Condensed Self-Study Report of Ferris State University

Ferris State University

College of Pharmacy

220 Ferris Drive

Big Rapids

Michigan - 49307

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Ferris State University

Ferris State University / College of Pharmacy

220 Ferris Drive

Big Rapids

Michigan - 49307

Departmental/Divisional Structure

Department of Pharmaceutical Sciences (Pharmaceutical Sciences)
Department of Pharmacy Practice (Pharmacy Practices)

Branch/Distance Campus

Main Campus

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Ferris State University / College of Pharmacy

College or School's Overview

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

(School comments begin here)

Ferris State University College of Pharmacy has undergone significant changes since the 2010 comprehensive review. The State of Michigan, university, and college are different in many ways. In 2010, the mission and goals as well as the strategic plan and planning process were not vigorous enough to drive the program forward. There was a significant transition in leadership as the longest serving dean in the history of the program was retiring and only an interim administrative team was in place. The revised curriculum had been in place only 2 years and the APPE portion was still solidifying as well as the assessment of the yet to be completed student cycle through the new curriculum. The ongoing pharmacist shortage made it difficult to have a full complement of faculty and the interim administrative team were stretched to help with the evaluation and development of the faculty that were in place. The State of Michigan was experiencing significant fiscal challenges and the University was forced to significantly cut budgets.

Today's picture is different. The university supported a vigorous strategic planning process with broad based inputs and now the University has its own inclusive strategic plan and process. The Administrative team has increased in number of positions. The new curriculum has produced several graduation classes demonstrating achievement of assessment criteria. The college is continuing curricular improvements to exceed the new CAPE and Standards 2016 measures. A state of the art facility in the strategic center of health-care and research in West Michigan has been built and occupied. Faculty ranks have been successfully filled. The State of Michigan budget has stabilized improving the financial condition for the university with administrative support and encouragement to invest in the program and infrastructure. The college and university has taken several tangible steps in reemphasizing the academic commitment to knowledge discovery with a shared core lab, the Office of Research and Sponsored Programs, and grants for faculty/student research. These complement the college’s investments in renovated lab space and investments in laboratory equipment. The Pharmacy Forward Initiative has re-engaged alumni and friends of the college. These steps have resulted in significant alumni response in the form of substantial gifts. To date, the Pharmacy Forward Initiative has raised $7M to improve facilities, provide scholarships and support faculty development.

During the 2011-2012 academic year, the College developed a comprehensive strategic plan. Five Critical issues were identified in order to achieve the mission and vision; Focus on Creating Value, Optimize the Curriculum, Expand Educational Opportunities, Be Data Driven, and Accelerate Knowledge Discovery. These 5 critical issues guide discussion and investment in the College. The plan has been updated to align with the new University Strategic plan and values.

Using funding from four faculty positions, four director positions were established. An additional $170,000 annually supported creation of a second Assistant Dean position.

The College has established stronger ties with the Provost’s office. The appointment of Dr. Blake as the Provost has brought further improvements in the relationship the College has with the Office of Academic Affairs. The curriculum continues to produce exceptional graduates and the assessment of the courses and curricula are robust. The acquisition of Examsoft and faculty commitment to full implementation will bring further abilities to assess individual student achievement throughout the

program. Faculty and staff have already initiated a rebuild of the curriculum in order to exceed CAPE and Standards 2016 metrics. Appointing a Director of Student Academic Affairs and establishing a student services team has profoundly improved support students receive with an increased level of collaboration with University support services. Focused support has increased student participation and leadership in the program. The Student Dean’s Advisory Board expanded significantly to include P1-P3 students, additional representatives and a broader range of members. Together these initiatives have raised student engagement in the College to levels higher than ever.

During the 2013-2014 academic year, the college was fortunate to recruit seven new faculty/ administrator. The Professional Development Committee increased programming to assist new faculty assimilation and to support senior faculty in achieving the teacher/scholar model. The Assistant Deans have met with faculty to evaluate and plan their success.

Since 2010, the changes that have been implemented by the university and the college have had a positive impact on the pharmacy program and will continue to do so far into the future.

Ferris State University / College of Pharmacy

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

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

(School comments begin here)

The Self-Study began in July 2014 when Drs Durst, Wellman, and Bouthillier attended the ACPE Self-Study Workshop in Chicago. The Self-Study kicked-off July 21, 2014, with Dr. Greg Alston from Wingate University presenting the self-study process and providing initial AAMS training to the entire faculty. All faculty served on one of the 6 subcommittees, based on the ACPE Standards 2007 subsections. Section chairs comprised the College's Self-Study Steering Committee (5 faculty and the director of Assessment). Additional members included a student representative, 2 alumni board members, and the University program review officer. Dr. Michael Bouthillier and former department head (now consultant), Dr. Jon Sprague co-chaired the committee in a supporting capacity to ensure a faculty driven self-study process.

The Steering Committee established the timeline and procedures for completing the self study. Peer Comparator Schools were established by soliciting the opinions of the faculty and administration and was finalized by the consensus of the steering committee. The committee established a multiple step process for data interpretation. The committee adopted the college Assessment Committee threshold of 2/3rds of the responses must be favorable and the college data must compare favorably with national data. If either threshold was not met, college data was assessed against the comparator schools. In addition, data trends, either improving or declining, were noted regardless of absolute values. To minimize subjectivity in the process, the committee began from the 2012 ACPE Report in establishing the "default" self-assessment. The committee believes this process helped instill the concept of a "continuous improvement cycle" into the accreditation process. All members were required to provide the data used to support any assessment decisions. The steering committee met on a monthly basis to assure that the established timeline (Appendix S.1.1, Self Study Report Timeline) was adhered to.

Throughout the Fall 2014 semester, section committees conducted an initial assessment of their respective standards. Several committees adopted a formal process for their assessment, including development of a scoring sheet that mirrored the AAMS Self-Assessment checklist (Appendix S.1.2, Assessment Checklist). Committees compared the alumni, faculty, preceptor and student survey data provided in AAMS to the checklist items, and considered 2014 results, trends over the past 5 years, and both peer and national comparison data. Relevant documents and other College artifacts were also included in this assessment, with committees ultimately reaching consensus on the score for each standard in their section.

Initial assessments conducted in the Fall Semester 2014 identified items from the Faculty Survey were too low and/or decreasing in"strongly agree/agree" (SA/D) perceptions of performance. Faculty were provided a document that contained the survey items and all relevant data in advance for review and preparation for a College-wide Town Hall held in January 2015 facilitated by 2 section committee chairs. Additional opportunities for faculty and staff input were made available through February via an e-mail invitation to provide comments to the facilitators by e-mail or an anonymous online survey. All feedback collected through this process was summarized by the facilitators and a set of recommendations developed throughout March. These recommendations (Appendix S.1.3, Self-Study Survey) were vetted

by the College Executive Council, approved by the steering committee, and ultimately presented in a college-wide email update from the dean in April, 2015.

In June of 2015, the college invited a mock survey team to campus to obtain further assessment and feedback for faculty reaction. The Mock Visit Evaluation Team Report (Appendix S.1.4, Mock ETR) was disseminated in a college- wide email one week following the visit. A post-mock visit survey was conducted to collect feedback from the faculty, staff and students who participated in the visit. A Town Hall session (Appendix S.1.5, Town Hall Summary Minutes) was held in late-June to review the ETR and announce a Town Hall Series that would provide additional opportunities for stakeholder feedback during the assessment process. A total of 8 town hall sessions were held. Additionally, read only access was provided to all members of the College throughout the self-study process.

Revisions were constructed based on assessment feedback. Monitoring plans were formed and validated (and in some cases implemented). In July and August, Section Chairs conducted Town Halls to review each standard, describing the data used to decide each Standard's compliance, and see any additional comments or suggestions from the College members at large. In August 2015, the faculty voted to accept the final version of the self-study before submission.

Summary of Compliance Status

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

Ferris State University / College of Pharmacy

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. 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.

2. College or School's Self-Assessment

The college or school has a published statement of its mission; its long-term goals in the areas of education, research and other scholarly activities, service, and pharmacy practice; and its values.	Satisfactory
The mission statement is compatible with the mission of the university in which the college or school operates.	Satisfactory
The college or school's vision includes the development of pharmacy graduates who are trained with other health professionals to provide patient care services as a team.	Satisfactory
The college or school's vision and long-term goals include fundamental commitments of the program to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, innovation, quality assurance and continuous quality improvement, and the assessment and evaluation of desired outcomes.	Satisfactory
The college or school's vision and goals provide the basis for strategic planning on how the vision and goals will be achieved.	Satisfactory
For new college or school initiatives, e.g., branch campus, distance learning, or alternate pathways to degree completion, the college or school ensures that: • the initiatives are consistent with the university's and the college or school's missions and goals • the same commitment to the instillation of institutional mission and academic success is demonstrated to all students, irrespective of program pathway or geographic location • resources are allocated in an equitable manner	N/A

3. College or School's Comments on the Standard

Focused Questions

☑ How the college or school's mission is aligned with the mission of the institution

☑ How the mission and associated goals address education, research/scholarship, service, and practice and provide the basis for strategic planning

☑ How the mission and associated goals are developed and approved with the involvement of various stakeholders, such as faculty, students, preceptors, alumni, etc.

☑ How and where the mission statement is published and communicated

☑ How the college or school promotes initiatives and programs that specifically advance its stated mission

☑ How the college or school supports postgraduate professional education and training of pharmacists and the development of pharmacy graduates who are trained with other health professionals to provide patient care as a team

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College's mission is compatible with the mission statement of the University. Both mission and vision statements are published on the University's and College's websites. The College's mission includes — explicitly or in application — the 6 core values stated in the University's mission.

The mission of the University states that Ferris "prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society." The mission for the College states that we educate and support "professionals who positively influence and impact the health outcomes of the people they serve." It was adopted by the College in 2012 to reflect the University mission. Both mission statements highlight career-focused education of students, a commitment to serving society with a focus on addressing the future needs of society.

The core values that support the University's mission statement and supporting tenets of the College mission statement also reflect a complementary alignment as can be seen in the table below.

University Core Values	College Mission Statement Tenets
Collaboration: Ferris contributes to the advancement of society by building partnerships with students, alumni, business and industry, government bodies, accrediting agencies and the communities the University serves.	Developing and maintaining **professional relationships, collaborations and strategic alliances** that advance the goals and objectives of the College and the profession.
Diversity: By providing a campus which is supportive, safe and welcoming, Ferris embraces a diversity of ideas, beliefs and cultures.	Creating a professional culture within the College community that **embodies the principles of ethics, fairness, honesty, civility**

	and respect for diverse ideas, beliefs and cultures.
Ethical Community: Ferris recognizes the inherent dignity of each member of the University community and treats everyone with respects. Our actions are guided by fairness, honesty and integrity.	Providing **the highest quality professional education** to students and practitioners. Promoting and delivering patient-centered care by pharmacists that are **committed to the save and appropriate use of medications**.
Excellence: Committed to innovation and creativity, Ferris strives to produce the highest quality outcomes in all its students.	Promoting research which **advances science, health care and pharmacy education.** Attracting and retaining the **highest quality faculty and staff**
Learning: Ferris, with a focus on developing career skills and knowledge, provides opportunities for civic engagement, leadership development and pursuit of knowledge.	Providing **the highest quality professional education** to students and practitioners.
Opportunity: Ferris, with a focus on developing career skills and knowledge, provides opportunities for civic engagement, leadership development, advancement and success	Facilitating **personal and professional development of individuals** to meet the demands of a dynamic curriculum and profession.

The College Mission Statement and supporting tenets were developed during a comprehensive strategic planning process. Working with a nationally recognized consulting group, the College initially developed its mission statement to provide inclusive guidance in developing a strategic plan. The deliberate process was the first ever undertaken by the College at the scale proposed; and the intention was also to address programmatic deficiencies identified in the 2010 Evaluation Team Report.

From early in 2011 to the Spring of 2012, focus groups including students, faculty, staff, alumni, preceptors and additional collaborators were convened with discussion following the SWOT format. The results of the focus groups were shared with all faculty and staff of the College to inform the development of the mission statement. In a strategic planning retreat, and with the consultants' assistance, the mission statement was intentionally developed to be: broad-based, lifelong, forward-looking, research- and practice-focused, and inclusive. The mission statement was approved by the faculty and staff as a component of the College's strategic plan on July 27, 2012.

Upon approval, the updated mission statement was added to the College web page. Additionally, College stakeholders were apprised of the final product; a complete summary of the effort was provided to the Alumni Advisory Board of Directors, a complete summary was provided to the Provost office and all faculty were provided a copy of the strategic plan, including the mission statement upon adoption. Importantly, the mission statement is regularly referred to by faculty and administrative staff members during discussions of program development. This has been especially evident in the Office of Student Services where the mission statement is frequently cited as a guide for expanding student support and student engagement efforts.

Since its adoption, College resources have continued to be directed toward projects and affiliations that promote positive health outcomes. Funding continues to be committed annually to institutions with residency programs. Further, working with an independent pharmacy and a regional chain, the College has assisted in the establishment of two community-based practice residency programs, devoting budget resources to the effort. Over the past three years, an unprecedented level of activity has been devoted to inter-professional education and practice, consistent with the mission statement focus on "professionals" and "health outcomes" rather than pharmacists and medications alone. These efforts begin early in the curriculum with inter-professional activities initiated in P1 and continuing through P4, involving simulated and practice learning environments. Over 90% of graduates surveyed (Q#25) SA/A that there they were part of a "collaborative inter-professional practice" experience. Further, 85% of respondents SA/A that their pharmacy practice experiences allowed inter-professional collaboration with other healthcare providers.

The College's vision statement, "The Ferris State University College of Pharmacy drives health care outcomes through pharmacy innovation" eloquently summarizes the College's redirected efforts in

innovative research. The commitment to the teacher/scholar model is evidenced by the allocation of over $250,000 to equipment upgrades in the College, offering start-up packages for newly appointed pharmaceutical sciences faculty members, and the University commitment to a core laboratory facility. Activity surrounding classroom “innovation” is equally brisk with integrative efforts seen in the P2 Infectious Diseases course sequence and “flipped” classrooms implemented in P1 Drug Delivery 1 and P3 Pharmacotherapy and Pharmacy Law courses. At the practice level, under the direction of the recently appointed Assistant Dean, innovative practice models are under development and existing practices are being evaluated for opportunities to implement reimbursement models.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

2. Strategic Plan

The college or school must develop, implement, and regularly revise a strategic plan to facilitate the advancement of its mission and goals. The strategic plan must be developed through an inclusive process that solicits input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, have the support of the university administration, and be disseminated in summary form to key stakeholders.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ How the college or school's strategic plan was developed, including evidence of the involvement of various stakeholder groups, such as faculty, students, preceptors, alumni, etc.

☑ How the strategic plan facilitates the achievement of mission-based (long-term) goals

☑ How the college or school's strategic plan incorporates timelines for action, measures, responsible parties, identification of resources needed, and mechanisms for ongoing monitoring and reporting of progress

☑ How the college or school monitors, evaluates and documents progress in achieving the goals and objectives of the strategic plan

☑ How the support and cooperation of University administration for the college or school plan was sought and achieved, including evidence of support for resourcing the strategic plan?

☑ How the strategic plan is driving decision making in the college or school, including for substantive changes to the program

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

In response to the 2011 Accreditation Action and Recommendation, the College scheduled a series of pre-planning meetings to address deficiencies observed in the College's Strategic Plan. In mid-2011, the Bernard Consulting Group (BCG) was retained to assist the College in a comprehensive strategic planning process. BCG began a series of focus group sessions with a variety of individuals closely linked to the College that included students, faculty, staff, university administration, alumni and preceptors. Membership in the standing strategic planning committee was expanded to include broader representation. This group, the Expanded Strategic Planning Committee (ESPC), then identified five "critical issues" and proposed substantial revision to the College's existing mission and vision statements. Through intentional two-way communication with the faculty, preliminary work was revised based on input received. Eventually, with the continued assistance of BCG, the proposed mission and vision, as well as the five critical issues identified were provided to the faculty in Spring 2012 in preparation for a retreat. Committees comprised of faculty and staff were then formed around each of the critical issues to identify strategic directions and objectives that would ensure the critical issue was successfully addressed. Meetings of the critical issued committees continued through the summer, facilitated by BCG consultants.

A draft of the strategic plan was distributed to College faculty and staff in late June for review. The ESPC met in mid-July to review comments and prepare a final draft plan for discussion and adoption by the College. On July 27, 2012, the Vision, Mission and Strategic Plan were adopted by a vote of the College faculty and staff (Appendix 2.1.1, Strategic Plan 2012). The ESPC then prioritized the objectives identified for each critical issue, many of which included timelines based on perceived importance. Throughout the process the level of faculty and staff involvement was impressive; furthermore, the Provost was routinely updated regarding progress of the plan.

As the strategic planning process included development of the mission and vision statements, the plan and mission were developed in a "seamless" manner and alignment was obvious. The strategic plan is often cited, guiding deliberations particularly related to one of the five critical issues. Those five critical issues, all intentionally constructed as questions, include:

- How do we establish a value-based business model that positions the College to increase the benefit to students, faculty, the University, patients and the profession?
- How do we ensure continuity and integration in the curricular model to optimize student progression and achievement?
- How do we innovatively enhance and expand educational components of our mission?
- How do we fully integrate continuous improvement and assessment into the College in order to achieve our mission?
- How do we drive research and scholarship within the College?

The influence of the strategic plan is visible in a variety of College initiatives, with its impact seen especially in: increased research activity, enhanced curricular continuity, improved student progression, and more outreach to alumni and donors to establish a more secure financial footing. In each of these areas, the rubric of the strategic plan provides goals for the College to follow. Progress on each of the

strategic directions/objectives has been monitored by the Strategic Planning committee with periodic reporting during College-wide meetings. Further, each of the College's standing committees has been assigned strategic directions/objectives consistent with the committee's overall charge.

Plan revision and updating has occurred regularly, as objectives were achieved or became (Appendix 2.3.2, University Strategic Plan Part 1 March 2014) Recently, adoption of a strategic planning template by the Provost office led to an overall review of the existing plan. This review will continue as a component of the Strategic Planning committee's responsibilities. Over the past two years, as a result of attending several strategic planning workshops and presentations, the committee has been moving away from firm deadlines for many of the objectives; rather, ensuring that progress related to the objective is ongoing.

The depth and breadth of the College's strategic planning effort was unprecedented at the University. Only occasionally have consultants been used and never was the engagement so thorough and encompassing. The College funded the planning effort, with the encouragement and support of the Provost office. In fact, the process was extended to the College's Alumni Advisory Board, utilizing consultants to develop a mission statement and strategic plan for the Board. The strategic plan is used to guide college activities; however, to this point, it has not been used to guide development of annual budgets. In the coming year, with a complete administrative structure in place, a more intentional budgeting process will be used, relying on the strategic plan. Further, the strategic plan will serve as a key document to inform decision-making within the Strategic Enrollment Planning Task Force (SEPTF). The SEPTF as a joint effort between the Alumni Advisory Board of Directors and the Strategic Planning committee to evaluate disruptive influences in pharmacy manpower and how this potential threat should be assessed in "right sizing" enrollment. With its first meeting in July, no recommendations from the SEPTF have been issued, however, the value of an in-place task force to address this issue cannot be overstated.

University support for the strategic plan has been evident from the beginning through the next generation of the strategic planning process. Resources have been provided to address several key critical issues from the plan. Increasing continuity throughout the curriculum was identified as a critical issue as the strategic plan was developing. Concurrently, the University had moved to purchase the 25 Michigan facility, allowing for a single pathway for all students in the program. Condensing the P3 year to a single site supported the strategic plan's focus on ensuring the success of students in the program. The College's fiscal responsibility for the $9.1 million project was determined to be slightly under $500,000, clearly demonstrating University support for the emerging plan.

The fifth critical issue in the strategic plan asks how "research and scholarship can be driven in the College." Over the past three years, support for research has been significantly increased at the University and College level. Intramural funding for research, both faculty and students, has grown substantially through the Student Research Fellows (SRF) program. This program provides funding for students to work through the summer with faculty members on research projects. In 2015, 25% of the SRF funding was awarded to pharmacy faculty/student collaborations. The College has been successful in securing nine SFR grants since their inception. The SRF program was introduced as a component of the establishment of the Office of Research and Sponsored Programs (initially Office of Academic Research) with two of the three directors of the office to this point coming from the College. Support for research and scholarship is no more evident than in the creation of a University Core Lab. The almost $2 million facility will provide needed instrumentation for advanced research projects led by faculty from

across campus. More recently, the Provost has made a substantial commitment to the purchase of an advanced NMR spectrometer which will likely be located in the College.

The 2011-2012 strategic planning process and the resultant plan are significant steps toward ongoing use of a strategic planning methodology to guide College operations and planning. Although strategic plans had been frequently developed in the past, the 2011-2012 process and plan established a new direction for the College. In 2012, nearly 80% of faculty members stated that the College effectively employs strategic planning. Data from the 2015 survey indicates that value has declined to 65.4%. The perceived decline may be related to the increasing time since the original 2012 effort and the addition of several members to the faculty who were not part of the 2011-2012 planning effort. This may be confirmed in Q32 with over 90% of respondents SA/A in 2012 that the College sought their input during the development of the strategic plan; in 2015, that value had declined to 80.8%.

As a “yardstick” in evaluating College efforts, the strategic plan has been cited, often as validation of a direction to pursue. The mission statement, also developed in the process, is frequently mentioned and, for example, used by the Office of Student Services to guide its efforts. With adoption of the current strategic plan over three years ago, a complete revision must be considered. The most recent revision, to conform to the template developed by Academic Affairs (Appendix 2.3.1, Strategic Plan Update 2015-17), must move forward at a greater depth, revising objectives, strategic directions and critical issues. Adoption of the College’s revised bylaws has strengthened linkages between the plan’s critical issues/objectives and standing committees, thereby weaving the strategic plan throughout college operations; making it an integral component of operations, not an ignored document as is frequently the case. Most importantly, over the past three years, the College has recognized strategic planning as a component of operations, and a process to ensure the mission is achieved in a systematic manner.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

3. Evaluation of Achievement of Mission and Goals

The college or school must establish and implement an evaluation plan that assesses achievement of the mission and goals. The evaluation must measure the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved. Likewise, the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved must be measured. The program must use the analysis of process and outcome measures for continuous development and improvement of the professional degree program.

2. College or School's Self-Assessment

The evaluation plan describes a continuous and systematic process of evaluation covering all aspects of the college or school and the accreditation standards. The plan is evidence-based and embraces the principles and methodologies of continuous quality improvement.	Satisfactory
Individuals have been assigned specific responsibilities in the evaluation plan.	Satisfactory
The evaluation plan uses surveys of graduating students, faculty, preceptors, and alumni from the American Association of Colleges of Pharmacy (AACP).	Satisfactory
The evaluation plan includes assessments to compare and establish comparability of alternative program pathways to degree completion, including geographically dispersed campuses and distance-learning activities.	N/A
The program assesses achievement of the mission and long-term goals.	Satisfactory
The analysis of process and outcome measures is used for continuous development and improvement of the professional degree program.	Satisfactory
The program measures the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved.	Needs Improvement
The program measures the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved.	Needs Improvement
The evaluation plan includes the college or school's periodic self-assessment using the accreditation standards and guidelines to assure ongoing compliance.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ How all components of the program's mission and goals are being followed and assessed

☑ How the college or school periodically self-assesses its program using the accreditation standards and guidelines to assure ongoing compliance.

☑ A description of the instruments used in assessment and evaluation of all components of the program's mission (e.g. in the areas of education, research and other scholarly activity, service, and pharmacy practice).

☑ How assessments have resulted in improvements in all mission-related areas

☑ Innovations and best practices implemented by the college or school

☑ Description of the members of the Assessment Committee (or equivalent structure/accountable person), charges and major accomplishments in the last academic year

☑ How the college or school makes available to key stakeholders the major findings and actions resulting from its evaluation plan

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

☑ Any other notable achievements, innovations or quality improvements

(School comments begin here)

The College uses an array of data sources to monitor the ongoing progress toward achieving its mission and goals. The following is a summary of the College's assessment strategy for each item in our mission statement.

1. Provide the highest quality education to students and practitioners

- TracDat is the primary data collection tool for assessing progress toward mission of meeting the PharmD program curricular, programmatic, and course-level outcomes. It is the portal through which the University and the College execute their assessment plan. This connection from the student level, through the University level, and up to accreditation agencies allows us to relate performance to all stakeholders.
- The College has meticulously followed student pass rates for the NAPLEX and MPJE on a longitudinal basis. Pass rates over last 5 years have been stable and consistently over the national average by several percentage points. This is a critical metric for measuring student success entering the professional workforce. This measure is monitored by the College's admissions and accreditations committees.
- Through the AACP graduate survey, the College is also able to acquire several measures of overall curricular success such as student job search success rates and residency placement rates.
- The Perceived Stress Scale is administered to all students in each year of the program in order to gauge feelings of stress, anger, self-control, balance, coping, and being overwhelmed. See “Success Stories” below for details of how these data have been used for a mission-oriented approach to improve quality of the educational experience provided to students.
- The Continuing Education committee ensures the quality of education provided to practitioners through adherence to ACPE accreditation standards. In order to ensure the quality and appropriateness of these programs, the committee requires and performs needs assessments for CE programs. Evaluations are solicited from all participants of each program, and the collected data are used to shape future programs.
- The Progressions Committee also closely monitors rates of student attrition and progression from one year of the program to the next. Attrition of the 2009 cohort (graduating 2013) was the focus of a Letter of Monitoring from ACPE in July of 2014. At the time of the Monitoring Letter, the Progressions Committee and the Dean were already aware of the higher rate of dismissals and delays and the causation. The College’s response to the problem of higher rates of non-progression was multifaceted and can be seen in our Response Letter attached (Appendix 3.18.1, Letter of Monitoring Response 10-22-14). The efforts resulted in a significant improvement in the number of withdrawals, dismissals and delays in graduation for the students matriculating in 2011. The

improvement is even greater for subsequent classes. Since this is an ongoing effort, the College will continue to monitor these metrics.

2. Promoting and delivering patient-centered care by pharmacists

- The AACP graduate survey data for Q#41-44 outline how graduates have been able to apply their patient-centered care skills in various settings. The College also uses E*Value to monitor curricular outcomes for the specific rotation learning objectives. Learning objectives have been standardized for the core rotations and allow the Experiential Programs team to identify rotation and preceptor-specific problems from student evaluation metrics.
- The College surveys preceptors at the College's annual preceptor conference as to their needs. The College provides information about aggregate data the College has collected on student performance overall in the curriculum and in the experiential program in particular. This information is incorporated into the Experiential Program's preceptor development planning.

3. Developing professional relationships, collaborations, and alliances

- The College's student survey data (Q#52) indicates that the College has improved from the students' perspective over the past 5 years in allowing the students "to collaborate with other health care professionals." The College is consistently at >90% SA/A and are seeing annual increases toward predominantly "strongly agree" responses.
- The Curriculum Committee has also been following Graduate Survey Q#21 and 25 to assess changes made in the newly revised curriculum. The questions ask the student to rate how the PharmD curriculum prepares them to "work with other stakeholders to engender a team approach" and to "practice pharmacy in interprofessional and collaborative settings." For both of these questions, the aggregated SA/A percentage has been roughly 90% for the past 5 years, but is clearly trending toward strongly agree as a result of the results-oriented approach of curriculum revision practiced by the faculty and the Curriculum Committee.

