Accreditation Council for Pharmacy Education

Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy

Version 1.0
Standards 2016 / Guidelines 1.0

Effective July 1, 2016

Released July 2015

Accreditation Council for Pharmacy Education
Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy

Version 1.0
Standards 2016 / Guidelines 1.0

Effective July 1, 2016

Introduction: The *Accreditation Council for Pharmacy Education (ACPE) Self-Assessment Instrument for the Professional Degree Program of Colleges and Schools of Pharmacy* is designed to assist a college or school of pharmacy prepare its self-study report and document how its pharmacy degree program is addressing ACPE's Standards. The instrument identifies the documents, data and descriptive text that will need to be provided by the college or school for evaluation during the on-site visit in order to determine how the program is addressing each of the Standards. Additional guidance related to the self-study process and report is provided on the ACPE website www.acpe-accredit.org.

An equivalent evaluation instrument (commonly referred to as the "Rubric") is used by members of the on-site evaluation team to validate (or contradict) the college or school's Self-Study Report and as the basis for the *Evaluation Team Report (ETR)* sent to the college or school and the ACPE Board of Directors. The findings of the evaluation team are used to advise the ACPE Board of Directors. The ACPE Board of Directors will consider the *ETR* along with other supplementary written or verbal information in order to determine the pharmacy degree program's overall compliance with ACPE Standards and to prepare the ACPE *Action and Recommendations (A&R)* document, which is the official accreditation action.

Directions for Completing the Self-Assessment Instrument

For each standard, the college or school should do the following:

1) **Documentation and Data:** Use a check ☑ to indicate documents and data that have been submitted in advance or made available on site.

   For each standard, the following documentation and data sections are included:

   - Required Documentation and Data
   - Data Views and Standardized Tables
   - Optional Documentation and Data

   <u>Please Note</u>: For self-study reports submitted electronically to ACPE, the preferred file format for documents and data is Portable Document Format (PDF).

   For each data view and standardized table, it is optional for the college or school to provide brief comments about the chart or table. Comments should be provided below the chart or table and should be limited to, for example, explanations of missing data or apparent anomalies. The comments should not exceed 1,000 characters (approximately 170 words) per chart/table; this text is not included in the overall 150 page limit for the self-study report. The college or school's interpretation of the data, especially any notable differences from national or peer group norms, should be provided in the descriptive text under Section 3 (College or School's Comments on the Standard) of the applicable standards, not in the brief optional comments under a data view or table.

2) **College or School's Self-Assessment:** Self-assess the program on aspects of the standard using the following scale:

   - **S**: The program's compliance with this element of the standard is **satisfactory**
   - **N.I.**: The program **needs improvement** with this element of the standard to be fully compliant
   - **U**: The program's compliance with this element of the standard is **unsatisfactory**

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

   Page and character limits have been provided for each standard with ACPE's overall limit of 150 pages (375,000 characters) for all 25 standards for the descriptive text used to address this element (Section 3) of the self-study report. All standards have been assigned a 6-page or 15,000 character limit.

4) **College or School's Final Self-Evaluation:** Self-assess compliance of the program on the standard using the following classifications:

Compliant:[1]

No factors exist that compromise current compliance; no factors[2] exist that, if not addressed, may compromise future compliance.

Compliant with Monitoring:

- No factors exist that compromise current compliance; factors[2] exist that, if not addressed, may compromise future compliance **OR**

- Factors exist that compromise current compliance; an appropriate plan[3] exists to address the factors that compromise compliance; the plan has been fully implemented;[4] sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

Partially Compliant:

Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated;[5] the plan has not been fully implemented[4] and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.

Non Compliant:

- Factors exist that compromise current compliance; an appropriate plan[3] to address the factors that compromise compliance does not exist or has not yet been initiated **/or**

- Adequate information was not provided to assess compliance[6]

Notes:

1. Compliant means *meets*, *substantially meets*, or *exceeds* the requirements and expectations of the standard. A program may have elements of a Standard that are assessed as needing improvement, but overall the Standard may be rated as Compliant.

2. Factors could include innovations and planned or unplanned substantive changes to the program.

3. A plan is appropriate (acceptable to ACPE) if it meets the following criteria: is likely to succeed, is feasible, has been approved by the university or applicable authority (if necessary), has an acceptable timeline, and is adequately resourced.

