Honor Code and Criminal Background Check and Drug Screening Policy ([7-A](#)). At the end of each semester, the A&P Committee reviews the academic records of all students with a semester grade point average below 2.00, with a grade of D or F or U in any required professional courses, less than a 2.00 cumulative grade point average, and/or currently on academic probation. Any student fitting these criteria may be required to repeat courses specified by the Admissions and Progression Committee prior to progression into the next semester of the professional program or may be suspended from the program, based on academic probation and progression policies and is notified of the committee's decisions both through a personal telephone call from the ADSPA and a letter from the ADAA, on behalf of the A&P Committee. In addition, criminal background checks are reviewed on an annual basis.

The progression of successful students is also monitored by the A&P Committee. Students who demonstrate a successful semester with a GPA of 2.00 or higher will receive a letter recognizing successful progression from the ADAA. In addition, the end of semester Dean's List recognizes students with a pharmacy semester GPA of 3.5 or higher for an individual semester and each Dean's List student receives a certificate signed by the Dean, a letter from the ADAA, and the list is posted to college bulletin boards and emailed to all faculty, staff and students.

The ADAA monitors progression and retention data for the professional program and provides both this information to the A&P Committee at the end of each semester and a summary of the data to the faculty on an annual basis. Based on the Committee's end of semester reviews of student academic progression, attrition, and retention information, recommendations for any changes to these policies are brought to the faculty by the Admissions and Progression Committee for discussion and/or voting. As a result of the A&P Committee's end of semester reviews and reevaluation

of academic policies, recommendations for changes in progression policy were made to the faculty in the spring of 2006 and new progression rules were implemented beginning with the fall 2007 entering class ([7-A](#)).

### Comments:

Assessment of student progression issues is currently done by the A&P Committee at the end of each semester. If issues seem to indicate possible major curricular issues, the A&P Committee Chair and/or ADAA report the issues to the Curriculum Committee. The ADAA will work in concert with the A&P Committee, Curriculum Committee, and Assessment Committee in developing policies and formal procedures for evaluation of student progression issues and the possible indications for curricular issues.

Currently, the APC examines issues regarding retention, attrition, and graduation and reports issues identified to the Curriculum Committee. The A&P Committee, the Curriculum Committee, and the Assessment Committee in creating and implements a formalized written procedure and plan for addressing retention, attrition, and graduation information on a regular basis with reports to faculty at semester faculty meetings.

### Quality Improvements:

If there is an extenuating circumstance causing a student to miss several days of coursework, he/she is contacted by the ADSPA who works with the student and the respective instructors to develop a plan for making up missed lectures/labs/exams. Typically, the process for making up a lecture or two of missed coursework is usually handled between a student and the respective course instructors. Although this proactive approach by the SSC has been effective, a written policy is being developed to publish in the UHCOP Student Handbook so all students and faculty are informed of the process.

The ADSPA will develop a policy and seek approval from the college's faculty at the spring 2011 faculty retreat. Once approved, the policy will be forwarded to Graduate and Professional School Council (GPSC) for approval and the college anticipates the policy will be published in the 2012 college student handbook and the university's Graduate Catalogue.

As a result of recent changes in our Assessment Program the college will examine correlations between admissions and transfer policies and student matriculation, progression, and graduation rates on a much more consistent and systematic basis.



Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The college or school has progression policies that are known and used.</li> <li>• The college or school makes programmatic adjustments for quality improvement based on progression data.</li> <li>• Systems are in place for the early detection of academic difficulties and provision of appropriate remediation.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school is in the process of revising or developing its progression policies and there is evidence that they will be implemented.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has high attrition (greater than 5%).</li> <li>• Progression policies do not exist, are not known, are not used, are lenient or are applied inconsistently.</li> <li>• Students describe or data indicate excessive problems with academic progression.</li> <li>• Students do not know about procedures for making appeals or for due process.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.<sup>5</sup>

	S	N.I.
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. <sup>6</sup>	●	○
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.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

UHCOP publishes the ACPE Student Complaints Policy on the UHCOP and UH website (16-D) providing the procedures to be followed in the event of a written complaint related to one of the accreditation standards. In addition, the UHCOP Grievance Policy and Procedure is published on the UHCOP website (16-D) providing information about students’ rights to due process and the appeals process. The students are informed about both policies at new student orientation, receive copies of the policies which are published in the UHCOP 2010-2010 Student Handbook which is made available to all faculty, staff, and students on the UHCOP website (7-A) and sign a statement at new student orientation that they have read and understand the policy (19-A). In addition, students are reminded of both policies on an annual basis at the beginning of the fall semesters.

The college’s Student Affairs Committee comprised of five faculty members, two student members, and the Assistant Dean for Student and Professional Affairs serving as ex-officio, serves as the grievance committee for professional students. If a member of the Committee is involved in the grievance, the member will be excluded from the proceedings. The student must file an official grievance in writing with the Chair of the Committee in accordance with the College Procedures as outlined in the UHCOP 2010-2011 Student Handbook (7-A). The ADAA maintains a chronological record of student complains related to matters covered by the accreditation standards, which will be made available to the ACPE on-site evaluation team.

**Comments:**

The AACP 2009 Graduating Pharmacy Student Survey Report Summary indicates that 82.7% and 88.63% of the recent graduates with the statements “the college/school’s administration responded to problems and issues of concern

<sup>5</sup> Refer also to ACPE Complaints Policy at <http://www.acpe-accredit.org/complaints/default.asp>

to the student body” and “I was aware of the process for raising issues with the college/school administration,” respectively (2-C, n=94). In addition to the grievance policies, many mechanisms are in place to ensure multiple ways for students to voice ideas to faculty, staff, and administrators. These include the anonymous Suggestion Box email address monitored by the ADSPA, the monthly Dean’s Student Advisory Committee lunch and meeting which includes three student representatives from each of the four classes meeting with the Dean to express their class’ concerns, the Dean’s Convocations, the faculty Classmeister assigned to each class as an advisor and mentor, and the various student members on the college’s standing committees. Through these various mechanisms, students concerns and comments are heard and responded to in a quick and efficient manner.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• A complaints policy exists, is clearly articulated in the student handbook, and is followed.</li> <li>• All complaints are documented and resolved within college or school or university procedures.</li> <li>• Complaints end after the issue is identified and addressed.</li> <li>• Students are aware of the college or school’s complaints policy and how to submit a complaint to ACPE if it is not resolved by the college or school.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school is in the process of revising or developing its complaints policy and there is evidence that it will be implemented.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• A high volume of complaints is sent to ACPE indicating that issues are not being addressed or the on-site evaluation reveals problems not addressed in the self-study or interim reports.</li> <li>• Students state that they do not know how to voice complaints or that an appeal process exists.</li> <li>• Students routinely go outside the complaints process to resolve problems (e.g. bypass prescribed channels or go to litigation).</li> <li>• No complaints policy exists.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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) ■		
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

Information about the professional pharmacy program is available to both prospective and current professional pharmacy students through the UH Undergraduate (16-E) and Graduate and Professional Catalogues (16-L), the UHCOP website (16-D), and in the UHCOP 2010-2011 Student Handbook at (7-A). The information at these sites and in these resources is reviewed and updated at least annually. When any policy or procedure is added or changed in a handbook or catalogue, students are notified in a variety of ways including by email, faced-to-face meetings, letters, etc.

The college’s statement of mission, goals, and objectives can be found in the UH Graduate Catalogue, on the UHCOP website, and in the UHCOP Student Handbook. Information about the UHCOP professional pharmacy program including the degree plan, courses with descriptions and credit hours, and academic policies related to student responsibilities, student recovery program, Texas State Board of Pharmacy Intern Registration, academic standing concerning probation/progression/suspension policies, background checks and consequences of findings, immunization requirements, withdrawals, health insurance requirements, experiential programs, and graduation requirements is published in the UH Graduate and Professional Catalogue (16-L) as well as the UHCOP 2010-2011 Student Handbook (7-A). Policies and criteria related to admissions as well as information related to preparing for and applying to the professional program can be found on the UHCOP Admission website (16-D) and in the online application itself (17-H).

General financial aid information for prospective and current students can be found at the University’s website (21-A). This includes information about tuition and fees, loans, financial aid and scholarship forms, and payment information. More specific information related to financial aid for professional pharmacy students can be found on the college’s website (16-D), which includes how to apply for financial aid, eligibility criteria, cost of attendance, loan and grant information, and scholarship information. In addition, the UHCOP Financial Aid Handbook is published annually (16-H) and is available to prospective pharmacy students in printed form at admissions interview days and on the UHCOP Admission website. Finally, the UHCOP Financial Aid Officer meets with prospective students on admissions interview days, and is available to all prospective and current professional pharmacy students for answering questions and assisting with financial aid applications, issues, and scholarship information.

Specific information related to professional course grading policies can be found in each course syllabus. Information about overall University and general academic and grading policies can be found in the University Graduate and Professional Catalogue ([16-L](#)) and in the University Student Handbook ([16-G](#)). More UHCOP specific rules for academic progression/probation/suspension are found in the UHCOP Student Handbook ([7-A](#)). The University Student Handbook and website provide information about student life including accommodations for disabilities, harassment, and antiviolence, as well as information about campus housing, dining, student activities, recreation and athletics, parking and transportation, student life frequently asked questions, student resources, and career sources ([16-G](#); [21-B](#)). In addition, campus housing information and brochures are also made available to prospective students on admissions interview days.

### Comments:

The AACCP 2010 Graduating Pharmacy Student Survey Summary Report indicates that 94.56% of students responding agreed that UHCOP provided timely information about news, events, and important matters within the college and the annual Admissions and Orientation Surveys administered by the SSC staff over the last five years have indicated greater than 90% of all applicants had a favorable impression of the SSC staff and admissions and advising processes ([2-C](#), n=65; [21-C](#)).

In addition to all of the website, catalogues, and printed information made available to prospective and current students, current UHCOP students serve as ambassadors at admissions interview days and visit with prospective applications and answer questions the applicants may have. As a result, after interview days, the prospective students had a chance to interact with faculty, SSC staff, and students and generally leave with all of their questions answered.

Each fall semester, the Dean provides “a state of the college” or Dean’s Convocation informational address.

The ADAA and ADSPA meet with every class at the beginning of each semester to review changes in policy/program, provide new information, and field questions.

The Director of Recruitment provides annual email communication to college and university advisors all across the State of Texas who are in contact with prospective pharmacy applicants providing updates and key deadlines.

### Quality Improvements:

Regular specific student class meetings as well as “all student” convocations will be implemented in the fall 2011 semester as a means of bringing all students together on a more regular basis throughout the spring and fall semesters. These convocations would be used for communicating professional program updates as well as serve as educational forums for key speakers, Socratic discussion, professional development activities, student and faculty presentations, etc.

Beginning in fall 2011, a bi-annual newsletter will be provided to college and university advisors who are in contact with prospective pharmacy applicants providing college highlights, program information and updates, and key deadline reminders.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Comprehensive and accurate program information is made available to current and prospective students.</li> <li>• The accreditation status of the college or school is accurately represented.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Information is adequate and well-communicated, but minor elements are missing, not current or inaccurate.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Basic information is missing, misleading or out of date.</li> <li>• Evidence exists that students are not fully informed about the program.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

UHCOP solicits student perspectives and feedback through various mechanisms including student organizations, student representation where appropriate on college committees, in policy-development bodies, and in assessment and evaluation activities.

Pharmacy Council, the student government body for the college, coordinates activities among 15 professional student organizations (7-A) and serves as a liaison between the students/student organizations and the administration and faculty of the college. Pharmacy Council is comprised of representatives from each pharmacy student organization and representatives from each class. Each organization sends two representatives, one elected and the other as an alternate. Pharmacy Council has its own governance and elects a president, vice president, secretary, and treasurer with the ADSPA as the faculty advisor. Pharmacy Council addresses issues/concerns related to student life and student services as well as initiates programs and projects designed to enhance and improve the professional culture at the college, such as the initiation and creation of a professional student dress code and facilitating a student organization meeting calendar. Meetings are held bimonthly with continuous communication among members via email. In addition, UHCOP has one elected student representative (senator) in the University’s Student Government Association and this student serve as conduits for information to the college from the University.

Other student committees/groups and methods established to ensure that student perspectives can be expressed to faculty/administration include the Dean’s Student Advisory Committee (DSAC), the Faculty Classmeister, the Pharmacy Suggestion Box, the Student Curriculum Assessment Task Force (SCAT), and Faculty/Student Mentor/Mentee Program.

- Previous administrations have held an event called “Lunch with the Dean” which is now known as the “Dean’s Student Advisory Council.” The DSAC is composed of three elected representatives from each of the four classes who act as liaisons between their class and the Dean of the College. They are responsible for bringing concerns, requests, and ideas from each class to the Dean. This allows for open, two-way communication between the DSAC members and the Dean as well as allows the Dean a way of providing the DSAC members with insight into specific

areas and/or initiatives of the college. DSAC members are responsible for reporting the information back to their respective classmates and helping the college to inform each class of new developments within the UHCOP.