4. Facilitating personal/professional development of individuals to meet demands of a dynamic curriculum/profession

- The student survey is administered to PharmD students in each year through the AACP Survey Extract.
- All students in each professional year also self-evaluate themselves annually on faculty-approved ability-based outcomes; these results are used to make changes to the curriculum and student services.
- On a more individual level, students complete a survey asking if the content delivered during the course matched the content outlined in the curricular form outlining the content for each course. if 25% or more of the students surveyed disagree to the "Content" question, then this information is relayed to the instructors.
- The department heads have met with each member about goal setting; the dean conducts annual individual performance evaluations with staff members after they perform a self-evaluation; and questions are directed at answering each of the core values of the University Mission.
- The Continuing Education committee ensures the quality of our educational programs provided to practicing pharmacists.

5. Professional culture in the College community (ethical, fair, honest, civil, respectful of diversity)

- AACP survey is used to identify trends in the incoming class for representing diverse racial and ethnic groups and for gender representation. These demographic trends are reported to the full faculty on an annual basis at a college-wide meeting.
- Students are surveyed annually regarding how the college manages professional or academic misconduct by students, encourages regional and national professional activities, encourages local student organizations, and welcomes students of diverse backgrounds. The results are reported to the full faculty on an annual basis at a college-wide meeting.
- The College's survey data indicate that the College is improving from the students' perspective over the past 5 years in allowing them "to have direct interaction with diverse patient populations." The survey data is consistently at >90% SA/A and are seeing annual increases toward predominantly strongly agree responses.

6. Promoting research that advances science, healthcare, and pharmacy education

- The department heads meet with each faculty member and make a written plan with specific goal setting including goals for scholarly activity. This is measured and reported at the department and college level.
- The Doctoral Project Course (formerly Seminar Project) in the last year of the program has been refined to include several more project types including research projects. The College has increased active research projects from zero in 2009 to 39 completed in 2014. All of these were collaborative projects with a lead faculty member, and many involved other individuals in multidisciplinary research activities.
- The tenure processes for both departments are currently being revised. The new policies will be much more objective and relate more tangibly to the College and University mission, especially pertaining to scholarly activity.

7. Attracting and retaining the highest quality faculty and staff

- The Dean conducts annual individual performance evaluations with College staff members after the staff member performs a self-evaluation (answering each of the Core Values of the University Mission).
- Each of the department heads conducts annual individual performance evaluations with faculty members, also following self-evaluation based on the University's Core Values.

Success Stories/Best Practices:

Peer Mentoring Program. When annual survey results indicated a problem with levels of student stress and anxiety, the College implemented a Peer Mentoring Program based upon best practices. Following the first year of implementation, the impact of the program on levels of student mental health was evaluated. The response to the program and improvement in desired target symptoms was dramatic. These results were presented at a national meeting.

Interprofessional Education (IPE). For almost a decade, the College has been developing IPE as a curricular area of excellence. Over the past 3 years, however, the College has seen significant innovation and best practice development. The College has been leading large IPE events with the Michigan State University College of Human Medicine and the Grand Valley School of Nursing. Several faculty members have become nationally-recognized innovators in the area of IPE and are defining the state of the art in IPE. A new research collaboration group is being started at the College in order to continue the rapid growth we are seeing in this area.

Medication Therapy Management (MTM). One of the goals in our Strategic Plan is to have all of our students proficient and able to provide MTM. To this end the College has establishing an elective course to be taught by 3 newly MTM-certified trainers on our faculty. If the pilot elective is successful, we will integrate the course into the core curriculum.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

4. Institutional Accreditation

The institution housing the college or school, or the independent college or school, musthave or, in the case of new programs, achieve full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.

2. College or School's Self-Assessment

The institution housing the program, or the independent college or school, has full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education or it is in the process of seeking accreditation within the prescribed timeframe.	Satisfactory
The college or school reports to ACPE, as soon as possible, any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.	N/A

3. College or School's Comments on the Standard

Focused Questions

☑ Any deficiencies from institutional accreditation that impact or potentially impact the college, schools or program (if applicable)

☑ Measures taken or proposed by the college or school to address any issues arising from institutional accreditation (if applicable)

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

(School comments begin here)

Ferris State University is accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCA) to award certificates, associates, bachelors, masters, and doctoral degrees. The HLC is recognized by the US Department of Education and the Council of Higher Education Accreditation. Since its first regional accreditation in 1959, Ferris State University has completed the self-study process under three organizational names: first as Ferris Institute, then, beginning 1963, as Ferris State College, and since 1987 as Ferris State University.

The most recent reaccreditation self-study process was completed in 2010, when the NCA-HLC team granted the University a positive 10-year continuation of its accreditation. While no significant deficiencies were identified in the re-accreditation report, suggestions for continued improvement at the University were: (1) assuring more consistency across programs in implementation of assessment and the use of assessment data to inform program and course improvements that will further enhance student learning, (2) increasing emphasis upon scholarship among the faculty, particularly as it relates to graduate education, and (3) investing in technology infrastructure for support of expansion in online learning (see the Appendices for related HLC documents).

Committed to compliance with these suggestions, the College of Pharmacy, along with the University, has taken several steps. For example, the College recently appointed a director of assessment, who will oversee the continuous development and implementation of a comprehensive assessment plan and recommend policies and

procedures to improve student learning. Also, the College has implemented a “teacher-scholar” model that values excellent teaching enhanced through scholarship and research activities of the faculty.

Under the leadership of the assistant dean of the Pharmacy Practice department, who also serves as the director for the Office of Research and Sponsored Programs, the College is fully committed to enhancing scholarship among the faculty and exceeding the standard of the HLC. In addition, the College routinely reviews substantive changes that could affect regional and programmatic accreditation. The official record of the University's accreditation status can be found on the HLC website:

https://www.hlcommission.org/component/directory/?Action=ShowBasic&Itemid=192&instid=1321&lang=en

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

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.

2. College or School's Self-Assessment

The university president (or other university officials charged with final responsibility for the college or school) and the dean collaborate to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources to meet all of the ACPE accreditation standards.	Satisfactory
The college or school participates in the governance of the university, in accordance with its policies and procedures.	Satisfactory
The college or school has autonomy, within university policies and procedures and state and federal regulations, in all the following areas: • programmatic evaluation • definition and delivery of the curriculum • development of bylaws, policies, and procedures • student enrollment, admission and progression policies • faculty and staff recruitment, development, evaluation, remuneration, and retention	Satisfactory
The college or school's reporting relationship(s) is depicted in the university's organizational chart.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ How the college or school participates in the governance of the university (if applicable)

☑ How the autonomy of the college or school is assured and maintained

☑ How the college or school collaborates with university officials to secure adequate resources to effectively deliver the program and comply with all accreditation standards

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

☑ Any other notable achievements, innovations or quality improvements

(School comments begin here)

Ferris State University is governed by a Board of Trustees (Board), which has general oversite of the institution and controls and directs institutional expenditures. The Board consists of 8 trustees, who serve 8-year staggered terms as appointed by the governor with the advice and consent of the Senate. The president of the University is

appointed by the Board as its principal executive officer and serves at its pleasure. The president is an ex-officio member of the Board without the right to vote (Appendix 5.1.1, Academic Affairs Org Chart).

The College's dean, Dr Stephen Durst, maintains a collaborative relationship with the president and the provost. Former provost, Dr Fritz Erickson, served from 2009 until his departure in 2014 when he accepted the position of president of Northern Michigan University. Dr Paul Blake, associate provost under Dr Erickson, served as interim provost from May 2014, until his appointment as provost in April 2015. Dr Blake was selected after a national search, which attracted 60 applicants and brought 6 finalist candidates to campus for extensive interviews.
The autonomy of the College is ensured and maintained in several important ways. First, the dean serves as the principal executive officer of the College and is given the authority to make administrative decisions regarding College operations. Second, admission policies are established by the College through its Admissions Committee, with all criteria delineated by the College autonomously. Student progression within the curriculum is outlined in the *College Student Handbook* and all policies are determined by the College Progressions Committee. The University's General Counsel is available to assist the College in all matters related to policy and procedure and a student appeal process with appropriate due process is in place.

Autonomy over curriculum design and delivery is addressed by the College Curriculum Committee, with approval also required by the University Curriculum Committee and the Faculty Senate. These University groups do not attempt to design a specific program's or College's curriculum, but conduct reviews to determine the impact of the proposed curriculum on the University as a whole.

Faculty recruitment is the responsibility of each department within the College, with search committees comprised of faculty and administrators. Search committees make recommendations to the assistant dean of the department, who ultimately determines the best candidate and provides his/her recommendation to the dean. The recommendation is passed from the dean to the provost, who then presents it to the president for final approval before ultimately going before the Board of Trustees, where faculty appointments are officially made.

There are several examples of the supportive relationship between the College and University that have resulted in growth of innovation and external collaborations. In 2012, the College of Pharmacy Center for Innovational Learning and Research (GRx) opened on the Medical Mile in Grand Rapids, Michigan. The establishment of GRx was the result of strong university-supported efforts that began nearly 3 years prior and resulted in the consolidation of the P3 year into one state-of-the art instructional facility. The University continues to support the College's expansion of learning and research opportunities in Grand Rapids through collaborations with (1) Spectrum Health, (2) Cherry Health, (3) Michigan State University College of Human Medicine, (4) Grand Valley State University, and (5) Van Andel Research Institute.Details of these collaborations can be found in Standard 6: College or School and other Administrative Relationships.

The College also enjoys a strong collaborative relationship with the University on internal matters and initiatives. Despite the fact that over two-thirds of the College's faculty are located in statewide clinical practice sites, the College plays an active role in the governance of the University through faculty participation in a broad range of University committees and the Academic Senate.

In 2012, the Institute for Healthcare Collaboration (IHCC) was established in recognition of the University's need for a unified organizational structure to realize the potential of internal and external collaborations in healthcare education. The IHCC was the result of a proposal developed and chaired by Dean Durst and includes leadership from the Colleges of Health Professions, Optometry, Pharmacy and the Office of External and International Operations (EIO). See Appendix 5.2.1: IHCC Whitepaper for more details. Through the direction of the IHCC, an Interprofessional Education Committee was formed with faculty and administrative members of the 3 Colleges. The

primary charge given to this committee by the IHCC is to facilitate interprofessional education and practice between the Colleges.

The University's Office of Research and Sponsored Programs (ORSP) supports research activities at Ferris and provides assistance to faculty, staff, and community partners with the development of externally funded projects. Former Assistant Dean Dr Jon Sprague served as the director of academic research in the ORSP during his appointment in the College; currently, Dr Tom Dowling, Assistant Dean/Department Head (ADDH) of Pharmacy Practice now serves in this role. The ORSP also consists of a grant and contract officer to assist faculty in identifying potential funding sources and with the grant submission process, as well as an academic research specialist who is responsible for internal projects and integrity & compliance. The ORSP reports to the provost and exemplifies the commitment from the University for the continued development of faculty and student research in the College and across the campus community.

College faculty played a major role in assisting with developing and initiating changes within the Ferris Institutional Review Board (IRB) in order to streamline the submission process and improve overall quality. The College submits a significant proportion of the research protocols reviewed annually by the Ferris IRB; therefore, faculty participation on the IRB is highly valued for the science and clinical practice perspectives that Pharmacy faculty bring.

Working collaboratively with the ORSP and many of the Colleges at Ferris, a University core research facility was established (opening Fall 2015) to promote and facilitate faculty research efforts. More details regarding the core research facility can be found in Standard 27: Physical Facilities.

As outlined in the College's 2013 Interim Report to ACPE, a 3-phase plan was developed with support from the University for the continued development of the College's organizational structure. In 2014, Phase 1 was completed when the University supported the College's request to transition 3 existing faculty FTEs to full-time administrative FTEs to establish a (1) director of experiential education, (2) director of operations and (3) director of student services. This transition resulted in an additional $170,000 to the College's base budget in support of administrative assignments. Funding for a fourth faculty position was used in 2015
to temporarily (3 years) fund establishment of the Director of Assessment position. Standards 2016 have been shared with the provost, with particular emphasis on the need to address a smaller faculty-to-student ratio. Early discussions are underway between the College and the University to develop a plan for such additional resources. These discussions align with the intent of Phases 2 and 3 of the organizational structure plan, which call for evaluation of the need for additional faculty positions and assistant dean positions based on the reassignment of faculty in Phase 1

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

6. College or School and Other Administrative Relationships

The college or school, with the full support of the university, must develop suitable academic, research, and other scholarly activity; practice and service relationships; collaborations; and partnerships, within and outside the university, to support and advance its mission and goals.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

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

(School comments begin here)

The College of Pharmacy is fortunate to have multiple affiliations with external stakeholders that support and advance its mission of educating professionals who impact the health outcomes of people served. Cherry Health illustrates how clinical faculty placements for experiential education foster practice and service (Appendix 6.1.1, Example Practice or Service Relationship-Cherry Health). Examples of collaborations and partnerships are described below.

Research Activities

Van Andel Institute (VAI). A Pharmaceutical Sciences faculty held a 40% effort research affiliation with VAI from August 2014 through July 2015, which allowed research in the area of biology of Parkinson's disease. The research primarily involved testing new drug entities for their potential as disease modifying agents for Parkinson's disease in conjunction with the biotechnology firm GISMO. The faculty member plans to maintain research collaborations with VAI investigators. Maintaining this relationship with VAI

is beneficial for student advancement of those interested in a summer internship or enrolling in the Institute's PhD program.

Community Pharmacy Foundation (CPA). A Pharmaceutical Sciences faculty has a project funded by the CPA focused on preconception care and focused targeted medication therapy management interventions for women in Ohio. The faculty member is co-PI in collaboration with the PI at Ohio Northern University, with additional collaboration from the Ohio Pharmacists Assoc. and CareSource (managed Medicaid provider), facilitating intervention through 1800 pharmacists across Ohio. Another CPA-funded project involves this faculty member as the Project Design Coordinator in collaboration with the Michigan Pharmacists Association and faculty from the University of Michigan. The goal of the project is to develop a reproducible model of transformation for a community pharmacy (with the pilot site in Flint, MI) to achieve greater depth, breadth, and volume of non-dispensing services, as well as a revised model of dispensing workflow to support such non-dispensing change.

Mercy Health Clinical Trial Unit (MHCTU). The assistant dean of Pharmacy Practice is developing a relationship with the MHCTU to conduct clinical trials (pharmacokinetics focus) and lab-based research using HPLC methods. The MHCTU offers space to conduct Phase I through Phase II/III studies, as well as bioequivalency testing for generic drug products. Collaborative research protocols are being created as part of NIH-funded clinical trials being conducted at the University of Maryland, with plans to use the MHCTU as an extension for patient enrollment in multi-center clinical trials. Once established, this will provide an opportunity for pharmacy students and other area health professional students to volunteer in the lab space and gain valuable research experience.

Michigan Department of Community Health (MDCH). The College is a key collaborator in the successful MDCH grant to improve health outcomes and reduce health disparities related to obesity, diabetes, heart disease, and stroke. The grant aims to engage in community/provider partnerships. Grantees were selected because of the systematic approach to promote wellness and healthy behaviors in both general and high-risk populations with particular attention on populations suffering from ethnic/racial or economic disparities. This $440,000 4-year grant was successful because of the strong relationships with Cherry Health Services, Kent County Public health Department, and the YMCA. College students and faculty facilitate health outreach programs in the identified high risk geographic areas. http://www.michigan.gov/mdch/0,4612,7-132-63157_64754-348047--,00.html

As part of the effort to improve overall College research productivity, research language is added to affiliation agreements as they are renewed with institutions that host full-time faculty members. The new text acknowledges faculty and students conducting research at the respective institution and outlines the role and responsibility of each IRB. See Appendices 6.2.1 and 6.2.2 for examples.

Practice & Service Relationships

While increased research and scholarly activity are gaining stronger emphasis in College workload documents since the last accreditation visit, a clinical pharmacy practice continues to be fundamental to APPE student workload for pharmacy practice department faculty. Most full-time pharmacy practice faculty also engage in teaching medical students/residents and pharmacy residents at their practice site. See Appendix 6.4.1: Faculty Residency Affiliations & Academic Appointments for a complete listing. An example is a College faculty member, who serves as an adjunct clinical professor in the department of biomedical sciences at Western Michigan University Homer Stryker MD School of Medicine, as team leader for a medical resident quality improvement project.

Partnerships

Other partnerships are continuously sought between the College, individual faculty, and outside organizations. For example, one individual is collaborating with clinical and laboratory partners in Michigan and Indiana to develop research models where (1) post-MI antiplatelet selection is supported by pharmacogenetic testing and pharmacist involvement, and (2) CNS/psychology-focused medications are optimized through pharmacogenomic testing and clinical decision support by a pharmacist. These projects are not yet active but are in negotiation/discussion stages. Representing the Upper Peninsula, a faculty member is developing an activity with the YMCA of Marquette for APPE students to talk to patients in chronic disease support groups. The students will provide medication histories, education, and drug information.

Interprofessional Education and Practice Initiatives

The College has made great strides to increase the number of opportunities for students to learn about and provide direct patient care to diverse patients through interprofessional team work. Selected examples include these.

Regional Consortia. The College is involved with the Midwest Interprofessional Practice, Education, and Research Center (MIPERC) (https://www.gvsu.edu/miperc/) which helps build the regional infrastructure for interprofessional practice, education, and research in several key domains within the Grand Rapids area. This inter-institutional organization includes Grand Valley State University, Grand Rapids Medical Education Partners, Michigan State University, and Ferris State University. College personnel participate in subgroups in service learning, simulation, curriculum, professional development, clinical setting, and scholarship, resulting in numerous activities and events such as the 2015 Service Learning Health Expo. The purpose of the Expo was to create an interprofessional service learning experience for students in health-related programs. Additionally, MIPERC hosts an annual conference on IPE. MIPERC is the only non-academic medical center incubator team in the National Center for Interprofessional Research and Education (The Nexus).

In the Lansing area, the College has faculty members involved with Education to Promote Interprofessional Collaborative Care (EPICC). This group was established through a HRSA grant to create a collaboration between the Michigan State University College of Nursing, College of Osteopathic Medicine, and Ferris State University College of Pharmacy. Faculty serve on the steering committee, module/simulation workgroup, and practical experience workgroup. The goals of the grant are (1) enhance IPE training experiences for the clinical programs in the colleges of Nursing, Osteopathic Medicine, and College of Pharmacy by integrating web-based modules about IPE domains and core competencies into the curriculum; (2) implement interactive IPE learning activities in curriculum to promote skill development and clinical application of collaborative team-based patient-centered care for persons with multiple chronic conditions and mental health disorders; and (3) establish ongoing IPE practice experiences by developing and providing health professions faculty development that prepares faculty to teach IPE concepts in the clinical settings for patients with multiple chronic conditions.

Bay County Health Department (BCHD). A faculty member is collaborating through an HRSA grant with the Bay County Health Department and Saginaw Valley State University to establish an interprofessional clinic engaging nurse practitioners, occupational therapists, pharmacists, and social workers, along with their students. Pharmacy students work with this team-based clinic on an elective ambulatory care APPE in the area.

Engaged Partners Program (EPP). Pharmacy students and Michigan State University College of Human Medicine students meet with refugee families in Grand Rapids through the EPP. This program connects students with a recent arrival family through Bethany Christian Services. The students meet with the matched family 4 times over the semester to educate and assist with health needs. The students also present to all refugee families on various US health and wellness topics.

Team-Based Elective. An Integrated Team-Based Health Care elective is offered in the P3 year in collaboration with Grand Valley State University (GVSU). Participating disciplines include pharmacy, nursing, occupational therapy, physical therapy, and speech and language pathology. The course objectives focus on building effective health care teams to provide integrated patient-centered care. Through pre-class work, in-class activities, patient simulations, and community case discussions, students progress through stages of team development (Appendix 6.3.1, Example Teaching Collaboration Affiliation Agreement).

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

7. College or School Organization and Governance

The college or school must be organized and staffed to facilitate the accomplishment of its mission and goals. The college or school administration must have defined lines of authority and responsibility, foster organizational unit development and collegiality, and allocate resources appropriately. The college or school must have published, updated governance documents, such as bylaws and policies and procedures, which have been generated by faculty consensus under the leadership of the dean in accordance with university regulations.

2. College or School's Self-Assessment

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

credit, securing alternate means for communication and information delivery, and creating exit strategies to protect students if part or all of a program loses viability.	
The college or school maintains an effective system of communication with internal and external stakeholders.	Satisfactory
Alternate program pathways are integrated into the college or school's regular administrative structures, policies, and procedures (including planning, oversight, and evaluation), and are supervised by an administrator who is part of the college or school.	N/A
The college or school ensures that workflow and communication among administration, faculty, staff, preceptors, and students engaged in distance-learning activities are maintained.	N/A
The college or school retains ultimate responsibility for the academic quality and integrity of distance-learning activities and the achievement of expected and unexpected outcomes, regardless of any contractual arrangements, partnerships, or consortia for educational or technical services.	N/A

3. College or School's Comments on the Standard

Focused Questions

☑ A description of the college or school's organization and administration and the process for ongoing evaluation of the effectiveness of each operational unit

☑ A self-assessment of how well the organizational structure and systems of communication and collaboration are serving the program and supporting the achievement of the mission and goals

☑ How college or school bylaws, policies and procedures are developed and modified

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

☑ How the college or school's administrative leaders are developing and evaluating interprofessional education and practice opportunities

☑ How the credentials and experience of college or school administrative leaders working with the dean have prepared them for their respective roles.

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College's administrative structure includes the dean, assistant deans/department heads of Pharmacy Practice and Pharmaceutical Sciences, and 6 directors: assessment, experiential education, external clinical operations, operations, student academic affairs, and student services (Appendices 7.2.1 - 7.2.9: position descriptions).
The administrative leaders of the College have demonstrated experience in academia and leadership positions (Appendices 7.8.1-7.8.6 for CVs). Additionally, the college has 7.9 FTE paid staff positions, including 0.9 FTE for information technology support. The College's organizational chart delineates lines of authority and functional units (Appendix 7.1.1: College Organizational Chart).

The Executive Council (EC) of the College consists of the dean, assistant deans, and directors. The EC meets bi-weekly to advise the dean in all matters relating to the administration, budget, and policy development and implementation within the College. Bylaws for the EC were adopted Summer 2015 to provide additional structure and clarity of purpose for the EC (Appendix 7.6.2: Executive Council Bylaws) and incorporated into the College Bylaws in August 2015 (Appendix 7.6.1 Committee Bylaws).
The College consists of 2 academic departments, Pharmacy Practice and Pharmaceutical Sciences, as well as 3 functional units/offices, Experiential Education, Student Services, and Operations. Each department creates annual reports on faculty scholarship and service activity.

The University adopted an electronic portfolio system, Digital Measures, in summer 2015. The College is an early adopter of the system, which aims to improve the process of creating faculty productivity reports, while providing faculty with a user-friendly system for tracking their scholarship.

In addition to the AACP faculty survey results, College administrators are evaluated by faculty and staff using the University standard evaluation tool, the IDEA Center Evaluation. Result reports are shared with the administrative team member, and they may share these with the dean at their discretion. Annual self- and supervisor evaluations are conducted for all staff and administrators, per University procedures. The combination of these evaluative measures allows for a foundation on which individuals can celebrate successes and identify opportunities for growth and improvement.

The College uses survey questions to continually assess organizational structure and communication with stakeholders. Based on previous survey data indicating a lack of communication regarding the organizational structure, the College developed organizational spreadsheets to identify primary responsibilities of every staff member and administrator in the College to improve transparency in roles and responsibilities (Appendix 7.4.1: Staff Roles and Responsibilities and 7.4.2: Administrative Roles and Responsibilities). The organizational chart further delineates reporting structures and illustrates the functional units within the College.

Faculty perception of receiving timely information from the College has increased significantly over the past 3 years. Department and college-wide meetings occur every month, with agenda items requested one week prior, and then emailed to all prior to the meetings. Department and college-wide meeting minutes are distributed in a timely manner. The dean provides a monthly College (email) update to increase communication throughout the College. In Spring 2015, the pharmacy practice department head also started a monthly update to increase communications within the department (Appendix 7.8.8: PPD Newsletter Example).

As a result of a significant number of new faculty hires in 2014, the *Faculty Handbook* was updated in Spring of 2015 by an ad hoc faculty committee. The handbook was organized into one document with appropriate links and appendices, resulting in a more complete and accessible version. The handbook is available on the College's shared drive and updated on an annual basis (Appendix 7.7.1: Faculty Handbook).

The College Bylaws specify the composition and responsibility of each standing committee, with faculty, staff, administrator, preceptor, alumni, and student representation where appropriate. Term limits within the committees ensure that all aforementioned members have the opportunity to participate in the governance and operations of the College on a rotating basis (Appendix 7.6.1 Committee Bylaws and 7.3.2: Committee Members 2014-15). A comprehensive revision of all College committee bylaws was completed and adopted in August 2015.

University policies and procedures are accessible on the website, and College operations policies are maintained on the College's shared network drive. Contingency planning relies on the University infrastructure including IT systems backup and data storage backup. The EC serves as the initial chain of communication should a college-

wide or university-wide event precipitate need for emergent communication. See Appendix 7.5.1: Selected Policies and Procedures for links to policies that further address this Standard.

The employment contract and collective bargaining agreement between the University and the Ferris Faculty Association (FFA) defines basic elements of College governance and is applicable to all faculty members with a 0.5 FTE or greater appointment. All collective bargaining agreements are available at http://www.ferris.edu/HTMLS/administration/president/generalcounsel/laborrelations.html.

Support for participation and advancement of interprofessional education (IPE) is evident throughout the College. When opportunities arise, administrators discuss if involvement is appropriate from the standpoint of College resources, faculty, and students. The director of operations participates in the University's Intercollege Interprofessional Education Oversight Task Force. The task force will play a strategic role in the development of a vision for IPE for all health disciplines within the University. Current IPE activities include service learning and elective course opportunities with other universities and faculty scholarly activity. The University is also participating in the IPE certificate program through the Midwest Interprofessional Practice, Education, and Research Center (MIPERC) that awards eligible students with a certificate of recognition for IPE activities. Ferris is also (1) a NEXUS site for the National Center for IP Practice and Education and (2) an incubator site through the director of operations' participation in the MIPERC. The College also recently sent a team of faculty to an IPE seminar hosted by AACP.

Since 2010, survey results indicated room for improvement in educating faculty regarding policies and procedures related to performance assessment criteria. Changes in promotion and tenure associated with the realignment between the 2 departments, as well as interim department heads during this period, were likely significant factors. Since his appointment in Fall 2014, the ADDH of pharmacy practice met with each pharmacy practice member to discuss individualized annual goals and identify needed resources. Based on his research experience, this individual also serves as the director of research and sponsored programs for the University, thus fostering research among all faculty in the College. The interim ADDH of pharmaceutical sciences held similar individual meetings with faculty, ensuring that goal setting occurs across both departments. Faculty survey data from 2015 shows increases in perceptions of having access to performance criteria documents and feeling criteria are explicit and clear.

Preceptor survey responses are consistently favorable regarding support received from the Office of Experiential Education. Additionally, faculty survey responses indicate adequate support services. Favorable responses regarding administration responsibilities and resource allocation have more than doubled in the past 5 years. The dean allocates resources in the College and departmental budgets are shared with the administration and faculty annually. The College Mission and Strategic Plan are considered in budget allocations.