4. Fully implemented means that all components of the plan have been implemented and are proceeding to completion; no additional steps need to be taken; all that is required is continued monitoring and collection of assessment data to provide further evidence that the plan is succeeding as intended.

5. Initiated means that some of the first steps of the plan have been started.

6. Other than for the first bullet point under Non Compliant, the above classifications assume that the information provided was adequate to assess compliance. Information to assess compliance may come from a self-study report, an on-site evaluation, a post-visit supplementary report, or an interim report.

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

ACPE Annual Monitoring Policies

ACPE's Annual Monitoring Policies can be found on the ACPE [website](#) (see Section 11.6). The criteria specified in the policies, such as, passing rate of graduates on the North American Pharmacist Licensure Examination^{TM} (NAPLEX®) are not incorporated in ACPE Standards or Guidelines and in and of themselves are not used as a direct determinant of compliance or non-compliance. The criteria are used as the basis for ongoing monitoring of programs and, when applicable, requests for additional information from a college or school of pharmacy. The policies provide an indication of what data would trigger additional monitoring by ACPE in accordance with the policy. Programmatic data that fall outside of the monitoring parameters may be indicative of underlying issues that could impact compliance with accreditation standards.

The Annual Monitoring Policies are most relevant to:

- Standard No. 16: Admissions (changes and trends in enrollment)
- Standard No. 17: Progression (graduation rate monitoring)
- Standard No. 18: Faculty and Staff—Quantitative Factors (changes and trends in enrollment)
- Standard No. 21: Physical Facilities (changes and trends in enrollment)
- Standard No. 23: Financial Resources (changes and trends in enrollment)
- Standard No. 25: Assessment Elements for Section I: Educational Outcomes (changes and trends in NAPLEX outcomes)

College or School's Overview

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

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

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

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

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

Documentation

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

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

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

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

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

Section I
Educational Outcomes

Standard No. 1: Foundational Knowledge: The professional program leading to the Doctor of Pharmacy degree (hereinafter "the program") develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Annual performance of students nearing completion of the didactic curriculum on Pharmacy Curriculum Outcomes Assessment (PCOA) outcome data **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)*

☐ Performance of graduates (passing rates of **first-time candidates** on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years **broken down by campus/branch/pathway** *(only required for multi-campus and/or multi-pathway programs)* Template available to download

☐ Performance of graduates (passing rate,**,** Competency Area 1[1] scores, Competency Area 2 scores, and Competency Area 3 scores for **first-time candidates**) on North American Pharmacist Licensure Examination™ (NAPLEX®) for the last 3 years Template available to download

☐ Performance of graduates (passing rate of **first-time candidates**) on Multistate Pharmacy Jurisprudence Examination® (MPJE®) for the last 3 years Template available to download

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐ Analysis of student academic performance throughout the program (e.g. progression rates, academic probation rates, attrition rates)

☐ AACP Standardized Survey: Students – Questions 12-14, 77

☐ AACP Standardized Survey: Preceptors – Questions 19-21

☐ AACP Standardized Survey: Alumni – Questions 26-28

---

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

Optional Documentation and Data:

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

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

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

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

☐   A description of the breadth and depth of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences components of the didactic curriculum, and the strategies utilized to integrate these components

☐   How the college or school integrates the foundational sciences to improve student ability to develop, integrate and apply knowledge to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care

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

☐   Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance.
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 2: Essentials for Practice and Care: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Outcome assessment data summarizing overall student achievement of learning objectives for didactic coursework.

☐ Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences (IPPE).

☐ Outcome assessment data summarizing overall student achievement of learning objectives for advance pharmacy practice experiences (APPE).