- The Faculty Classmeister, or class advocate, is a volunteer faculty representative that is introduced to each entering class during new student orientation. This faculty member assists in solving global class issues and meets with respective class and/or its representatives to insure effective communications on important issues. This individual is in addition to services offered through the SSC and it is not meant to discourage students from approaching individual faculty or staff members.
- The Pharmacy Suggestion Box serves as an electronic method of promoting open and honest communication between students, faculty, and staff. Signed or anonymous submissions from pharmacy students, faculty, or staff are accepted, and responses from the responsible or more knowledgeable college official or office, faculty, or staff concerning the subject addressed are provided. The responses are emailed to all students and faculty on a monthly basis. Information about the Suggestion Box is given to incoming PY1 students at New Student Orientation ([22-A](#)) and is available in the UHCOP 2010-2011 Student Handbook ([7-A](#))
- The Student Curricular Assessment Team (SCAT) meets with the Director of Assessment to discuss strengths and weaknesses of the curriculum in more depth. This focus group allows for interchange of ideas and information to gain a better vision of the college's success at achieving curricular objectives.
- The Faculty/Student Mentor/Mentee program is a voluntary effort to link faculty and student on a more casual basis. The program is coordinated by the ADSPA who distributes information to the individual faculty mentors concerning their mentees. The first interaction occurs during orientation as faculty members are assigned PY1 mentees each fall. Mentors are encouraged to contact their mentees on a monthly basis.
- The Dean, ADAA, and ADSPA all encourage open student communication and are available to any student for questions, comments, and suggestions.

Students also participate in the governance of the college by serving as members of various standing college committees ([22-B](#)). The PharmD Admissions and Progression Committee and PharmD Assessment Committee each have one student member. The PharmD Student Affairs Committee and PharmD Curriculum Committee each have two student members. These student representatives are appointed by the Dean from a pool of candidates submitted by Pharmacy Council. In addition, eight students serve as members of the UHCOP's Honor Board. Four students, one from each class, are elected by their peers while the other four students, one from each class, are appointed by the ADAA. The students are voting members of the Honor Board.



Pharmacy Council also elects a student representative each fall to attend faculty retreats and meetings and the Pharmacy Council President is a member of the UHCOP Strategic Planning Committee. In addition, students have been appointed to all accreditation self-study committees and the Dean visits each class on a semester basis to inform students about college events as well as allow the student the opportunity to ask questions and voice concerns.

Various other instruments and techniques used to obtain student perspectives include: student faculty evaluations through CourseEval™ ([22-C](#)), formative and summative Mile Marker exams, SCAT Group surveys and feedback, AACP standardized surveys, Admissions/Recruiting/Student Services survey from applicant pool, PY1 Summer Internship Job Program survey, New Student Orientation survey, feedback from student members of the Curriculum Committee, and focus groups with students on an as needed basis.

As a result of student perspectives and feedback from the students, many changes have occurred. These include changes in courses such as the PCCA Compounding and Physical Assessment Courses, the development of a student professional dress code, and changes in class schedules. Additionally, students have been asked and are actively participating in the planning meetings for the new college facility.

#### Comments:

The 2009-2010 Pharmacy Council Executive student officers were a very organized and politically active group and have led several initiatives in the formation of policy and procedure for the student body and college. The officers have a “big picture” worldview of what they desire for the college in future years and are committed to ensuring the student organizations are in positive momentum and understanding how this will impact the college and profession. Initiatives include revising Pharmacy Council by-laws, encouraging pharmacy organizations to renew, adapt, and/or develop by-law changes, developing and implementing the Professional Student Dress Code, providing more student extracurricular activities, creating a Pharmacy Council website and student event calendar, formalizing officer election procedures with candidate speeches and Q&A sessions, etc.

The AACP Graduating Pharmacy Student Survey for the Class of 2010 indicates that of the students who responded, 88.63% were aware of the process for raising issues with the college administration, 93.6% were aware that student representative served on college committees with responsibility for curriculum and other matters, 93.18% agreed that the college’s student government effectively communicated student opinions and perspectives to the faculty or administration, and 95.7% of the graduates agreed that the college made use of a variety of means to obtain student perspectives on curriculum, student services, faculty/student relationship, and other aspects of the program ([2-C](#), n=65).

Many student activities sponsored by the SSC are evaluated by surveys which are informally used to evaluate the quality of the programs but not formally reviewed with documentation of survey results. A formal continuous quality improvement plan and procedure needs to be implemented so student activities/programs are not only continuous

assessed and reviewed, but information is regularly shared with all stakeholders to achieve the maximum improvement and quality of all organized student activities and programs. The ADSPA will create a standardized process to assess and implement all student activities and programs on a regular basis and establish a mechanism to inform all stakeholders of the result.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Students are appointed to appropriate committees.</li> <li>• Mechanisms are in place and efforts are made to solicit student opinions.</li> <li>• Students at any distance campuses feel integrated into the program and are equitably represented.</li> <li>• Students indicate that the program is responsive to their needs.</li> <li>• An effective student government is in place.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Students are appointed to committees, but they do not attend in spite of the college or school's efforts.</li> <li>• The college or school is in the process of revising or developing its system of student government and there is evidence that it will be implemented.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Students are not appointed to committees.</li> <li>• No effort is made to solicit student opinions.</li> <li>• Students indicate the college or school is unresponsive to their issues.</li> <li>• No system of student government is present.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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 define 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 adequate support from peers.	●	○
The college or school supports students, faculty, administrators, preceptors, and staff participation, where appropriate, in pharmacy, scientific and other professional organizations.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

Both faculty and students share the responsibility of supporting the UHCOP’s mission to prepare students to be innovative practitioners who exhibit the ideals of professionalism, leadership, life-long learning, and ethical behavior (1-A) by maintaining and enforcing student professionalism and academic integrity. The current UHCOP Honor Code defines academic, professional and personal misconduct, describes appropriate penalties for given situations, provides guidelines for the creation of a board, describes the board’s operating procedures and the process for appeals of Honor Board decisions (7-A). The Student Affairs Committee is in the process of revising the current UHCOP Honor Code for implementation in Fall 2011.

In addition, expectations and guidelines for the faculty that promote excellence in education and maintaining professionalism is published in the UHCOP Student Handbook with the goal of providing the best education and development and learning experience for the students (7-A). For example, with regards to education, the faculty is expected to be accessible to students, provide positive, constructive criticism, and utilize fair methods of student assessments. Also, the faculty is expected to behave in an ethical and professional manner and be respectful of all the personnel in the college as well as students, and serve as a role model.

The college fosters and supports many opportunities for students to participate in student self-government and gain valuable leadership experience. Fifteen student organizations provide students the opportunity to serve as officers or chair committees. Each organization has a volunteer faculty advisor who assists the students with educational and organizational plans and provides support and guidance. Being an advisor provides the faculty a unique opportunity to bond with students outside the classroom setting, provides students with the opportunity to get to know faculty as “real people,” and often leads to long-term mentoring.

In addition, UHCOP considers participation and attendance in professional conferences, meetings, and activities an important aspect of pharmacy education and supports faculty, staff, administrator, and student participation in local, state, and national pharmacy, scientific, and other professional organizations. Examples include students elected to leadership positions in the local, state, and national levels of organizations such as APhA, ACCP, TSHP, SNPhA, and ASHP. In addition, many students attend professional meetings and participate in local, state, and national patient-care competitions (23-A). Students also have an opportunity to do APPEs at the Texas State Board of Pharmacy and the Texas Pharmacy Association. The faculty and staff are also expected to serve in leadership capacities in local, state, and national arenas (23-B). The college encourages student participation in professional conferences and meetings financially and academically by providing support (7-A).

Other strategies and programs implemented by the college to broaden the professional horizons of students include New Student Orientation, PLS and Rho Chi lectures, Wal-Mart Leadership Development Series, PY1 Summer Internship Job Networking Social/Interview Day, Residency Showcase, community service events, etc. New pharmacy students entering UHCOP are informed of expectations with regards to professionalism prior to the start of their first semester in a four-day orientation program that is organized and delivered by a student-led committee of over 50 students under the direction of three student co-coordinators, supported by the SSC staff, and overseen by the ADSPA and ADAA (16-F). Topics include introduction to college organizations, introduction to coursework, introduction and lunch with faculty mentors, and interactive workshops and activities building communication skills, leadership, teamwork, and cultural diversity. In addition, sessions specifically address all college policies and procedures. The new student orientation culminates with a White Coat Ceremony. The ceremony includes introductions of faculty and staff, a young alumni message, and the recitation of the Pledge of Professionalism by the new PY1s (7-A).

There are annual leadership and professionalism lectures sponsored by the Phi Lambda Sigma and Rho Chi Honor Societies, where prominent leaders in the profession such as Dr. Lucinda Maine, Dr. Joe DiPiro, and Dr. Dennis Worthen address students and faculty on topics of leadership, professionalism and scholarship.

Students and faculty have collaborated on many community service activities. A prime example of this is the HOMES clinic, a multi-institutional and multi-disciplined student run clinic for the homeless that allows the students and faculty the unique opportunity to work with an indigent population in an interdisciplinary manner. Other examples include students and faculty working with Harris County Public Health and Environmental Services to immunize county residents against H1N1 during the 2009 outbreak, assisting Walgreens, CVS and Wal-Mart in relief efforts to Hurricane Katrina victims, and participating in the annual Humble Health Fair to provide diabetic foot examinations, cholesterol, glucose, blood pressure, and osteoporosis screenings, as well as administer seasonal influenza vaccines to approximately 1,000 55+ Seniors.

Finally, UHCOP sponsors an annual Placement Conference for the PY4 students, where students are able to interview with possible future employers from both community and institutional settings, and a Senior Awards and Graduation Banquet prior to the commencement ceremony. Students interact with area pharmacy residents through course lectures, skills sessions in the PY3 year and the annual Residency Showcase in partnership with Texas Southern University School of Pharmacy.

There are numerous college sponsored social events that allow the students, faculty, staff, and alumni to interact and promote harmonious relationships. An annual golf tournament encourages student, faculty, alumni, and friends to engage and raise scholarship monies at the same time. The PY1 students hold the annual International Day to showcase the foods and traditions from around the world and to celebrate the diversity of their class and the university campus as a whole. Other social events sponsored by the UH Pharmacy Alumni Association include the fall homecoming tailgate and the spring alumni/student social that are well attended and allow the students the opportunity to network. Finally, the Pharmacy Council sponsors the welcome back "Pharmacy Jam" party at the beginning of the fall semester, an ice skating social at the end of the fall semester, and the Annual End of School Picnic and Chili Cook-off at the end of the spring semester which allows both the students and faculty to celebrate another year of completion of pharmacy school.

Other activities for faculty, staff, and students to get together include the all college potluck holiday party, end of school picnic, and the PY1 sponsored International Day, university staff professional development seminars on topics such as time management, achieving balance, and conflict management. In addition, as a result of Staff Council feedback, a staff lunchroom was created on the first floor of the Science and Research 2 Building.

### Comments:

There are several noteworthy opportunities for students to broaden their professional horizons while in our professional program. One opportunity is The Wal-Mart Leadership Development Series, sponsored by the college and Wal-Mart, Inc. This series includes three workshops entitled "Now Discover Your Strengths," "Meet, Greet, and Eat!!! The Do's and Don'ts of Professional Networking and Dining," and "Communicating Professionally and Purposefully." This certificate series was developed to provide students with a few tools to help them begin developing their own personal leadership skills and style. They are encouraged to practice these skills while serving in their various student leader and committee roles within student organizations, college committees, and in their participation in professional pharmacy organizations.

Other noteworthy opportunities include The PY1 Summer Internship Job Program, which includes two informational sessions, a networking social with companies in the fall, and an interview day in the spring, and the annual Residency Showcase, sponsored by the SSHP student organization; the annual Residency Mentoring Social, sponsored by both

UHCOP and Texas Southern University SSHP Chapters. All of these events are student planned and driven and offer professional career areas. Residency programs from around the state are invited to showcase their respective residency programs to UHCOP students as well as students from other Texas pharmacy schools. This event is well attended by both UHCOP students as well as many Texas residency programs. In addition, students from the other pharmacy programs in the state are invited to attend.

The AACP 2009 Graduating Pharmacy Student Survey Summary Report indicates that more than 91% of students responding agreed that faculty, administrators, and staff were committed to serving as positive role models for students; overall, preceptors modeled professional attributes and behaviors in pharmacy practice experiences; overall, preceptors provided individualized instruction, guidance, and evaluation that met their needs as a Doctor of Pharmacy student; they were aware of expected behaviors with respect to professional and academic conduct; the college effectively managed academic misconduct by students; the college’s administration and faculty encouraged the student to participate in regional, state or national pharmacy meetings, and that the college was supportive of student professional organizations (2-C, n=94).

**Quality Improvements:**

The Honor Code policy is currently under review by the Student Affairs Committee and the new policy will be brought to faculty and students for discussion and voting. It will be published in the 2011-2012 Student Handbook as well as on the UHCOP website.