Survey responses regarding perceived unity among administrators show significant improvement over the past 5 years; however, a small decrease in 2014 was possibly related to changes in administrative personnel. While maintaining a response rate similar to peer comparators, and recognizing an upward trend from 2014 to 2015, the College will continue to evaluate these responses for continued improvement in coming years.

Faculty survey responses indicate College meetings function effectively, as evidenced by a doubling of "strongly agree" responses between 2010 and 2012 and an overall increase in positive responses over the past 5 years. With 85% of faculty agreeing faculty meetings are effective, responses are above peer and national comparisons.

The Curriculum Committee is generally regarded as effective, with 89% of faculty in 2015 agreeing on this item. Although results have fluctuated in the past 5 years, the College has maintained levels at or above peer and national comparators. Faculty perceptions regarding the Assessment Committee have similarly been variable

over the past 5 years. With the appointment of the director of assessment in March 2015, the College anticipates these responses will improve and the Committee will be closely monitoring these data during the transition.

4. College or School's Final Self-Evaluation

☐ Compliant	☑ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

In August 2015, faculty adopted a department chair model and the University process for implementing chairs will be monitored. Efforts described above to clarify administrative roles and responsibilities will also be monitored. The College is committed to evaluating the effectiveness of each organizational unit and the newly appointed director of assessment will work with functional units/depts. to monitor results. Efforts to meet with faculty individually and through quarterly Town Halls will also be continued.

The College recognizes the importance of programs to hone leadership and management skills of administrators, including department chairs. Continued participation in the University Staff Center for Training and Development and Provost Blake's initiative to provide “meaningful professional development and mentoring for academic leaders” as one of the 2015-2016 priorities will be important as the College organizational structure continues to develop.

Ferris State University / College of Pharmacy

8. Qualifications and Responsibilities of the Dean

The dean must be qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service. The dean must be the chief administrative and academic officer and have direct access to the university president or other university officials delegated with final responsibility for the college or school. The dean must unite and inspire administrators, faculty, staff, preceptors, and students toward achievement of the mission and goals. The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and notices of planning for substantive changes.

2. College or School's Self-Assessment

The dean is qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service.	Satisfactory
The dean is the chief administrative and academic officer and has direct access to the university president or other university officials delegated with final responsibility for the college or school.	Satisfactory
The dean unites and inspires administrators, faculty, staff, preceptors, and students to achieve the mission and goals.	Satisfactory
The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and plans for substantive changes.	Satisfactory
The dean has the assistance and full support of the administrative leaders of the college or school's organizational units and adequate staff support. In instances where the dean is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the dean are made to ensure effective administration of the affairs of the college or school.	Satisfactory
The dean is responsible for compliance with ACPE's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the college or school into compliance, the dean takes the necessary steps to ensure compliance in a timely and efficient manner.	Satisfactory
The qualifications and characteristics of the dean relate well to those called for in the standards, i.e.: • a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems • a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy science and practice, in particular • publications in pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school • appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors • recognition for career accomplishments by pharmacy or other health profession educators, researchers, and practitioners • strong written and interpersonal communication skills	Satisfactory

• experience with and a commitment to systematic planning, assessment, and continuous programmatic improvement • a thorough understanding of and a commitment to teaching and student learning, including pedagogy • evidence of a commitment to the advancement of research and scholarship • the ability and willingness to provide assertive advocacy on behalf of the college or school to the university administration • the ability and willingness to provide assertive advocacy on behalf of the college or school and the profession of pharmacy in community, state, and national health care initiatives • a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies	
The dean has the authority and accepts ultimate responsibility for ensuring: • development, articulation, and implementation of the mission and goals • acceptance of the mission and goals by the stakeholders • development, implementation, evaluation, and enhancement of the educational, research, service, and pharmacy practice programs • collaborative efforts to develop, implement, evaluate, and enhance interprofessional education, practice, service, and research programs • development and progress of the strategic plan and the evaluation plan, including assessment of outcomes • recruitment, development, remuneration, and retention of competent faculty and staff • initiation, implementation, and management of programs for the recruitment and admission of qualified students • establishment and implementation of standards for academic performance and progression • resource acquisition and mission-based allocation • continuous enhancement of the visibility of the college or school on campus and to external stakeholders • the effective use of resources to meet the needs and mission of the college or school	Satisfactory
The dean has ensured that ACPE has been notified in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions
☑ How the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals
☑ The authority and responsibility of the dean to ensure all expectations of the standard and guidelines are achieved
☑ How the dean interacts with and is supported by the other administrative leaders in the college or school

☑ How the dean is providing leadership to the academy at large, and advancing the pharmacy education enterprise on local, regional, and national levels.

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Stephen Durst, PharmD, was named dean of the College of Pharmacy in late 2011. Over the past 29 years, Dr Durst has held a variety of positions in the College, each with increased scope and responsibility. He started as an Internal Medicine clinician, became department chair, department head/assistant dean, associate dean, interim dean, and finally dean of the College. He was instrumental in consolidating the 2-campus (Grand Rapids and Kalamazoo) structure for the P3 year into the 25 Michigan building in Grand Rapids (implemented Spring 2012). His extensive history and administrative involvement with the College well suited him to assume responsibility as the dean of the College when Dean Mathison retired.

Within the University, the deans all report to the provost. They meet at least 3 times per month formally; once alone, once with the other healthcare college deans, and once with all the deans, but the provost is always available for meetings as needed. The dean may meet with the president if necessary; usually these meetings are related to advancement efforts. The University gives the deans autonomy over their budgets and how they run their Colleges. Over the years, the University administration has been very supportive of the College of Pharmacy's needs with relation to accreditation issues (Appendix 8.2.1, Job Description-Dean).
Dr Durst also has served as the chair for several dean searches for other colleges at Ferris, including Education and Human Services, Optometry, and the library (FLITE). As detailed in Standard 5, Dr Durst currently coordinates the Institute for Health Care Collaboration (IHCC), which is a collaborative initiatve of the 3 colleges at Ferris that grant degrees in healthcare areas. The IHCC is working to break down silos between the 3 colleges, integrate into the community, and collaborate with outside stakeholders. One example of the group's innovative projects is the Roosevelt Park Project in a marginalized section of Grand Rapids. The project is attempting to address community-identified issues in order to improve the health, education, and quality of life by addressing some of the social determinants of the area residents' health.

In addition to service within the University, the dean also serves the profession and the State as a member of the Board of Directors for the Michigan Health Council (focused on developing the Michigan healthcare workforce), he represents the University on the Alliance for Health (focused on the health and wellness of West Michigan), and serves on the Assessment Best Practices Committee for AACP.

The dean has made significant progress on improving the administrative structure of the College by solidifying positions and ending the long-term interim appointments that were previously in place. The only 2 permanently filled administrative positions when he took office were the director of Off-Campus Student Services and director of External Clinical Operations. In the past 5 years, the College was successful in recruiting 2 assistant deans/ department heads, one for Pharmaceutical Sciences (filled 2013; vacated 2014) and one for Pharmacy Practice. As noted previously, 3 director-level positions were created by transforming existing faculty FTEs; these were approved and filled in Fall 2014.

Additionally, in March 2015, a director of Assessment position was temporarily created for 3 years, using an open faculty line. Over the next 3 years, the dean will work to obtain a permanent director FTE to support this position long term. Since the director of External Clinical Operations position was created in 2005, the organizational structure and compliance needs of the College have changed considerably, resulting in a request to revise the position description to focus on Compliance. The position, now director of Compliance, is currently filled on an interim basis and recruitment is expected to begin late 2015.

The dean's management philosophy includes hiring the right people who will attract the right people, and he believes people in management should be close to the people they are managing to increase their understanding of the positions and the people. True to the first premise, after hiring the assistant dean for Pharmaceutical Sciences in 2013, he was able to recruit and hire 6 new faculty into that department, dramatically increasing the overall number of faculty in the College.

As detailed in Standard 7, the dean created an Executive Council (EC) made up of the assistant deans and directors who meet at least once per month to advise the dean in all matters relating to the administration, budget, and policy development and implementation within the College. In addition, the dean meets with EC members individually as needed.

Among the dean’s early work were several Quality Improvement initiatives. One was working with a faculty member who was completing the ACCP Leadership and Management Certificate Program to redesign how scholarship money was awarded for students in the College. The program was re-vamped to create (1) a standing committee with faculty and administrative members, (2) clarified criteria for each scholarship, and (3) a new ranking system including criteria beyond grades that allows students to self-nominate and address why they are qualified. In addition to improving the process and making it more transparent, the dean has also worked with outside constituents and increased scholarship funding over the past 4 years.

In addition to supporting and running the Doctor of Pharmacy program, the College is involved in many initiatives and events both within and external to the University. As the dean is increasingly involved in these new initiatives, he has become acutely aware of the capacity limits of the College staff and has had to make decisions accordingly. With the incoming revised accreditation standards, ongoing curricular revision, and increased expectations to move externally into the community, the College must address the need for increased clerical and administrative support.

To improve performance of the deans of the colleges, the provost recently initiated a new method for evaluation that includes greater staff and faculty input. In the College of Pharmacy, the provost met with the faculty, staff, and the EC members in small groups, asking a series of questions related to the dean’s performance, areas of strength, and areas needing improvement, along with soliciting suggestions for what the dean could do to become more effective.

The College analyzed the data from the recent alumni, student, and faculty surveys, looking specifically at the questions scored lower than 67% as a combination of SA/A responses, or areas that were decreasing instead of increasing or maintaining. Of the questions related to Standard 8, all questions surpassed that criteria. Of note, in the alumni surveys, the ratings of the dean’s abilities in the areas of providing leadership in pharmacy and encouraging alumni to stay involved improved significantly between the 2010 and 2014 surveys, the time period encompassing the retirement of one dean and the hiring of the current dean. Dean Durst has increased communication with the alumni by publishing an alumni newsletter, increasing alumni activities with the College, and using the Internet and social media to send out regular updates. Of particular note, a transformative outright pledge of $5 million was recently given to the College by a family that includes 3 generations of College alumni. This gift represents the very strong relationship of alumni to the College and highlights the effectiveness of the dean in cultivating alumni relations.

The dean has also strengthened the relationship between the Alumni Board and the College, which has resulted in more participation in College events such as the Hooding Ceremony and inclusion of the Board in many other ongoing college activities. In 2012, the Alumni Board was expanded from 9 to 16 members and reorganized into 4 subcommittees: (1) leadership, (2) communications, (3) College integration, and (4) fundraising. The expansion and reorganization broadened pharmacy practice area representation on the Board and created more alumni opportunities for input into board activities. Additionally, 8 students (2 per subcommittee) were added as non-voting members to the Board in 2014 to increase student awareness of the Board role and functions, while also providing the Board with greater representation of student perspectives. In 2015, the dean worked with the Board to organize a retreat with specific focus on pharmacist manpower issues and included a guest speaker who lead a thoughtful exercise to explore recent events regarding pharmacist oversupply and select examples of curriculum redesign. Currently, the dean is engaged with the Board on the design of a College-specific recognition society for philanthropic efforts. The Board is also engaged with University Advancement in scholarship and budget redesign to allow significantly more funding from the Board to registered student organizations.

The 3 questions pertaining to this standard on the Faculty Surveys from 2012 to 2015 scored over the 67% mark; however, small dips in scores between the 2012 and 2014 surveys in all 3 questions were noted. Question 2 regarding adminstrators functiong as a unified team increased in 2015 and will continue to be monitored. To address these issues, as mentioned above, the dean was an early volunteer for the provost's new dean evaluation process.

Since the College's last accreditation survey in 2010, the dean has submitted, on behalf of the College, 4 interim reports, 2 substantive change letters, one monitoring response, and one ETR response to ACPE.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

9. The Goal of the Curriculum

The college or school's professional degree program curriculum must prepare graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfy the educational requirements for licensure as a pharmacist, and meet the requirements of the university for the degree.

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

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ A description of the college or school's curricular philosophy

☑ A description of how the curriculum fosters the development of students as leaders and agents of change and helps students to embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College of Pharmacy curriculum is designed to prepare students for the many and varied settings that exist in contemporary practice as a licensed pharmacist. This includes the many roles and functions of the pharmacist in community, institutional, and managed care settings. Graduates are prepared for duties related to safe medication order fulfillment; medication therapy selection, review, monitoring and management; patient education, health screening, and wellness counseling; and participating as a member of a patient-centered, inter-professional, healthcare team. Respondents to an addendum to the 2015 AACP graduate survey (Appendix 9.9.2, 2015 Graduate Employment Numbers with Settings) indicate employment post-graduation across a wide array of practice settings.

The philosophy of the Doctor of Pharmacy curriculum (Appendix 9.2.1, Current PharmD Course Requirement Check Sheet) is to establish competencies for each student based on the faculty approved ability-based outcomes (Appendix 9.1.1, Ability-Based Outcomes for 2009 Curriculum). The core of the curriculum is built on (1) the foundations of patient-specific and population-based disease management (biochemistry, pathophysiology, pharmaceutics, medicinal chemistry, pharmacology, therapeutics, pharmacoeconomics, and scientific literature evaluation), (2) health promotion, (3) systems management, (4) communication, (5) problem solving, and (6) professionalism.

The curriculum is designed to establish student competencies intended to foster the development of professional judgment, commitment to uphold ethical standards and abide by practice regulations (including patient safety, cultural appreciation, health literacy, health care disparities, and competencies needed to work as a member of or on an inter-professional team). These are articulated in the ability-based outcomes under sections IV. Communication, V. Problem Solving, and VI. Professionalism. The curricular map provided in Appendix 10.3.1, Curricular Map with Ability-Based Outcomes Abbreviated provides a crosswalk to the courses in the curriculum, where these outcomes are presented to students at the intermediate, mastery and reinforced levels. A more detailed mapping is provided in Appendix 10.3.2.

Professional practice skills are integrated with the foundational knowledge though the use of simulations in the practice skills labs, which are completed in both Fall and Spring semesters during the first 3 years of the program. IPPE are spread through the first 3 years of the program and, in combination with practice skills labs, help to prepare students for the APPE in the P4 year. The combination of the foundational knowledge, simulation environment, and IPPE and APPE inculcate the necessary professional, ethical, and legal judgment for the practice of pharmacy. Teaching and learning methods used within the curriculum are discussed under Standard 11. A more extensive discussion of the ability-based outcomes — and the courses where these are emphasized — related to leadership skills, ethical and moral responsibilities, and ability to use strategies to effect positive change in practice and healthcare delivery are included in Standard 12. The graduating class of 2013 represented the first graduating class from the revised curriculum, which was implemented with the incoming class of 2009. Those revisions were made in response to the Accreditation Council for Pharmacy Education 2007 Standards. Significant features of that revision were these:

1. Greater integration of content in the first 2 years of the professional degree program (combination of medicinal chemistry and pharmacology into the Drug Action sequence, and combination of microbiology, medicinal chemistry, pharmacology, and therapeutics in the Infectious Disease sequence).
2. Relocation of communications course from the P3 year to the P1 year.
3. Addition of a course on over-the-counter medication and self-care products in the P1 year to better support the IPPE in the community setting at the end of the P1 year.
4. Re-alignment of practice management content in a 2-course sequence.
5. Addition of a molecular biochemistry and biotechnology course in the first year to better prepare students with the background necessary to understand the actions of many of the new chemical entities along with the addition of biochemistry as a program prerequisite.
6. Movement of anatomy and physiology to a pre-pharmacy requirement and addition of a pathophysiology course sequence to the P1 year.
7. Movement of IPPE earlier into the professional curriculum. Since implementation of the revision, an additional revision was made in the APPE, making all required and elective rotations 6 weeks in length.

Through the first 3 years of the curriculum, simulation/practice skills labs run in parallel with didactic courses. This sequence ensures that students develop the confidence and skills necessary to optimize the upcoming introductory and advanced experientials. Students develop and refine their professional attitude, ethics, and behaviors in a controlled, simulation/practice skills environment that provides them the opportunity to learn leadership and critical-thinking skills.

Experiential education begins upon completion of the P1 year and are maintained throughout the balance of the 4-year curriculum. Simulation/practice skills labs in the P1 year focus on preparing the students for the summer community-based IPPE, while the P2 year simulations/practice skills labs focus on preparing students for the institutional IPPE. To aid students in their professionalization during the first 2 years of the program, the College recently opened a Pharmacy Care Clinic within the pharmacy building to serve an indigent patient population in the Big Rapids area. This clinic provides a professional practice environment in the building and serves as site for students to gain practice experience.

Graduates of the College have consistently performed above the national average on the North American Pharmacist Licensure Examination (NAPLEX) (Appendix 9.5.1) and the Multistate Pharmacy Jurisprudence Examination (MJPE) (Appendix 9.4.1). Since implementation of the revised curriculum, the College has seen improvement in the AACP Graduate Survey results related to (1) working with stakeholders to engender a team-based approach to patient care, (2) inter-professional collaboration, (3) use of active learning strategies, (4) opportunities to develop professional attitudes and ethics, (5) interaction with diverse patient populations, and (6) encouragement to participate in professional organizations (Appendix 9.9.1: Additional Graduate Survey Data for Section 9).

Appendix 9.9.3, Abbreviated Sample TracDat System Report on Subset of Related Course Outcomes provides an example of a report from the TracDat system used to warehouse all of the assessment data for the College of Pharmacy and the university. This system is discussed in greater detail in Standard 15 of this report. The Appendix provides an subset of course outcomes, assessments and criteria for success established by faculty related to some of the curricular objectives outlined in these guidelines. Assessment data are also available to the team for on-site inspection.

With the release of the 2013 educational outcomes from the Center for Advancement of Pharmacy Education (CAPE), the College of Pharmacy sent a team to the 2014 AACP Institute with the goal to develop a draft plan updating the College's ability-based outcomes for faculty review and approval. The

team completed that task, resulting in an approved revision of the College's ability-based outcomes, which will be used to revise the current curriculum (Appendix 9.1.2, Approved PharmD Curricular Outcomes 2014).

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

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).

2. College or School's Self-Assessment

The college or school's faculty is responsible for the development, organization, delivery, and improvement of the curriculum.	Satisfactory
The curriculum defines the expected outcomes and is developed with attention to sequencing and integration of content and the selection of teaching and learning methods and assessments.	Satisfactory
All curricular pathways have both required and elective courses and experiences and effectively facilitate student development and achievement of the professional competencies.	Satisfactory
The curriculum for the professional portion of the degree program is a minimum of four academic years or the equivalent number of hours or credits.	Satisfactory
Introductory pharmacy practice experiences are not less than 5% (300 hours) of the curricular length.	Satisfactory
The advanced pharmacy practice experiences are not less than 25% (1440 hours) of the curricular length.	Satisfactory
On behalf of the faculty, the Curriculum Committee (or equivalent) manages curricular development, evaluation, and improvement to ensure that the curriculum is consistent with the collective vision of the faculty and administration.	Satisfactory
Learning outcomes for curricular courses and pharmacy practice experiences are mapped to the desired competencies and gaps and inappropriate redundancies identified inform curricular revision.	Satisfactory
Curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies. The curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.	Satisfactory
The Curriculum Committee (or equivalent) is constituted to provide balanced representation from all departments, divisions, and/or disciplines within the college or school.	Satisfactory

Faculty members are aware of the content, competencies, and learning outcomes for each other's courses and use that information to optimize these elements within their own courses.	Satisfactory
The curriculum complies with university policies and procedures and the accreditation standards.	Satisfactory
Student representation and feedback are integral parts of curricular development and improvement.	Satisfactory
The Curriculum Committee (or equivalent) has adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ A description of the curricular structure, including a description of the elective courses and experiences available to students

☑ How both the didactic and experiential components comply with Standards for core curriculum and IPPE and APPEs in regard to percentage of curricular length

☑ Any nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)

☑ Data that link teaching-and-learning methods with curricular outcomes

☑ How the results of curricular assessments are used to improve the curriculum

☑ How the components and contents of the curriculum are linked to the expected competencies and outcomes through curricular mapping and other techniques and how gaps in competency development or inappropriate redundancies identified inform curricular revision

☑ How the curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies and how the curriculum design enables students to integrate and apply all competency areas needed for the delivery of holistic patient care.

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The Pharmacy curriculum includes the following pre-pharmacy course requirement expected of all applicants to the program:

- Chemistry: 2 semesters of inorganic chemistry, 2 semesters of organic chemistry, and one semester of biochemistry
- Biology: 2 semesters of general chemistry, 2 semesters of anatomy and physiology, one semester of microbiology, and one semester of genetics
- Physical sciences: One semester of physics
- Math: One semester of calculus, and one semester of statistics

- Composition: 2 semesters of English composition
- Other: One semester of economics, one semester of psychology, one semester of speech communication, and 3 semesters of cultural enrichment.

In addition to these prerequisites, applicants are required to take the Pharmacy College Admission Test, submit 3 letters of recommendation, and complete an onsite essay and face-to-face interview.

The professional degree program is 4 years in length and is conducted on a semester-based system. Didactic coursework is integrated into the first 3 years of the program, with APPE making up the fourth year. (Appendices 10.3.1 and 10.3.2 contain maps of the College's curriculum and related ability-based outcomes.) All coursework has been mapped to the Appendix B of the ACPE Standards to demonstrate coverage across all required content areas in the curriculum (see Appendix 13.1.1).

All students move through the program as a single cohort with the first 2 years on the Big Rapids campus. All students move to the Grand Rapids site for the P3 year. Ferris' Grand Rapids pharmacy site is located on the Spectrum Health campus in downtown Grand Rapids. Spectrum Health consists of 11 hospitals; 170 ambulatory sites; 1,200 physicians and advanced practice providers; and a 590,000-member health plan. The Ferris Grand Rapids site is adjacent to the Michigan State University College of Human Medicine, the VanAndel Research Institute, and the Grand Valley State University Health Professions program. The first 2 years of the professional degree program combine foundational sciences with fundamental therapeutics and practice skills. A summary of the course sequence, by year, is contained below.

P1 Year: In the first 2 semesters, students study the pathophysiology of disease (2-semester sequence), medical biochemistry, molecular biochemistry and biotechnology, principles of drug delivery (2-semester sequence), clinical communications (one semester), overview of pharmacy and healthcare systems in the United States (one semester), and pharmaceutical calculations (one semester). The simulation/ practice skills lab (2-course sequence) complements this coursework providing students with experience in pharmaceutical compounding, fundamentals of the prescription, physical assessment, basics of patient counseling and education, and medical devices. This skills lab serves to prepare the students for the community IPPE, which occurs during the P1 Summer semester (see Standard 14 for discussion of the IPPE).

P2 year: Students advance to more in-depth and comprehensive coverage of how drugs work in the 4-course Drug Action sequence. This course integrates the medicinal chemistry and pharmacology of drug therapy across all major classes. The infectious disease sequence (2 semesters) represents the most integrated course in the curriculum, combining content related to microbiology, medicinal chemistry, pharmacology, and therapeutics of infectious disease agents. Students also take coursework in pharmacokinetics (one semester) and begin the pharmacy practice management course sequence. The simulation/practice skills lab during the P2 year focuses on more advanced principles related to handling the prescription along with sterile compounding and aseptic technique. During the second professional year, students also participate in the longitudinal patient experience, which assigns small groups of students to “health mentors” in the community. Health mentors are community members who volunteer to have students visit them, review their disease states and drug therapy, and answer questions about their medications. These experiences help prepare students for the institutional IPPE, which occurs in the P2 Summer semester (see Standard 14). Students are required to complete one didactic elective during the P2 year and one didactic elective during the P3 year. Didactic electives are listed in Appendix 10.3.4.

P3 Year: The coursework in the P3 year is conducted in Ferris' Grand Rapids Pharmacy facility. This location immerses the students into a medical campus setting and provides the opportunity for them to also work with local medical and nursing students. The P3 year features the 4-course pharmacotherapeutics sequence. In addition, students take coursework in Drug Information and Clinical Literature Evaluation (one semester), Sociopharmacy and Professional Ethics (one semester) and Pharmacy Law (one semester). Simulation/practice skills labs during the P3 year reinforce material from the therapeutics coursework. The Integrated Case Studies course in the final semester of the P3 year is intended to prepare the student with the skills necessary to work with patients during the P4 APPEs by working through increasingly complex patient case simulations. Students continue in the longitudinal patient experience during this semester using health mentors in the Grand Rapids area. Beginning in 2014, the longitudinal patient experience course began an inter-professional simulation in collaboration with students from Michigan State University College of Human Medicine and Grand Valley State University College of Health Professions. In one of the simulations, half of the pharmacy students participate in a simulation with physician assistants and physical therapy students. In a second simulations, half of the students participate with medical students and nursing students.

P4 Year. The fourth professional year encompasses the APPE. These are conducted in a number of regions of the State of Michigan including Grand Rapids, Kalamazoo, Lansing, Flint-Saginaw, Traverse City, and Marquette. There are required APPEs (6-credit each) in internal medicine, ambulatory care, community pharmacy, and institutional pharmacy. Students also complete two elective APPEs (6-credit each). Elective APPEs are available in drug information, academic practice, professional organization management, community management, managed care, hospital pharmacy administration, specialty areas of community pharmacy, veterinary pharmacy, nuclear pharmacy, special topics in inpatient medicine, special topics in ambulatory care, corporate pharmacy, pharmaceutical industry, health system pharmacy, international pharmacy and research. APPEs are discussed in Standard 14. In addition, students complete a capstone doctoral project in conjunction with a faculty member. The doctoral project can involve the exploration of a controversial clinical question, clinical research project, pharmaceutical science research project, service learning project or practice-based research. A write up and presentation of the project is included.

Introductory pharmacy practice experiences total 310 hours over the first three years of the program with balance between community (120) and institutional (120). Advanced pharmacy practice experiences total 1,440 hours.

With the implementation of the revised curriculum, the College has seen improvement in graduate survey scores related to sequencing of curricular content (Q#30). These improvements are believed to be a direct result of movement of some curricular content and better integration of content in course sequences, such as Drug Action and Infectious Disease. In addition, a more relevant array of didactic electives are available as part of the revised curriculum, and improvement in student perception of these is also indicated in the graduate survey (Q#34). These changes were made through the Curriculum Committee as a direct result of data collected from the AACP Graduate Survey. Slightly more than 80% of student respondents SA/A that the course load is reasonable (Q#35). Compared to the national averages, Ferris has a slightly unfavorable shift related to “strongly agree” responses. The College faculty approved a revision of the ability-based outcomes in 2014 and is in the process of beginning a curricular revision. An array of different teaching and learning methods are applied in the curriculum and are discussed in detail in Standard 11.

Curricular Processes

The curriculum and its content are directed by the faculty of the College through the College of Pharmacy Curriculum Committee. Proposals for changes in the curriculum are approved by the relevant department and then forwarded to the College Curriculum Committee. The committee reviews all proposed changes and then forwards them to the full faculty for a vote. Approved changes are then sent to the University Curriculum Committee for approval (Appendices 10.1.1, College's current Curriculum Committee members and 10.2.2, committee's policy and procedures).

The curriculum's ability-based outcomes are maintained and tracked through the College's course mapping process now housed in the TracDat system (discussed in Standard 15). In the most recent curriculum revision (implemented 2009), the Curricular Revision Task Force worked with the College's Curriculum Committee to revise the ability-based outcomes for the Doctor of Pharmacy program. The ability-based outcomes are provided in Section 9 (see Appendix 9.1.1). All of the ability-based outcomes were mapped to individual courses in the curriculum as part of the course outlines (termed Form E's by the University Curriculum Committee) and are shown in Appendix 10.3.1 (abbreviated version) and 10.3.2 (detailed version).