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Students – Questions 15-19

☐ AACP Standardized Survey: Preceptors – Questions 22-26

☐ AACP Standardized Survey: Alumni – Questions 29-33

Optional Documentation and Data: (Uploads)

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

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

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

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

☐ How the college or school supports the development of pharmacy graduates who are able to provide patient-centered care

☐ How the college or school supports the development of pharmacy graduates who are able to manage medication use systems

☐ How the college or school supports the development of pharmacy graduates who are able to promote health and wellness

☐ How the college or school supports the development of pharmacy graduates who are able to describe the influence of population-based care on patient-centered care

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 3: Approach to Practice and Care: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   Examples of student participation in IPE activities (e.g. didactic, simulation, experiential)

☐   Outcome assessment data summarizing overall student achievement of learning objectives for didactic course work

☐   Outcome assessment data summarizing overall student achievement of learning objectives for introductory pharmacy practice experiences

☐ Outcome assessment data summarizing overall student achievement of learning objectives for advanced pharmacy practice experiences

☐ Outcome assessment data summarizing overall student participation in IPE activities

☐ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 3

☐ Outcome assessment data of student achievement of problem-solving and critical thinking

☐ Outcome assessment data of student ability to communicate professionally

☐ Outcome assessment data of student ability to advocate for patients

☐ Outcome assessment data of student ability to educate others

☐ Outcome assessment data of student demonstration of cultural awareness and sensitivity

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Students – Questions 20-26

☐ AACP Standardized Survey: Preceptors – Questions 27-33

☐ AACP Standardized Survey: Alumni – Questions 34-40

Optional Documentation and Data: (Uploads)

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

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

	S	N.I.	U
3.1. Problem solving – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.	○	○	○
3.2. Education – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.	○	○	○
3.3. Patient advocacy – The graduate is able to represent the patient's best interests.	○	○	○
3.4. Interprofessional collaboration – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.	○	○	○
3.5. Cultural sensitivity – The graduate is able to recognize social determinants of health to diminish disparities	○	○	○

and inequities in access to quality care.			
3.6. Communication – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.	○	○	○

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

☐ How the college or school supports the development of pharmacy graduates who are to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally

☐ How the college or school incorporates interprofessional education activities into the curriculum

☐ How assessments have resulted in improvements in patient education and advocacy.

☐ How assessments have resulted in improvements in professional communication.

☐ How assessments have resulted in improvements in student problem-solving and critical thinking achievement

☐ Innovations and best practices implemented by the college or school

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

☐ Any other notable achievements, innovations or quality improvements

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the standard that may require further monitoring.
   [TEXT BOX] [1,000 character limit, including spaces]

Standard No. 4: Personal and Professional Development: The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Outcome assessment data summarizing students' overall achievement of professionalism

☐ Outcome assessment data summarizing students' overall achievement of leadership

☐ Outcome assessment data summarizing students' overall achievement of self-awareness

☐ Outcome assessment data summarizing students' overall achievement of creative thinking

☐ Examples of curricular and co-curricular experiences available to students to document developing competence in affective domain-related expectations of Standard 4

☐ Description of tools utilized to capture students' reflections on personal/professional growth and development

☐ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning

☐ Outcome assessment data summarizing student achievement of learning objectives for didactic course work

☐ Outcome assessment data summarizing student achievement of learning objectives for introductory pharmacy practice experiences

☐ Outcome assessment data summarizing student achievement of learning objectives for advanced pharmacy practice experiences

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Students – Questions 27-31, 33

☐ AACP Standardized Survey: Preceptors – Questions 34-37

☐ AACP Standardized Survey: Alumni – Questions 20, 41-44

Optional Documentation and Data:

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

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

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

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

☐ Description of tools utilized to capture students' reflections on personal/professional growth and development

☐ Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning

☐ Description of curricular and co-curricular experiences related to professionalism, leadership, self-awareness, and creative thinking.

☐ How assessments have resulted in improvements in professionalism, leadership, self-awareness, and creative thinking.

☐ Innovations and best practices implemented by the college or school

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

☐ Any other notable achievements, innovations or quality improvements

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

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

Subsection IIA:
Planning and Organization

Standard No. 5: Eligibility and Reporting Requirements: The program meets all stated degree-granting eligibility and reporting requirements.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

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

☐ Document(s) verifying institutional accreditation.

☐ Documents verifying legal authority to offer/award the Doctor of Pharmacy degree

☐ Accreditation reports identifying deficiencies (if applicable)

☐ Description of level of autonomy of the college or school

☐ Relevant extract(s) from accreditation report that identifies any deficiencies from institutional accreditation that impact or potentially impact the college, school or program.