Pharmacy Council and the entire student body developed a Student Professional Dress Code which will be implemented in January 2011 (23-C)

The number of semester convocations will be increased to offer the students more exposure to faculty and their research, guest speakers on various topics of professionalism, pharmacy management issues. This will begin with the fall 2011 semester.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The college or school supports students, faculty, administrators, preceptors, and staff participation, where appropriate, in pharmacy, scientific and other professional organizations.</li> <li>• The college or school has a code of expected behaviors and professionalism.</li> <li>• Professional standards are being upheld.</li> <li>• Faculty, administrators, preceptors, staff and students model professional behavior.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school is in the process of developing student groups and activities.</li> <li>• The college or school is in the process of revising or developing its code of expected behaviors and professionalism and there is evidence that it will be implemented.</li> <li>• The college or school is in the process of addressing concerns regarding faculty or student professional behavior.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Faculty, administrators, preceptors, staff and students complain about each other’s behavior.</li> <li>• The college or school offers little or no financial support for students, faculty, administrators, preceptors, and staff to participate in pharmacy, scientific and other professional organizations..</li> <li>• The college or school has no code of expected behaviors and professionalism or they are not being upheld.</li> <li>• Faculty, administrators, preceptors, staff and students are not modeling professional behavior.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

## Faculty and Staff

### For Standards 24-26:

Use a check  to indicate the information evaluated to assess the standards in this section:

- List of full time tenure-track faculty members, including a summary of their academic title, credentials, post-graduate training, and experience. (24)
- List of full time non-tenure track faculty members, including a summary of their academic title, credentials, post-graduate training, and experience. (24)
- List of faculty turn-over for the last 5 years and reasons for leaving and timing of replacements. (24)
- Number of part time, paid faculty and staff. (24)
- Number of voluntary faculty, with academic title/status and practice site. (24)
- Number of full time staff members and their areas of responsibility (e.g. administrative support, telecommunication, audiovisual, and computer personnel). (24)
- List of staff turn-over for the last 5 years and reasons for leaving and timing of replacements. (24)
- Calculation of student-to-faculty ratio (including students in all program pathways). (24)
- Teaching load of faculty members, including commitments outside the professional degree program. (24)
- Evidence of faculty and staff capacity planning and succession planning. (24)
  
- Description of faculty development programs and opportunities. (25)
- Description of staff development programs and opportunities. (25)
- Copy of the faculty handbook section relevant to policies and procedures for faculty recruitment, promotion, tenure (if applicable), and retention. (25)
- Copy of the faculty handbook **(to be made available on site)**. (25)
- Description of the process used to assess and confirm the credentials of faculty and staff. (25)
- Description of 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. (25)
- Description of activities undertaken to ensure that faculty members, regardless of their discipline, have developed a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings. (25)
- Description of activities undertaken to ensure that faculty members, regardless of their discipline, have developed a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/administrative and clinical sciences. (25)
- Summarized list of faculty productivity in research and other scholarly activities, publications, service as an officer or committee member of school or college and external organizations, and other endeavors that promote the profession of pharmacy to society. (25)
- A list of faculty teaching responsibilities correlated with faculty professional and academic expertise. (25)
- Description of strategic planning for research productivity in line with the college or school's mission and goals. (25)
- Timeframe for research productivity. (25)
- Summarized evidence of faculty and administrators' participation in pharmacy professional and scientific organizations. (25)
- 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. (25)
- 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. (25)
  
- Description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff. (26)
- Description of the relationship between faculty, preceptor, and staff continuing professional development activities and their performance review. (26)
- If utilized, examples of faculty portfolios, documenting teaching, research and service activities **(to be made available on site)**. (26)
- Examples of faculty and staff development programs offered or supported by the college or school. (26)
  
- Interpretation of the data from the AACCP Surveys of Students, Faculty, Preceptors and Alumni.
- Raw data from the AACCP Surveys of Students, Faculty, Preceptors and Alumni.
- Other documentation or data that provides evidence of meeting the standard.

**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.

	S	N.I.
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 for faculty development, research and other scholarly activities, service, and pharmacy practice.	●	○
The college or school has a sufficient number of qualified full-time staff to effectively deliver and evaluate the professional degree program.	●	○
Faculty receive adequate support staff resources.	●	○
Faculty have time for the following:		
<ul style="list-style-type: none"> <li>effective organization and delivery of the curriculum through classroom, small group, laboratory, practice simulation, and oversight and provision of experiential education</li> </ul>	●	○
<ul style="list-style-type: none"> <li>faculty mentoring</li> </ul>	●	○
<ul style="list-style-type: none"> <li>student advising and mentoring</li> </ul>	●	○
<ul style="list-style-type: none"> <li>research and other scholarly activities</li> </ul>	●	○
<ul style="list-style-type: none"> <li>faculty development as educators and scholars</li> </ul>	●	○
<ul style="list-style-type: none"> <li>service and pharmacy practice (where indicated by their position)</li> </ul>	●	○
<ul style="list-style-type: none"> <li>participation in college or school and university committees</li> </ul>	●	○
<ul style="list-style-type: none"> <li>assessment and evaluation activities</li> </ul>	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

Faculty and Staff are dedicated to the mission of the college. There are 21 active tenured or tenure-track faculty and five non-tenure track faculty positions (two teaching faculty and three research faculty) in the college's Department of Pharmacological and Pharmaceutical Sciences (PPS), with one vacant tenure track position. Two tenure track faculty members have significant administrative responsibilities as Department Chair and Assistant Chair. There are 13 active tenured or tenure-track faculty and 18 non-tenure track faculty positions in the college's Department of Clinical Sciences and Administration (CSA), with one vacant position. The 18 non-tenure track faculty positions include two non-tenure track research positions, six clinical track faculty with additional responsibilities as Assistant Department Chair, Assistant Dean, Associate Dean, and Dean, three clinical track faculty with responsibilities in the College's Experiential Program, and 7 clinical track faculty. In addition to teaching and scholarship responsibilities, these seven clinical track faculty members chair many of the major college committees and are faculty advisors for student organizations. PPS has approximately 35 volunteer faculty serving in the capacity as joint or adjunct faculty. These volunteer faculty members are primarily involved in graduate course teaching and Ph.D. student supervisory committees. CSA has approximately 18 volunteer adjunct faculty supporting the teaching and research mission of the department. Furthermore, adjunct faculty appointments in the CSA department may be considered for practitioners that precept 3 or more students per year. The number of paid full-time faculty has increased by 12 positions since 2004-2005 (26 hires and 14 departures) with six faculty added to each department. The departures were mainly due to family moves, new opportunities, or



retirement, and the replacement hiring has been within the normal recruitment time frame. Overall the college is successful in recruiting outstanding junior faculty members ([24-A](#); [24-B](#)).

Faculty teaching responsibilities are distributed in an equitable fashion to address the instructional needs of the college and allow for adequate time for faculty to engage in professional activities including didactic and/or experiential instruction, student mentoring/advising, clinical practice, research/scholarly activity time, faculty development, and service to the college, University, profession, and community. Based on the AACP Faculty Survey 2010, 64% of faculty agreed or strongly agreed that there are a sufficient number of qualified full-time faculty members to deliver and evaluate the professional degree program. Likewise, 92% of recent graduates surveyed indicate similar opinions. More specifically, the percentages of faculty who agreed or strongly agreed that they had adequate time for the various missions of the college are as follows: 82.9% for time to accomplish the teaching mission of the college, 75.6% for scholarship mission, and 83% for service mission. Faculty are mentored and given opportunities to improve their teaching and scholarship skills after starting their faculty appointments. According to the AACP 2010 Pharmacy Faculty Survey Summary Report 58.6% of faculty agreed/strongly agreed that the college provided programs to improve their teaching and facilitate student learning and 65% of faculty agreed/strongly agreed that programs were available to help them develop research and scholarship competencies ([2-C](#), n=41). The faculty agreed the preceptor to student ratio for both free-standing IPPEs and APPEs are adequate and students also agree preceptors provide them with individualized instruction, guidance, and evaluation that meet their needs as Doctor of Pharmacy students.

Assessments and evaluations of faculty are performed in multiple ways. Each faculty member has an annual performance review with the respective department chair. At that time faculty members conduct a self-assessment, evaluate their performance for the previous academic year, and set goals for the upcoming academic year ([24-C](#), [24-D](#)). The department chair provides input and a formal evaluation to each faculty member. Faculty agreed or strongly agreed (73.2%) that their performance assessment criteria were explicit and clear, and 78% agreed or strongly agreed that they receive formal feedback on performance on a regular basis ([2-C](#), n=41). Students have the opportunity to assess and evaluate instructors and courses and the students' evaluations are reviewed by each department chair, respective faculty member and course coordinator.

The Dean, department chairs, and faculty review and modify recruitment and retention plans based on the needs of the college to meet its mission. The college adapts its recruiting efforts to strategically fill open positions based on the current/future needs of the college and the best candidates available with faculty members participating in multiple levels of the interview and admission process. The college employs 34 administrative staff with distribution of effort between the two departments, Dean's Office, and other college areas. Individuals who have resigned in the past three years stated the reasons to be greater opportunity for advancement, relocation, and desire to go part-time. A small percentage of staff loss has been the result of inadequate job performance or reduction in force ([24-E](#)). Faculty members are given

appropriate access to support staff to ensure successful operation of the college. Recently, administrative staff have been centralized to help streamline activities to provide efficiency in the administrative effort. The support staff to salaried faculty ratio is approximately 0.7 to 1. Centralized activities and distribution of workload during high volumes has helped maintain adequate support staff availability for faculty. This system of support has evolved as the college has grown. On the Faculty survey, 75.6% agreed or strongly agreed that there is a sufficient adequate support staff resource (2-C, n=41).

**Comments:**

Faculty hiring plan:

- A. To recruit and fill the PPS Chair's position by the Fall of 2011.
- B. To recruit and fill the vacant PPS medicinal faculty position by the Spring of 2011.\*
- C. To recruit and fill the vacant CSA clinical track position by the Spring of 2011.\*

\*Note: PPS and CSA positions have been frozen and position searches have been suspended pending budget changes.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Faculty have enough time to consider new methods of instruction.</li> <li>• Practice faculty have enough time to develop their practice sites before getting their student assignments.</li> <li>• The college has low rates of faculty turnover, and faculty vacancies are filled quickly.</li> <li>• Only qualified individuals are being given teaching responsibilities, and students consistently report that teaching is good.</li> <li>• The college or school encourages research and other scholarly activity and service without creating undue stress on the faculty.</li> <li>• The proportion of inexperienced to experienced faculty is balanced.</li> <li>• Faculty are able to schedule time to meet with students when needed and are available to students for advising.</li> <li>• Preceptors are able to spend time with students to meet the requirements of experiential education.</li> <li>• Faculty can find mentors if desired.</li> <li>• Faculty rarely complain about having enough support.</li> <li>• Faculty frequently participate in professional or social events.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> <li>• The college or school experiences lengthy delays in filling open positions.</li> <li>• The college or school has a high turnover of faculty or staff.</li> <li>• The mix of junior to senior faculty and representation of faculty across disciplines is unbalanced.</li> <li>• There is evidence of some stress among faculty, preceptors, or staff due to workload.</li> <li>• Research or other scholarly activity is being limited because of inadequate numbers of faculty and staff.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Faculty members don't have enough time to consider new methods of instruction.</li> <li>• Practice faculty members don't have enough time to develop their practice sites before getting their assignments.</li> <li>• The college or school has excessive rates of faculty or staff turnover, or there are routinely long delays in filling of faculty or staff vacancies.</li> <li>• Poorly qualified individuals are being given teaching responsibilities, or students have evidence or consistently report that teaching is poor.</li> <li>• Faculty show a drop in performance, research or professional activity in order to meet basic teaching responsibilities.</li> <li>• Faculty are routinely not available to students for advising or are unable to schedule time to meet with students.</li> <li>• There is evidence of insufficient support, such as, faculty or staff resigning due to workload.</li> <li>• Faculty rarely participate in professional or social events.</li> <li>• The college of school is not conducting capacity or succession planning.</li> <li>• Key disciplines are not adequately represented or accommodated in the faculty mix.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The college or school has qualified faculty and staff 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 whose responsibilities include the practice of pharmacy satisfy all professional licensure requirements that apply to their practice.	●	○
The college or school fosters the development of its faculty and staff, commensurate with their responsibilities in the program.	●	○
The college or school ensures that policies and procedures for faculty recruitment, promotion, tenure (if applicable), 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.	●	○
The college or school fosters an environment that encourages contributions by the faculty to the development and transmission of knowledge.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

Full-time faculty members have the appropriate education and training to contribute to the professional degree program. Verification of education and training credentials of employees is performed via reference checks during the interview process along with verified copies of academic transcripts and curriculum vitae. A list of faculty and their educational credentials is found in the ACPE Faculty Addendum ([25-A](#)). Twenty-three of 59 paid faculty have a degree in pharmacy (Bachelors of Science in Pharmacy and/or Doctor of Pharmacy). All faculty members with a practice component to their responsibilities have a license to practice pharmacy in the State of Texas. Teaching assignments are based on expertise in a given area gained by professional degree, graduate degree, post-graduate experiences, and real-life experiences. To assure the teaching needs are met by faculty with expertise in any given area, the focus of the college’s recruitment and retention efforts has first centered on meeting the needs of the curriculum. The strategic plan assures pursuit of research and service areas while complementing and advancing the curriculum. Volunteer and adjunct faculty receive informal and formal training on teaching by mentorship with paid faculty as well as student and peer evaluations. The college also offers preceptor training for existing and new preceptors through a continuing education (CE) program that satisfies the TSBP requirement for preceptor training.