To ensure that the courses deliver the appropriate content and meet the ability-based outcomes, as specified by the approved content and ability-based outcomes, content evaluations are conducted each semester for a specific selection of courses. Students are provided with the faculty-approved course content from the Form E, and they are asked to confirm that course content matched. Any discrepancies are flagged by the Curriculum Committee, and the course faculty are contacted for explanation. If necessary, course updates are made. In addition, students complete a self-assessment of ability-based outcomes, which are also referred to the college's Assessment Committee and Curriculum Committee. A more complete discussion of assessment activities is included in Standard 15.

The faculty have maintained positive perceptions of the extent to which they are consulted on curricular matters; organization and structure of the curriculum is clear; understanding of how their content fits into the curriculum; and depth at which the curricular content is taught (Q#41-44). Since 2011, >75% of the faculty SA/A that collaboration between disciplines is encouraged, although comparisons to national data indicate a greater perception could be achieved (Q#45). Increasing collaboration will also be addressed as the College moves into the curricular revision process. While the College also continues to disseminate information about how assessment data are used to improve the curriculum, data from the faculty survey indicates efforts need to be expanded. See the discussion in Standard 15 for more information on the assessment program. The College of Pharmacy Curriculum Committee has also modified the policies to improve department level input earlier in the college curricular approval process.

Curricular Revision

Leading up to the release of the 2016 standards, it was determined that the College should undertake a review and revision of the curriculum. The purpose of this was to determine if the curriculum was up-to-date (relative to the 2016 standards) and identify necessary changes to not only meet the requirements, but the evolving needs of the profession. This process began during the 2014-15 academic year, with the Curriculum Committee charging a group sent to the 2014 AACP Institute with preparing a draft revision of the ability-based outcomes based on the CAPE 2013 Educational Outcomes. This draft was then provided to the full faculty/staff for open comment. The Curriculum Committee then approved a final version, which was subsequently approved by the full faculty in August, 2014.

The curricular review and revision began this summer with the 2015 AACP Institute on inter-professional, experiential and co-curricular components of the Doctor of Pharmacy program. The institute team,

consisting of a subset of members of the curriculum revision team, worked to expand on a method to translate each newly approved ability-based outcomes to the necessary knowledge, skills, behaviors and assessments needed to accomplish it. This method was brought back from the institute and reviewed with the revision team. It was then adopted. Currently, the revision team is completing the knowledge, skills, behaviors and assessment mapping document for all of the new ability-based outcomes. This will be used as the foundation to review, revise and update the Doctor of Pharmacy curriculum.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

11. Teaching and Learning Methods

The college or school, throughout the curriculum and in all program pathways, must use and integrate teaching and learning methods that have been shown through curricular assessments to produce graduates who become competent pharmacists by ensuring the achievement of the stated outcomes, fostering the development and maturation of critical thinking and problem-solving skills, meeting the diverse learning needs of students, and enabling students to transition from dependent to active, self-directed, lifelong learners.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ A description of teaching and learning methods and strategies employed in the delivery of the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable), and how those methods are expected to advance meaningful learning in the courses in which they are employed.

☑ Efforts of the college or school to address the diverse learning needs of students

☑ The formative and summative assessments used to evaluate teaching and learning methods used in the curriculum, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)
The College of Pharmacy uses a wide array of teaching methods to prepare graduates of the program to provide contemporary pharmacy services in community and institutional settings. To identify some of these methods, faculty were surveyed by the College's Assessment Committee during the Spring semester of 2015.

Blackboard CMS. As a basis for course delivery, Ferris State University uses the Blackboard course management system, which is available to all faculty. The Blackboard system provides a web-enabled, instructional technology backbone allowing faculty to provide digital content to students, discussion boards, wikis, email communication, online quizzes, recorded content, course and learning objectives, group work, announcements, calendar, and grading information (Appendix 11.4.1, Faculty Teaching Methods Employed, slides #1 and #2).

- Approximately 95% of faculty use Blackboard to some extent to manage coursework
- Over 90% of faculty use the content folders to distribute course materials and the gradebook function
- Approximately 70% of faculty use some of level of online quizzing
- Approximately 70% also use the integrated Tegrity feature. This feature allows an instructor to record the class session, allowing it to be uploaded to the Blackboard course management system automatically. This allows students to follow up on content presented in class to review missed course material and/or supplement course notes.
- 60% of faculty use Blackboard to distribute and manage assignments.
- Student communication and discussion are also encouraged with 47% of faculty using the discussion board feature and 40% utilizing the in-course email system.
- Rubric-based grading is used by 25% of faculty, learning modules by 16%, and the wiki feature used by 12% of faculty.

Classroom Teaching Methods. Faculty use an array of teaching methods in the classroom across the first 3 years of the curriculum (Appendix 11.4.1, Faculty Teaching Methods Employed, slide #3). While lecture-based content delivery is used approximately 50% of the time, this is followed by:

- In-class exercises (18%)
- Problem-based learning (10%)
- Case studies (10%)
- Guided group discussion (7%), and
- Other methods (5%).

Appendix 11.3.1 (PHAR 540 Syllabus Instructional Methods) illustrates a drug information and clinical literature evaluation course, which uses an array of different learning methods. Page 5 of the syllabus, outlines the different course outcomes. Page 8-10 of the syllabus outline the different authentic learning experiences (class exercises) available for the student, cross referenced to the different course outcomes. Exercises in bold are required of all students. Students may then select from this list of class exercises with the intention of reaching the necessary points based on the grading scale on page 6. This is an example of a required course that employs instructional methods that address the diverse learning needs of students, by allowing them to individualize their learning experience. For students who wish to demonstrate competencies in a more traditional exam-based setting, they may "opt in" for examinations. For students who wish to demonstrate their competencies other ways, they may "opt out" of exams and use other authentic learning exercises that can be done individually or in group settings. As the course

continues through the semester, students can then monitor and adjust their use of different exercises taking responsibility for their learning, achievement and grade.

According to the AACP Graduate Survey results, students perceive they are actively engaged in the classroom as evidenced by the 95% SA/A responses to the whether they were “provided with opportunities to engage in active learning (e.g., laboratories, recitations, problem-based learning, in-class activities)." Students also perceive that the laboratories and other non-classroom environments are conducive to learning with over 95% of them providing SA/A responses. Over 95% also SA/A that faculty encourage students to assume responsibility for their own learning.

Assessing Learning. The faculty also use a number different methods for formative and summative assessment of students in the classroom (Appendix 11.4.1, Faculty Teaching Methods Employed, slide #4). The following assessment methods were reported for the P1 to P3 years, in order of their use:

- Multiple choice exams (33%)
- Essay/written response (18%)
- Classroom exercises (16%)
- Student presentation (8%)
- Homework exercises (8%)
- Group work (8%)
- Written cases (3%)
- Graded classroom discussion (2%)
- Simulation (2%)
- Other (3%)

As outlined under the Standard 10 response, the Doctor of Pharmacy curriculum uses practice skills labs in each didactic semester of the P1-P3 professional years. These labs are intended to ensure that students have the opportunity to integrate professional knowledge with the practice-based skills necessary to develop as a healthcare professional under the guidance of a practicing pharmacist. The practice skills/simulation labs employ a wide array of activities and assessments to accomplish this and provide formative and summative assessment of students (Appendix 11.4.1, Faculty Teaching Methods Employed, slide #5). The following methods are employed in the lab course sequence:

- Patient/practice simulations (28%)
- Patient cases (18%)
- Counseling exercises (16%)
- Student discussion (9%)
- Student presentations (8%)
- Problem-based cases (8%)
- Compounding exercises (3%)
- Other (10%)

Appendix 11.2.1, Sample Instructional Methods from PHAR 589 ICS provides examples of exercises employed in PHAR 589: Integrated Case Studies. This is a practice skills laboratory/simulation course in the second semester of the P3 year.

Teaching and assessment methods in the APPE reflect the diversity of the experientials available to students. Depending upon the rotation, students may be engaged in the following activities:

- Conducting medication history
- Reviewing assigned patients for medical conditions and drug therapy, preparing SOAP note documentation
- Developing drug treatment plans
- Attending patient rounds with medical staff
- Participating in in-service education
- Participating in discussion of pharmacotherapy rounds
- Presenting patient pharmacotherapy care plans
- Counseling patients
- Participating in a journal club
- Discussing patient cases
- Completing project-based assignments
- Responding to drug information questions

In precepting students on the APPE, faculty apply modeling, coaching, facilitating, as well as Socratic and hands-on teaching techniques. Students are assessed by use of verbal feedback, examination, short case scenarios, and rubric-based evaluations.

The impact of this approach is evidenced in over 90% of P4 year students providing SA/A responses when asked if the PharmD program prepared them to reflect critically on personal skills and actions and make plans to improve when necessary (AACP Graduate Survey Q#28). In addition, over 90% of P4 year students responded SA/A that the PharmD program prepared them to accept and respond to constructive feedback. Over 90% also SA/A that they developed the skills needed to be prepared for continued learning after graduation.

To assess the ongoing completion of the ability-based outcomes of the Pharmacy program, students complete a self-assessment of the professional year ability-based outcomes at the end of the Spring Semester each year. Students are asked to rate their level of accomplishment of each objective on a 5-point scale. The current ability-based outcomes have been divided up by the Assessment Committee based on their applicability to each of the professional years of the program. Students self-assess those applicable to them at the end of each Spring semester. An example of those for the P-3 year are illustrated in Appendix 11.1.1, Student Self-Assessment of Ability Based Outcomes P-3. The results are reviewed by the College's Assessment Committee.

The College also applies the use of an audience response system to allow instructors the opportunity to assess student learning in the classroom in real time. The University recently standardized the use of audience-response systems, choosing Turning Technologies as the vendor. A number of faculty have adopted the TurningPoint system (clickers) in classroom and laboratories. All incoming students are required to purchase a device, allowing this system to be used across the curriculum, enhancing active learning in the classroom as well as exam taking and other assessment activities.

The College's Professional Development (PD) Committee sponsors a number of faculty development programs during the year to enhance faculty teaching skills. The College's Professional Development Committee is charged to:

- Routinely conduct needs assessment of College faculty, staff, and preceptors
- Develop professional development programming based on needs assessments
- Conduct assessment of programming and document attainment of learning outcomes
- Assess and meet/exceed applicable accreditation standards
- Accomplish of all strategic plan objectives delegated to the committee

The PD committee funded 2 faculty members to attend the 34th Annual Lilly Conference on *College Teaching: Evidence-Based Learning and Teaching*, which took place at Miami University in Oxford, Ohio, during 2014. Attendance included a follow-up session with faculty of the College to disseminate information gained from the conference. Other professional development programs related to teaching methods included:

- A Turning Technologies “Clickers” Workshop
- Exam Question Writing and Analysis
- TED Talks: “Magic in the Classroom” (in 18 minutes or less)

In addition to College-based professional development opportunities, programs offered by the University’s Faculty Center for Teaching and Learning (FCTL) are available to all faculty. The FCTL supports faculty in continuous improvement of their teaching through numerous opportunities on a broad range of teaching topics throughout the year. Many, if not most, of the sessions sponsored by the FCTL promote the use of active learning techniques and enhanced use of technology in the classroom, providing the faculty with many examples of diverse active teaching methods and technology advances.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

12. Professional Competencies and Outcome Expectations

Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:

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

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

2. College or School's Self-Assessment

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

Graduates possess the knowledge, skills, attitudes, and values needed to enter practice pharmacy independently by graduation.	Satisfactory

3. College or School's Comments on the Standard

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

(School comments begin here)

The Doctor of Pharmacy program was revised in response to the 2007 Standards and implemented in 2009, including a complete update of the previous ability-based outcomes. (Appendix 12.1.1, Ability-Based Outcomes for 2009 Curriculum) The revised ability-based outcomes were developed using the previous curricular outcomes, and the 2007/11 Standards Appendix B. Mapping of the ability-based outcomes to the 2009 curriculum and CAPE Outcomes can be found in Appendix 12.2.1, Mapping to the standards Appendix B can be found in Appendix 13.1.1, Appendix B X Ability-Based Oucomes X Courses. The revised 2009 ability-based outcomes were built around 6 major areas including:

1. Patient-Specific and Population-based Disease Management: Provide patient-specific and population-based disease management in cooperation with patients, prescribers, and other members of an inter-professional healthcare team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, economic, cultural, political, and professional issues; emerging technologies; and evolving pharmaceutical, biomedical, socio-behavioral, and clinical sciences that may impact therapeutic outcomes.
2. Health Promotion: Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers. Provide first aid and pharmacy services in disaster and poison control situations.
3. Systems Management: Manage and use resources of the healthcare system, in cooperation with patients, prescribers, other healthcare 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. This includes managing human, physical, medical, informational, and technological resources; applying patient- and population-specific data, quality assurance strategies, and research processes to ensure that medication use systems minimize drug errors and adverse reactions, and optimize patient outcomes. This also includes designing medication use systems in accordance with legal, ethical, social, economic, and professional guidelines.

4. Communication: Read, write, speak, listen and use data, media, and computers to communicate effectively with various audiences for a variety of purposes.
5. Problem Solving: Find and analyze information and make informed, rational, and ethical decisions.
6. Professionalism: Articulate the influence of values on ideas and actions and shall demonstrate the ability and inclination to take responsibility for ethical conduct in personal and professional settings. Demonstrate the ability and inclination to learn on one's own, pursue new knowledge, self-assess, respond appropriately to assessment by others, and modify one's ideas in light of new discoveries.

Following approval of the ability-based outcomes by the faculty of the College, the outcomes were built into the course planning for the revised curriculum. Outcomes were allocated to the appropriate course as per the curriculum map provided. The curriculum was structured around the following principles:

1. Progressive content build (Appendix 12.5.1, Doctor of Pharmacy Curriculum): Pharmaceutical sciences progress from foundational coursework in the P1 year including pathophysiology, pharmaceutics (drug delivery) and biochemistry; to medicinal chemistry and pharmacology (drug action) in the P2 year, to clinical sciences (therapeutics, drug information) in the P3 year. P3 coursework (PHAR 540) also covers in greater depth, retrieval, analysis, and interpretation of professional and scientific literature and drug information, as well as basic research methodology and evaluation of the quality of the clinical literature.
2. Practice/Professional skills: Clinical Communications and Non-Prescription Medications and Self-Care are 2 courses taught in the P1 year. In addition, practice skills labs run concurrent with all required didactic coursework and provide the student with a controlled simulation setting, supervised by a pharmacist. Lab simulations and competencies were designed to prepare students for the Introductory Pharmacy Practice Experiences (IPPEs) that follow in the corresponding Summer semesters. By staging didactic coursework and practice skills labs in this manner, students are able to maximize the opportunities provided in the IPPE. Examples of professional competencies provided by the Practice Skills Labs include (not an all-inclusive list):
   - Retrieving information useful in making compounding and dispensing decisions
   - Compounding and dispensing products safely and accurately.
   - Systematically gathering and documenting relevant patient informatio in a patient profile. Effectively communicating drug and health information, and the proper use of devices at an appropriate level for patients and healthcare professionals.
   - Analyzing and applying the pharmaceutical sciences, establishing patient outcomes, and developing a monitoring plan to a patient-specific and/or population-based disease management plan.
   - Evaluating alterations specific for special population patients when implementing the patient-specific and/or population-based disease management plan.
   - Selecting appropriate communication methods to identify and resolve medication use problems.
   - Identifying own areas of strengths and areas needing refinement; formulate strategies to address these areas; initiate action to correct areas.
   - Performing basic physical assessment.
3. Longitudinal pharmacy practice experiences: These experiences are also provided during the Fall and Spring semesters of the P2 and P3 years. These IPPEs link students with health mentors in the community who have chronic disease states. These experiences help students gain a better understanding of concepts of health, illness, compliance, and burden of disease. Students from other health professional programs also participate in these IPPEs with the pharmacy students.
4. Integrated experientials: The IPPEs are built into the curriculum at points that synergize with didactic coursework and lab experiences. For example, the non-prescription and self-meds, along with the clinical communications courses are incorporated in the P1 year. Because of this, students are better prepared for the community pharmacy IPPE scheduled for the Summer semester. Second semester lab experiences

related to sterile compounding, parenteral compatibilities, and hospital orders are intended to better prepare the student for the institutional IPPE scheduled for the second Summer semester. P3 year practice skills experiences parallel the therapeutics coursework presented in that year. The Integrated Case Studies (ICS) lab in the P3 year is intended to integrate advanced pharmacotherapeutic problem-solving skills with communication and drug information skills routinely employed in primary patient care and is intended to better prepare students for the advanced pharmacy practice experiences. The APPEs provide the student with an opportunity to provide patient centered care in an acute/inpatient setting. Skills emphasized are communication, drug information provision, monitoring of patient outcomes, drug therapy assessment, and patient/healthcare provider education. Many of the competencies mentioned in this Standard are taken to their highest levels in an interdisciplinary care setting as seen in the course competencies associated with an APPE example provided in Appendix 12.5.2: Course Competencies and Outcomes for PHAR 600: Internal Med APPE.

5. Systems management: The pharmacy practice management series (PHAR 425 & PHAR 525). provides students with background in management of human, financial, and technology resources in the pharmacy setting. In addition, the course sequence addresses managing medication use systems with focus on medication safety, quality improvement strategies, informatics, and pharmacy benefits structure and function. Evaluation and use of pharmacoeconomic data are also included. Sociopharmacy and Professional Ethics (PHAR 535) focuses on the psychosocial aspects of drug therapy, pharmacy care, communication, clinical decision-making, health literacy, and the drug use process. Also emphasized are the importance of honesty, justice, empathy, altruism, compassion, and autonomy in the delivery of interdisciplinary, patient-centered care. PHAR 535 also develops the skills necessary to develop and assess programs to promote public education and awareness of disease prevention with attention to population-based evidence and epidemiologic data. Pharmacy Law (PHAR 530) covers federal and state jurisprudence, along with the legal basis of pharmacy practice, including the administrative, civil, and criminal laws that impact practice.

Sample syllabi are provided in Appendix 12.3.1 (didactice) and 12.3.2 (experiential).

Overall curricular assessment is discussed under Standard 15. Results from the AACP Surveys shows favorable results (90%+ SA/A on many of the statements presented to graduates. Notable differences that exist in the areas of informatics, epidemiology, and pharmacoeconomics are being addressed. Content emphasis in PHAR 525 is being shifted to a more applied pharmacoeconomics approach, engaging the students in a greater array of the tools used to evaluate the economic impact of pharmaceuticals. In addition, PHAR 535 now includes more cases in the use of pharmacoepidemiologic data use and interpretation. New course instructors are in place for both PHAR 525 and 535. Informatics content is also being emphasized in PHAR 334 (Pharmacy and Healthcare in the US), PHAR 425 (Pharmacy Practice Management 1), and PHAR 525 (Pharmacy Practice Management 2).

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

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.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

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

(School comments begin here)

The College's curriculum is structured to provide students with a progression of material that builds from the foundational sciences through therapeutics and clinical sciences. This foundation runs in parallel with development of professional skills necessary to function in a patient-centered, inter-disciplinary care setting.

Course Sequencing, P1

With an increasing number of drug products focusing on an expanding array of biochemical pathways of the human body, the revised curriculum included a 2-course sequence in the P1 year on medical biochemistry and molecular biochemistry and biotechnology. The first course in the sequence focuses on the physiochemical properties of biological molecules, bioenergetics, and details enzyme structure, function, kinetics, and regulation along with metabolic pathways involving the various categories of biomolecules (carbohydrates, lipids, and proteins). The second course in the sequence considers replication, transcription and translation of genetic material, intracellular and intercellular signaling, and apoptosis. It also addresses the roles of pharmacogenetics, pharmacogenomics, proteomics, and metabolomics in clinical practice and drug development and the biotechnologies associated with them. This course lays the foundation for many of the drug products being taught in the P2 Drug Action sequence.

The 2-course pathophysiology course in the P1 year builds on the pre-pharmacy anatomy and physiology course material and focuses on physiological dysfunctions that result in human disease. Topics range from cellular dysfunction to organ system failure. The course provides an overview of diagnostic tests used as monitoring parameters for specific disease states and medical conditions. This sequence will also lay the foundation for the medicinal chemistry, pharmacology, and therapeutics taught later in the program. A one-semester course on Pharmacy and Healthcare in the United States is taught

in the P1 year to provide students with an overview of how health services are delivered and financed in the United States as compared to other developed countries. In addition, the history of pharmacy along with its evolution from a product-oriented profession to a patient-centered care profession are also discussed.

The first of the introductory pharmacy practice experiences occurs following the P1 year and requires the student to be knowledgeable about different drug delivery preparations. The 2-course sequence in Drug Delivery provides this background. The first course in the sequence covers the physicochemical principles, concepts, and processes relevant to drugs and dosage forms with applications in formulation and drug delivery. The influence of manufacturing and formulation variables on drug delivery and efficacy is included. The second course in the sequence addresses techniques of commercial manufacture of dosage forms as well as the influence of manufacturing and formulation variables on drug delivery is emphasized. Application of basic pharmaceutics principles is extended into areas of formulation, product stability, and efficacy.

Practice skills are also developed in the P1 year during the Clinical Communications course and the Practice Skills Lab. Students acquire a broader understanding of the foundations of clinical communications, enlarge their repertoire of direct and indirect clinical communication techniques, and apply these techniques during the recitation section of the course. Students learn and practice effective speaking techniques, orient to obtaining and documenting a medication history, and begin learning the skills necessary to counsel patients effectively. During the second semester of the P1 year, students take a course on nonprescription medications and self-care covering over-the-counter medicines, dietary supplements, home testing devices and self-care remedies. The practice skills lab in the first semester parallels the Drug Delivery coursework, enabling students to gain more from compounding labs. The practice skills lab in the second semester integrates material in that semester, while students gain experience in physical assessment, handling and counseling of home testing devices, and actively learn on non-prescription and self-care products.

Course Sequencing, P2

During the P2 year, the emphasis shifts to building the students' knowledge base in drug therapy through the 4-course Drug Action sequence. The Drug Action sequence integrates the principles of medicinal chemistry and pharmacology with an emphasis on factors that affect biological activity, mechanism of action, absorption, distribution metabolism, elimination, and toxicity. This course builds on the pathophysiology drug sequence in the P1 year, presenting how drug therapy modifies disease processes. In addition, foundational material in the P1 year on pharmaceutics allows for advanced discussion of drug delivery systems. Each semester, 2 of the courses are taught, each on a half-semester basis. Over the course of the 2 semesters, all major drug classes are covered, synchronizing the medicinal chemistry and pharmacology material. A pharmacokinetics course is also delivered in the P2 year of the program covering the modeling of absorption, distribution, metabolism, and elimination of drugs in the human body.

The infectious disease sequence in the P2 year represents the most integrated course in the current curriculum. The purpose of this course was to give the College of Pharmacy greater experience with integrating material between foundational and clinical sciences. Since implementation, 2 iterations of the course have occurred, based on feedback from students (through the assessment program) and course faculty on how to improve its integration of material from microbiology, medicinal chemistry,

pharmacology, and therapeutics. The course covers structure, pathogenesis, detection, pharmacology and pharmacokinetics of antibacterials, and antifungals.

The Practice Skills Labs during the P2 year features prescription simulations in the lab, which can be advanced with more complexities including drug interactions, intravenous compatibilities, dosing, appropriateness, and contraindications. Sterile manufacturing and aseptic technique are also included in the P2 labs, as the students build their database and experience leading up to the introductory pharmacy practice experience in the summer in the institutional setting. Students also participate in the longitudinal patient experiential during the P2 year. Student groups visit “health mentors” in the community providing them with an opportunity to interact with patients with chronic diseases. Skills emphasized are relationship building, communication, and listening. Students also gain a better understanding of concepts of health, illness, compliance, burden of disease, and the impact of the health care system on patient care.

Course Sequencing, P3

The P3 year of the program features the capstone didactic coursework related to therapeutics. This 4-course sequence presents the principles of pharmacotherapeutics in the treatment of disease. Emphasis is placed on development of a clinical understanding of the disease process, the role of pharmacological intervention in the patient-specific and/or population-based disease management plan, and the development of an appropriate therapeutic regimen. The coursework integrates the pathophysiology of the disease and the pharmacology and medicinal chemistry of the drugs applied to them.

The practice skills lab mirrors the content in the therapeutics course during the semester. In addition, the Integrated Case Studies course provides a bridge between the didactic component of the curriculum and the APPE. This course integrates advanced pharmacotherapeutic problem-solving skills with the communication and drug information skills routinely employed in the primary care setting. Students employ a systematic approach to pharmacotherapeutic regimen development and monitoring.
The course focuses on all forms of communication (visual, written, and verbal) with emphasis on displaying appropriate professional behavior necessary with working with patients and other health care professionals. Students also continue to participate in the longitudinal patient experiential during the P3 year using health mentors in the Grand Rapids area.

To aid students in managing the medical literature and handling drug information inquiries, a course on drug information and clinical literature evaluation is taken the P3 year. This course covers the fundamental concepts and practical considerations necessary to handle drug information inquiries and enables the student to evaluate the published medical/pharmacy literature, including study design and statistical techniques used in clinical research. It also covers intermediate drug information procedures and applications of evidence-based medicine needed to provide drug information services.

A series of 3 pharmacy administration courses round out the P3 year. This includes Pharmacy Practice Management 2, which covers the pharmaceutical supply chains including basic reimbursement, third party and managed care systems, and fundamental accounting principles. In addition, the course covers the principles of pharmacoeconomics, its role in formulary and managerial decisions, as well as the fundamental of informatics and project management. The Sociopharmacy and Professional Ethics course covers the application of behavioral science principles in understanding the influence of humans on the appropriate delivery of pharmacy care services and drug use in society. In addition, the principles of bioethics is covered and applied to relevant issues in pharmacy practice to broaden the students

understanding of professional behavior. Finally, a pharmacy law course is taught, which encompasses federal and state jurisprudence, along with the regulatory codes that impact the practice of pharmacy in institutional as well as community settings.

Course Sequencing, P4

The P4 year includes the advanced pharmacy practice experience, which is discussed in the following section (see Standard 14). In addition, students are enrolled in the newly revised Doctoral Project course. This course allows students to showcase their ability to take a relevant professional question, perform research to answer the question, summarize the data, and defend their findings and conclusions logically and systematically. The expansion of the course provided students additional opportunities to design and conduct clinical,basic science, and practicebased research activities to demonstrate their abilities.

Assessment of Ability-based Outcomes

The ability-based outcomes for the curriculum are included in Standard 9. (Appendix 9.1.1, Ability Based Outcomes) Each course in the curriculum has an associated Form E, which is the official university curriculum document including the course name, description, outcomes, means of assessment, and allocation of hours across the semester. An example of the Form E is included in Appendix 13.2.1, Sample Form E for PHAR 425. The example includes annotation (in red) noting the relevant ability-based outcome from the list associated with the current curriculum. During the curricular revision process leading up to the current curriculum, all ability-based outcomes were mapped to their respective courses. Course content is then derived from these outcomes.