    ☐ Or check here if no applicable deficiencies.

Required Documentation for On-Site Review:

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

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

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

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 6: College or School Vision, Mission, and Goals: The college or school publishes statements of its vision, mission, and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   Vision, mission and goal statements (college/school, parent institution, and department/division, if applicable)

☐   Outcome assessment data summarizing the extent to which the college or school is achieving its vision, mission, and goals

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

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

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

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

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

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

☐   How the mission and associated goals[2] address education, research/scholarship, service, and practice and provide the basis for strategic planning

☐   How the mission and associated goals[2] 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

---

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 7: Strategic Plan: The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ College or school's strategic planning documents

☐ Description of the development process of the strategic plan.

☐   Outcome assessment data summarizing the implementation of the strategic plan

Required Documentation for On-Site Review:

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

Data Views and Standardized Tables:

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

☐   Questions –11-12 from Faculty Survey

Optional Documentation and Data:

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

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

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

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

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 8: Organization and Governance: The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   College or school organizational chart

☐   Job descriptions and responsibilities for college or school Dean and other administrative leadership team members

☐   List of committees with their members and designated charges

☐   College, school, or university policies and procedures that address systems failures, data security and backup, and contingency planning

☐   Curriculum Vitae of the Dean and other administrative leadership team members

☐   Evidence of faculty participation in university governance

Required Documentation for On-Site Review:

☐   Written bylaws and policies and procedures of college or school

☐   Faculty Handbook

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Faculty – Questions 1, 2, 5, 10

☐   AACP Standardized Survey: Alumni – Question 14

☐   Table: Distribution of Full-Time faculty by Department and Rank

Optional Documentation and Data:

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

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

	S	N.I.	N.I.
8.1. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program.	○	○	○
8.2. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.	○	○	○
8.3. Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program.	○	○	○

8.4. Dean's other substantial administrative responsibilities – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.	○	○	○
8.5. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.	○	○	○
8.6. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.	○	○	○
8.7. Faculty participation in college or school governance – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school.	○	○	○
8.8. Systems failures – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.	○	○	○
8.9. Alternate pathway equitability* – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation.	○	○	○

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

☐ How the dean provides leadership for the college or school and program and how the qualifications and characteristics of the dean support the achievement of the mission and goals

☐ The authority and responsibility of the dean to ensure all expectations of the standard and guidelines are achieved

☐ How the dean interacts with and is supported by the other administrative leaders in the college or school

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

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

☐   Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 9: Organizational Culture: The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.

1) **Documentation and Data:**

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

Required Documentation and Data:

Uploads:

☐   College, school, or university policies describing expectations of faculty, administrators, students and staff behaviors

☐   Examples of intra/interprofessional and intra/interdisciplinary collaboration

☐   Examples of affiliation agreements for practice or service relationships (other than experiential education agreements)

☐ Examples of affiliation agreements for the purposes of research collaboration (if applicable)

☐ Examples of affiliation agreements for academic or teaching collaboration (if applicable)

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Faculty – Questions 3, 4, 6, 35, 37

☐ AACP Standardized Survey: Student - Questions –54, 59-61, 63

☐ AACP Standardized Survey: Alumni – Questions 13, 15-17

☐ AACP Standardized Survey: Preceptor – Question 38

Optional Documentation and Data:

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

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

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

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

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

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

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

☐ The number and nature of affiliations external to the college or school

☐ Details of academic research activity, partnerships and collaborations outside the college or school

☐ Details of alliances that promote and facilitate interprofessional or collaborative education

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Subsection IIB:
Educational Program for the Doctor of Pharmacy Degree

Standard No. 10: Curriculum Design, Delivery, and Oversight: The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

1) **Documentation and Data:**

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

Required Documentation and Data:

Uploads:

☐ Description of curricular and degree requirements, including elective didactic and experiential expectations

☐ A map/cross-walk of the curriculum (didactic and experiential) to the professional competencies and outcome expectations of the program

☐ A map/cross-walk of the curriculum to Appendix 1 of the ACPE Standards

☐ Curriculum vitae of faculty teaching within the curriculum

☐ Tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments

☐ List of the professional competencies and outcome expectations for the professional program in pharmacy