The strategic planning of college research efforts are within the context of the college's mission, and research goals and a timeframe for completing these goals are available in the college's Strategic Plan. UHCOP faculty members are active in research and other scholarly activities, and all faculty members are encouraged to pursue scholarly activities as evidenced by the Promotion and Tenure (P&T) guidelines ([25-B](#), [25-C](#)) and the annual faculty report ([24-C](#), [24-D](#)). The college also has an Incentive Plan to encourage faculty to seek grants and contract funding to support their scholarly efforts ([25-C](#)). FY2010 was the most successful years for federal and overall funding in the college totaling almost \$6 million.

Faculty members are highly engaged in the promotion of the profession through service, and faculty members provide service to the college, University, profession, and community. Within the college faculty, members are engaged in the governance of the college through membership in standing committees ([5-M](#); [5-N](#)) and participation in *ad hoc* and department committees. The college faculty members not only provide active membership but also serve in leadership capacity in advancing the service mission of the college and the profession of pharmacy. Examples of high level leadership capacity include boards of director membership of national organizations, grant reviewers on NIH study sections, and editorial positions on major scientific journals, and national awards for research and service.

The College is in the process of evaluating the faculty development program. The college's two Department Chairs are charged with implementing faculty development processes such as new faculty orientation. Orienting the new faculty members to the college is done both formally and informally. All new employees are required to go through the campus orientation led by human resources and focused on the benefits package. The departments created a faculty mentorship program ([25-D](#), [25-B](#)). This orientation is designed to give an overview of the college and the curriculum while introducing the new faculty members to support services available on campus. New faculty are introduced at college and department meetings allowing for current faculty and staff to welcome its newest members. From here, the Department Chair and/or Assistant Chair meet regularly with the new faculty member to answer questions and discuss plans of action to get the new faculty member engaged in the college. These discussions focus on the value of mentoring, how to identify mentors, recommendations of faculty members who can serve as resources in particular areas such as practice, service, scholarship, and teaching. Campus resources to support faculty needs are also discussed (how to access specific resources, what to expect, etc). The AACP 2010 Pharmacy Faculty Survey Summary Report indicated that 78% of faculty agreed that they receive formal feedback on performance on a regular basis ([2-C](#), n=41). Copies of the tenure and non-tenure promotion documents are also given to each incoming faculty member. In addition, the Department Chairs meet frequently with new faculty members and at least annually with current faculty members to conduct their Self-Assessment. The faculty annual report ([24-C](#), [24-D](#)) along with the meeting is designed to document progress being made by each individual faculty member in meeting the mission of the college. The form was

designed using the criteria outlined in the college's P&T guidelines and therefore allows an annual self and administrative assessment towards promotion and/or tenure for each Faculty member.

New faculty are introduced at department and college meetings. Faculty development is supported by the central academic support units on campus. The Library, Information Technology, and Research Services offer services and support for faculty development. The college employs a full-time instructional designer who provides support to faculty regarding the use of new technology in the classroom, access to new resources for students, course development, and on-line software application. Each department hosts a seminar series that integrates the various missions of the college in an effort to create better collaboration and understanding across the faculty. The model being employed by this seminar is to encourage faculty development in all facets of the mission, such as teaching opportunities through integrated coursework, service opportunities, and scholarships through all activities related to teaching, learning, assessment, practice, and service. At any time faculty are welcome to make suggestions for speakers or topics. On average, faculty attend at least one scientific professional meeting annually. In addition to open seminars, the Dean has been a strong proponent for the development of leadership skills from within the faculty. The college has sponsored three AACP Leadership Fellows. Faculty are encouraged to establish leadership roles within professional organizations and the University.

Finally, this Self-Study process has served as a development tool to engage and bring the college faculty together. Staff development is the focus of the college's Central Business Administrator and the immediate supervisor of the particular staff member. The college's Staff Council meets monthly to discuss college events and planning and opportunities for continuing education and development. The monthly meeting also helps to develop a personal connection between the staff and was formally instituted in 2010 at the request of the staff.

#### **Quality Improvements:**

Initiate a formal faculty development process through the creation of a Faculty College and make it an item of the new strategic plan.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Faculty have appropriate credentials and experience for their positions.</li> <li>• All disciplines are represented or accommodated.</li> <li>• Faculty and staff demonstrate a commitment of the mission and goals of the college or school.</li> <li>• The university or college or school has a commitment to faculty development.</li> <li>• Faculty development programs have documented, high levels of faculty participation.</li> <li>• Faculty understand the ways that they need to improve and are improving.</li> <li>• Faculty responsibilities are commensurate with their abilities. (The right people teaching the right courses)</li> <li>• Practice faculty are all licensed by the state.</li> <li>• Staff have development activities.</li> <li>• The college or school has evidence of scholarly activity and grants.</li> <li>• Educational support systems are being provided to voluntary faculty.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The university or college or school has provided development activities, but faculty and staff are not taking advantage of them.</li> <li>• Practice faculty are in the process of becoming licensed by the state.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> <li>• A small number of faculty or staff lack required qualifications or experience.</li> <li>• The faculty and staff are not diverse.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Little or no faculty or staff development is occurring.</li> <li>• Educational support systems are not being provided to voluntary faculty.</li> <li>• Faculty report that they are not growing professionally or do not see how they can improve.</li> <li>• Faculty report that they have no support for professional activities.</li> <li>• Practice faculty members are not licensed by the state.</li> <li>• A large number of faculty or staff lack required qualifications or experience.</li> <li>• Policies and procedures for faculty recruitment, promotion, tenure and retention are not established or not applied in a consistent manner.</li> <li>• Unlawful discrimination is evident in the selection of staff and faculty.</li> <li>• There is evidence of ineffective teaching.</li> <li>• There is little or no evidence of research or other scholarly activity.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The college or school has an effective continuing professional development program for full-time, part-time, and voluntary faculty and staff consistent with their responsibilities.	●	○
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 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 balanced.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The college provides support for programs and activities for faculty and preceptor continuing professional development as educators, scholars, and practitioners. Examples of opportunities for professional development for faculty offered on campus include: 1) courses offered by IT, 2) courses offered by the University, 3) Faculty Brown-bag lectures, 4) Medical Grand Rounds within the Texas Medical Center, and 5) UHCOP department seminars. Faculty are encouraged to present research and attend major international scientific meetings. The college also provides opportunities for staff development through training, education, and professional activities that include: 1) monthly Staff meetings, 2) tuition discounts, 3) web-based and on-campus training for software, 4) customer service and management training, and 5) opportunities for involvement in campus committees.

Faculty and staff are evaluated regularly and systematically. Each is provided with opportunities for self-assessment. For staff, the appropriate supervisor submits a complete performance evaluation form annually ([26-A](#), [26-B](#), [26-C](#)). The performance evaluation form used in the evaluation process allows for an assessment by the staff member and supervisor in order to view the staff's view of their progress and future within the college. The evaluation form allows supervisors to indicate 1) how well the staff member knows the requirements of his/her job, 2) staff's willingness to perform as a team member, 3) how well the staff member accepts instruction/direction, 4) staff's willingness to assume new responsibilities, and 5) staff's effectiveness in working with college stakeholders. This allows the evaluator to measure the staff member's performance standards as well as include any development action plans for the individual for the next review period. New employees are on a probationary period for 90 days after their hire date and then evaluated by his/her supervisor to assess any specific work-related concerns. After the probationary period, the employee is given annual evaluations.

For faculty, an annual faculty report is completed by the faculty member prior to meeting with their Department Chair. The form has been developed based on the criteria in the college's P&T guidelines and includes the following: teaching, scholarship, and academic citizenship. The form also provides a place for faculty members to document professional development and career goals for the next academic year. The faculty member and supervisor meet and discuss progress and plans for the upcoming year. This form is used by all paid faculty members. Through this process, the Department Chair and faculty member are able to assess performance, develop a professional development plan, and discuss career goals. This continuous process enables the chair to provide guidance on professional development and career advancement for each faculty member; thus linking the performance review and professional development. Performance evaluation of paid faculty is also conducted through the P&T review process. The P&T Committee is responsible for reviewing and evaluating faculty merit for promotion and tenure. Promotion and tenure of an individual is based on the aspects which encompass the three broad categories of 1) teaching, 2) service, and 3) scholarship, research, and other creative work. Faculty (both tenure-track and non-tenure track) are required to develop portfolios/dossiers documenting their efforts in these three categories. These portfolios act as evidence of the effectiveness of faculty development and may be submitted to the P&T Committee for a pre-promotion review in addition to the full P&T review. In addition, teaching evaluations are completed by students. Each faculty member is evaluated by students at the completion of each didactic course or experiential rotation if precepting APPEs. Therefore, all faculty members including preceptors are evaluated by students. The college's faculty and staff are provided opportunities for professional development and are evaluated periodically. Overall attitudes toward professional development and performance reviews are positive. The performance review of the Dean and other administrators is addressed by an anonymous annual survey to faculty and staff. Each administrator is also reviewed by their direct supervisor annually. The Dean is reviewed by the Provost annually.

**Quality Improvements:**

As mentioned in the previous Standard No. 25 we have plans for the development of a Faculty College. The Faculty College will be overseen by the Office of Academic Affairs.



Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The college or school has a formal program of professional-development and offers a coordinated series of professional-development programs throughout the academic year for faculty and staff.</li> <li>• The college or school has an informal process for mentoring new faculty.</li> <li>• The system of evaluation is comprehensive, broad-based and includes self, peer, student, and supervisor assessments.</li> <li>• The dean and other administrators are reviewed periodically and that review includes input from other administrators, faculty, students, staff, and preceptors.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> <li>• A systematic and periodic evaluation exists, but it is either not comprehensive or not broad-based.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has no professional-development plan or it does not address certain categories of employee.</li> <li>• No professional development programs are supported or offered.</li> <li>• There is no evidence of continuing professional development of faculty or staff.</li> <li>• Faculty and staff evaluation procedures are neither comprehensive nor broad-based.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

## Facilities and Resources

### For Standards 27-30:

Use a check  to indicate the information evaluated to assess the standards in this section:

- Description of available square footage for all areas outlined by research facilities, lecture halls, offices, laboratories, etc. (27)
- Description and, where feasible, plans/architectural drawings of the physical facilities. (27)
- Description of the equipment for the facilities for educational activities, including practice-simulation areas. (27)
- Description of the equipment for the facilities for research activities. (27)
- Evaluation of the adequacy and appropriateness of resources needed for assessment activities. (27)
- Description of facility resources available for student organizations. (27)
- Description of facilities available for student studying, including computer and printing capabilities. (27)
- A statement attesting that the facilities meet legal and other standards as appropriate (e.g., animal facilities), with documentation attached (e.g., OLAW, USDA and/or AAALAC). (27)
- Data backup and security policies and procedures. (27)
  
- List of practices sites (classified by type of practices) 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.) (28)
- Examples of agreements or statements of understanding with practice affiliates and the percent of all experiential sites with completed agreements. (28)
- Criteria used for selection of various types of practice facilities. (28)
- Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites for present and, if applicable, for proposed future student enrollment. (28)
  
- Data on the use of library resources by pharmacy students and faculty. (29)
- Analysis of how well college or school holdings address the AACP *Basic Resources for Pharmacy Education*. (29)
- Library Collection Development Policy. (29)
- Description of the qualifications of the librarian(s) who act as primary contacts for the pharmacy program. (29)
- List of search databases available to faculty and students. (29)
- Description of computer technology available to faculty and students. (29)
- List of full text journals electronically available. (29)
- Description of courses/activities throughout the curriculum in which students learn about the educational resources. (29)
- Description of library orientation and consultation for faculty and preceptors. (29)
- 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. (29)
  
- A Financial Summary including an analysis of revenues and expenses for the past two and present academic year. (30)
- Five-year prospective financial *pro forma* for the program. (30)
- An analysis of federal government support, state government support, tuition, and private giving. (30)
- Description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees. (30)
- An assessment of faculty contribution (%effort) to the program compared to financial support provided to the college or school of pharmacy for instruction. (30)
  
- Interpretation of the data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- Raw data from the AACP Surveys of Students, Faculty, Preceptors and Alumni.
- Other documentation or data that provides evidence of meeting the standard.