To assess ongoing delivery of course content consistent with the approved curriculum and mapped ability-based outcomes, the College Curriculum Committee conducts content evaluations and student self-assessment of ability-based outcomes. At the end of the semester, one course is chosen from the curriculum. Students in this course are then surveyed and presented with approved Form E content for their course. They are asked if all content was covered, if any additions were made, and if content was appropriately assessed. They are also asked if there was any unnecessary duplications, and if content was appropriately coordinated. Survey results are forwarded to the Curriculum Committee, and variances are followed up with the appropriate course coordinators. Over the course of 3 years, all didactic courses are evaluated in this way. A summary of a content evaluation from one semester is included in Appendix 13.2.2, Content Evaluation on P-3 Courses Fall 2013 for this section. At the end of each academic year, students also complete a self-assessment of the curricular ability-based outcomes. These outcomes have previously been allocated to the relevant professional year. Student score themselves on each of the applicable ability-based outcomes. The results are reviewed by the Assessment Committee, Curriculum Committee, and are distributed to the full faculty for their review.

Because the AAMS system cross referenced a select number of responses from the AACP Graduate Survey, a more expansive set of results related to curricular content is included in Appendix 13.2.3, AACP Graduate Survey Curricular Content Question 2010-15 for this section. The majority of these responses show strong positive results on the delivery of the curriculum as evidenced by the high percentage of graduates who SA/A with each of the statements. Questions with lower response rates, which are currently being addressed include (1) “Interpret economic data relevant to treatment of disease,” and (2) “Pharmacy-related elective courses met my needs as a PharmD student.”

As can be seen from the 2010–2014 data, the perception of students has improvved regarding the array of electives available to them. As part of the current curriculum revision process, an effort was made to increase the breadth of electives available in the second and P3s. In addition, scheduling changes were made to increase the number of seats available and provide students with more information on when electives would be scheduled in the program. These changes have resulted in a steady increase SA/A scores by graduates of the program. In addition, changes are currently underway in Pharmacy Practice Management 2 to use a higher percentage of applied pharmacoeconomic cases to better equip student to address economic data related to the treatment of disease.

Additional curricular assessment is conducted through the university TracDat system, which provides further assessment information on course and curricular outcomes. See the discussion of TracDat in Standard 15.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

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.

2. College or School's Self-Assessment

The college or school provides a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.	Satisfactory
The pharmacy practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum.	Satisfactory
Pharmacy practice experiences include periods for preparation and guided reflection.	Satisfactory
The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site are defined.	Satisfactory
Goals and outcomes for each pharmacy practice experience are mapped to activities listed in Appendix C to ensure that students' experience will cover, at a minimum, all the listed activities.	Satisfactory
Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes are documented and assessed.	Needs Improvement
In aggregate, the pharmacy practice experiences include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals.	Satisfactory
Most pharmacy practice experiences are under the supervision of qualified pharmacist preceptors licensed in the United States.	Satisfactory
The college or school ensures that all preceptors (especially first-time preceptors prior to assuming their responsibilities) receive orientation regarding the outcomes expected of students and the pedagogical methods that enhance learning, ongoing training, and development.	Satisfactory

A quality assurance procedure is in place that facilitates standardization and consistency of experiences and outcomes while allowing for individualization of instruction, guidance, and remediation by the preceptor based on student needs.	Satisfactory
Students do not receive remuneration for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.	Satisfactory
The introductory pharmacy practice experiences involve actual practice experiences in community and institutional settings and permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities.	Satisfactory
Introductory pharmacy practice experiences account for not less than 300 hours over the first three professional years. The majority of students' time (minimum 150 hours) is balanced between community pharmacy and institutional health system settings.	Satisfactory
The length of the advanced pharmacy practice experiences is not less than 1440 hours (36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed.	Satisfactory
All 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).	Satisfactory
Required experiences include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings: • community pharmacy • hospital or health-system pharmacy • ambulatory care • inpatient/acute care general medicine	Satisfactory
Simulation is used appropriately as a component of introductory pharmacy practice experiences; it does not account for greater than 20% of total introductory pharmacy practice experience time and does not substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings.	N/A

3. College or School's Comments on the Standard

Focused Questions

☑ How student performance is assessed and documented, including the nature and extent of patient and health care professional interactions, and the attainment of desired outcomes

☑ How, in aggregate, the practice experiences assure that students have direct interactions with diverse patient populations in a variety of health care settings

☑ How the college or school ensures that the majority of students' IPPE hours are provided in and balanced between community pharmacy and institutional health system settings

☑ How the college or school uses simulation in the curriculum

☑ How the college or school establishes objectives and criteria to distinguish introductory from advanced practice experiences.

☑ How the college or schools assures, measures, and maintains the quality of site used for practice experiences

☑ How quality improvements are made based on assessment data from practice sites

☑ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix C of Standards 2007 to ensure that students' experience will cover, at a minimum, all the listed activities

☑ How the college or school is applying the guidelines for this standard, and the additional guidance provided in Appendix C, in order to comply with the intent and expectation of the standard

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College's curriculum has a strong experiential component that provides students with a series of direct patient care opportunities that build upon previous experiences, advancing the mastery of the Ability Based Outcomes (ABOs). Assignment of IPPE and APPE is designed to provide students with a broad range of experiences through use of a variety of practice sites and health systems. For students with previous pharmacy experience, every effort is made to avoid placement at locations of prior employment to broaden their practice perspective. All elective APPEs are conducted under the preceptorship of licensed pharmacists, unless the specialty focus warrants otherwise. All required experiences are under the preceptorship of College faculty or adjunct faculty and all are licensed pharmacists (Appendix 14.2.2, Curricular Outcomes).

The experiential curriculum begins in the first semester of the P1 year as a structured visit to a licensed pharmacy. Following the completion of the P1 academic year, students complete a 3-week community practice experience. The IPPE is designed to integrate skills learned in the classroom with all basic functions of a community pharmacist, including dispensing, interpersonal communication, physical assessment, calculations and application with non-prescription medicines, and self-care. In P2 and P3, students participate in longitudinal patient care experiences (LPCE). Groups of 3 students are assigned to a chronically ill patient in the community for the length of an academic year. The students have specific assignments and tasks to accomplish in person with the assigned patient throughout the year. The skills emphasized include active listening and relationship building. Through this experience, students gain a better understanding of concepts of health, illness, adherence, burden of disease, and the impact of the healthcare system on patient care. Following the P2 year, students complete a 3-week hospital/health-system practice experience. The IPPE is designed to integrate skills learned in the classroom with all basic functions of a health-system pharmacist, including medication distribution, reconciliation, safety and control, interpersonal communication, technology, and management of the pharmacy department. IPPE activities for both the community and hospital/health system experience are guided by established outcomes for course objectives and structured grading rubrics (Appendix 14.2.1: IPPE Outcomes).

Beginning in the 2014 academic year, the P3 LPCE course also included an IPE component. Each student participated in an IPE simulation in collaboration with a variety of health professionals. Half of the class completed an experience with Grand Valley State University physician assistant and physical therapy students. The remaining students completed an experience with Michigan State University College of Human Medicine medical students and Grand Valley State University nursing students. Simulations were created based on the Interprofessional Education Competencies (IPEC). Currently the

simulation hours completed as part of these events are not being counted as part of the College's IPPE hour calculation. The College will continue to integrate IPE activities throughout the IPPE curriculum, expanding to the first and second professional year.

In spring 2014, a pilot IPPE was developed in collaboration with Spectrum Health Butterworth Hospital in Grand Rapids. Initially 10 students spent 3 hours bi-weekly providing discharge medication counseling. This program was expanded to include 35 students in the Fall Semester 2014. During this second semester of the pilot, students were divided into 2 groups. Two-thirds of students completed medication histories in the emergency department, and one-third of students completed high-risk medication counseling. Students were supervised by pharmacist preceptors at Spectrum Health. The pilot has continued into 2015. The goal is expansion to all P3 students by the 2015-2016 academic year. Following the 2016 expansion, the College's aim is to implement a pilot in collaboration with the Spectrum Health Family Medicine Clinic and create a parallel ambulatory care experience for the P3 students. The College is also in discussion with Spectrum Health's Big Rapids campus to create an IPPE experience for P2 students. A pilot is in development for the 2015-2016 academic year (Appendices 14.3.1- 14.3.4, LPCE and IPPE site manuals).

The P4 year consists of APPEs and the capstone Clinical Seminar Course. In the 2014-2015 academic year, the Clinical Seminar Course was revised to include a Doctoral Project. The revisions provided students with multiple types of projects to complete, including community-based projects, review articles, clinical questions, clinical research, and service learning projects. The APPE curriculum is comprised of six 6-week rotations totaling 36 weeks. Required APPEs include inpatient/acute care general medicine (PHAR 600), ambulatory care (PHAR 602), community pharmacy (PHAR 611), and hospital/health-system pharmacy (PHAR 610). Students complete 2 elective APPEs with a variety of pharmacy practice settings to choose from, including international opportunities. Ferris has longstanding experiences in Bath, the United Kingdom, and Angers, France. In addition, the College hosts students from both locations annually. In 2014 the College developed an additional APPE in Debrecen, Hungary.

As a direct result of the College's distributed clinical practice sites around the State of Michigan, a majority of students completing the P4 year are exposed to a variety of practice sites and practice models. However, in 2012 the College developed a concentrated APPE experience known as DIRECT (Developmental Instruction Relationally Engaged with Clinical Teams). The students complete a majority of their APPEs within a single health system. The initial DIRECT site was implemented for 10 students at Bronson Methodist located in Kalamazoo. Bronson Methodist is a 404-bed non-profit teaching hospital. A second DIRECT site launched in 2013 at Munson Medical Center in Traverse City and houses 5 students. Munson Medical Center is a 391-bed non-profit regional referral hospital. In addition to completing their APPEs in a concentrated location, each student completes the Doctoral Project by conducting research within the health system.

During the 2014-2015 APPE year, the College adopted the Partner for Promotion Program (PFP) developed by the Ohio State University College of Pharmacy. PFP pairs fourth-year pharmacy students with a community pharmacy to develop and implement a sustainable patient care service. Ferris is the sixth College of Pharmacy to adopt PFP. The pilot year consisted of a single pair of students partnered with SpartanNash, a Grand Rapids, MI, based grocery chain pharmacy. The PFP program will expand in 2015-2016 to include 4 community pharmacists and 8 students. Projects to be implemented vary in scope including medication synchronization, point-of-care testing, immunizations, and transitions of care.

To ensure consistency between the multiple practice sites, each APPE is guided by ABOs that are followed, regardless of the site. Further, the APPE evaluation instrument has been refined and was implemented in August 2010 (Appendix 14.3.5, Patient Care Evaluation form). IPPE and APPE evaluations are completed within E*Value for preceptors to facilitate prompt evaluation of students and for students to provide anonymous feedback to preceptors. Preceptors receive their performance feedback, at minimum, on an annual basis. In addition a required midpoint evaluation has been developed and will be implemented in May 2015, also within the E*Value system.

Preceptor recruitment and development is conducted under the guidance of the director of Experiential Education (DEE). In addition to the DEE, 2 experiential coordinators — one focused in community practice, and one focused in health-system pharmacy — assist in preceptor and site development. Currently, appointment of a new preceptor begins with an initial meeting with a member of the Office of Experiential Education (OEE) to explain the important concepts of the experience. Student outcomes and the standardized student evaluations, linked to the outcomes identified, are discussed thoroughly. This discussion is also used to verify that the preceptor and the site will be able to meet the assigned outcomes. Additionally, preceptors are asked to fill out a self-evaluation assessment to gauge how prepared the preceptor and site are to meet the requirements and expectations (Appendix 14.4.1). A formal orientation program was introduced in Fall Semester 2010. This orientation is also available for viewing at any time on homepage of E*Value. A comprehensive quality improvement plan has been developed by the OEE. Formal implementation of the quality improvement plan began in Fall 2015 (Appendices 14.5.1 and 14.5.2 for the OEE strategic plan and QA process).

In 2015 in accordance with the by-law revision process undertaken by the College, the OEE developed an Experiential Advisory Committee (EAC). This committee is charged in assisting in developing, implementing, and assessing the experiential curriculum within the College. Membership will include the DEE, the experiential coordinators, faculty from the College, preceptors, students, and the director of External Clinical Operations. The goal is to implement the EAC by 2016.

Annually, 2 preceptor-specific conferences are held by the College as outlined in Standard 26. Briefly, the 3 colleges of pharmacy in Michigan offer a joint program in February at the Michigan Pharmacists Association Annual Conference. This program offers preceptors an in-depth look at specific issues related to preceptorship, often focusing on student-preceptor interactions. Each summer, the College holds a Preceptor Development Conference; this full-day program provides program updates, faculty perspectives shared with adjunct faculty, and mentoring for adjunct faculty in both IPPE and APPE clerkships (Appendix 14.5.3, Preceptor Conference Agenda and 14.5.3, Preceptor Experiential Program Manual).

Over the last 5 years the Graduate Student Survey reflects a high level of satisfaction with the content and logistics of the experiential program. In the 2015 Graduating Student Survey, 74.5% responded SA/A to the statement “the introductory pharmacy practice experiences were valuable in helping me to prepare for my advanced pharmacy practice experience.” In addition, 78.5% responded SA/A that their IPPEs permitted involvement in direct patient care responsibilities in both community and institutional settings.

Responses to the Student Survey indicated that student satisfaction with the process for assigning IPPEs and APPEs has increased from a low in 2008 of 62% SA/A response rate, to a high of 92.2% SA/A in 2012. Ratings were 86% and 96% SA/A in 2014 and 2015 respectively. In addition, 96.1% students in 2015, responded SA/A that the sites available for APPEs were of high quality.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

15. Assessment and Evaluation of Student Learning and Curricular Effectiveness

As a component of its evaluation plan, the college or school must develop and carry out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities must employ a variety of valid and reliable measures systematically and sequentially throughout the professional degree program. The college or school must use the analysis of assessment measures to improve student learning and the achievement of the professional competencies.

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

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ A description of formative and summative assessments and measures used to evaluate teaching and learning methods and curricular effectiveness, including nontraditional pathway(s) leading to the Doctor of Pharmacy degree (if applicable)

☑ A description of the assessment measures and methods used to evaluate student learning and, achievement at defined levels of the professional competencies and educational outcomes, both in aggregate and at the individual student level

☑ How achievement of required competencies by all students is assessed and assured on completion of the program

☑ Comparisons with national data and selected peer-group programs (include a description of the basis for the peer-group selection) and trends over time

☑ How feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness

☑ The mechamisms in place to assess and correct causes of ineffective learning experiences, including the measurement of perceived stress in faculty, staff, and students and evaluation of the potential for a negative impact on programmatic outcomes and morale

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The Assessment Committee is charged with the task of assessment for the College of Pharmacy including developing tools, implementation, evaluation, and dissemination of information to the appropriate individuals/groups. This committee is made up of faculty from each of the departments. Assessment data for the College of Pharmacy are organized under the University's TracDat system.

Overview to TracDat

The TracDat system is a web-based application designed for colleges or universities to organize their assessment activities (Appendix 15.8.1, TracDat System Screen Shots, slide #1). Programmatic and course-level objectives are input into the system along with means of assessment, results, criteria for success, follow-up, and curricular and standards mapping (Appendix 15.8.1, slides #2-3). The College of Pharmacy has consolidated its assessment activities using the TracDat system, which assists greatly in the organization of ability-based outcomes, course level objectives, AACP survey data, curricular and programmatic outcomes, results reporting, and curricular mapping.

The assessment plan (Appendix 15.8.6, College of Pharmacy Assessment Plan Summary 2015) centers on both curricular and programmatic outcomes. Curricular outcomes are taken directly from the faculty approved ability-based outcomes (ABOs) for the Doctor of Pharmacy program (Appendix 9.1.1, Ability-Based Outcomes for 2009 Curriculum) and the course-level outcomes mapped to these ABOs. Programmatic outcomes address the College’s overall mission and a number of other policy, procedural, and facility-related outcomes deemed important by the Assessment Committee. Many of these programmatic outcomes are measured by the AACP surveys. The College of Pharmacy currently employs the graduate, faculty, alumni, and preceptor surveys. The assessment plan in TracDat identifies the curricular and programmatic outcomes, means of assessment for each identified outcome, criterion for success, assessment schedule, and related courses (when applicable) within the College specific to each assessment.

Peer institutional data is reviewed periodically. In Appendix 15.8.7, Grad Survey Peer Comparison Data on Curriculum 2015, peer data on curricular professional outcomes is presented using the comparators Midwestern University, Purdue University, The University of Michigan, The University of Toledo and Wayne State University. These institutions were selected because they represent colleges in the State of Michigan and the region. The total percentage of SA/A compares favorably across these measures with some notable variations. In some cases, there is a slightly unfavorable shift in “agree” versus “strongly agree”. In the case of #17, where an unfavorable comparison exists for percentage of “disagree” the data has been forwarded to the appropriate faculty and are being addressed as part of the plans related to delivery of the relevant courses.

Curricular Assessment Data

All faculty members within the College of Pharmacy have access to the TracDat system, facilitating their review of assessment data, and allowing for input of course-level information into the system. Objectives were loaded into the TracDat system for each course, based on the faculty approved curricula (see slide #3, Appendix 15.8.1: TracDat Screen Shots). The TracDat systems maintains mapping of the curricular ABOs for each course (Appendix 10.3.1, Curricular Map with Ability-Based Outcomes). Each course is mapped to its appropriate ABO at the introductory, mastery and reinforced level. These course-level objectives have been mapped against the faculty approved ability-based outcomes (Appendix 10.3.2, Curricular Map with Ability-Based Outcomes).

For course-level curricular assessment, each faculty member is responsible for entering a means of assessment for each course-level outcome, along with criterion for success (see slide #4, Appendix 15.8.1, TracDat System Screen Shots). During, or at the end of the semester, faculty enter results for curricular assessment into the TracDat system for each of the course outcomes (Appendix 15.8.1, TracDat Systems Screen Shots, slide #5). Because each means of assessment must include “Criteria for Success” when entered, the faculty member selects a “meets” or “does not meet” option when entering results. Follow-up actions can then be entered in cases where criteria for success are not met. The system allows faculty to follow curricular assessment longitudinally to identify positive or negative trends, or follow up on the impact of action plans (Appendix 15.8.1: TracDat System Screen Shots, slide #6).

The College has also begun implementation of ExamSoft. ExamSoft is a web-hosted assessment system that allows faculty to build course-level assessments such as examinations, quizzes and rubrics in a centralized way (with interface to Blackboard). Assessment such as examinations are delivered to students electronically using a laptop computer or iOS tablet device. Question banks are built within the ExamSoft system, which can then be combined into examinations or quizzes. The rubrics feature within ExamSoft also provides the opportunity to consolidate student assessment in laboratories, simulations, IPPEs ABOs and course level objectives are loaded into ExamSoft so that when questions or rubrics are built, they can be cross-referenced. In combination with the use of Blooms Taxonomy, robust feedback can be given to students on their performance in the course and the curriculum. ExamSoft is pre-loaded with the ACPE Standards Appendix B allowing that to be cross referenced as well. The web-hosted nature of ExamSoft will allow the College to augment its use of TracDat with a centralized data source for monitoring an ensuring the competencies established for the curriculum. The implementation is beginning in Fall, 2015 with the entering P1 class.

Benefits of TracDat for Assessment

Using the TracDat system has organized and improved the assessment activities of the College. The system provides a mechanism to ensure that all assessment data reside in a single location, that a

systematic mechanism exists to ensure all data is tracked longitudinally, and that data are mapped against curricular, programmatic, or course outcomes. Each data point must be assessed against criteria for success, including a “Meets” or “Does not Meet” criteria toggle. Actions and follow-up are also systematically tracked within the system. The Course Assessment Plan Report within the TracDat pharmacy course module provides an overview of the assessment methods applied in courses across the curriculum. An example of a Course Assessment Plan Report for an individual course can be viewed in Appendix 15.8.2, Excerpt TracDat Course Assessment Plan PHAR 334. The report provides the course outcome, means of assessment (“Assessment Method”), criteria for success, and assessment schedule for both active and inactive outcomes. TracDat also provides the Unit Course Assessment Report (the “Four Column Report”). In addition to the information provided in the Course Assessment Plan Report, the “Four Column Report” also provides a longitudinal display of results, status of criteria for success, and action and follow-up, if applicable. An example of the Four Column Report can be viewed in Appendix 15.8.3, Excerpt TracDat Course Assessment Results PHAR 334 for an individual course.

Programmatic Assessment

Overall programmatic assessment is also maintained using the TracDat system. Programmatic assessment monitors the progress of the AACP survey data, curricular outcomes, as well as additional aspects of the program including mission and curriculum delivery (e.g., facilities, access to IPPE/APPEs, admission, and course access). An excerpt of the Program Assessment Plan applicable to the Doctor of Pharmacy program can be seen in Appendix 15.8.4, Excerpt TracDat Program Assessment Plan. As is the case for course-level assessment, a complete report of results is also available in a Program Assessment Report (Four-Column Report). An excerpt of this report can be seen in Appendix 15.8.5, Excerpt TracDat Program Assessment Results. Due to the size of these two reports, a complete set will be provided to the team on-site. The TracDat system also provides a Variance Report, which identifies all outcomes that have “not met criteria” along with action and follow-up. The Variance Report allows the Assessment Committee and the faculty to quickly access problem areas identified by the assessment system.

An example of how programmatic data is used to improve the program can be seen in the results of the AACP Graduate Survey, Section VI: The Student Experience. For a number of years, the Assessment Committee had identified performance below established criteria on question related to responsiveness to student issues (see Standard 22, longitudinal results for #60, 61 and 65). This information was provided to the student services division and the administrative staff. Changes were made in the orientation process, Dean’s Advisory Board and student focus groups to improve communication. Permission was also obtained from AACP to utilize an excerpt of the AACP graduate survey, which is now administered to students in the P1 to P3 years to allow for more rapid feedback on changes in the program (Appendix 22.2.1, Student Committe Listing).

All ability-based outcomes are mapped to coursework, course outcomes and Appendix B of the accreditation standards. In addition, the TracDat system provides a means for monitoring and feedback of course-level outcomes at the “granular” level. As a result, successful completion of the 138 hour curriculum establishes the achievement of required competencies for each student at the point of graduation. These results are validated by sustained performance of graduates above the national average of NAPLEX and MPJE (see Appendix 15.2.1 (Title: MPJE Results) and Appendix 15.3.1 (NAPLEX Results).

Assessment Methods: Classroom, Labs, and Practices

The faculty use a number different methods for formative and summative assessment of students in the classroom (Standard 11, Appendix 11.4.1 Faculty Teaching Methods Employed, Slide 4). Approximately

one-third of assessment in the P-1 to P-3 year utilizes traditional multiple choice exams. This is followed by essay/written response (18%), classroom exercises (16%), student (8%), homework exercises (8%), group work (8%), written cases (3%), graded classroom discussion (2%), simulation (2%), and other (3%).

As outlined under the Standard 10 response, the Doctor of Pharmacy curriculum at Ferris utilizes practice skills labs in each didactic semester of the first three professional years. This is intended to ensure that each student has the opportunity to integrate professional knowledge with the practice-based skills necessary to develop as a health care professional with the guidance of a practicing pharmacists. The practice skills/simulation lab utilizes a wide array of activities and assessments to accomplish this and provide formative and summative assessment of students (See slide #5 in the Standards 11: Teaching Methods supporting document). Lab instructors utilize patient/practice simulations 28% of the time followed by patient cases (18%), counseling exercises (16%), student discussion (9%), student presentations (8%), problem-based cases (8%), compounding exercises (3%) and other (10%). These assessment take the form of simulations in compounding (sterile and non-sterile), counseling, physical assessment, documenting care services, home diagnostics, prescription (ambulatory and institutional), and patient care.

Assessment of Curricular and Programmatic Outcomes

In addition to these student assessment methods, the College assesses curricular and programmatic outcomes using these methods:

- **Student self-assessment of the ability-based outcomes**. At the end of each academic year, students are asked to self-assess their competency on the ability-based outcomes for the program. Results are reviewed by the Assessment and Curriculum Committee and disseminated to the faculty of the College of Pharmacy.
- **Content Evaluations**. To help ensure that content that has been approved by the faculty is delivered in the assigned classes, the Curriculum Committee surveys students (using a 3-year cycle) using the original committee approved content list. Students are asked to verify that the approved content was delivered and to list any content that was missed or added. Students are also asked if content was assessed appropriately and if any unnecessary duplication existed. Results are reviewed by the Curriculum Committee. Any variances are followed up with appropriate faculty.
- **Prescription simulations collected in the Practice Skills Labs**. Students in the P2 year complete prescription simulations that serve to integrate information from the P1 and P2 years of the program.
- **Student Assessment of Instruction**. At the end of each semester, students complete assessments of their classes. These course assessments may use a number of different forms currently approved by the University, including the SAI and IDEA instruments
- **Student Presentations**. The student presentations as part of the clinical seminar course (P4 year) are also one form of embedded assessment.
- **Results from NAPLEX and MPJE examinations.** Currently, the college maintains favorable results in comparison’s to national averages and other schools in the State of Michigan.

Ad Hoc Assessment Activities

The Assessment Committee also conducts periodic analysis of data as needed by other committees or staff of the College of Pharmacy. For example, in 2013, the Progressions Committee of the College was reviewing late program (P3 or P4) dismissals or withdrawals as a result of an unfavorable spike for the classes entering 2009 and 2010 (see more detained discussion in Section 19). The Assessment Committee conducted a comprehensive analysis and determined that admission grade point criteria

were a modest predictor of performance in the PharmD program but were not predictive of catastrophic student performance. This analysis permitted a relaxation of a firm “cut point” for GPA as part of the admission criteria. The data were also used by the Progression Committee to establish criteria related to remediation for "D" grades received in a class.

Other Assessment Data

In Appendix 15.8.8, Student Faculty Stress Measures are the most current results of the Perceived Stress Scale conducted on students and members of the faculty.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

16. Organization of Student Services

The college or school must have an organizational element(s) devoted to student services. The administrative officer responsible for this organizational element must oversee and coordinate the student services of the college or school.

2. College or School's Self-Assessment

The college or school has an organizational element(s) devoted to student services.	Satisfactory
The organizational element(s) devoted to student services has an administrative officer responsible for overseeing and coordinating them.	Satisfactory
The budget assigned to student services is sufficient to provide needed services.	Satisfactory
The college or school has an ordered, accurate, and secure system of student records which are confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA).	Satisfactory
Student services personnel are knowledgeable regarding FERPA law and its requirements.	Satisfactory
The college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities, e.g., residencies, fellowships, and graduate school.	Satisfactory
The college or school offers access to adequate health and counseling services for students. Appropriate immunization standards exist, along with the means to ensure that such standards are satisfied.	Satisfactory
The college or school has policies in place so that students who have off-campus classes or pharmacy practice experiences fully understand their insurance coverage and where and how to access health and counseling services.	Satisfactory
The college or school has a policy on student services, including admissions and progression, that ensures nondiscrimination as defined by state and federal laws and regulations, such as on the basis of race, religion, gender, lifestyle, sexual orientation, national origin, or disability.	Satisfactory
The college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling).	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ A description of student services offered and, if applicable, how the college or school ensures that students in all degree program pathways and geographic locations have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling)

☑ A description of the sections of the student handbook that deal with specific requirements of the standard and guidelines

☑ How the college or school provides students with financial aid information and guidance, academic advising, career-pathway and other personal counseling, and information about post-graduate education and training opportunities

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Oversight of student services is the responsibility of the director of Student Academic Affairs (DSAA), the director of Student Services (DSS), the Admissions Specialist, and the Administrative Specialist. The DSAAs' responsibilities include College admissions, monitoring student progression, development of academic standards, student advising, student record-keeping, and verification of degree requirements (Appendices 16.1.1, Director of Student Academic Affairs CV and 16.1.2, Director of Student Services for CVs for the current DSAA and DSS).