☐ A list of the members of the Curriculum Committee (or equivalent) with details of their position/affiliation to the college or school

☐ A list of the charges, assignments and major accomplishments of the Curriculum Committee in the last 1-3 years

☐ Examples of instructional tools, such as portfolios, used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development

☐ Sample documents used by faculty, preceptors and students to evaluate learning experiences and provide formative and/or summative feedback

☐ Policies related to academic integrity

☐ Policies related to experiential learning that ensures compliance with Key Element 10.5 (professional attitudes and behaviors development)

☐ Examples of instructional methods employed by faculty and the extent of their employment to actively engage learners

☐ Examples of instructional methods employed by faculty and the extent of their employment to integrate and reinforce content across the curriculum

☐ Examples of instructional methods employed by faculty and the extent of their employment to provide opportunity for mastery of skills

☐ Examples of instructional methods employed by faculty and the extent of their employment to instruct within the experiential learning program

☐ Examples of instructional methods employed by faculty and the extent of their employment to stimulate higher-order thinking, problem solving, and clinical-reasoning skills

☐ Examples of instructional methods employed by faculty and the extent of their employment to foster self-directed lifelong learning skills and attitudes

☐ Examples of instructional methods employed by faculty and the extent of their employment to address/accommodate diverse learning styles

☐ Examples of instructional methods employed by faculty and the extent of their employment to incorporate meaningful interprofessional learning opportunities

Required Documentation for On-Site Review:

☐ All course syllabi (didactic and experiential)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Faculty – Questions –9, 32-36

☐ AACP Standardized Survey: Student – Questions 31-36, 63, 68

☐ AACP Standardized Survey: Alumni – Questions –19, 20, 24

☐ AACP Standardized Survey: Preceptor – Questions 10, 17

Optional Documentation and Data:

☐ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include a curricular overview, the college or school's curricular map, and data that link teaching-and-learning methods with curricular outcomes. Examples could include assessments and documentation of student performance and the attainment of desired core knowledge, skills and values.

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

	S	N.I.	U
10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.	◯	◯	◯
10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.	◯	◯	◯
10.3. Knowledge application – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.	◯	◯	◯
10.4. Skill development – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.	◯	◯	◯
10.5. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.	◯	◯	◯
10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.	◯	◯	◯
10.7. Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).	◯	◯	◯
10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.	◯	◯	◯
10.9. Electives – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest.	◯	◯	◯
10.10. Feedback – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.	◯	◯	◯
10.11. Curriculum review and quality assurance – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations.	◯	◯	◯
10.12. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based).	◯	◯	◯
10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.	◯	◯	◯
10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.	◯	◯	◯
10.15. Experiential quality assurance – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.	◯	◯	◯
10.16. Remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed.[3]	◯	◯	◯
10.17. Academic integrity* – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school	◯	◯	◯

ensures the correct identity of all students (including distance students) completing proctored assessments.			

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

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

☐ A description of the professional competencies of the curriculum

☐ A description of the assessment measures and methods used to evaluate achievement of professional competencies and outcomes along with evidence of how feedback from the assessments is used to improve outcomes

☐ The curricular structure and content of all curricular pathways

☐ How the curricular content for all curricular pathways is linked to Appendix 1 of Standards 2016 through mapping and other techniques and how gaps in curricular content or inappropriate redundancies identified inform curricular revision

☐ Examples of assessment and documentation of student performance and the attainment of desired core knowledge, skills and values

☐ Evidence that knowledge, practice skills and professional attitudes and values are integrated, reinforced and advanced throughout the didactic and experiential curriculum

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

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

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

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

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

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 11: Interprofessional Education (IPE): The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Vision, mission, and goal statements related to interprofessional education

☐ Statements addressing interprofessional education and practice contained within student handbooks and/or catalogs

☐ Relevant syllabi for required and elective didactic and experiential education course that incorporate elements of interprofessional education to document that concepts are reinforced throughout the curriculum and that interprofessional education related skills are practiced at appropriate times during pre-APPE

☐ Student IPPE and APPE evaluation data documenting the extent of exposure ton interprofessional, team-based patient care