**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.

	S	N.I.
The college or school has adequate and appropriate physical facilities to achieve its mission and goals.	<input type="radio"/>	<input checked="" type="radio"/>
The physical facilities facilitate interaction among administration, faculty, and students.	<input type="radio"/>	<input checked="" type="radio"/>
The physical facilities meet legal standards and are safe, well maintained, and adequately equipped.	<input checked="" type="radio"/>	<input type="radio"/>
Physical facilities provide a safe and comfortable environment for teaching and learning.	<input checked="" type="radio"/>	<input type="radio"/>
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"/>	<input type="radio"/>	<input checked="" type="radio"/>
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"/>	<input checked="" type="radio"/>	<input type="radio"/>
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"/>	<input checked="" type="radio"/>	<input type="radio"/>
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"/>	<input checked="" type="radio"/>	<input type="radio"/>
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.	<input checked="" type="radio"/>	<input type="radio"/>
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.	<input checked="" type="radio"/>	<input type="radio"/>
Faculty have adequate office space.	<input type="radio"/>	<input checked="" type="radio"/>
Faculty have adequate laboratory resources and space for their research and scholarship needs.	<input type="radio"/>	<input checked="" type="radio"/>
Computer resources are adequate.	<input checked="" type="radio"/>	<input type="radio"/>
Laboratories and simulated environments (e.g. model pharmacy) are adequate.	<input type="radio"/>	<input checked="" type="radio"/>
Access to study areas is adequate.	<input type="radio"/>	<input checked="" type="radio"/>
Common space for relaxation and/or socialization is adequate.	<input type="radio"/>	<input checked="" type="radio"/>
The college or school has addressed the guidelines for this standard.	<input checked="" type="radio"/>	<input type="radio"/>

**Describe how the program is meeting the Standard and Guidelines.**

The UH College of Pharmacy facilities are spread across two locations, the Science and Research Building II (SR2) on the UH central campus and the Texas Medical Center Building (TMC) for a total of 83,000 square feet, as summarized below ([27-A](#)). The college's facilities meet all city, county, state, and federal standards. Each department within the college has appropriate equipment to support the needs of administration, faculty, staff, preceptors, and students that is up to date and well maintained.

**The Science and Research Building II (SR2):**

The SR2 was constructed in 1977. The College of Pharmacy occupies approximately 40,000 square feet of SR2. This building also houses an animal care facility in the basement and the Department of Biology and Biochemistry, College of Natural Sciences and Mathematics on the 2<sup>nd</sup>, 3<sup>rd</sup>, and part of 4<sup>th</sup> floors. Space occupied by the College of Pharmacy in SR2 consists of the College of Pharmacy Administration Offices, the UHCOP Learning Resource Center (LRC), a large lecture hall/classroom that seats 140 students, a student computer center and a meeting/activity room, two classrooms for small group skills lab sessions, and several conference rooms. The large classroom is equipped with multimedia audiovisual equipment, including an LCD projector, VCR and DVD players, a video document camera, the Polycom Distance Learning System and a public address system. There is also a smaller Polycom Distance Learning mobile unit for conferences and smaller audience use. Wireless access is available to faculty, staff and students in both the SR2 and TMC buildings.

The college administrative offices on the first floor of SR2 have private offices for the Dean, the Associate Dean for Operations, the Associate Dean for Academic Affairs and Program Manager. The office of the Executive Vice Dean of Research is located on the 4<sup>th</sup> floor in close proximity to research investigators and laboratories. The central business office houses the College Business Administrator, Research Administrator, Payroll Administrator, Department Business Administrator, Payroll Assistant, Grant Coordinator, and three Financial Assistants. In addition, there are private offices for the Director of Development, Director of Communications, Director of Assessment, Assistant Dean for Student and Professional Affairs, Directors of Admissions and Recruitment, Academic Advisors, Students Special Events Coordinator, Instructional Designer, and IT support staff. There are fully networked computers in each office and several more computers for secretarial use.

#### Texas Medical Center Building (TMC):

The TMC Building is situated in the Texas Medical Center about four miles west of the UH central campus. The building was completed in 1981 and has approximately 43,000 square feet. The TMC building contains a second office for the Dean, the offices and operations for the Assistant Dean for Experiential Programs, offices and laboratories for the Department of Clinical Sciences and Administration (CSA) and the remaining five PPS Department faculty in the Pharmaceuticals area, and a facility for laboratory animals. Several major renovations have resulted in optimization of space. The building includes a large lecture room that seats 130 students on the second floor and a small lecture room, which can be partitioned into 2-3 small seminar rooms on the first floor. The large classroom is equipped with multimedia audiovisual equipment, including an LCD projector, VCR and DVD players, a video document camera, the Polycom Distance Learning System and a public address system. There is also a smaller Polycom Distance Learning System mobile unit for conferences and smaller audience use. The TMC facilities are maintained and managed by the University of Houston. Wireless access is available to faculty, staff and students in both the SR2 and TMC buildings.

The TMC building provides the college with a physical presence in one of the world's leading medical centers, which the college has been a member since 1983 with the University becoming a member of the TMC institutions in 2010. The TMC offers an excellent medical educational environment, and the students of the college have opportunities to complete pharmacy practice experiences (PPEs) in a multidisciplinary health care community.

The first two years of the professional program are held on the main campus (SR2 building). During PY3, a majority of classes are held at the TMC building with the PY4 seminar presentations and "on campus" days occurring at this location. The physical separation of the two buildings is one of the college's main concerns. Most recently, the Polycom Distance Learning System has been implemented to facilitate joint department effort such as committee work and dialogue necessary for collaboration as well as facilitate student organization meetings between both campuses. Other challenges are presented by the separate campuses such as interaction amongst the PY1/PY2 students and the PY3/PY4 students, the convenient shared use of research equipment, college seminars, and journal club. With the addition of the new Ph.D. program in Pharmacy Administration and expansion in the number of faculty/staff/students in both CSA and PPS Departments, the current space for classrooms, laboratories and offices in both SR2 and TMC buildings has already reached full capacity and is no longer considered state-of-the art and sufficient. The University is aware of the out-dated and inadequate space situation for the Pharmacy Professional and Graduate programs. The administration has engaged in serious discussions for dealing with space shortage for the college. As a stated goal of the College Strategic Plan 2004 and as written in the last ACPE accreditation self-study that the University considered the expansion of the College of Pharmacy in the TMC; however, UH has encouraged its colleges to come together in proximity and collaboration. Planning and programming are currently underway and a Tuition Revenue Bond proposal has been submitted to the Texas Legislature for a new pharmacy building ([PC-1](#)).

### **Facilities and Resources for Educational and Student Studying Activities**

Both the SR2 and TMC Buildings contain dedicated computer labs for students to access the Internet, printers, software packages, and the classroom management system to support classes. The TMC facility also contains a computer-supported, modular pharmacy practice laboratory as well as a fully equipped sterile products laboratory. The modular pharmacy practice laboratory includes 30 model pharmacy benches, each containing a sink, a telephone, a torsion balance, computer and necessary tools to dispense non-sterile prescriptions. Four "mock" laminar flow hoods were added to allow this lab space to support the sterile products portion of the curriculum. This laboratory contains a refrigerator, and open and locked storage. The 600 square foot Class 100 sterile products laboratory has a non-porous ceiling, a stone tile floor, and stainless steel counters. There are six laminar airflow units. This room is stocked with needles, syringes, IVs, and other products necessary for sterile product preparation. Students in PY3 are divided into sections of 30-35 students each to use this lab. Half of the students work in a non-sterile practice lab, becoming familiar

with the materials and receiving didactic instruction. The remaining fourteen students work in the sterile processing lab. Each student receives a total of 20 hours of hands-on experience by rotating through these facilities. The students earn a certificate in sterile products preparation by successful completion of these skills sessions. This CE Certificate is required by the Texas State Board of Pharmacy prior to preparing sterile products at experiential sites of the internship program.

UHCOP has contracted with PCCA located in Houston to provide the dosage form formulation labs to students in the college's professional programs. This facility has training stations for over 50 students, each fully equipped. In addition, there is a teaching stage equipped with a lectern and video camera that allows the instructor to demonstrate activities and have them displayed on video monitors throughout the lab. The college is fortunate to have such facilities available for use, as it would not be financially feasible to reproduce such facilities on campus.

### **Facilities and Resources for Research Activities**

A majority of research space for the PPS Department faculty is located on half of the 4<sup>th</sup> floor and the entire 5<sup>th</sup> floor in the SR2 building totaling about 16,000 square feet of research space. The remaining one fifth of the PPS Department faculty, specifically those with Pharmaceuticals emphasis, and CSA Department faculty requiring wet-lab research space are located in the TMC building. Their laboratories are dispersed on the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> floors totaling approximately 9,000 square feet of research space. These research areas include individual faculty laboratories and shared core facilities. Research staff and postdoctoral and graduate students are situated within these research spaces. No separate office spaces are provided.

In the last five years, much of the obsolete research equipment has been replaced and new state-of-the-art equipment has been added. Several significant core facilities are now available in the college for conducting high quality microscopic imaging, high throughput drug screening, molecular drug design and modeling, small animal telemetric monitoring, animal behavioral assessment, cell flow cytometry, LC/MS/MS and HPLC, plus cell and tissue cryoprotection and slicing. A more detailed list of key research equipment available in the college is attached ([27-B](#)). Use of other big ticket equipment items, like NMR, X-ray crystallography, plus real time CAT, and MRI imaging capabilities are available on campus or at another TMC institution through arrangement and/or collaboration.

### **Facilities and Resources for Assessment Activities**

The physical facilities for the Office of Assessment include offices for the Director and a full-time assistant. In addition, storage space for record keeping in locked files is provided. Mostly, the physical facilities are adequate the current staffing and activities. An exception is lack of a large room for testing but other UH colleges on campus have provided such rooms to the UHCOP as needed for special assessments.

### Facilities and Resources for Student Organizations

**SR2:** A student lounge is available in Room 116 that contains microwaves, two refrigerators, tables and chairs, and snack and beverage machines. In addition, there is the campus Recreation and Wellness Center for students, faculty, and staff use. The University Center and UC Satellite, the latter is adjacent to the SR2 building are available to students for recreation with the former being available for student organizational meetings. Dedicated office space for the student organizations is available in Room 101 on the first floor of SR2. This office will contain desk space where the leadership members of the various student organizations can work and will also house the student organization file cabinets where respective organizational materials are held. Faculty advisors of the student organizations can reserve any of the large or small group classrooms through the online Room Reservation System for their respective meetings, depending on the size of the group. In addition, there are also University rooms available for student organization meetings as well.

**TMC:** A student lounge (Room 212) of approximately 800 square feet is furnished with microwave ovens, photocopier, tables and chairs, sofa, a large screen television, beverage vending machine, and computer stations equipped with internet access, basic software, and printers are available for student relaxation, socialization, and other organizational activities. Located outside of Rooms 212 and 122 are lockers for individual student storage. Student class and organizational meetings can also be held in the various classrooms available, depending on the size of the group. In addition, the TMC Commons is also available for student use.

### Research on and Protection of Human Subjects

All research projects with human subjects conducted by faculty, staff, and students associated with the University of Houston, whether funded or unfunded, must receive approval from the Committees for the Protection of Human Subjects (CPHS). CPHS is responsible for reviewing and monitoring human subject research and its compliance with the federal Office of Human Research Protections (OHRP). The CPHS plays a primary role in protecting human subjects involved in research at University of Houston by (1) reviewing new and continuing human subject research protocols through the evaluation of risks and benefits to the human subjects; (2) reviewing the adequacy of the informed consent document, particularly as to its description of the risks and benefits; (3) observing and monitoring ongoing research as is necessary to protect human subjects; (4) investigating and acting on allegations of non-compliance; and (5) suspending or terminating approval of previously approved research when necessary.

### Animal Research Facilities and Compliance

There are four animal facilities at the University of Houston serving the majority of the UH animal populations. Two of these facilities primarily serve the principal investigators in the College of Pharmacy. The central facility consisting of 25,996 gross square feet is located on the basement floor in the SR2 building, where most of the pharmacological and pharmaceutical sciences faculty members are situated. A second facility consisting of 2,356 net square feet is located on 4th floor at the Texas Medical Center Pharmacy building serving the pharmacy investigators residing in the TMC. All these facilities provide conventional animal housing. The central facility in the SR2 building has 8 individually ventilated, HEPA filtered, isolation cubicles, which may be used to house clean animals or for containment. The TMC Pharmacy facility utilizes ventilated racks and HEPA filtered laminar flow change stations, and is limited to the use of small rodent species, primarily rats and mice. As a result of recent faculty additions by the College and other UH academic units, both the SR2 and TMC facilities are struggling to meet faculty needs for adequate animal housing. In addition, construction activities intended to enhance current facilities have further limited the ability of the facility to provide adequate resources for animal based researchers. The University is currently examining the issue of animal facilities on campus and strategic initiatives are being put into place to further enhance animal services.

The UH Animal Care and Use Program has been fully accredited by AAALAC since February 1986. The most recent AAALAC site visit was conducted in March 2010 and as a result of that review full accreditation was renewed effective June 2010.

UH is registered with the United States Department of Agriculture, Animal and Plant Inspection Service as an approved research facility. The USDA inspects the animal facilities for compliance with the federal Animal Welfare Act at least annually on an unannounced basis. Noncompliance with USDA standards for the humane handling, treatment, and transportation of animals may lead to substantial fines and/or suspension of animal research activities ([27-C](#)).