The DSAA serves as chair of the Admissions Committee. The Admissions Committee oversees the ongoing evaluation and assessment of admission criteria for the Doctor of Pharmacy program and makes recommendations to the full faculty. This committee also reviews and approves procedures for interviewing candidates.

The Admissions Specialist ensures that all admissions application are in order, scores applications, and provides recommendations to the admissions committee. The Admissions Specialist also coordinates the on-site interviews.

The Admissions Committee works closely with the University's Office of Admissions and Records, as it relates to new students, Office of Financial Aid, and Disability Services Office. Student Services also coordinates new student orientation as well as orientation for students as they transition to the P3 and P4 years.

The DSS' responsibilities include chairing the Registered Student Organization (RSO) Advisors' Council, composed of RSO faculty advisors and student leaders. The RSO Advisor's Council coordinates student activities and projects at each campus. The DSS also acts as a liaison between students and the program or faculty members, coordinates the Pharmacy Peer Mentor Program, provides personal counseling to P3 and P4 students, and coordinates with University student services as needed (i.e., Birkam Counseling Center, Disabilities Services, etc.). The DSAA and DSS are standing, non-voting members on the Progressions Committee (see Standard 19).

Clerical support is provided to Student Services via an administrative assistant in the Dean's Office.

Student Records and Transcripts

Current student records are secured inside the Dean's Office located on the Big Rapids campus with archived records kept in a locked storeroom within the building. The University is in compliance with the Family Educational Rights and Privacy Act (FERPA) rules and maintains information for students at the following site: http://www.ferris.edu/admissions/registrar/schdbook/page15.htm. Pharmacy staff members who handle these records have been trained in FERPA policy. The Office of

the Registrar continues to update faculty and staff throughout the campus regarding FERPA rules and their interpretation. In 2015, the College gained the ability to encrypt email communications, as well as devices in need of additional security (Appendix 16.3.1, FSU Technical Standards).

Academic transcripts are maintained on the University Banner system, which is a password-secured system. Students are informed of their rights to access their own records through an online student policy handbook available at the following site: http://ferris.edu/HTMLS/colleges/pharmacy/students/docs/ StudentHandbookFall2013toPresent.pdf. (Appendix 16.4.1, Student Handbook)

Student Financial Aid and Scholarships

Student financial aid support is provided through the University's Financial Aid Office. A senior financial aid specialist is responsible for all financial aid-related issues for the College's students. The DSAA is in periodic contact with financial aid representatives to discuss student concerns related to financial aid. All students who have received Perkins and Direct Student Loans are directed to online exit counseling that fulfills the federal exit counseling requirements. The College awards numerous scholarships each year that are funded by corporate and private donations. The scholarships are awarded based upon the student's admissions ranking, his/her financial need as determined by the Financial Aid office and donor intent.

Location of Services and Education about Services

Comprehensive student services are made available for students at each site (Big Rapids: P1 and P2; Grand Rapids: P3 and P4) according to the table found in Appendix 16.5.3, Comprehensive Student Services.

Orientation sessions are scheduled for incoming P1 students, P3 students transitioning to the Grand Rapids campus, and P4 students transitioning to advanced pharmacy practice experience. These sessions include information on student services available and any relevant changes in how those services are accessed at each site (Appendix 16.2.1, Student Success Flow Chart, and Appendix 16.2.2, Student Affairs Grid for additional information).

A Professional Transition Series was developed to inform and support students as they progress through each level of the program. Monthly class meetings were also added to improve communication. Class meeting and Professional Transition Series topics are listed in Appendix 16.5.2, Professional Transition Series Topics. In addition, an annual Pharmacy Career Fair is held during each fall semester, consisting of a 2-day event. Company representatives meet with students and conduct interviews in Big Rapids and Grand Rapids. University Career Services coordinates registration and interview scheduling for this Fair. Since the collaboration with Career Services and the recent hire of an administrative specialist, feedback from students and company representatives has markedly improved.

In an effort to better assess student needs, the College developed surveys and analyzed additional student data. The College utilized the Student Perceptions survey, based on key concepts from Gallup's Student Success Model, as well as a subset of the AACP Graduate Student Survey given to each class within the College (Appendix 16.5.1, AACP Student Svcs Questions to P1, P2 and P3). Results showed significant progress in areas identified by the Gallup research to be associated with student success including whether students felt respected, that they received a quality education, knew what is expected of them, and whether they feel as though they have necessary resources available to them to succeed.

Over the last two years each marker showed a significant improvement. Data showed students SA/A with each of these questions at least 87% of the time.

The 2015 AACP Graduate Student Survey Q86 is illustrative: 100% of the respondents indicated that they would choose Ferris' College of Pharmacy again if they were to start school again. Of those, 51% noted that they strongly agreed with this statement. Furthermore, comparison of this spring's data with that of five years prior reveals an increase from 65.3% choosing Ferris again to this year's result of 100%. Student perceptions of how well the College is meeting their needs and expectations are most assuredly improving.

Additional support services include APhA's Career Pathways program, which is offered to P1 and P2 students on an annual basis. Career exploration workshops regarding CV writing, letter writing, interviewing, and preparing for a career fair are offered annually. In addition, the Residency Information Program with Integrated Training (RIP-IT) program offers workshops specifically for students interested in applying for residencies.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

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.

2. College or School's Self-Assessment

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

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

3. College or School's Comments on the Standard

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

(School comments begin here)

The College's admissions process continues in a constant state of evolution and improvement as the College strives to attract and identify in a fair and objective manner the most qualified candidates who will successfully complete the program and excel in their careers.

In 2014, the pre-pharmacy requirements were expanded in response to changes in the PCAT and the curriculum and communicated to future applicants well in advance of implementation. (Appendix 17.1.1, Pre-Pharmacy Requirements, and http://www.ferris.edu/HTMLS/colleges/pharmacy/curriculum/Pre-Pharmacy-Curriculum-2011-Applicant.htm).

The College participates in (1) the PharmCAS early decision program and (2) an assurance program for students applying from the University's Honors College (Appendix 17.3.1, Honors Assurance Program

Criteria, or http://www.ferris.edu/HTMLS/colleges/pharmacy/admissions/Honors.htm). The PCAT and GPA averages for these groups continue at or above the average for the class as a whole.

All admissions materials are available through the College website to provide candidates with the most current information (http://www.ferris.edu/HTMLS/colleges/pharmacy/curriculum/Admissions-Policies.htm). The College Admissions Committee routinely reviews the admissions formula used to rank candidates, which takes into account pre-pharmacy grade point average (several subsets of GPA are used), PCAT score, interview score, onsite essay score, and letters of recommendation. The review consists of a statistical regression of various admission metrics and student performance in the Doctor of Pharmacy program. Regression of admission criteria against performance in the professional degree program validates the criteria used.

1. P1 Year: Grade point average, undergraduate science hours, interview score, undergraduate math credits, essay score, PCAT, and writing score correlated to performance.
2. P2 Year: Undergraduate science GPA, presence of a baccalaureate degree, PCAT writing scores, PCAT score, essay score, and interview score correlated to performance.
3. P3 Year: Undergraduate science GPA, PCAT reading score, and essay score correlated to performance.
4. P4 Year: Undergraduate science GPA, PCAT verbal score, and PCAT chemistry score correlated to performance.

The formula results in a ranking for each candidate. All applicant records are stored within the PharmCAS system, and print materials are stored and maintained by the admissions specialist. Recruitment is handled by the DSAA and is the reource for area institutions that refer applicants to the College.

In academic year 2014-15, ten different pre-pharmacy clubs invited the DSAA to present educational materials to their members. These recruitment efforts have been largely successful, assuring an excellent pool of applicants for admission in academic year 2015. Additionally, expectations are high for an increased number of students applying via the Early Decision Process (EDP) for admission in Fall 2016. Increases in the EDP candidate pool demonstrate that students are more and more convinced that Ferris State is their first (and only) choice for pharmacy studies. (Appendix 17.5.2, Recruitment 2015-2016)

The enrollment and selection of students is controlled by the Admissions Committee. The Admissions Committee is chaired by the DSAA and members are selected by each department. Application information is collected using the PharmCAS system. A preliminary ranking is established assessing PCAT score, different cuts of the GPA, and letters of recommendation for the purposes of determining eligibility for the onsite interview. Following the onsite interview, a final composite score is calculated. If the score reaches a sufficient threshold, an invitation for conditional admission is sent. In combination with the other factors evaluated including the criminal background checks, allow the College to select the students most likely to avoid difficulty when put into the practice environment.

Similar to the admissions process, the interview process is continually being improved. From the first years using the interview process, the interview tool underwent minor changes until the 2014-2015 interview session when a multiple mini-interview process was implemented (Appendix 17.2.1, Interview Questions for Class of 2015). The interview process in its current form begins with an extemporaneous writing project (Appendix 17.2.2, Writing Prompt), followed by a series of interview sessions with 2 interviewers independently scoring the candidate.

Interviewers are selected by interest from faculty and adjunct faculty. The interview coordinator then reviews the questions on the interview tool with each interviewing team. The interviews are scored and included as part of the ranking formula for the applicants. If significant concerns arise during the interview process, these concerns are brought to the Admissions Committee. Future plans for the interview process are to further improve the multiple mini-interview process and to enhance evaluation of the applicants' communication and patient interaction skills.

An additional component of the interview process involves peer-mentors interacting with the applicants in the interview process during the question and answer period. This peer-mentor component has received positive feedback from applicants and students, and demonstrates an aspect of the support the College provides to the students. On the Graduate Survey, 88.1% of respondents to the 2014 survey provided SA/A responses when asked if the admissions process of the College is well organized. These results are consistent with those of the previous 3 years. The 2015 Graduate Survey revealed significant improvements in this area. 98.1% of students indicated that the admissions process was well organized. These improvements are directly related to efforts by the College's Admissions Specialist as well as improvements to the orientation processes.

The current enrollment of 150 entering students annually is based on the number of faculty members within the College, the College's physical facilities, as well as experiential placement capacity at appropriate clinical practice sites. In 2 of the past 5 admitted classes (2009-2014) the College did not achieve the goal of filling all 150 seats for the class. The decrease in 2014 was expected, in that it was a transition year from the 2-year pre-pharmacy requirements to the expanded requirements currently being used. Nonetheless, during the years of lower enrollments, the PCAT and GPA averages for those classes matched closely with the other years, providing one marker that quality was maintained throughout those periods.

One of the core goals of the University is an emphasis on diversity. The admissions process likewise demonstrates consistent effort to maximize diversity and the sensitivity to diversity in the applicant pool. The interview process, too, specifically addresses the candidate's ability to work with those of diverse backgrounds. Recruitment efforts also target institutions whose demographics increase the likelihood of maximizing diversity in the applicant pool.

These efforts have resulted in maintaining a robust application pool of well qualified candidates. Continued efforts to improve recruiting and admissions processes will achieve the goal of graduating well qualified candidates.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

18. Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing

The college or school must produce and make available to students and prospective students transfer credit and course-waiver policies, based on rational procedures and defensible assessments.

2. College or School's Self-Assessment

The college or school produces transfer credit and course-waiver policies, based on rational procedures and defensible assessments and makes that information available to students and prospective students.	Satisfactory
The college or school implements policies and procedures for the evaluation of the equivalency of educational courses (preprofessional or professional) prior to admission or transfer to the professional degree program.	Satisfactory
Requisites are only waived based upon an educationally sound assessment of the professional competencies (as set forth in Standard 12) that have been achieved through continuing pharmacy education, other postgraduate education and training, and previous pharmacy practice experience.	Satisfactory
The college or school has established and implemented policies and procedures for students who request to transfer credits or who wish to change from one program pathway to another.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ The number of transfer students, including (if applicable) international students or graduates of other professional degree programs admitted with advanced standing, and an assessment of the correlation between the criteria in the transfer policy and success in the program. If applicable, comparative performance data should be provided

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

☑ Any other notable achievements, innovations or quality improvements

(School comments begin here)

Preprofessional Admission Process

For pre-pharmacy students, a standardized course check sheet details the courses that must be completed to fulfill the requirements for admission to the program (Appendix 18.1.1, Student Course Equivalencies). This check sheet is updated based on any changes that may occur as part of the curricular review and revision process. The most recent changes occurred in 2014 with the additional requirements of genetics, biochemistry, statistics, and physics courses to the pre-pharmacy curriculum. In the current form, the pre-pharmacy program may require up to 3 years of full-time coursework. In addition to the changes in coursework requirements, advanced placement credits achieved in High School may now be accepted for course credit for pre-pharmacy requirements.

The College maintains application guides for most 2-year and 4-year colleges and universities in Michigan. These guides clearly outline the courses that need to be taken at those institutions to meet the requirements for admission into the professional degree program. Each year, the Admissions Specialist is responsible for reviewing all admission guides for accuracy. Updated course catalogues for each institution are checked for accuracy of the coursework. This includes updating contact information for counselors at each institution and, if necessary, contact is made with representatives of each institution to clarify admission guide updates.

Professional Program Transfer Process

Since the last accreditation visit, no students have transferred into the Doctor of Pharmacy program at Ferris State University. A number of inquiries are received each year regarding transfer policies but no students have applied for transfer into the professional degree program.

The College has a process for evaluating students wishing to transfer from a professional degree program into the Doctor of Pharmacy degree program. A transfer student who has attended or is currently attending another College of Pharmacy and who wishes to pursue pharmacy education at Ferris must be in good standing at that college, submit transcripts of all college courses, and have the dean of the previously attended college provide a letter of recommendation directly to the dean of the College. Additionally, space must be available at the appropriate class level within the College. The Admissions Committee evaluates the student’s prior course work and, in conjunction with the DSAA, develops an individualized academic plan for the completion of the College’s requirements.

Students admitted to the Doctor of Pharmacy program are not allowed to adopt a part-time course schedule unless warranted by extraordinary circumstances and only with careful consideration by the DSAA and others directly involved in the student’s progression.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

19. Progression of Students

The college or school must produce and make available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.

2. College or School's Self-Assessment

The college or school produces and makes available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.	Satisfactory
The college or school's system of monitoring student performance, based on formative assessments of learning outcomes provides for the early detection of academic difficulty.	Satisfactory
The college or school maintains a record of student retention, attrition, and on-time graduation, identifies and analyzes trends, and makes programmatic adjustments as needed.	Satisfactory
The college or school ensures that all students have comparable access to individualized student services such as comprehensive academic success counseling, tutoring and faculty advising.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ How student matriculation, progression and graduation rates correlate to admission and transfer policies and the college or school's mission

☑ The academic counseling and/or student support staff available to work with students seeking to retain or regain good academic standing, and how extensively they are utilized

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The Progressions and Academic Standards Committee is responsible for establishing and enforcing policies related to progressions and academic standards and for addressing individual student cases. Members include faculty from each department and the DSAA. The committee reviews and approves policies that students must follow in order to proceed through the curriculum before graduation. The College and University academic progression policies and standards are reviewed with students during the orientation and are available online for students to use as a reference.

In recent years, the College has increased its emphasis on reviewing these policies during the orientation program. In addition, the policies have been more clearly delineated in the *Student Handbook*, which is available on the College website (http://www.ferris.edu/HTMLS/colleges/pharmacy/students/docs/ StudentHandbookFall2013toPresent.pdf). Comprehensive dissemination of this information to students is evidenced by 100% (2014) and 100% (2015) of graduates surveyed SA/A that they were aware of expected behaviors with respect to professional and academic conduct.

The Doctor of Pharmacy curriculum is designed for the sequential development of knowledge, skills, and attitudes essential for practice as a pharmacist. Courses follow a progression through each year of the curriculum, each building upon concepts established in previous courses. The majority of students progress through the curriculum successfully, strengthening their academic skills and becoming independent learners. In the event a student experiences academic difficulty, the policies outlined below are followed. These policies represent the judicious combination of academic rigor, respect for the curricular integrity, professional expectations, and the students' interest (Appendix 19.2.1, Progression Policies).

At the end of each semester, the Chair of the Progressions Committee, the DSAA and the director of Student Services (DSS) review course grades. Transcripts are checked for academic progression of each student in the program. A check sheet is maintained and updated for each student in his or her file. In addition, each student's transcript is checked for violations of the progression rules outlined above. The status of each student in the program is updated, and a list is maintained of all students who have not progressed or who have been dismissed or withdrawn from the program. Students who violate progression rules as outlined above are sent a letter of dismissal, which includes references to the appeals process in the *Student Handbook*. All automatic dismissals (as outlined above) are subsequently reviewed with the Progressions Committee. Appendix 19.1.2, Attrition Table outlines student attrition for the 2004-2009 entering classes.

Under the 2009 curriculum, remediation procedures were changed. For a short period of time after the implementation of the 2009 curriculum, the college attempted to offer remediate coursework in the summer semester; however, because attrition rates rose after the implementation of the revised curriculum, this practice was discontinued.

A new remediation program, called a "stretch" program, was developed and approved by the Progressions and Curriculum Committees, which allows students to repeat failed courses in the subsequent year, take select courses from the subsequent year of the professional program, and maintain full-time student status for the purposes of financial aid. For example, if a student fails a P1 course, he/she retakes the course the following year but is allowed to take the Pharmacoeconomics course, the Infectious Disease sequence, and Pharmacy Practice Management 1, all P2 courses, concurrently. The student, however, may not progress to his/her first IPPE until all P1 courses are complete.

In 2013, the Assessment Committee conducted a thorough review of attrition, examining progression in the program against admission criteria including PCAT, GPA, and Math/Science GPA. In contrast to its ability to predict general performance in each of the professional years of the program, a regression analysis on admission criteria revealed no statistically significant model for predicting delay or non-graduation. Although pre-pharmacy admission criteria generally predict a fractional degree of performance in the program (25-35%) they were not found to predict catastrophic performance. Other findings from the study included the following:

1. Current admission criteria are not predictive for students who may remediate, be dismissed, or withdraw. Students who are dismissed, withdraw, or remediate exist across the full spectrum of qualifications for those admitted into the program. Students that are dismissed and remediate have only a slightly lower admission criteria score at entrance. Students who withdraw are slightly better academically than the admission cohort .
2. Academic generalizations cannot be made about students based on their receiving an “F” or “D” grade in the program. Approximately 40% of the students in the program will receive at least one “D” or “F” grade. Existing progression practices identify students receiving multiple “F” grades or demonstrating ongoing poor performance.
3. Multiple “D” grades during the P1 and P2 years (absent any “F” grades) are not predictive of unacceptable performance in the P3 and P4 years of the program. In addition, there is currently no reliable method to identify students that receive multiple “Ds” over the academic program.

Following an unfavorable number of withdrawals from the 2009 entering class, the College received a monitoring letter from ACPE requesting additional information. After reviewing those data, the College determined that one of the students withdrew for medical reasons and had returned to the program. Thus, the College remained under the ACPE threshold for that year. In the following year, the College notified ACPE that the entering class of 2010 recorded an unfavorable number of dismissals and withdrawals. Since then, the College has begun additional practices to improve dismissal and withdrawal rates in addition to the “stretch” remediation curriculum:

1. **Real-Time Remediation in High-Content Courses**. A number of course sequences in the curriculum (e.g., Drug Action, Pharmacotherapeutics, Infectious Disease) have begun using remediation examinations to allow students to re-test on material a limited number of times during the semester. This allows students who have academic difficulties of a short duration during a semester to have an opportunity to demonstrate competency and stay “on-pace” in their coursework.
2. **Targeted Summer Remediation**. Summer classes are offered for a small group of select courses where there is a high confidence in students’ ability to manage the course content over a compressed period of time. In addition, a limited number of equivalent summer courses offered by other accredited Colleges of Pharmacy in the region have been made available.

The combination of these opportunities have significantly reduced dismissals and withdrawals from the program.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

20. Student Complaints Policy

The college or school must produce and make available to students a complaints policy that includes procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms. Students must receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ How the complaint policy is communicated to students

☑ The number of complaints since the last accreditation visit and the nature of their resolution

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College of Pharmacy outlines its complaint procedure within the *Student Handbook* (see Appendix 20.1.1: Student Handbook Complaint Section). The key components of the complaint policy include the following: (1) course-related concerns or complaints, (2) non-course related concerns or complaints, (3) questions/concerns related to the clinical passport, (4) experiential coursework contacts for concerns, and (5) the process for students who wish to file a complaint to ACPE. For course-related concerns or complaints that are not resolved by the course instructor/coordinator, the student is directed to contact the appropriate department chair, and the concern is documented in the College Complaint Log. The

Student Complaints Policy is reviewed during the orientation process with all of the students at the beginning of the P1 year, P2 year, and in the P3 year at the Grand Rapids campus.

Between Fall 2013 and February 9, 2015, a total of 11 student complaints were formally filed. Three complaints for Fall 2013 were successfully resolved. Five P1 and one P2 student complaints filed in Fall 2014 are pending; however, steps were initiated with the individual faculty member(s) for improvements and resolution. During the Spring Semester 2015, 3 student complaints were documented; one was resolved, and 2 are pending. (Appendix 20.2.1, Student Complaint File)

Between 2013 and 2015, the Graduate Survey showed an upward trend in the percentage of students who responded SA/A (57.6%, 70.5% and 74.5% respectively) when asked if they were aware of the process for raising issues with the college/school administration (Q#61). The notable increase of students indicating they are aware of this complaint process. This increase may have been the result of consistent discussions during the orientation programs and increased awareness of the student complaint process across all 3 years (P1, P2, and P3). This latest percentage is close to the national data reported for 2014 that indicates 79.8% of students are aware of such a policy at their respective college.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

21. Program Information

The college or school must produce and make available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.

2. College or School's Self-Assessment

The college or school produces and makes available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.	Satisfactory
Admissions policies, procedures, and practices fully and clearly represent the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

In compliance with this standard, the College maintains information on its program website that includes (1) Student Handbooks (for the 2009 to present entering classes), (2) admission policies and criteria, as well as (3) curriculum information. The College website also provides students with access to scholarship information, academic support, professional organizations, and post-graduate opportunities. In addition students will find guidance on e-professionalism as well as incident report forms that they may need. See http://www.ferris.edu/HTMLS/colleges/pharmacy/homepage.htm or refer to Appendix 21.1.1, FSU COP website link.

Additional policies affecting College of Pharmacy students that are housed within the larger University website can be more challenging to locate. To address this issue, the College is modifying the College website to include direct links to University policies and procedures that affect them.

The College's *Student Handbook* (Appendix 21.4.1, Student Handbook) includes the program's mission and vision statements, the Pharmacist Code of Ethics, relevant University policies, and extensive College policies related to academic progress, absences, dress code, dismissals, and course repeats. Student support information, including academic support, health insurance, and counseling are also included.

Related Survey Results

In response to Q#58 on the AACP Graduate Survey, 90.2% responded SA/A that the College provided timely information about news, events, and important matters. This percentage has been consistent in 3 of the past 4 years: 2014 — 81%: 2013 — 57.7%; 2012 — 88.3%; and 2011 – 83%. The decrease in 2013 was thought to be related to the implementation of the 2009 curriculum.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

22. Student Representation and Perspectives

The college or school must consider student perspectives and include student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ The participation and contribution of students on college or school committees

☑ The organization, empowerment, and implementation of a student government association or council

☑ The other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self study activities, review of student complaints) used to gather student perspectives

☑ Examples of quality improvements in the college or school that have been made as a result of student representation and perspectives

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Student engagement in the operations of the College, through each class' organization (with the offices of president, vice-president, secretary, and treasurer) or through participation on standing committees and task forces, is essential to the harmonious operation of the College. Key committees that include students are Assessment and Accreditation, Admissions, and Curriculum. The College’s bylaws have recently been updated to emphasize student participation when appropriate. The bylaws for each committee outline the number of students on the committee, the professional year represented, and if students are a voting member (Appendix 22.1.1, Student Committee Listing).

Additionally, students routinely meet with the dean through the Dean's Advisory Board (DAB). This long-standing student committee is composed of 4 class officers from the P1, P2, and P3 classes. Additionally, 4 "at-large" members from the P1 through P3 class and the presidents of each of the College's registered student organizations, sororities, and fraternities serve on the DAB. Prior to 2014, DAB membership was limited to representatives from the P1 and P2 class; with a thorough revision of the DAB's bylaws during the 2014-2015 academic year, membership was expanded to include P3 students, ensuring perspectives from both campuses were included in discussions and decisions. To increase communication further, in early 2015, the DAB began posting meeting proceedings on a Blackboard site. In addition, the DAB has made increasing communication with the student body their primary charge for 2015-2016 (Appendix 22.2.2, DAB bylaws).

Despite the intentional inclusion of students in standing committee membership, participation has been inconsistent, dependent on semester-to-semester scheduling or the students' academic commitments. Recognizing the ever-increasing importance of student perspectives, a strategy has been developed, complementing the revised Standing Committee bylaws, increasing student involvement with appointment of DAB members to standing committees within the College. Annually the DAB will review the committee placements to ensure optimal student participation. Students serving on committees will provide reports to the student body through the monthly class and DAB meetings. In addition, standing committee chairs will receive directives from Executive Council on the role of students. Chairs will be required to report on student participation on a quarterly basis to the Executive Council.

Focus groups have also been employed to gain student feedback. Several focus groups have been used in the P1 and P2 years of the program to gain perspective on courses within the first 2 didactic years of the curriculum. The DSAA is currently developing a plan to formalize data collection from the various focus groups.

Quality improvements that have been made based on student feedback include the faculty advising, peer mentor, and professional mentor programs (See Standard 23). All programs were developed with the help of a student planning committee and continue to be improved each year based on student input.

A student and employee survey was initiated in 2014 to help the College better understand students' perceptions regarding support needs. Evaluation of these survey data has assisted the College in improving students' experiences, education, and more importantly, success. The survey results provided important information about students' and employees' perceptions. The surveys captured similar information from both groups and has guided the College to more effectively meet student needs. The student response rate was approximately 40% (n=263); the employees' rate was approximately 68% (n=40).

Student perception data remained consistent from 2014 to 2015 with a trend positively toward improvement. Some of the results include the following:

1. The student body strongly affirms (91.6%) that the College challenges them to learn and grow as individuals.
2. Students note that College employees demonstrate that they care about students as individuals and not just their academic success.
3. Most students (87.1%) report that they are treated with respect by College employees.

In response to Q#60 on the AACP Graduate Student Survey, 94.2% responded SA/A that the College responded to problems and issues of concern to the student body. This was an increase from 69% in 2014. This increase is due to the College implemented changes to orientation programming along with

the structural redesign of the class meeting. Additional data can be found in Appendix 22.2.1, AACP Student Svcs Questions P1, P2, P3.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

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.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ Strategies that the college or school has used to promote professional behavior, and the outcomes

☑ Strategies that the college or school has used to promote harmonious relationships among students, faculty, administrators, preceptors, and staff; and the outcomes

☑ Strategies that the college or school has used to promote student mentoring and leadership development, and the outcomes

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College follows and makes reference to the University's definitions of academic and professional misconduct acts (Appendix 23.1.1, FSU Student Handbook) in the College's *Student Handbook.* Both handbooks are available on the University website and the College's website:

- http://www.ferris.edu/HTMLS/administration/studentaffairs/vpstudentafrs/studentaffairspolicies.htm
- http://www.ferris.edu/HTMLS/colleges/pharmacy/students/docs/StudentHandbookFall2013toPresent.pdf

Student Professionalism

In addition to outlining student expectations relative to the University's *Code of Student Community Standards*, the College's *Student Handbook* provides additional guidance to pharmacy students on classroom attendance and absences, attendance at professional meetings, professionalism, dress code in each year of the professional degree program, use of cell phones, and college-specific actions for academic and personal misconduct. In 2014, the College began work on developing a student Code of Conduct and honor board. The final details and by-laws are being formulated with a goal implementation in the Fall Semester 2015.