☐ Outcome assessment data summarizing students' overall achievement of expected interprofessional education outcomes in the pre-APPE and APPE curriculum

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Student – Questions –11, 46

Optional Documentation and Data:

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

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

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

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

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

☐ How the curriculum is preparing graduates to work as members of an interprofessional team, including a description of the courses that focus specifically on interprofessional education

☐ How the results of interprofessional education outcome assessment data are used to improve the curriculum

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum: The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Description of curricular and degree requirements, including elective didactic and experiential expectations

☐ A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments

☐ Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum

☐ Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4

☐ Outcome assessment data of student preparedness to progress to advanced pharmacy practice experiences (e.g., comprehensive assessments of knowledge, skills, and competencies)

☐ Description of the introductory pharmacy practice experiences learning program and its goals, objectives, and time requirements

☐ List of simulation activities and hours counted within the introductory pharmacy practice experiences 300 hour requirement

☐ Introductory pharmacy practice experiences course syllabi including general and rotation-specific learning objectives and extent of IPE exposure

☐ Introductory pharmacy practice experiences student and preceptor manuals

☐ Introductory pharmacy practice experiences student and preceptor assessment tools

☐ Introductory pharmacy practice experiences preceptor recruitment and training manuals and/or programs

☐ Outcome assessment data summarizing overall student achievement of Pre-APPE educational outcomes

Required Documentation for On-Site Review:

☐ List of current preceptors with details of credentials (including licensure) and practice site

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Faculty – Question 34

☐   AACP Standardized Survey: Student – Questions –32, 34-36, 66, 67, 77-79

☐   AACP Standardized Survey: Alumni – Questions 19, 22

Optional Documentation and Data:

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

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

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

3) **College or School's Comments on the Standard:** The college or school's descriptive text and supporting evidence should specifically address the following. Use a check ☑ to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the standard; the college or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality

of the program. For plans that have already been initiated to address an issue, the college or school should provide evidence that the plan is working. Wherever possible and applicable, survey data should be broken down by demographic and/or branch/campus/pathway groupings, and comments provided on any notable findings.

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

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

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

☐ How the college or school uses simulation in the IPPE curriculum

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 13: Advanced Pharmacy Practice Experience (APPE) Curriculum: A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

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

☐ A map/crosswalk of all advanced pharmacy practice experiences against the activities listed in Appendix 2 of the Standards. *(Note: Each practice experience should be mapped to the activities listed and the map should demonstrate that students' experiences will cover all the activities. The list of activities mapped, however, can include activities not specifically listed in Appendix 2.)*

☐ Overview of APPE curriculum (duration, types of required and elective rotations, etc.)

☐ Advanced pharmacy practice experience course syllabi including general and experience-specific learning objectives

☐ Advanced pharmacy practice experience student and preceptor manuals

☐ Advanced pharmacy practice experience student and preceptor assessment tools

☐ Preceptor recruitment and training manuals and/or programs

☐ Student advanced pharmacy practice experience evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care

☐ Outcome assessment data summarizing students' overall achievement of advanced pharmacy practice experience educational outcomes

Required Documentation for On-Site Review:

☐ List of current preceptors with details of credentials (including licensure) and practice site

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Student – Questions 37–-46

☐ AACP Standardized Survey: Alumni – Questions 21, 25

Optional Documentation and Data:

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

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

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

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

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

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

☐ How the college or school ensures that students' advanced pharmacy practice experience hours fulfill the required four practice settings

☐ How the college or school provides students' an in-depth experience in delivering direct patient care as part of an interprofessional team

☐ How the college or school provides students with elective advances practice pharmacy experiences that allow students the opportunity to mature professionally, meet the educational outcomes articulated in Standards 1-4, and explore a variety of practice sectors

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

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

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

☐ How the goals and outcomes for each pharmacy practice experience are mapped to the activities listed in Appendix 2 of Standards 2016 to ensure that students' experience will cover, at a minimum, all the listed activities

☐ How the college or school is applying the guidelines for this standard, **and the additional guidance provided in Appendix 2**, in order to comply with the intent and expectation of the standard

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Subsection IIC:
Students

Standard No. 14: Student Services: The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   Synopsis of the Curriculum Vitae of the student affairs administrative officer

☐   An organizational chart depicting student services and the corresponding responsible person(s)

☐   Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.)