In addition, the University holds an Assurance Statement on file with the National Institutes of Health Office of Laboratory Animal Welfare (OLAW). The Assurance number is A3136-01. Through this Assurance, the University of Houston states its allegiance to quality care and use principles in animal facilitated research and teaching. This document further codifies the University's commitment to properly performed and supported animal facilitated biomedical investigation by following the Public Health Service Policy on Humane Care and Use of Laboratory Animals. An annual update report keeps OLAW abreast of any changes in the animal care and use program. In the Statement, it also documents the qualifications and current members of animal care management staff led by Dr. Terry Blasdel, and the Institutional Animal Care and Use Committee (IACUC) led by Dr. Laura Fishman. ([27-D](#)).

IACUC: In compliance with the federal Animal Welfare Act and for the Care and Use of Laboratory Animals, UH has a duly constituted IACUC that contains veterinarians, a community member, scientists, administrators, nonscientists, and a representative from the Office of Environmental Health and Safety. The basic functions of this committee are to inspect the animal facilities at least semiannually, review the program of animal care and use at least semiannually, submit



reports to the responsible institutional officials, review proposed use of animals in research and teaching, monitor this use after committee approval and establishment of a mechanism for receipt and review of concerns involving the care and use of animals at the institution.

Occupational Health Program: All persons caring for or utilizing animals in research or teaching are given the opportunity to enroll in an occupational safety and health program. The University of Houston offers such a program to all persons on an approved animal use protocol. The level of the program depends on the species of animal with which the investigator/teacher is involved. Therefore, those working with nonhuman primates are enrolled in a more vigorous program than those working with rodents because of the inherent dangers in working with that species. Annual reminders are sent to those personnel listed on approved protocols for enrollment options.

### **Environmental Health and Safety**

The University of Houston maintains an Office of Environmental Health and Safety overseen by appropriate institutional committees to identify environmental safety hazards and control such hazards through protective equipment, hazard mitigation methods, program development, purchase of insurance, and other risk control and risk transfer techniques. The Office of Environmental Health and Safety conducts periodic inspections of all University facilities to ensure compliance and provides biosafety, chemical safety, and radiation safety trainings.

### **Data Backup, Recovery, and Security Policies and Procedures**

The college maintains restorable backups of critical systems and data at locations away from the original system. Alternate means of communication and information delivery are accessible to faculty, staff, and students. The college and the university maintain adequate security systems for data. [\(7-B\)](#).

### **Quality Improvements:**

The University is undergoing major strategic planning and facility improvement initiatives of animal facilities to support research initiatives.

We are investigating the possibility of obtaining additional space to accommodate unfilled faculty lines that require additional office, laboratory and vivarium space. In addition, we are investigating the possibility of relocating departments within the TMC facilities to provide needed space for students, faculty and staff.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<p>The physical facilities support the mission and goals of the program.</p> <p>Teaching space supports the needs of the curriculum (e.g., small group learning rooms).</p> <p>The student lounge and study space are adequate and readily accessible.</p> <p>The facilities allow for good interaction among faculty, students, and administrators.</p> <p>The college or school has approvals for animal and human research facilities (if applicable),</p> <p>Full-time faculty each have designated space to work and off-site faculty have dedicated space to work and prepare.</p> <p>Space is available for faculty and administrative meetings and private areas are available for closed conferences (e.g. with students).</p> <p>The facilities are equipped to support contemporary educational technologies and educational methodologies used in the program.</p> <p>Research facilities are equipped with appropriate technology.</p> <p style="text-align: right;"><input type="checkbox"/> Meets the Standard</p>	<p>The facilities are generally satisfactory, but a few areas are in poor repair, inadequately equipped, or are furnished with outdated equipment or technology.</p> <p>The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Partially Meets the Standard</p>	<p>Some facilities are unsafe for students, faculty and staff.</p> <p>Classrooms or faculty areas are overcrowded.</p> <p>The student lounge and study space are inadequate or not readily accessible.</p> <p>The college or school has no approvals for animal facilities or human research (when required).</p> <p>Full-time faculty have inadequate or no designated space to work or off-site faculty have no dedicated space to work and prepare.</p> <p>No space is available for faculty and administrative meetings or no private areas are available for closed conferences (e.g. with students).</p> <p>The facilities are not equipped to support contemporary educational technologies and educational methodologies used in the program.</p> <p>In general, the research facilities are poorly or inappropriately equipped.</p> <p>The college of school has no long-term plans to assess the requirements for physical facilities by the program.</p> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
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.	●	○
The college or school identifies a diverse mixture of sites for required and elective pharmacy practice experiences.	●	○
The academic environment at practice sites is favorable for faculty service and teaching.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

The quality of the experiential program has been excellent as reported from online evaluations, employers, and the students. Quality of the clinical facilities is attained by careful selection of sites and maintained through constant communication and interchange with preceptors. Mid-rotation evaluations and regular contact among the Assistant Dean for Experiential Programs, experiential directors, and preceptors maintain quality and consistency among sites and allows intervention to correct problems or inadequate student performance. Preceptor training sessions acquaint preceptors with changing objectives and new competencies being integrated into specific rotations.

Contact is made with all sites by a coordinator or the Assistant Dean for Experiential Programs prior to establishment of new rotations or re-establishment at a previously participating site. As noted above, an extensive visit is usually made for any new primary rotation site. For sites used infrequently, initial contact may be made by telephone and site visits may follow anytime a problem exists, or the directors, Assistant Dean for Experiential Programs, or preceptor, feels it is warranted. Continuous communication is made with preceptors through midterm and final evaluation for each student for each rotation; and by phone, email, and preceptor continuing education sessions. The Assistant Dean for Experiential Programs and the directors (relative to their responsibilities) attend annual meetings of state and national professional pharmacy organizations to stay abreast of new developments and changes in experiential education, and to meet with preceptors. In addition, the JCIP meets quarterly to discuss experiential and program issues, and to collaboratively coordinate internship schedules, evaluation forms, and documents. All students complete an evaluation of both the site and preceptor following each rotation. These evaluations are reviewed and negative comments are investigated through the primary contact or as necessary on-site by the coordinator. Annually, these evaluations are analyzed statistically, for trends and identification of strengths and weaknesses of our program.

While the University of Houston does not have a university hospital, the Texas Medical Center with its two medical schools and several outstanding hospitals provides an excellent setting for experiential education. Other pharmacies and institutional settings in the greater Houston area, as well as those located in other parts of the state, and in federal facilities through the country, provide additional training opportunities.

At this time, we have adequate sites for our current enrollment; however, we share most of our sites with other Texas colleges of pharmacy. With increased enrollment by all colleges of pharmacy including those newly created, we will experience continual pressure for quality sites. We anticipate that the large pool of recent graduates with education at the Doctor of Pharmacy level, along with the changing practice of pharmacy, will provide further opportunities for quality sites in the future.

The administrative structure for Experiential Programs Office at the University of Houston College of Pharmacy is under the direction of the Assistant Dean for Experiential Programs. The Experiential Programs Office is based in the TMC building and is supported by a Director for IPPE, a Director for institutional based APPE, a Director for community based APPE and a secretary. This office supports and handles all practice program phone calls, mail, student files, student intern applications, student parking, experiential manuals, experiential site affiliation agreements, and other miscellaneous office duties. An experiential database was developed for assignment of students to appropriate sites and preceptors. On-line evaluations are now used to identify strengths and weaknesses of the experiential program, as well as individual sites and preceptors. Currently, E\*Value™ has been purchased and migration of the current database and functionality is taking place.

### List of Practice Sites

All students are required to complete four weeks of IPPEs in the summer following PY2, and complete seven, six-week rotations of APPEs, for a total of 1,920 internship hours. Some of the IPPE sites are the same as those used for APPEs, such that the IPPE sites are only used for the first 12 weeks of the internship year (i.e. three blocks of 4 weeks each). After that 12 week period, these same sites are used for 6-week APPE courses. A list of IPPE assignments for the Class of 2011 is attached ([6-A](#); [6-B](#)).

The APPE sites consist of Advanced Community Pharmacy, Advanced Hospital Pharmacy, Internal Medicine, Ambulatory Care, two clinical selective rotations, and one elective that may be either clinical or non-clinical. These rotation sites offer services at hospitals, poison control centers, managed care facilities, ambulatory care clinics, long-term care facilities, home care, nuclear pharmacies, consulting pharmacy, government agencies, professional organizations, and community pharmacies. Community pharmacy sites encompass independent, compounding, mail order, and chain pharmacies. All sites providing required rotations and clinical elective rotations have an adequate

number of patients to provide an excellent practice experience for students. Elective rotations such as Legal and Regulatory Affairs are offered.

The Assistant Dean for Experiential Programs and the experiential coordinators are continuously developing and evaluating new experiential courses, sites, and preceptors. Clinical sites are available for most subspecialty areas in the Texas Medical Center, and in some institutions throughout the Houston metropolitan area. To provide increased opportunities for graduates and improve the level of pharmacy patient care services, the Experiential Programs staff strives to create sites in other parts of the state as well as the Nation.

For the Class of 2011, there were 194 active sites, precepted by 345 active preceptors on record. Overall, including sites and preceptors not used this year, the college currently has 789 available sites and 1,476 available preceptors maintained on record ([28-A](#)).

### Practice Site Agreement

Affiliation agreements are maintained for all experiential practice sites. Tracking of these affiliation agreements has been improved to ensure that agreements are created or updated in a timely manner, working closely with the college's Business Office in processing and maintaining of these agreements. Copies of standard affiliation agreements for both IPPEs and APPEs are attached ([28-B](#); [28-C](#)). In addition to the standard agreement, some facilities chose to use affiliation agreements that they create. Since the college must have an affiliation agreement to pay a site for taking students, all hospital, ambulatory care sites, and sites where Internal Medicine or clinical electives are conducted have affiliation agreements. The college also has affiliation agreements with all of the chain drug stores, where Community Pharmacy APPE and the IPPE are completed. Only a few privately owned community pharmacy sites may not have affiliation agreements.

### Criteria for Experiential Site Selection

Experiential sites are selected by a variety of mechanisms. Many of the sites have a long-term relationship with the UH College of Pharmacy. These sites participate almost continually with few minor breaks in precepting students, only when there are staff changes or shortages. Most sites are identified and selected by the coordinators and the Assistant Dean for Experiential Programs. When potential practice sites at various institutions and community pharmacies are identified, or when contacted by appropriate volunteer preceptors such as Directors of Pharmacy or skilled clinical pharmacists, or when contacted by those especially outside the Houston area as suggested by students who seek an opportunity in a specific geographic area or in a specialized area of interest, the Assistant Dean for Experiential Programs and/or experiential coordinators will recruit preceptors by taking the following general steps.

- The preceptor is interviewed and/or the site is visited to determine whether the preceptor has the motivation, interest, and practice setting to provide the quality experience and mentoring needed to facilitate the student's achievement of desired competencies.
- The site is evaluated for a sufficient number of patients to provide a quality experience for the student. For clinical sites, the presence of other health care professionals and students practicing in an interdisciplinary setting (i.e. multidisciplinary rounds) is preferred.
- If the preceptor and sites are suitable, and if the preceptor has current preceptor certification, the preceptor is placed on the list of preceptors.
- If the preceptor is not currently certified as a preceptor, but meets all the requirements listed in Texas Pharmacy Rules §283.6, the college facilitates the application and provides a three-hour preceptor CE training program.
- Once the preceptor's availability is determined, terms of an agreement are finalized, and a student is assigned, the appropriate internship manual is sent and an experiential coordinator assures that instructions, goals, and objectives are understood.
- Once the student begins a rotation, the coordinators and/or Assistant Dean for Experiential Programs maintains contact with the preceptor and student, and reviews midterm evaluations to determine that the student is progressing.
- Preceptors are given feedback concerning their effectiveness and are given suggestions, when problems are identified.

For providing clinical rotations, an interdisciplinary experience in a setting with other health care professionals and students is preferred. To be in compliance with State Board requirements for internship hours, the student to preceptor ratio of 1:1 for dispensing activities, and annual requests for a 3:1 ratio for non-dispensing activities are maintained. Thus, all Community Pharmacy and Hospital Pharmacy rotations have a 1:1 preceptor to student ratio and for all other rotations, the college prefers a 2:1 student to preceptor ratio. This allows students to learn not only from their own patients and experiences, but those of the other students as well. For drug information rotations, the most common student to preceptor ratio is 3:1.

In order for a student to receive internship hours by the Texas State Board of Pharmacy, the pharmacy preceptor must be either a pharmacist that is both licensed and certified as a preceptor in the State of Texas or a pharmacist practicing in a federal institution. Additionally, the preceptor must have practiced in the specific practice area (i.e., community pharmacy, hospital pharmacy, or clinical specialty, etc.) for at least one year. An exception is that a pharmacy resident may precept students after six months in an ASHP accredited residency. All preceptors are required to maintain pharmacy continuing education according to the Texas State Board of Pharmacy which is provided through the college in the form of an annual preceptor orientation and training session.

Pharmacies and institutions serving as training sites must be in good standing with all licensing agencies. All of the college's preceptors are licensed pharmacists. APPEs in all sites in Texas are under Texas certified preceptors, who meet all requirements of the Texas State Board of Pharmacy. These include requirements that the preceptor and site shall not have received a citation from the State Board for at least the last 3 years. In addition, the college only uses preceptors who our experiential directors who are proficient in the area of practice, have good evaluations, and are positive toward the college and its students. Sites outside of Texas are primarily in federal or tribal facilities, where the preceptor is licensed in at least one U.S. state; the preceptor in these settings is either a Veterans Administration pharmacist or a pharmacist commissioned officer of the U.S. Public Health Service.