College personnel report academic and professional misconduct violations using an Incident Reporting Form found in Appendix A of the *Student Handbook*. Upon investigation of the incident by the Progressions Committee, the student may receive a grade penalty, be dismissed from the course for the remainder of the semester, receive a failing grade for the course, and/or may be dismissed from the College. Further, a violation of any of the policies or guidelines outside of a specific course may also result in dismissal from the College. The Progressions Committee considers cases involving personal conduct guideline violations. If the Committee determines that termination from the College is warranted, the DSAA will notify the student. The student may appeal the Committee's decision in writing. If the appeal is denied, the student may appeal the decision to the College dean. The dean's decision is final. If, based on the appeal, the student is reinstated, the DSAA, in consultation with the Progressions Committee, will determine appropriate coursework that must be successfully completed for continuation in the College.

In addition to the student handbooks, the College orientation programs as well as professional transition series continue to emphasize standards for professional behavior.

Professional Development

The College encourages and maintains funding for travel to state, regional, and national meetings for each faculty member. Each faculty member is allowed a budget of $1,600 every two years for travel with an additional $200 of funding if they are presenting at a meeting. The College also supports student professional organizations and provides funds for students to attend national professional meetings. The amount varies based on the location of the meeting. Additionally, $500 is provided to an advisor accompanying the students to a professional organization meeting.

The College has also significant efforts to support students and facilitate their professional development. Under the leadership of the DSAA and DSS, a peer mentor program, a professional mentor program,

and an enhanced faculty advising process support these activities. Additional details and notable achievements are listed below.

Peer Mentor Program. A Peer Mentor Program was created in 2011 to support P1 students as they transitioned from pre-pharmacy and throughout the first professional year. P2 students apply to serve in the mentor program, providing information about personal/professional interests and reasons for becoming a mentor. Faculty recommendations and GPA are also taken into consideration when choosing P2 mentors. P1 students voluntarily sign up for the program and also provide information about personal/professional interests. This information is compiled and used for the matching process. A mandatory orientation is scheduled for all peer mentors prior to mentors and mentees meeting during the first week of classes. Over the course of 4 years, 373 P1 students and 225 upper class students have participated in the program. Starting with the Fall Semester 2015 P1 class, the College plans to match students in the summer months so students have an opportunity to connect with mentors before the start of classes.

Since the start of the Peer Mentor Program in 2011, participants completed surveys at the end of fall and spring semesters. Survey feedback shows the program is highly valued by both mentees and mentors. When mentees were asked about the benefits of the program, they consistently reported study skills, test preparation, and encouragement as the top 3 benefits. When mentors were asked how the program was beneficial to them, they reported developing leadership and communication skills and feeling more involved with the College. In addition to evaluating the program from the participants' perceptions, P1 students who had mentors were compared with students without mentors. The students who had mentors reported less stress, more sleep, and had higher GPAs from fall to spring semester.

Professional Mentor Program. Since the spring of 2012, P3 students have been matched with practicing pharmacists to provide guidance regarding classes, rotation selection, careers, and general support. Mentors and mentees also completed the Strengths Finder 2.0 survey and attended presentations on the Strengths philosophy. Students reported the program to be beneficial, specifically noting valuable career advice from practicing pharmacists.

Faculty Advising. Recent improvements to the existing faculty advising program included matching P1 students to specific faculty advisors, moving from mandatory faculty participation to voluntary, and providing advisor training for faculty. Interested faculty members and all P1 students completed a short survey that included professional and personal interests. Advisor and advisees were then matched based on similar interests. In the fall of 2014, 29 faculty members volunteered to advise 140 P1 students. Faculty advisors received a *Faculty Advising Guide* that included information about the purpose of advising, tips for first meetings with advisee(s), helpful questions to ask advisees, and links to Big Rapids and Grand Rapids area resources. In addition, professional development sessions were scheduled with representatives from the Educational Counseling and Disability Services Office and the University Counseling Center. Topics included reviewing advising guidelines, dealing with difficult students, and knowing when to refer students for further services.

In the 2014 and 2015 Graduate Surveys, 100% of students reported SA/A when asked if they were aware of expected behaviors with respect to professional and academic conduct. Additionally 96.1% of students felt that faculty, administrators, and staff were committed to serving as positive role models for students. In 2015, 100% of graduates felt that overall preceptors modeled professional attributes and behaviors in the pharmacy practice experiences.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

24. Faculty and Staff - Quantitative Factors

The college or school must have a sufficient number of qualified full-time faculty and staff to effectively deliver and evaluate the professional degree program, while providing adequate time for faculty development, research and other scholarly activities, service, and pharmacy practice.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ A description of the process and interval for conducting faculty workload and needs assessments

☑ An analysis of teaching load of faculty members, including commitments outside the professional degree program

☑ The rational for hiring any part-time faculty, and the anticipated duration of their contract

☑ Evidence of faculty and staff capacity planning and succession planning

☑ A discussion of the college or school's student-to-faculty ratio and how the ratio ties in with the college or school's mission and goals for the program

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

As of September 1, 2015, the College has 40.2 FTE paid faculty positions. Currently the Pharmaceutical Science department has 12 FTE (currently filled) and the Pharmacy Practice department has 23.7 FTE (currently filled). There are 4.5 unfilled FTE faculty positions at this time. The College is complemented by over 320 adjunct faculty who contribute to the College's mission and program goals through didactic and experiential support. Currently the college has 7.9 FTE paid staff positions, including 0.9 FTE for information technology support. There is 1 unfilled FTE staff position at this time. See Appendices 24.1.1, 24.2.1, 24.3.1, 24.4.1, 24.5.1, and 24.6.1 for additional information about faculty (including voluntary and part-time), staff and turnover rates for all employee groups.

With a total faculty (tenured/tenure-track) of 40.2 FTE and a fall 2015 enrollment of 590 students, the student:faculty ratio is 14.7:1. The student:preceptor ratio for IPPEs is less than or equal to 2:1 and the APPEs student:preceptor ratio is less than or equal to 3:1.

The College's annual budget includes funding for remuneration of adjunct practice sites / institutions that provide preceptors for students on APPEs. The current budget for these payments is $430,000. Annually, the funding is expended to reimburse affiliated institutions for elective APPEs and the required Institutional Practice APPE. The College also contracts with a few clinical sites throughout the state to take a specific number of APPE students each year in various types of rotations. Advanced practice experiences remunerated with this supplemental funding enhance the range of APPE options, including specialty options the College does not provide with its full-time faculty. This funding also augments the APPE workload of the full-time faculty, increasing capacity and providing financial support for APPE contingencies.

Based on the national average salary of an academic-year, pharmacy practice, associate professor, this supplemental funding equals approximately 4 FTE. Including these FTE in the student:faculty ratio calculations decreases the ratio at Ferris to 13.3:1, still significantly above the recommended 10:1 ratio.

In order to address the high student:faculty ratio, the College's Strategic Enrollment Planning Committee has been charged to determine the appropriate student class size, degree offerings, and faculty composition to achieve the College's mission and vision. The Strategic Planning Committee, supported by members of the Alumni Board representing key practice constituencies, are creating a comprehensive plan that will include necessary resources to meet the College's mission and vision as well as accreditation standards (Appendix 24.7.2:Ferris Strategic Enrollment Planning).

In general, faculty schedules allow time for a balance of instruction, mentoring/advising, clinical practice, scholarly activity, faculty development, and service. Assignment of teaching responsibilities and workload are governed by the contractual agreement (The Agreement) between the Ferris Faculty Association (FFA) and the Board of Trustees of Ferris State University. The FFA is a unit of the Michigan Education Association (MEA) and National Education Association (NEA). Section 7.1A of the current agreement indicates that teaching is the "primary professional responsibility" for Ferris faculty. Section 7.2.A.1.b.iii (b) clarifies that many factors are considered in determining workload and that differences may exist within disciplines.

A policy governing faculty workload was recently developed for the entire College faculty. This document combined the 2 individual departmental policies into one in order to create consistency in workload throughout the College. This policy was approved in June 2013 (Appendix 24.7.1:Ferris COP Combined Workload Policy).

As seen in the Faculty Profiles, there is an appropriate mix of academic titles and experience within each discipline and all faculty members are highly qualified for their respective positions. The majority of Pharmaceutical Sciences faculty members completed a baccalaureate degree in pharmacy prior to graduate studies; in addition, Pharmacy Practice faculty members have completed a PGY-1 residency, PGY-2 specialty residency, or fellowship program, and many have achieved advanced certifications such as CGP, BCPS, BCACP, and BCOP.

Many efforts have been devoted to enhancing faculty recruitment and retention and support for professional development and scholarship. To supplement these efforts, the College has provided more professional development related to scholarship, promoted increased involvement in research activities that include students, continued professional development funding for each faculty member, and instituted regular individual faculty needs assessments and goal setting sessions. For the 2014-2015 academic year, all new hires in the Pharmaceutical Sciences Department were offered start-up packages for their research. This was the first time in the College's history that faculty were hired with a teacher-scholar expectation. Departmental funds were also used to renovate individual laboratories. New faculty worked with the ADDH to establish individual research goals and expectations. Additionally, the Pharmaceutical Sciences ADDH met individually with each of the faculty members to assist them in developing scholarship. With the assistance of the faculty development committee, training was provided in areas such as the scholarship of teaching.

In the 2010 through 2015 Graduate Surveys, more than 85-90% of students SA/A that preceptors gave individualized instruction, guidance, and evaluation that met their needs as a Doctor of Pharmacy student; this relates well to the College’s mission to educate professionals who positively influence the health outcomes of people served by providing high quality, professional education.

In the 2010 AACP Faculty Survey, 36.4% responded SA/A that there is a sufficient number of qualified faculty members. In 2015, that percentage increased to 70.3% of faculty. Also, 88.5%, 61.5%, 92.3% and 75% of faculty reported that the time spent respectively on teaching, research, service, and clinical service was appropriate. All of these percentages are higher than the national average. Recently the College has increased support for and emphasis on research. This has included recruitment of ADDH with significant experience in research that will bring expertise and mentoring to the College. There have also been more faculty development programs related to research. The lower percentage (compared to the other academic responsibilities) reported on the faculty survey for time spent on research (61.5%) may be due to the fact that this increased emphasis on research has occurred relatively recently. Conversely, there has not been a decrease in workload in the other areas to balance this greater research emphasis, and this reality may be a factor in the lower survey numbers.

In the 2010 through 2015 faculty surveys, only 40% to 57% of faculty responded SA/A that allocation of effort is clearly stated, compared with 76.6% nationally. This can be partly explained by the faculty individuality allowed by the College workload policy. Within the policy there are no specific targets for allocation of effort in teaching, research, and service. While specific workload requirements for teaching for each faculty member are defined in the policy, these are not defined for research and service. Each

year target teaching loads (from the workload policy) are compared to approved faculty positions. The need for more positions or readjusted positions is assessed based on this comparison.

Approximately 73% of faculty responded SA/A that they receive adequate support staff resources. This percentage has increased significantly over the past 5 years. Current support staff include departmental secretaries, an admission specialist, an alumni and student services specialist, account clerk, and experiential office support staff. In the past few year, the College has focused on upgrading pay for department secretaries, added support staff to Professional Development Activities, and made more extensive use of student workers to assist support staff. The College also now has in-house IT support who are Ferris employees rather than “leased” from our previous educational spaces.

From 2010 to 2015, between 39% and 66% of faculty responded SA/A that resources can accommodate present enrollment, as compared to 76.4% nationally. In the early 2000s, faculty FTEs were added to support the expansion to the present class size of 150. Historically the College had difficulty reaching full faculty numbers in the Practice Department because recruiting barely kept pace with turnover. Student numbers and teaching loads have not appreciably changed over this time period. While there have been some alterations in APPE assignment times for faculty, these have not altered each faculty member's “student credit hours.”

4. College or School's Final Self-Evaluation

☐ Compliant	☑ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Implementation of the multi-phase plan that utilized funding from faculty positions to establish director-level administrative positions in its initial phase must continue with the restoration of faculty lines in the subsequent phases.

The current student to faculty ratio does not meet Standards 2016 (Standards 18 and 20). This, along with the increased emphasis in research and scholarly activity, will require strategic appointment of additional faculty and/or lowering student enrollment.

The College's Strategic Enrollment Planning Task Force is charged to determine the appropriate student class size, degree offerings, and faculty composition to achieve the College's mission and vision. A comprehensive plan will outline the necessary resources to meet the mission and vision as well as accreditation Standards 2016 (Appendix 24.7.2, Ferris Strategic Enrollment Planning).

Ferris State University / College of Pharmacy

25. Faculty and Staff - Qualitative Factors

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

2. College or School's Self-Assessment

The college or school has qualified faculty who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	Satisfactory
The college or school has qualified staff who, individually and collectively, are committed to its mission and goals and respect their colleagues and students.	Satisfactory
Faculty possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and are committed to the advancement of the profession and the pursuit of research and other scholarly activities.	Satisfactory
Faculty generate and disseminate knowledge through scholarship. Scholarship by faculty members, including the scholarship of teaching, is evident and demonstrated by productive research and other scholarly activities.	Needs Improvement
Faculty whose responsibilities include the practice of pharmacy satisfy all professional licensure requirements that apply to their practice.	Satisfactory
Pharmacy practice faculty possess additional professional training (residency, fellowship, or equivalent experience)	Satisfactory
Pharmacy practice faculty either have or are working toward additional credentials (for example, specialty certification) relevant to their practice and teaching responsibilities.	Satisfactory
The college or school ensures that policies and procedures for faculty recruitment, promotion, tenure (if applicable), remuneration and retention are established and applied in a consistent manner.	Satisfactory
The college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement.	Satisfactory
Faculty, regardless of their discipline, have or are developing a conceptual understanding of current and proposed future pharmacy practice in a variety of settings.	Satisfactory
Faculty members have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective	Satisfactory

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

3. College or School's Comments on the Standard

Focused Questions

☑ The process used to assess and confirm the credentials of faculty and staff, and to assure that faculty credentials are appropriate for their assigned teaching responsibilities

☑ How the college or school ensures that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/ behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement

☑ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of current and future trends in the scientific basis of the biomedical, pharmaceutical social/ administrative and clinical sciences

☑ How the college or school ensures that faculty members, regardless of their discipline, have a conceptual understanding of contemporary pharmacy practice and future trends in a variety of settings

☑ A description of the college or school's policy or expectations regarding research productivity for faculty, including timeline for new faculty

☑ Evidence that faculty are generating and disseminating knowledge through productive research and scholarship, including the scholarship of teaching

☑ A description, if applicable, of how faculty, instructors, and teaching assistants involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning

☑ How the college or school provides, or is affiliated with institutions that provide, postgraduate education and training, including accredited residencies and fellowship programs

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Full-time faculty and staff members have the appropriate education and training to contribute to the professional degree program. During the faculty recruitment process, necessary qualifications are developed for each job description. Each potential candidate is then rated according to those qualifications. This ensures a high quality and appropriately trained faculty. All faculty members with practice responsibilities are licensed to practice pharmacy in the State of Michigan. The faculty

represents disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences. Teaching assignments are based on expertise in a given area gained by professional degree, graduate degree, post-graduate experiences, and practice experiences.

Faculty recruiting involves a search committee made up of faculty members. Generally, faculty who leave the College are replaced with someone from the vacated discipline or practice interest area. The practice location (when applicable) is generally determined to a significant degree by the candidate's interests and experiences in a collaborative effort with administration and the search committee. Search Committees ultimately present a slate of acceptable candidates to the dean of the College who then selects the candidate based on the search committee's evaluation and the judgment of the administrator.

The College provides various opportunities for faculty to gain a better understanding of trends in pharmacy practice. Professional development funding allows for faculty to attend professional meetings throughout the year. The College also sponsors a Fall and Spring Pharmacy Seminar on campus that includes various presentations related to pharmacy practice. Department heads promote AACP webinars that are available to improve understanding of contemporary pharmacy practice. The 2015-2016 Professional Development schedule also includes sessions to facilitate discussion within the faculty on contemporary and future trends in pharmacy practice.

The current workload policy describes the importance of scholarly activity for all faculty within the College. Scholarly activity and research are an expected component of all faculty workloads. However, the policy does not provide an objective, expected amount of scholarly activity that each faculty member should engage in. That information is found more specifically in the departmental tenure policies and is related more to attaining tenure rather than annual workload. Although there are no specific college-wide timelines for new faculty regarding their scholarly activity, those are currently being developed as part of a reassessment of the College's tenure policies. As part of that timeline, all new faculty will likely undergo a research orientation period where the following are discussed: (1) scholarship expectations within the College; (2) policies, procedures, and processes for submission of research to the IRB, Office of Research and Sponsored Programs , etc.; and (3) key support services available to assist faculty in research and scholarship.

The University has made a concerted effort to enhance scholarly activity within the College. Dr Jon Sprague's one-year appointment provided many benefits, especially with respect to development of a teacher-scholar model. Furthermore, he helped establish a research core facility for the pharmaceutical sciences faculty to establish their research programs with department funding. In addition, the College has hired 6 new faculty in the Pharmaceutical Sciences department since January 2014 who will be evaluated under the new teacher-scholar model. Additionally, Ferris has established the Office of Research and Sponsored Programs, which will help faculty develop and submit their research proposals for extramural funding. These developments have been key for bolstering the scholarly activity of the program. Dr Tom Dowling has assumed leadership of this Office after Dr Jon Sprague's departure from the College. Most faculty agree (95% vs 94% national average) that they are encouraged to participate in scholarly activity, which is comparable to the national average. Also, most responded that programs were available that would assist in scholarly activity. With this recent emphasis on scholarly activity in the College, the number of publications and presentations by faculty has increased significantly (see Faculty Profiles). Of the faculty publications and poster presentations identified, 31 were related to the scholarship of teaching.

The College has been extensively involved in the development and support of Pharmacy Practice Residencies with emphasis in Community Practice. These programs are jointly accredited by the APhA and ASHP and are unique collaborations between Meijer/Pfizer, Spartan Nash, Pharmacy Group Practice Associates, and the College. In addition, Pharmacy Practice faculty are significantly involved in PEDALS, a teaching certificate program for PGY-1 residents throughout Michigan. Finally, Pharmacy Practice faculty are integrally involved in PGY-1 residency programs affiliated with practice sites including Bronson Methodist Hospital, Borgess Medical Center, Sparrow Health System, St. Mary's Health System, and Spectrum Health-Butterworth. (Appendices 25.1.1, Ferris COP Faculty Handbook Excerpts and 25.3.1, Ferris COP Faculty Handbook, and 25.2.1, Ferris COP Pharmacy Practice Responsibilites)

In the 2015 AACP/ACPE Faculty Survey, 96% responded SA/A to the statement "programs are available to me to improve my teaching and to facilitate student learning." Also, 77.7% responded SA/A to the statement "programs are available to me that help me develop my competence in research and/or scholarship." Both of these responses were above the national averages for these survey questions.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

26. Faculty and Staff Continuing Professional Development and Performance Review

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

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ A description of the performance review process for full-time, part-time and voluntary faculty (including preceptors) and staff

☑ A description of the relationship between faculty, preceptor, and staff continuing professional development activities and their performance review

☑ A description of faculty development programs and opportunities offered or supported by the college or school

☑ A description of staff development programs and opportunities offered or supported by the college or school

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

Professional Development continues to be a notable strength of the College. On average, the professional development committee hosts 5-6 sessions per semester with a particular emphasis on teaching development. Every year the professional development committee hosts a Tenure, Promotion, and Portfolio development seminar for untenured faculty. From Fall 2011-Spring 2015, these included several discussions concerning student assessment in the classroom: Implementation of Turning Technologies, Starting a Culture of Assessment, Exam Question Writing and Analysis, and Instruction in the Use of TracDat and Blackboard Assessment Capabilities (Appendix 26.1.1, Ferris COP Faculty Development Programs - 2011-2015). Perhaps the most significant improvement is the incorporation of the StrengthFinders initiative. This is a program that identifies a faculty or staff member's strengths within a team setting and helps to develop those key strengths. This program has been a resounding success with the faculty and staff, and a core StrengthFinders team will investigate implementation to the students within the calendar year. Additional efforts will focus on team-building exercises that are critical for curricular development throughout the 4 years of the program. The Professional Development committee continues to work with the University's Faculty Center for Teaching and Learning (FCTL) to identify potential speakers outside of the College to facilitate sessions, develop the New Faculty Transitions program, and to develop program evaluation strategies.

In addition, faculty and staff receive 8 academic credits per semester free at Ferris State University or tuition credit at Kendall College of Art and Design, attend any of the formal development programs offered by the FCTL, and attend professional meetings. Professional Development funding is available to all faculty and staff annually ($800 for faculty and $400 for staff), with an additional allotment provided to those presenting at professional meetings. All College faculty have access to and are encouraged to apply for one of the many grant opportunities that are offered through the University, providing opportunities to enhance their skills as educators, researchers, and mentors (Appendix 26.4.3, Ferris Internal Grants).

Staff development is integrated with faculty development where appropriate. Besides StrengthFinders, other programs including both staff and faculty were related to diversity, time management, and working with mentors. Professional development occurs regularly throughout the year, with 3-4 sessions in Fall and Spring Semesters and at least one session during the summer. The success of the professional development program is evident by the large percent of faculty (94.8%) who agree or strongly agree with its effectiveness.

As mentioned in Standard 25, faculty are provided an annual face-to-face performance review by their peers until they are tenured through the tenure review process (Appendix 25.1.1, Ferris COP Faculty Handbook excerpts). Non-tenured faculty are required to maintain a professional portfolio demonstrating their activity in the areas of teaching, scholarly activity, and service that is reviewed by the Tenure Review chair on a yearly basis. The candidate also routinely meets with a Candidate Tenure Committee (CTC) that evaluates the candidate and makes decisions regarding reappointment up until the final review for tenure. Once tenured by their peers, faculty undergo a post-tenure review process every 5

years that includes a self evaluation as well as a review (portfolio required) by the department head and dean (Appendix 26.4.1: Ferris Post Tenure Review Policy, Appendix 26.2.1, Pre-Tenure Evaluation/ Activity Form, and Appendix 26.2.2, Post-Tenure Evaluation Form).

The program has made revisions in promotion/merit process since the 2010 AACP accreditation visit. The College revised its promotion/merit policy in 2013 in a manner consistent with the FFA/FSU Agreement promotion/merit guidelines (Appendix 26.4.4, Ferris Promotion Policy). In addition, the Pharmaceutical Sciences and Pharmacy Practice departments are currently in the process of revising their tenure guidelines.

According to the 2015 AACP/ACPE Faculty Survey, 73% of the college faculty agree that they have access to policies related to their performance. This is lower than the national response rate for 2015 (88%). Even lower numbers were evident in survey questions related to performance assessment (55% and 63% of faculty agreed) and regular formal feedback (56% agreed). Only 67% of faculty believe the College applies tenure and promotion policies consistently. A Town Hall session was held to discuss the reason for these low numbers compared to the national average. These meetings resulted in identification of 6 primary issues and development of solutions to resolve these issues. These issues and solutions were adopted by the Self-Study Steering Committee, presented to the faculty and implemented in Spring 2015 (Appendix 26.4.2, Implemented changes from Town Hall session).

Preceptor responses have been overwhelmingly positive. The vast majority of preceptors feel that their responsibilities are commensurate with school guidelines (87% versus 91% for the national average). All new preceptors are screened to confirm a license in good standing with the State Board of Pharmacy or applicable board and a pharmacy preceptor license with the State of Michigan, if applicable, prior to being appointed as an adjunct faculty member. Annually, all preceptor and site licenses are also screened for disciplinary actions. Specific preceptor responsibilities are evaluated through the use of the student evaluation of the preceptor form within E*Value. Discussion or site visits are performed for any deficiency or undesirable pattern identified within these evaluations. A more formalized and structured quality improvement program is being crafted as part of a recent strategic planning process.

A large number (95%) of preceptors surveyed felt professional development programs were adequate. For example, continuing education credits are offered free of charge to both faculty and preceptors at the spring and fall College of Pharmacy seminars. Also each year, the Office of Experiential Education coordinates 2 live preceptor development programs, one for Ferris State preceptors, and the other in conjunction with Wayne State University and University of Michigan pharmacy programs. Each one provides continuing education credits to the attendees and includes only preceptor development topics. Future plans include collaborating with the Professional Development Committee to invite preceptors to attend the faculty/staff professional development programming put on by the College. This will expand the number of preceptor development programs offered to preceptors each year.

The professional development program is one of the College’s strengths. To continue to meet the faculty’s needs, formal assessments were conducted in 2014-2015 that will govern the 2015-2016 programming decisions. These faculty needs surveys have targeted new programming involving technology in the classroom, active learning, and developing a culture of assessment within the College. This is one example of how assessment data is being used to direct faculty efforts. The Professional Development committee will work closely with the Director of Assessment to develop these activities. New programming will focus on refining a culture of assessment within the College.

Ferris' focus on scholarly activity is emerging in importance going forward. The establishment of the Office of Research and Sponsored Programs and the core facility in 2015 will give new faculty the capabilities to provide quality student research experiences and to engage in a reasonable level of scholarly activity. This enhanced focus on scholarly activity has resulted in recent discussion among tenured faculty regarding appropriate tenure criteria.

4. College or School's Final Self-Evaluation

☐ Compliant	☑ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

As reflected in faculty survey responses over the past 5 years, performance review will require further monitoring. As noted in the College's comments above, a Town Hall session was held to discuss the reason for the low percent of faculty agreeing with the performance review questions compared to the national average. These meetings resulted in identification of 6 primary issues, two of which were related to performance review. These solutions were adopted by the Self-Study Steering Committee, presented to the faculty and implemented in Spring 2015. Although the implementation of these solutions is expected to improve the performance review process in the College, at this time it is too early to confidently determine that the plan is fully addressing the factors of concern.

Ferris State University / College of Pharmacy

27. Physical Facilities

The college or school must have adequate and appropriate physical facilities to achieve its mission and goals. The physical facilities must facilitate interaction among administration, faculty, and students. The physical facilities must meet legal standards and be safe, well maintained, and adequately equipped.