☐   Copies of policies that ensure nondiscrimination and access to allowed disability accommodations

☐   Student feedback on the college/school's self-study

Required Documentation for On-Site Review:

☐   The Student Handbook

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Student – Questions 47-51, 53, 57, 58

☐   AACP Standardized Survey: Alumni – Question 23

☐   AACP Standardized Survey: Preceptor – Question 13

Optional Documentation and Data:

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

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 15: Academic Environment: The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

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

☐ Copy of student complaint policy related to college or school adherence to ACPE standards

☐ Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits)

☐ List of committees involving students with names and professional years of current student members

☐ College or school's code of conduct (or equivalent) addressing professional behavior

Required Documentation for On-Site Review:

☐ College or school's Catalog

☐ Recruitment brochures

☐ Student Handbook

☐ The Student Complaints File

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Faculty – Question 38, 39

☐ AACP Standardized Survey: Student – Questions 52, 55-56, 58, 64-65, 68

☐ AACP Standardized Survey: Preceptor – Questions 11-12

Optional Documentation and Data

☐ Other documentation or data that provides supporting evidence of compliance with the standard. Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

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

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

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

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

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

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

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

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

☐ How the complaint policy is communicated to students

☐ How the college or school handles student misconduct

☐ How the college or school provides information regarding distance education opportunities (if applicable)

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 16: Admissions: The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

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

☐ The list of preprofessional requirements for admission into the professional degree program

☐ Copies of Early Assurance Program agreement(s) between the college or school and the associated institution(s) or student (if applicable)

☐ Enrollment data for the past three years by year and enrollment projections for the next year (if applicable, broken down by branch/campus and by pathway). Template available for download

☐ Organizational chart depicting Admissions unit and responsible administrator(s)

☐ Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes (required for nonparticipating PharmCAS institutions only)

☐ GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes (required for nonparticipating PharmCAS institutions only)

☐ GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes (required for nonparticipating PharmCAS institutions only)

☐ Comparisons of PCAT scores (if applicable) and preprofessional GPAs with peer schools for last admitted three admitted classes (nonparticipating PharmCAS institutions will not have access to peer data)

☐ List of admission committee members with name and affiliation

☐ Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies

☐ Professional and technical standards for school, college, and/or university (if applicable)

☐ Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication

☐ Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions

☐ Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

Required Documentation for On-Site Review:

(None required for this standard)

Data Views and Standardized Tables:

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

☐ Application and admissions/enrollments for the past three years

☐ Enrollment data for the past three years by year and gender

☐ Enrollment data for the past three years by year and race/ethnicity

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

☐ PCAT Scores (Mean, Maximum and Minimum) for past 3 admitted classes (if applicable; for participating PharmCAS institutions only)

☐ GPA (Mean, Maximum and Minimum) for past 3 admitted classes (for participating PharmCAS institutions only)

☐ Science GPA (Mean, Maximum and Minimum) for past 3 admitted classes (for participating PharmCAS institutions only)

Optional Documentation and Data:

☐ Mean PCAT Scores for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)

☐ Mean GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)

☐ Mean Science GPA for Admitted Class for Past 3 Years Compared to Peer Schools (for participating PharmCAS institutions only)

☐ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include recruitment aids, extracts from the college or school's catalog, brochures, screenshots from the college or school website; data on student employment after graduation; and curricular outcomes data correlated with admissions data.

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

	S	N.I.	U
16.1. Enrollment management – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources.	○	○	○
16.2. Admission procedures – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool.	○	○	○

16.3. Program description and quality indicators – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the professional degree program; (2) the program's current accreditation status; and (3) ACPE-required program performance information including on-time graduation rates and most recent NAPLEX first-attempt pass rates.	○	○	○
16.4. Admission criteria – The college or school sets performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession. Applicant performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.	○	○	○
16.5. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.	○	○	○
16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.	○	○	○
16.7. Candidate interviews – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4).	○	○	○
16.8. Transfer and waiver policies – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another.	○	○	○

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

☐ Admissions and enrollment Information, highlighting how specific requirements of the standards and guidelines are met, including those for early admission agreements or policies, if applicable

☐ How admission evaluations of students are documented and how records are maintained.