The Experiential Programs Office maintains evaluations of students, preceptors, and sites. Reports and analysis of these allow identification of strengths and weaknesses in the experiential program. Furthermore, complaints from students and preceptors are immediately investigated, and action taken, if needed. The Assessment Office also surveys students concerning their perceived achievement of the course competencies for each experiential course.

### Practice Site Capacity Assessment

UHCOP requests preceptor and site availabilities at least seven months before the beginning of the Internship Year. The capacity assessment (surplus or shortage) of the required and elective IPPEs and APPEs is conducted prior to student enrollment ([28-D](#); [28-E](#)). All students are assigned to APPEs for the year, at least two months before the beginning of the Internship Year; thus, April 15<sup>th</sup> each year is the target date for distributing student assignments. With six colleges of pharmacy in Texas, it is necessary that we assign students to sites and preceptors also used by other colleges of pharmacy. It is also necessary that the Experiential Programs office coordinate student calendars, evaluation forms, and expectations of all six colleges of pharmacy in the state. This is done through JCIP, a collaborative group of experiential associate deans and directors of experiential programs. One problem concerning maintenance of excess capacity was caused by a process proposed by the Texas Society of Health-System Pharmacists (TSHP) and agreed to by JCIP, whereby each college will request of sites the number of "slots" they need for the upcoming experiential year; at a designated date the site will return available slots to the requesting colleges; then, the colleges will assign their students, and release unused slots back to the facility, so that other colleges could assign students to the unused slots. Essentially, this means that UHCOP excess capacity is jointly held by all six colleges, and on an as-needed basis, the Experiential Programs Office must contact facilities when additional slots are needed to assign students when preceptors move or otherwise become unavailable. This has not caused a significant problem, since we are still able to assign all students, without forcing them to relocate to other parts of the state for their APPEs or IPPEs. All IPPEs are completed in the Houston area. For APPEs students may request experiences outside the Houston area, and in almost all cases, we are able to accommodate these requests for other locations.

**Quality Improvements:**

Currently, E\*Value™ has been purchased and migration of the current database and functionality is taking place. E\*Value™ will allow the experiential program to track changes with experiential scheduling, enable preceptors to complete evaluations on-line, and allow feedback to be sent to the sites and preceptors in a timely manner. In addition, data regarding site visits, affiliation agreements, as well as curricular requirements for experiential will be gathered with this software tool, and allow the experiential program to analyze data collected for quality control and improvement. The experiential programs team has been actively visiting sites throughout Houston, Dallas, and surrounding areas in the state who are currently taking UHCOP students. Data gathered from site visits will be utilized for quality control.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Practice sites have enough variety and scope to meet curricular needs.</li> <li>• The college or school has enough practice facilities to meet the required and elective advanced pharmacy practice experiences for all students.</li> <li>• The college or school has a plan for reviewing practice sites and an evaluation process exists to assure annual contact with every site.</li> <li>• The college has a procedure to investigate problems noted on student assessments of the site or the preceptor.</li> <li>• Students have opportunities to observe and learn regardless of the level of the practice experience.</li> <li>• Written affiliation agreements established between the institution and school are confirmed by the experiential director.</li> <li>• The preceptors are able to maintain control of their schedules.</li> <li>• Collectively, rotations occur in diverse practice settings (community, institutional, etc.), and cover diverse patient populations in terms of disease state, race, age, gender, cultural background.</li> <li>• College or school assessment tools and library facilities are accessible from the practice sites.</li> <li>• Collectively, the sites offer not only required, but also elective rotations.</li> <li>• The college or school actively collaborates with practice sites to advance patient-care services.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school has practice sites and is trying to develop or improve relationships.</li> <li>• Most, but not all of the practice sites have signed affiliation agreements.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• There are too few advanced practices rotations or preceptors to meet curricular needs (i.e., not enough sites for all students, too many students per rotation or preceptors have no periods of time without students on a rotation).</li> <li>• Collectively, the practice sites have insufficient variety and scope to meet curricular needs.</li> <li>• The college or school does not have enough practice facilities to meet the required and elective advanced pharmacy practice experiences for all students.</li> <li>• The college or school has no plan for reviewing practice sites or no evaluation process exists to assure annual contact with every site.</li> <li>• The college has no procedure to investigate problems noted on student assessments of the site or the preceptor.</li> <li>• Written affiliation agreements established between the institution and school are not confirmed by the experiential director.</li> <li>• The preceptors are unable to maintain control of their schedules.</li> <li>• Most rotations occur in uniform settings (e.g., all community, etc.) or cover similar patient populations in terms of disease state, race, age, gender, cultural background.</li> <li>• The site has no access to the college or school assessment tools or library facilities.</li> <li>• Collectively, the sites offer no elective rotations.</li> <li>• The practice site is not conducive or amenable to faculty service and teaching.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>



**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.

	S	N.I.
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.	●	○
The college or school has addressed the guidelines for this standard.	●	○

**Describe how the program is meeting the Standard and Guidelines.**

**The Physical Libraries**

The college has a depth of library resources not seen in many other schools of pharmacy. Recently the dedicated UH Pharmacy Library was relocated to the main university library in response to space constraints faced by the college as well as budgetary shortfalls experienced by the University. This transfer of library materials was also a natural progression of the trend toward virtual or electronic information resources where the physical location of user or material becomes largely inconsequential. The staff and physical holdings of the Pharmacy Library were moved to the University’s M.D. Anderson Library. The College of Pharmacy continues to liaison with the UH Library System through an American Library Association (ALA) accredited librarian ([29-A](#)).

The UH Library System comprises five libraries located on the UH Main Campus. Of particular interest to members of the College of Pharmacy are the M.D. Anderson Library, the Optometry Library, and the O’Quinn Law Library. The M.D. Anderson Library, the UH System’s flagship library, is located within short walking distance from the College of Pharmacy’s building. In 2006, the M.D. Anderson Library completed its \$40 million capital expansion project that added 170,000 square feet of floor space. The M.D. Anderson Library currently occupies 527,000 square feet of floor space and houses over 2.4 million volumes, both in print and in electronic media. The M.D. Anderson Library also offers over 260 networked computer workstations and 38 individual group study rooms for students. The Optometry Library and O’Quinn Law Library, while primarily serving the College of Optometry and Law Center, respectively, have many health-care related holdings, which are often utilized by members of the College of Pharmacy. A review of the *AACP Basic Resources for Pharmacy Education* found that the UH Library System contained 73% of the suggested titles within its holdings ([29-B](#)).

An invaluable resource in the College of Pharmacy’s Library Resources is the Houston Academy of Medicine – Texas Medical Center (HAM-TMC) Library. This resource is supported by a consortium of academic and health-care institutions ([29-C](#)) located within the Texas Medical Center (TMC) and the Houston area. The physical facility, which comprises 76,500 square feet of space and 357,000 books and journal volumes, is located less than half a mile from the

college's TMC building. The TMC Library provides access to 9,101 electronic journals, 172 databases, 5,167 electronic books, and over 220,000 bound journals.

### **Library Orientation**

As part of the University's new faculty orientation, representatives from the library provide new faculty members information on the library system. Entering Doctor of Pharmacy students receive a video tour as part of College's 4-day new student orientation.

### **Remote Access to Library Resources**

Remote access to library resources, electronic journals, and databases is integral in meeting the demands of supporting research, educating students and other stakeholders, and providing patient-centered care. Members of the College of Pharmacy have extensive remote access to these resources outside the physical presence of the libraries. All our faculty, staff, and students have remote access privileges to M.D. Anderson Library resources. Plus, faculty and students also have remote access to the HAM-TMC Library resources.

### **Educational Technology Available to Faculty & Students**

The College of Pharmacy provides extensive educational technology support to the faculty, staff, and students. Appendix [29-D](#) outlines the education technology supported by the college. The college maintains computer labs for exclusive use by students enrolled in the professional program, graduate, and BSPS programs in the SR2 Building (62 workstations) and the TMC Building (18 workstations). The TMC building has additional workstations in the student lounge (8) and Contemporary Pharmacy Practice Laboratory (30). The college's two large classrooms are equipped with a podium set-up consisting of a primary computer workstation, laptop connection, document camera, and wireless lavalier microphone, all of which are integrated into the classrooms' sound and dual LCD projector A/V system. Additionally, a number of smaller classrooms and meeting rooms are equipped with ceiling-mounted LCD projectors. Laptops, Tablet PCs, Student Response System, and video, still and portable document cameras are available for checkout by faculty, staff, and students. Faculty, staff and students can access both UH and TMC virtual libraries via the wireless network in both SR2 and TMC buildings.

The college employs a full-time Instructional Designer to introduce and train faculty on instructional technology, assist faculty with the adoption of classroom-based educational technology, and facilitate delivery of online course material. Over the past four years, this individual has increased the number of faculty utilizing Blackboard Vista to 100% for courses in the professional program along with strengthening the breadth of the educational activities delivered through the Blackboard Vista Learning Management System (LMS). Furthermore, the instructional designer has

assisted with the deployment of ARS (aka “clickers”) across a number of courses in the professional curriculum as part of an effort to encourage active learning in the classroom.

The college purchases and/or licenses four online drug information sources for the professional students: Clinical Pharmacology, Lexi-Online, Facts and Comparisons E-Answers, and Micromedex. Each of these resources is available to the students both on and off campus. The college also purchases the Lexi-OnHand Lexi-SELECT Suite for PY3 and PY4 students to install on their handheld devices. PY1 and PY2 students have access to mobile editions of Clinical Pharmacology and Micromedex. The UH Library System maintains licenses for both AccessPharmacy and StatRef, thus providing access to electronic editions of numerous textbooks and reference books. Appendix [29-E](#) provides a detailed list of the research and scholarly databases available to the college’s users through the UH Library System and HAM-TMC Library.

### **Library & Educational Technology Utilized Throughout Curriculum**

Utilization of the library resources occurs throughout the PharmD curriculum. PY1 students receive hands-on instruction how to conduct searches of Medline and tertiary references in PHAR 4271–Pharmacy Practice II, augmented with a session in PHAR 4251–Pharmacy Skills Program II. In PHAR 5257–IPPE II and Professional Development students utilize library resources as part of the Literature Evaluation section of the course.

The major online drug information resources mentioned earlier are utilized across multiple courses. Examples include the creation of a P&T drug monograph in PHAR 4271, medication write-ups and drug interaction screening in the Community Pharmacy Practice Lab portion of PHAR 4251, and case preparation in the skills labs associated with the Therapeutics sequence (PHAR 5280, 5581, & 5582).

### **Comments:**

The college participates in the AACP Crosswalk surveys annually. A review of the survey data ([2-C](#), total n for all surveys=557) from graduating students, faculty, and preceptors for questions relating to Standard 29 found the vast majority felt, as indicated by responses of Strongly Agree or Agree, the college had adequate library and education technology resources available both on and off-campus. The one exception was preceptors whose positive response to the questions just breached the 50% threshold. This was not unexpected, as we have previously received requests from preceptors seeking remote full-text access to the e-journal holdings of the HAM-TMC Library, which is not currently available due to licensing restrictions. The IT Committee has been working with UH Library Staff and college administrators to develop a method by which preceptors awarded Adjunct Faculty Status will be able to obtain a HAM-TMC Library card with remote access. One other area of concern is the college’s Library Collection Development Policy. We have been effectively functioning without one to this point in time. Instead, the IT Committee collaborates with the

Pharmacy Librarian on individual resource issues and the Pharmacy Librarian has polled the faculty every one or two years concerning journal subscriptions or reference text needs. The college's IT Committee will create a formalized Library Collection Development Policy ([29-F](#)).