2. College or School's Self-Assessment

The college or school has adequate and appropriate physical facilities to achieve its mission and goals.	Satisfactory
The physical facilities facilitate interaction among administration, faculty, and students.	Satisfactory
The physical facilities meet legal standards and are safe, well maintained, and adequately equipped.	Satisfactory
Physical facilities provide a safe and comfortable environment for teaching and learning.	Satisfactory
For colleges and schools that use animals in their professional course work or research, proper and adequate animal facilities are maintained in accordance with acceptable standards for animal facilities.	Satisfactory
Animal use conforms to Institutional Animal Care and Use Committee (or equivalent) requirements. Accreditation of the laboratory animal care and use program is encouraged.	Satisfactory
Space within colleges and schools dedicated for human investigation comply with state and federal statutes and regulations.	Satisfactory
All human investigations performed by college or school faculty, whether performed at the college or school or elsewhere, are approved by the appropriate Institutional Review Board(s) and meet state and federal research standards.	Satisfactory
Students, faculty, preceptors, instructors, and teaching assistants have access to appropriate resources to ensure equivalent program outcomes across all program pathways, including access to technical, design, and production services to support the college or school's various program initiatives.	Satisfactory
Commensurate with the numbers of students, faculty and staff, and the activities and services provided, branch or distance campuses have or have access to physical facilities of comparable quality and functionality as those of the main campus.	Satisfactory
Faculty have office space of adequate size and with an appropriate level of privacy.	Satisfactory
Faculty have adequate laboratory resources and space for their research and scholarship needs.	Satisfactory
Computer resources are adequate.	Satisfactory
Laboratories and simulated environments (e.g. model pharmacy) are adequate.	Satisfactory
Facilities encourage interprofessional interactions (e.g., simulation laboratories)	Satisfactory
Access to quiet and collaborative study areas is adequate.	Satisfactory
Common space for relaxation, professional organization activities and events, and/or socialization is adequate.	Satisfactory

3. College or School's Comments on the Standard

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

(School comments begin here)

Ferris State University's College of Pharmacy facilities comprise 2 locations that meet the educational needs for students as they progress through the academic program (Appendices 27.1.1, Big Rapids campus; 27.1.2, Grand Rapids Campus, and 27.4.1, GRx Floor Plan):

- The Big Rapids facility (BRx) is a multi-story facility with approx 65,000 sq ft containing classrooms, auditoriums, research lab space, and a licensed pharmacy.
- The Grand Rapids facility (GRx), completed and occupied in 2012, is a single floor in a medical office complex and includes classrooms, administrative space, and student space located in the heart of the Grand Rapids medical education corridor.

In 2013, the Big Rapids facility underwent some major renovations to classrooms, labs, and offices in order to maintain quality (Appendices 27.2.1, Statement attesting that animal facility meets legal standards and 27.3.1, AAALAC Accreditation Letter, for information regarding the animal care / research facilities):

- A 360-degree classroom was created on the first floor
- The laboratory on the first floor was completely cleaned, old equipment removed and replaced with new equipment
- The practice skills lab was equipped with new laminar flow hoods, a glove box, and a clean room
- The dean’s office suite and the atrium were renovated
- The model pharmacy had an MTM counseling room added
- The main classroom (room 101) was renovated in the last 5 years
- 2nd floor research labs were painted and brought up to air-handling and safety codes
- A core laboratory was established with centrifuges, -80 and -20 freezers, water purification system, balances, PCRs, and HPLC
- Individual laboratories were renovated and a cell culture room established
- On the second floor, 7 offices and the faculty lounge were recently renovated

- The 3rd floor large classroom was converted to a “flipped” classroom
- The Office of Research and Sponsored Programs was re-located within the College.

In 2012, the Grand Rapids College of Pharmacy Center for Innovational Learning and Research (GRx) was opened in the heart of Grand Rapids’ Medical Mile. GRx was designed to support the College's curriculum and enhance its overall APPE and IPPEE efforts. The GRx campus has facilitated interprofessional education through collaborative efforts with Michigan State University’s College of Human Medicine, which is connected to the GRx facility, and Grand Valley State University’s College of Health Sciences. The GRx facility contains classrooms, study rooms, student locker space, office space for up to 15 faculty and staff, conference rooms, and a student lounge.

At both locations, students have computer capabilities, wireless services, access to the University library resources (e.g., Access Pharmacy), and the Cerner Academic Suite for the application of electronic health record system. The University’s Office of Information Technology provides technology support at both facility. The GRx facility has an IT specialist dedicated to the facility to ensure that all systems are fully functional and working effectively. At GRx and BRx, student organizations use classrooms for monthly meetings. The College reserves classrooms and also arranges IT support for meetings and other activities.

Each campus is equipped with high fidelity conferencing equipment. Student organizations may reserve classrooms to conduct cross-campus student organization meetings. In addition, space is available to store items necessary for the student organizations. Each facility has technology support with technology specialists assigned to pharmacy campus locations. Secured shared network drives were recently improved granting integrated access to shared documents between campus locations.

The Shimadzu Core Laboratory for Academic & Research Excellence at Ferris serves as a centralized shared research resource that provides access to instruments, technologies and services, as well as expert consultation for students and faculty. The Shimadzu facility has dedicated personnel, equipment (e.g., GC-MS, MALDI), and space for operations centrally located on the Big Rapids campus in the College of Arts and Sciences. Access to shared equipment facilitates faculty-student led research through the use of new techniques leading to the generation of pilot studies. Further, the Shimadzu lab augments interdisciplinary collaborations as scientists from different colleges work together. Development of this facility aligns with the University’s Mission and Vision statements, strengthens the University’s ability to recruit talented faculty and students, and increases student involvement in research. The grand opening of the Shimadzu facility is scheduled for late September 2015. The facility is expected to greatly assist the College in recruiting faculty and in maintaining and enhancing scholarly productivity.

Through the efforts of a college campaign (Pharmacy Forward) to increase philanthropic support, the College has been fortunate to receive over $7 million to support academic and capital efforts from alumni and friends. Because of one bequest, in late 2014, the Big Rapids facilities were named the “Hagerman Pharmacy Building.” Efforts to redesign the Hagerman Pharmacy Building have begun and will complement the recently created Shimadzu facility. These recent investments will facilitate interdisciplinary research collaborations with internal and partnering institutions such as the Van Andel Institute and the expanded research facilities of the Michigan State University College of Human Medicine, both in close proximity to the College’s Grand Rapids instructional facility.

The AACP survey results demonstrate that students feel safe on both the Big Rapids and Grand Rapids locations at a rate higher than the national averages (100% vs 95% SA/A). The students further

indicated that the College's study areas were conducive to learning and have adequate common spaces such as lounges, lobbies for relaxation, and socialization at rates higher than the national norms. The faculty also indicated that the physical facilities allow them to fulfill their responsibilities. With all the renovations and improvements to the facilities, the faculty survey results demonstrate an upward trend over time in the resources being able to accommodate present student enrollment.

University, College, alumni, and grant support has assisted in the continued improvement of the physical facilities for the pharmacy program and are expected to continue to do so will into the future.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

28. Practice Facilities

To support the introductory and advanced pharmacy practice experiences (required and elective) and to advance collaboratively the patient care services of pharmacy practice experience sites (where applicable), the college or school must establish and implement criteria for the selection of an adequate number and mix of practice facilities and secure written agreements with the practice facilities.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ Capacity assessment (surplus or shortage) of the required and elective introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs) sites and preceptors for present and, if applicable, proposed future student enrollment

☑ Strategies for the ongoing quantitative and qualitative development of sites and preceptors and formalization of affiliation agreements

☑ How the college or school is collaborating with practice sites to advance patient care services

☑ How the college or school assesses the quality of sites and preceptors in light of curricular needs and discontinues relationships that do not meet preset quality criteria

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The experiential curriculum within the College of Pharmacy is designed to develop the student's knowledge, skills, and abilities sequentially in each professional year. The defined progression in the depth of experiential education transitions from early preceptor modeling to preceptor facilitation of independent learning.

- Preceptorship of the experiential curriculum is divided between full-time faculty and adjunct faculty.
- Pharmacy Practice Department faculty primarily precept the required in-patient/acute care general medicine and ambulatory care APPEs, although specialty areas such as pediatrics, oncology, psychiatry, and drug information are also supported by department faculty members in the P4 year.
- The IPPEs and required community pharmacy and hospital/health-system pharmacy APPEs are completely offered through adjunct faculty.

In recognizing the value of student exposure to diverse practice settings and patient populations, the College offers a wide variety of elective APPEs also with adjunct faculty. A few examples of the more unique practice settings include veterinary medicine, nuclear medicine, drug information, medication safety, international pharmacy, Michigan Pharmacists Association, several health insurance companies, third party administrators, and an independent insurance agency. With advanced planning and approval by the OEE, students are also able to self-arrange experiences in specialty practice areas not currently provided by the College. The variety of elective offerings provides an adequate number and mix of practice facilities as displayed by a majority of alumni surveyed (92%) SA/A to this statement. Likewise, 98% of recent graduates SA/A that their experiential education allowed them to have direct interaction with diverse patient populations.

Amid the range of rotation offerings and opportunities to interact with diverse patient populations, involvement on interdisciplinary healthcare teams is also recognized as essential to student development of patient care skills. Healthcare professionals with whom students regularly interact include physicians, nurses, and others, as well as students from many of these disciplines. Recent graduates overwhelmingly SA/A that the experiences provided by the College allowed the students to collaborate with other health care professionals (100%).

Since the experiential program is geographically dispersed over a wide variety of settings, the College holds a far reaching spread to affect patient care in the State of Michigan. Students are providing direct patient care within pharmacy facilities in all quadrants of the Lower Peninsula and several areas of the Upper Peninsula. The Pharmacy Practice faculty are heavily involved in patient care at their respective sites through scholarly activity, serving on institutional committees, precepting pharmacy residents, precepting medical students, and/or providing their own patient care pharmacy services. As described in Standard 26, the College provides several professional development programs to all preceptors each year.

Also as a result of the experiential program using pharmacy practice settings across the state, the College must remain attentive to meeting the geographic needs of the students. Thus, the OEE closely monitors student preferences for rotation location and the capacity of each type of rotation in geographic zones. These data guide additional practice site and adjunct faculty selection. One such data point to showcase our capacity for geographic distribution and fulfillment of preferences is that recent graduates felt that the process by which experiential sites were assigned is fair (96% for IPPEs and 94% for APPEs). The College prides itself on a well-defined process for experiential assignments to ensure integrity and equity.

During the process of new site selection, all site/preceptors are screened to confirm a license in good standing with the State Board of Pharmacy and preceptors are appointed as adjunct faculty members. During the appointment process, a new preceptor begins with an initial meeting with a member of the OEE to explain the important concepts of the experience. Student outcomes and the standardized student evaluations, linked to the outcomes identified, are discussed thoroughly. This discussion is also used to verify that the preceptor and the site will be able to meet the assigned outcomes. Additionally, preceptors are asked to fill out a self-evaluation assessment to gauge how prepared the preceptor and site are to meet the requirements and expectations (Appendix 28.4.2, New Preceptor Self-Assessment). A formal orientation program was introduced in 2010. This orientation is also available for viewing at any time on homepage of E*Value.

Beyond the initial on-boarding efforts, all site/preceptor licenses are annually screened for disciplinary actions. The OEE follows an approved process that outlines actions to take for each type of discipline (Appendix 28.4.1, Preceptor and Site Determination Policy). The preceptors and sites are further evaluated through the use of student evaluation forms within E*Value. These forms provide assessment data on the required attributes of preceptors and sites that are set forth in the self-evaluation instruments described above. The OEE holds discussions or site visits if any deficiency or undesirable pattern is identified within the evaluations.

The College recognizes the importance of quality assurance to ensure excellence in student learning. Data indicating quality practice sites include 97% of preceptors SA/A that there are adequate facilities and resources at the practice site to precept students and 84% of recent graduates surveyed SA/A that the sites available for IPPE education were of high quality. Although current procedures of site selection and monitoring are working well as evidenced by survey data, a more formalized site visit and structured quality assurance program is being crafted as part of a recent strategic planning process and will be ready for implementation Fall 2015 (Appendices 14.5.1 and 14.5.2).

A second outcome of the structured quality assurance program and strategic planning process is improved relationships with and support to all practice sites. While a majority of preceptors feel they receive the necessary support from the OEE, the Office would like to see further improvements. A primary strategy to accomplish this is through enhanced and increased communication methods such as site visits, webinars, and emails.

To complete a new site/preceptor on-boarding process, an affiliation agreement is established by the College prior to faculty or student placement at experiential sites. Agreements are in place for all sites offering required ambulatory care and inpatient medicine APPEs. The majority of all other practice settings offering IPPEs and APPEs also have agreements in place; see Appendices 28.2.1 and 28.3.1 for percentages of other practice settings without agreements. Compliance is closely monitored by the interim director of External Clinical Operations, who is assisted by a dedicated student employee

to process agreements in an effort to continuously improve compliance rates. Of the 3 standardized agreements, 2 are for sites precepted by adjunct faculty (standard agreement or with compensation), and one for sites with an assigned Pharmacy Practice Department faculty member. All agreements clearly outline the responsibilities, commitments, and expectations of the College and the site and include provisions for termination of the agreement following appropriate notification. The agreements also address requirements and expectations pertaining to student-related matters including liability and professional conduct. When a standardized agreement is not used (a site-specific agreement), the director of External Clinical Operations (DECO), assisted by the University's legal counsel and risk management office, thoroughly reviews the proposed agreement to ensure all language is consistent with the essential elements of the University's standard agreement. Appendices 28.1.1 and 28.1.2 contain samples of affiliation agreements.

As a last step, prior to any experiential placement, students must complete a "Clinical Passport," which ensures that various prerequisites are met, including required immunizations, HIPAA training, and more. Students are also required to maintain a valid intern license beginning with experiential activities in the P1 year. Students failing to meet these requirements are not allowed to engage in clinical activities required by the curriculum. The DECO oversees the completion of this requirement prior to experiential placement.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

29. Library and Educational Resources

The college or school must ensure access for all faculty, preceptors, and students to a library and other educational resources that are sufficient to support the professional degree program and to provide for research and other scholarly activities in accordance with its mission and goals. The college or school must fully incorporate and use these resources in the teaching and learning processes.

2. College or School's Self-Assessment

The college or school ensures access for all faculty, preceptors, and students to a library and other educational resources that are sufficient to support the professional degree program and to provide for research and other scholarly activities in accordance with its mission and goals.	Satisfactory
The college or school fully incorporates and uses library and other educational resources in the teaching and learning process.	Satisfactory

3. College or School's Comments on the Standard

Focused Questions

☑ The relationship that exists between the college or school and their primary library, including the level of responsiveness of the Director and staff to faculty, student, staff needs, and any formal mechanisms (e.g., committee assignments) that promote dialog between the college or school and the library.

☑ A description of how the college or school identifies materials for the library collection that are appropriate to its programs and curriculum and assesses how well the collection meets the needs of the faculty and students

☑ A description of computer technology available to faculty and students

☑ A description of courses/activities throughout the curriculum in which students learn about the available educational resources

☑ A description of library orientation and support for faculty and preceptors

☑ A description of how remote access technologies and mechanisms that promote use of library information from off-campus sites by faculty, students, and preceptors compare with on-campus library resources

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

☑ Any other notable achievements, innovations or quality improvements

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

(School comments begin here)

The College of Pharmacy has a dedicated health sciences librarian liaison who is responsible for communicating information about resources with faculty. The health sciences librarian liaison is extremely knowledgeable about pharmacy education and enhances these skills by attending national professional meetings and working directly with faculty (see Appendix 29.5.1: Health Science Librarian CV). The Drug Information (DI) faculty member also serves as a liaison between the library and the

faculty/preceptors/students regarding new resources. These individuals can contact the DI faculty member or librarian directly. They can also contact the library by phone, email, text message, or live chat (selected hours), and in person for support. Faculty can ask the liaison or DI faculty member to identify and research new resources and a cost-benefit assessment will be completed to determine the feasibility of gaining access to the new resource. The liaison works with the DI faculty member to determine if resources are required based on students and/or faculty members' needs (Appendix 29.2.1, Library Collection Development Policy).

The University library (FLITE) has more than 230,000 print volumes, access to over 77,000 journals (most available online), and ~187,000 ebooks (Appendices 29.3.1, Search Databases and 29.4.1, Full Text Journals Electronically Available). FLITE provides a free interlibrary loan service for students, faculty, and affiliated adjunct faculty to obtain articles that are not available through the library's holdings. Books are available to students, faculty, and staff not only through the FLITE library, but also through the MelCat system, a group of cooperating libraries throughout the state that share resources. The individual searches the online catalog of FLITE, MelCat, or a participating MelCat library, and then the desired book is delivered to the individual's public library for pick up and return (see http://www.ferris.edu/library/distanceed/melcatdistanceed.html). If no MelCat library is in the area, individuals can request materials through FLITE's interlibrary loan system.

The Big Rapids FLITE facility has the following features:

- 54 study rooms and extended study areas for students
- ~200 computers (desktops and laptops, both PC and some MACs) for students/faculty use
- Wireless access
- >1000 ports available for direct connectivity
- An adaptive technology lab available with screen readers and other assistive technology for students with special needs
- Training rooms equipped with computers for faculty to use in those sessions.

FLITE offers extensive hours for students during the semester. Faculty can access the library after hours using their ID card. FLITE also provides extensive reference desk hours, with correlating time when the instant messaging chat system is available that allows users to chat online with reference personnel about the FLITE resources.

Mobile applications (apps) and mobile-friendly sites are promoted. Many of the library's resources, including the library's webpage and various class and research guides, have a mobile-friendly interface (see *Mobile Apps & Websites – Pharmacy:* http://ferris.libguides.com/pharmapps).

Requests for additional resources can be made through the library liaison. Student needs are assessed when new resources are available, and free trials of databases or online services are used, when available. For example, when Access Pharmacy became available, the College purchased a subscription and assessed student use. Students are now charged a small fee and these textbooks have replaced many of the required textbooks for courses. The College regularly assesses access to essential resources through surveys of alumni, student, faculty, and preceptors.

College of Pharmacy students and faculty have access to licensed software (e.g., VDI, SPSS), and other needed software programs can be obtained for faculty by gaining approval from their department head. The IT department offers technical support for both faculty and students. The GRx campus has dedicated staff available to meet off-campus needs.

Faculty have access to Tegrity to record lectures and post them for students using Blackboard. TurningPoint clickers are used throughout the curriculum to assess student learning in the classroom. Ferris has a subscription to Atomic Learning that students/faculty can access to learn how to do various functions (e.g., creating Prezi presentations, navigating Blackboard, etc.).

Students begin learning about FLITE's resources in their P1 year as part of the Integrated Lab I (PHAR 385). Students go to the library, and the health sciences librarian provides instruction on selected online pharmacy resources. A follow-up lab includes an assignment where students answer a series of questions using the available resources so that they can become more familiar with the databases and print resources available. Students are also trained on select mobile aps available through FLITE or other sources. In the P2 year, students are instructed in using intravenous compounding resources in the electronic databases. In the P3 year, students learn to navigate the available electronic resources in the Drug Info Course (PHAR 540) and how to navigate the Michigan rules and code of federal regulations in the law class.

New faculty are informed about library and database availability during orientation. Training on mobile apps has also been added to pharmacy preceptor conferences.

Access to FLITE resources for GRx students and faculty is the same as on the Big Rapids campus. While occasional issues with off-campus access may arise, individuals can contact the library and the issue is generally resolved within 24-48 hours. In urgent situations, the library works with the individual to find a solution until the problem is fixed.

In addition to these information resources, the College supports a Drug Information Center in Kalamazoo. The Center is staffed full-time by a College faculty member and serves as a resource for the Ferris faculty, students, and preceptors. The Center provides a core of additional information resources and expert assistance in helping individuals obtain and evaluate appropriate resources.

In recent AACP surveys, 98.4% of students rated SA/A that on campus access to resources was conducive to learning, which is above the national average of 94%. This rating has consistently remained above 90% since 2008. Similar results were seen for access during APPEs. In 2007, only 76.7% of faculty rated access to resources as SA/A Since 2009, over 94% of faculty rated SA/A with the rate of 100% in 2014, which was above the national average. The College has made significant improvements with preceptors' perceptions of access (69.6% rated SA/A in 2008 compared to 86.1% in 2014). The 2014 results were above the national average (Appendix 29.1.1, Data on use of library resources by pharmacy students and faculty).

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)

Ferris State University / College of Pharmacy

30. Financial Resources

The college or school must have the financial resources necessary to accomplish its mission and goals. The college or school must ensure that student enrollment is commensurate with its resources.

2. College or School's Self-Assessment

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

3. College or School's Comments on the Standard

Focused Questions

☑ How the college or school and university develop annual budgets (including how the college or school has input into the process) and an assessment of the adequacy of financial resources to efficiently and effectively deliver the program and support all aspects of the mission and goals.

☑ An analysis of federal and state government support (if applicable), tuition, grant funding, and private giving

☑ A description of how enrollment is planned and managed in line with resource capabilities, including tuition and professional fees

☑ A description of how the resource requirements of the college or school's strategic plan have been or will be addressed in current and future budgets

☑ How business plans were developed to provide for substantive changes in the scope of the program or student numbers, if applicable

☑ An assessment of faculty generated external funding support in terms of its contribution to total program revenue

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

☑ Any other notable achievements, innovations or quality improvements

(School comments begin here)

Since the 2010 Self-Study, there has been notable improvement in the State's fiscal condition. This stabilization has been felt at both the University and College levels. The financial summary report (Appendix 30.1.1, FSU Financial Summary) outlines University funding of the College. The decline seen through the last decade and into this decade has ended, with some actual increases now seen in State appropriation to higher education. The University's focus on career-based education has led to larger than average funding increases. For FY15, State appropriations of $50.2 million constituted 24.3% of University revenue, while tuition and fees totaled $152.8 million or 73.6% of revenue. With the continued funding stabilization and an increased focus on growing student indebtedness, the University president has initiated reallocation of funding with an emphasis on student support, which comprised 10.1% of FY15 expenditures.

Improved fiscal conditions led Academic Affairs to initiate an effort to invest some of its significant reserves strategically for program development and growth. Similarly, deans were asked to judiciously reduce the reserves that had been held to create varying "rainy-day" funds. Perhaps the most notable example of reinvestment by Academic Affairs and the individual colleges is the Core Lab (discussed in Standard 27); Academic Affairs provided a significant portion of the nearly $2 million needed in funding, with the colleges also pledging 4 years of funding in support of the Core Lab. Additionally, colleges and academic programs have been invited to develop proposals that strengthen the University's future and present them to the provost's office for potential funding. This level of inter-college and divisional investment would not have been a consideration in 2010.

General fund allocations to the College have been stable with some increases seen in specific areas. The College budget consist of 3 categories:

- General Fund (GF), which includes all annual funding allocated through Academic Affairs
- Non-general Fund, revenue that has originated from outside of the annual allocation from academic affairs
- Salaries, which are controlled by and funded through Academic Affairs.

GF resources provide support for the routine departmental operations within the College. The 4 principle GF budgets in the College are (1) the dean's office, (2) the Pharmaceutical Sciences department, (3) the Pharmacy Practice department, and (4) the Hospital/Clerkship fund; taken together, the 4 budgets comprise over 86% of the annual GF allocation. The GF allocation for 2015-2016 is projected to be $1,069,208. The hospital/clerkship fund is currently part of the GF and allocates $430,000 annually to provide funding for a minimum of six 9-month practice faculty members. In addition to the 4 primary budgets, several smaller budget lines have been created over the past 5 years for specific offices or functions, including Student Services, Professional Development Committee, and the recently created Experiential Education budget.

Funding for salaries is handled centrally with annual increases determined through the collective bargaining process. Contractual increases over the 5-year term of the existing contract have been set at 2.25% with a 2.5% increase in the final year of the contract, 2017-2018. The University's ability to provide annual increases despite austere state appropriations reflects careful management of fiscal resources and a commitment to maintaining an outstanding faculty. A comparison of College salary ranges, by rank, with averages from the 2014-2015 AACP Salary Survey is presented in appendices 30.5.1. The comparison documents that College salaries are lower than national averages. Although likely having a negative effect on recruitment and hiring of faculty members, the moderate cost of living in West Michigan mitigates the difference. Faculty members are eligible contractually for a "supplemental market adjustment"; annually, $300,000 is committed to the market adjustment across the University. Further, a relatively low level of departures for higher salaried positions has been seen recently.

For all GF budgets, the College is allowed to retain all carry-forward funding. This policy provides the colleges with increased long-term control of their budgets and prevents the end-of-the-fiscal-year scramble to encumber unspent funds, often resulting in poor decisions and wasted funding. All unspent salary support is returned to Academic Affairs at the end of the fiscal year; however, during the year, funding from open positions can be used for costs related to the open position. The College's GF budget is summarized in financial summary report (Appendix 30.1.1, FSU Financial Summary).

In assessing the College's overall fiscal contribution to the University, 2 measures are especially important. The first, cost per student credit hour of instruction, compares costs of each University program based on the student credit hour (SCH) production in the program. As can be seen in Appendix 30.6.1, SCH costs for the Doctor of Pharmacy program are mid-range in relation to other programs. Critical in the analysis is to recognize that the listing includes both under-graduate, graduate, and graduate-professional programs; thus, the program's true bottom-line cannot be assessed from the data as presented.

Tuition derived from the program is collected centrally, with distribution to the College as outlined above. Appendix 30.2.1:Tuition Rates (repeated in Appendix 30.3.1, Tuition Rates) contains program tuition rates over the past 5 years, including in-state and out-of-state rates. Through a concerted effort by the University, and with incentive from the State legislature, tuition increases have been tightly controlled with average increases slightly more than 2% annually. Most of the increased revenue has remained centrally and not redistributed to the College. Overall, tuition revenue exceeds cost of operations for the College, although accurate accounting of operations and maintenance costs is difficult to determine.

Allocation to the specific college budgets occurs annually as part of the greater college allocation by the Academic Affairs division with college input. Currently, funding levels from previous years are used to guide allocation for upcoming years. This process, although very straightforward, has notable

deficiencies, perhaps most significant is the failure to recognize fiscal changes within the departments. For example, the successful appointment of 6 faculty members in the Pharmaceutical Sciences in 2014-2015 brought with it increased departmental operations costs. It is expected that future proactive budgeting will allow for a greater level of planning for this type of event. With the strong likelihood that in 2015-2016, both assistant dean positions will be filled, a new budgeting process will be developed allowing for greater departmental autonomy with greater focus on supporting the strategic plan.

The College, as part of its strategic plan, is anticipating additional revenue from non-general fund sources to increase in the future in 2 areas. The first is increased College and departmental revenue through increased research funding. Current University budget models allow for indirect costs of 10% to be passed on to the College and 15% to go to the department. Funding from this source is anticipated to take 5-10 years to achieve, however. The second is increased college and departmental revenue through the practices of clinical faculty. Under the direction of the assistant dean of Pharmacy Practice, department members have engaged in several facilitated discussions regarding billing/reimbursement strategies for some faculty practices. This effort is expected to continue, with prototype practices to be in place by 2016.

Through careful management of donations and occasional opportunities for revenue generation within the College, the College’s non-general fund has been used to fund strategic initiatives and investments that would not be suitable for GF support. In recent years, this funding has been used to purchase several “core” instruments for the College’s renewed research labs and start-up packages for newly appointed faculty. As noted above, identifying appropriate “investments” within the College has been encouraged to reduce the non-general funds. Over the past year, approximately $250,000 has been used, primarily to support expansion of the College’s research capacity.

Working closely with University Advancement and Marketing, the College formed the Pharmacy Forward Steering Committee to engage alumni in an initial silent campaign with a goal of $9 million to secure the College’s future. Areas identified as being in need of support were these: (1) student scholarships, (2) building renovation, and (3) program enrichments. The 20-member steering committee reports to the College’s Alumni Advisory Board and is charged exclusively with increasing alumni and corporate engagement in the College. The campaign will conclude in 2018. To date, over $7 million has been contributed or pledged to the initiative.

In 2014, endowments held by the College were $6,384,594. The 2015 estimate will exceed $7,000,000 with the influx of recent donations. For the 2015-2016 academic year, College of Pharmacy students were awarded over $265,000 in scholarship support through both endowments and annual scholarships. In addition, $400,000 ($100,000 per class) is awarded to students based on both academic and financial need through the University's Financial Aid Office. Funding for scholarships is derived from the College’s annual budget.

4. College or School's Final Self-Evaluation

☑ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non-Compliant

5. Recommended Monitoring

(School comments begin here)