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• Students and faculty have access to hardcopy or on-line journals and references.</li> <li>• Preceptors and students on advanced-practice rotations have access to library resources.</li> <li>• Library skills are taught, and library use is integrated into teaching-and-learning processes.</li> <li>• Customary references used by practitioners are available to students on-site.</li> <li>• Technology is available to students.</li> <li>• Holdings are of sufficient breadth and depth to support teaching, learning, research and other scholarly activity.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The holdings meet programmatic and scholarly needs, but are not always readily or easily accessible (e.g., the library has limited access hours).</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• Materials ordered through Inter-library loan arrive after they are needed.</li> <li>• Faculty report that journals for their discipline are not available or that they must purchase their own subscriptions.</li> <li>• Students have inadequate or no access to hardcopy or on-line journals and references.</li> <li>• Preceptors and students on advanced-practice rotations have no access to library resources.</li> <li>• Library skills are not taught or library use is not integrated into teaching-and-learning processes.</li> <li>• Technology is not available to students.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

**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.

	S	N.I.
The college or school has the financial resources necessary to accomplish its mission and goals.	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input checked="" type="radio"/>	<input type="radio"/>
Tuition for pharmacy students is not increased to support unrelated educational programs.	<input checked="" type="radio"/>	<input type="radio"/>
The college or school operates with a budget that is planned, developed, and managed in accordance with sound and accepted business practices.	<input checked="" type="radio"/>	<input type="radio"/>
Financial resources are deployed <u>efficiently</u> and <u>effectively</u> to:		
• support all aspects of the mission, goals, and strategic plan	<input checked="" type="radio"/>	<input type="radio"/>
• ensure stability in the delivery of the program	<input checked="" type="radio"/>	<input type="radio"/>
• allow effective faculty, administrator, and staff recruitment, retention, and development	<input type="radio"/>	<input checked="" type="radio"/>
• maintain and improve physical facilities, equipment, and other educational and research resources	<input type="radio"/>	<input checked="" type="radio"/>
• enable innovation in education, research and other scholarly activities, and practice	<input checked="" type="radio"/>	<input type="radio"/>
• measure, record, analyze, document, and distribute assessment and evaluation activities	<input checked="" type="radio"/>	<input type="radio"/>
• ensure an adequate quantity and quality of practice sites and preceptors to support the curriculum	<input checked="" type="radio"/>	<input type="radio"/>
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.	<input checked="" type="radio"/>	<input type="radio"/>
N/A (no budget cuts or other factors since last accreditation visit) <input type="checkbox"/>		
The college or school ensures that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways.	<input type="radio"/>	<input type="radio"/>
N/A (no alternate pathways) <input checked="" type="checkbox"/>		
The college or school has addressed the guidelines for this standard.	<input checked="" type="radio"/>	<input type="radio"/>

**Describe how the program is meeting the Standard and Guidelines.**

The financial resources of the college are composed of four categories, namely, state funding including premium tuition, local funding with designated tuition, differentiated designated tuition (DDT) and fees, research grants, and gifts with percentage distributions of 50%, 18%, 29%, and 3%, respectively. The resources available in the past five years, from September 1, 2005 to August 31, 2009 are summarized with these categories ([30-A](#)).

Since the last accreditation visit, the college's total budget increased to \$13.4 million in FY 2009-2010 from the previous figure of \$8.89 million in FY 2003-2004. This increase was mainly due to an increase in tuition revenue. These increases have directly benefited the students in the professional program. The college financial addendum projects the budget through FY 2012, however, changes are expected in this document due to State budget deficits. ([30-B](#))

The college had the resources necessary to deliver the program and achieved its stated mission during these five years. No budget cuts or other financial factors negatively affected the quality of the program or other aspects of the missions in FY 2005-2009.

However, beginning in 2009, the college and university faced budget cuts due to the downturn in the economy. The projected reduction in weighted tuition formula funding (per student semester credit hour (SCH)) by the Texas Higher Education Coordinating Board was drastically reduced from 9.0 in 2003-2004 to 3.79 to be in effect in FY 2010-2011. In addition, the State and University of Houston mandated State budget cuts were 5% in FY 2010, 10% in FY 2011, as well as an additional estimated 10-25% for FY 2012 and FY 2013. The college will face challenges to make further progress toward attaining its goals.

The enrollment in the professional program was established and managed by the college in harmony with the formula funding derived from the State of Texas. The college increased the enrollment from 100 to 130 students in FY 2005–2008 according to the agreement among pharmacy schools in Texas to increase the supply of pharmacists, and returned to 110 students in FY 2010.

As previously communicated to ACPE, the degree program of Bachelor of Science in Pharmaceutical Sciences (BSPS), established in FY 2008, received additional resources from the university to hire three faculty. Due to economic circumstances the decision was made to focus the college's resources on the professional and graduate programs. As a result, the faculty voted in FY 2009-2010 to inactivate the BSPS program. No new students have been accepted and all BSPS students will graduate by May, 2011.

Potential solutions in response to these resource reductions need to be proposed and initiated for maintaining continuous quality improvements of professional and graduate programs. The Dean will continue to negotiate with the University Provost to increase funding for the college. The Dean is actively seeking a modification from the state to increase the return rate.

The college operates with a budget that is planned, developed, and managed in accordance with sound and accepted business practice. The faculty involvements in the process included responding to the chair's solicitation in annual budget requests to the college, and receiving notification of the college annual budget at the college faculty meeting. The transparency of the budgetary operation procedure has been sufficient at the college level. The Office of Internal Audits at the University level audited the college in FY 2009, and found no major concerns, and will have no audit for the next five years. Budget planning, development and distribution at the department level and in the office of Executive Vice Dean for Research is in the process of increasing transparency and improving business processes.

Financial resources have been deployed efficiently and effectively in support of all missions, goals and objectives, and have been provided in accordance with the plan of the college. The resource for delivery of the experiential program has been stabilized using tuition returned to the college.

The resource deployments to allow faculty, administrator and staff recruitment and retention have been effective and efficient, as demonstrated with the successful recruitments with competitive salaries and start-up package in tenured or tenure-track positions, but less competitive in clinical positions. Faculty retention has not been a concern in these five

years. However, the resource for faculty and staff development needs to be improved. No resources were clearly designated for faculty and staff development including sabbatical leave, and no established policies or procedures were put into place for individual faculty and staff to acquire the resources when needed.

Although extramural development funding has increased over the past three years, the majority of these funds are foundation research grants and student scholarships. (30-C) Our grants, contracts and royalty income directly benefit the college. The college's support from research grants is strong and has held generally steady over the past five years (30-A, 30-D). New faculty hires have brought with them substantial federal support, more than offsetting the loss of two NIH-funded faculty in 2006-2007. We expect faculty of this caliber to maintain and even increase their federal funding. Federal funds awarded to the college include awards from the NIH, the AHRQ, the NSF, and the DoD. These federal awards are especially advantageous due to their size, duration and high indirect cost return. Year-to-year fluctuations in total research dollars are in a normal range, typical for research universities. Funding from the state, such as the Advanced Research Program (ARP), is more variable and strongly subject to state political and economic factors. The college does not place any reliance upon this source of research funds. It is worth noting that competition for limited state funds is extremely intense, and it speaks well of our faculty to have received two of these awards in FY 2008.

The procedures currently used to prepare and manage the operating budget are appropriate and adequate, inasmuch as they follow established guidelines of the University of Houston System Board of Regents.

The operating budget of the college is prepared with the following procedures: University Administration allocates to the college a portion of state funds generated through formula funding. The Dean meets with the Provost to present college needs and to request the level of funds to be allocated to the college. Once the level of state funding to the college is decided, the Dean along with the College Business Administrator (CBA) project the level of additional funding available to the college (i.e. gifts, research, special funds, etc.). When the total amount of funds available has been determined, the Dean, after consultation with the College Executive Leadership Team and the College Budget Advisory Committee, allocates funds within the college. All program and budget decisions are made by the Dean, according to the FTE and critical needs. The faculty provides the respective department chair with input regarding the needs of departmental resources (i.e. equipment, space, personnel, etc.). The department chairs consider input from faculty when preparing the request to the Dean for department support.

The CBA has primary responsibility for the management and oversight of the financial processes within the college. The CBA, who reports to the Dean and to the University Vice President for Administration and Finance, is responsible for communicating policy and procedural changes to the departments. In addition, the CBA ensures that each department has appropriate policies in place to comply with necessary processing standards. The CBA is ultimately responsible for the budgetary control procedures used by each department.

The Department funds are managed by the Department Chair with the assistance of the business staff. The CBA performs budget oversight of those funds, as well as the college fund.

Systems exist to monitor expenditures at both programmatic and department levels. The University uses the PeopleSoft Accounting System that accounts for all processed transactions. The system produces monthly reports of expenditures that summarize details of all transactions. The Central Business Office performs monthly reconciliation and certification of college expenses. The CBA provides the Dean with monthly financial reports detailing expenditures and status of the college.

The college established a Central Business Office (CBO) in FY 2009-2010, streamlining the financial, budgetary, and HR-related operations of the college and the departments.

Indirect cost return is used for research equipment maintenance.

### Comments:

### Strengths

In FY 2005-2009, two financial resource areas, gifts and Busulfex royalty income, were noteworthy. The gifts from philanthropic giving and new scholarship endowment principles increased significantly ([30-A](#)), 1.29 times from \$236,820 in 2005 to \$541,908 in 2009. In addition, 17 new scholarship endowments were established in 2005-2009, in the amount of \$823,952. The total amount of scholarship endowments increased from \$879,641 in 2005 to \$1.45M in 2010. It remains optimistic in the establishment of new endowments, even during the period of economic downturn.

The second area resulted from the change in the University Intellectual Property Policy in FY 2005, to return 20% of Royalty incomes generated from intellectual properties to the respective academic units. As a result, the College receives a new, unrestricted resource from the product of Busulfex<sup>®</sup> invented from college research. The income more than doubled from \$111,437 in FY 2005 to \$309,420 in FY 2010. The income will continue steadily or further increase, until FY 2016. These increases impact positively on professional and graduate programs.

A further strength is the wide diversity of funding sources utilized by our faculty. Although federal funding is the primary goal, awards are obtained from many other sources including private companies and foundations. These awards are extremely useful for doing preliminary studies that can be leveraged into federally funded projects.

### Weaknesses

Although the college's income strategy is diverse and the college receives state appropriated monies, the funding level is insufficient to meeting the operating budget of the college. Therefore, more emphasis on the other components of the college's income strategy is critical. In particular, a further enhancement is needed in the gift and



donation categories. Without substantial increases in gifts and donations to the college, the PharmD program will not accommodate the needs of its students, profession, and the community-at-large.

The current budget will not support initiating new programs, improving facilities, emergencies, equipment, computer, and software upgrades.

### Quality Improvements:

#### *Three-year projection*

As a result of the reduction in Texas Higher Education Coordinating Board tuition formula (from 9.0 to 3.79 to be in effect in FY 2010), as well as the state and University of Houston mandated State budget cuts of 5% in FY 2010, 10% in FY 2011 (an additional 2.5% is anticipated before the end of the fiscal period), and potentially an additional 10-25% in FY 2012 and FY 2013, the college will face challenges to make any further progress toward its goals.

Upon the notification from the University of mandatory budget cuts in FY 2009-2010 and several years to follow, the Dean appointed the aforementioned College Budget Advisory Committee (CBAC), consisting of a chair, two faculty members from each department and a staff representative, to review the current budgets and identify and prioritize potential budgetary items that can be reduced with sound justifications/rationales and minimal impacts on educational programs, based on the expenditures record. The CBAC formulated proposals for various levels of reductions, and submitted to the Dean recommendations, which were reviewed by the Executive Council for final decisions. The entire faculty will be informed with the decision. The process involved inputs from all stakeholders of the college, and strives to be transparent.

The cost of APPE experiential clinical sites have been paid with funding from tuition increases and unfilled faculty lines for the past five years. There are two areas of significant concern soon to appear: (a) the current available sites are collectively proposing to increase the fees for accepting students at those sites, and (b) out of State monetary incentives are becoming more lucrative for TMC sites which may affect future site availability. Long term solutions to these issues must be found.

### **Evaluation of Progress**

Progress will be evaluated annually by faculty review of the budget and discussed with the Dean at a faculty budget meeting and strategic plan updates will track progress as well.

Meets the Standard	Partially Meets the Standard	Does Not Meet the Standard
<ul style="list-style-type: none"> <li>• The Executive Committee or equivalent is conversant in all areas of the budget.</li> <li>• Department chairs are responsible for their own budgets.</li> <li>• The budgeting process has internal transparency and faculty understand it.</li> <li>• Financial resources are available in a manner that supports the growth and development of the program and addresses the accreditation standards.</li> <li>• Financial resources are sufficient to support and advance the mission and goals of the program.</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The college or school is overly dependent on insecure or temporary sources of revenue.</li> <li>• The college or school has a plan and is in the process of addressing all issues related to not meeting the requirements of this standard.</li> </ul> <p style="text-align: right;"><input checked="" type="checkbox"/> Partially Meets the Standard</p>	<ul style="list-style-type: none"> <li>• The budgeting process lacks internal transparency consequently, faculty don't understand it.</li> <li>• An "excessive" number of faculty lines are supported by non-sustaining funds or foundation money.</li> <li>• The budget is created outside the college or school without input from the dean.</li> <li>• The college or school has insufficient financial resources to meet the mission and goals of the program.</li> <li>• Significant numbers of faculty resign because of low pay.</li> <li>• Student enrollment exceeds the capacity of physical, financial or educational resources (e.g., in order to bring additional funds into the college or school).</li> </ul> <p style="text-align: right;"><input type="checkbox"/> Does Not Meet the Standard</p>

## Appendices

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[16R – UH Equal Opportunity Treatment Policy.pdf](#)

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[29A – UH Librarian Bio.pdf](#)

[29B – AACP Basic Resources for Pharmacy Education.pdf](#)

[29C – Houston Academy of Medicine Texas Medical Center Library.pdf](#)

[29D – UHCOP Education Technology List.pdf](#)

[29E – UH Library System and HAM-TMC Library Scholarly Databases List.pdf](#)

[29F – Library Collection Development Policy - Pharmacy.pdf](#)

[30A – 2005-2009 Summary of Available Resources.PDF](#)

[30B – Financial Summary Report.pdf](#)

[30C – UHCOP Development Report 2008-2010.pdf](#)

[30D – UHCOP Research Chart FY05-FY10.pdf](#)