☐ A description of the college or school's recruitment methods

☐ A description of methods used to assess verbal and written communication skills of applicants to the program

☐ How enrollment is managed in alignment with available physical, financial, staff, faculty, practice site, preceptor and administrative resources

☐ How curricular outcomes data are correlated with admissions data

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 17: Progression: The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals

☐ Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression

☐ Correlation analysis of admission variables and academic performance

Required Documentation for On-Site Review:

(None required for this standard

Data Views and Standardized Tables:

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

☐ On-time graduation rates for the last three admitted classes (compared to national rate)

☐ Percentage total attrition rate for the last three admitted classes (compared to national rate)

☐ Percentage academic dismissals for the last three admitted classes (compared to national rate)

☐ AACP Standardized Survey: Faculty – Question 40

Optional Documentation and Data:

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

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

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

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

☐ How student matriculation, progression and graduation rates correlate to admission and transfer policies

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

☐ How early intervention and remediation rates correlate to progression

☐ How academic probation, leaves of absence, dismissal, readmission, due process, and appeals rates correlate to progression

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Subsection IID:
Resources

Standard No. 18: Faculty and Staff—Quantitative Factors: The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Organizational chart depicting all full-time faculty by department/division

☐ ACPE Faculty Resource Report related to number of full-time and part-time faculty. Template available for download.

☐ List of faculty turnover for the last 5 years, by department/division, with reasons for departure

☐ Description of coursework mapped to full-time and part-time faculty teaching in each course

Required Documentation for On-Site Review:

☐ List of voluntary faculty, with academic title/status and practice site; specify IPPE and/or APPE

Data Views and Standardized Tables:

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

☐ List of key university and college or school administrators, and full-time and part-time (≥ 0.5FTE) faculty, including a summary of their current academic rank, primary discipline, title/position, credentials, post-graduate training, and licensure (if applicable)

☐ AACP Standardized Survey: Faculty – Questions –25, 30

☐ Table: Allocation of Faculty Effort (total for all faculty with ≥ 0.5FTE) [see example table at http://www.acpe-accredit.org/pdf/Excel%20Documents/AllocationFacultyEffort.xls]

☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Years in Rank

Optional Documentation and Data

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

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

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

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

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

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

☐ The 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.

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 19: Faculty and Staff—Qualitative Factors: Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

- List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.

☐ Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty

☐ Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention

Required Documentation for On-Site Review:

☐ Copy of the Faculty Handbook

☐ CVs of administrators, faculty and staff

☐ If utilized, examples of faculty portfolios, documenting teaching, research and service activities

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Faculty – Questions 7, 13-24

☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank, Gender and Race/Ethnicity

☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Highest Degree Earned

☐ Table: Distribution of Full-Time Pharmacy Faculty by Rank and Tenure Status

☐ Table: Distribution of Full-Time Pharmacy Faculty by Department and Tenure Status

☐ Table: Research and Scholarly Activity of Full-Time Faculty by Department

Optional Documentation and Data

☐ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include job descriptions, recruitment advertisements, faculty and staff policies and procedures, and extracts from committee meeting minutes.

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

	S	N.I.	U
19.1. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.	○	○	○
19.2. Scholarly productivity – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.	○	○	○
19.3. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.	○	○	○

19.4. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.	○	○	○
19.5. Faculty/staff development – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership.	○	○	○
19.6. Policy application – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner.	○	○	○

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

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

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

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

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

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

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

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

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

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

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise	• No factors exist that	Factors exist that compromise	• Factors exist that compromise

current compliance; no factors exist that, if not addressed, may compromise future compliance.	compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 20: Preceptors: The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   List of active preceptors with credentials and practice site

☐   Number and percentage of required APPE precepted by non-pharmacists categorized by type of experience.

☐   Description of practice sites (location, type of practice, student/preceptor ratios)

☐   Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention

☐   Examples of instruments used by preceptors to assess student performance

☐   Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum

☐   Description of the structure, organization and administrative support of the Experiential Education office (or equivalent)

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Student – Questions 61, 62

☐   AACP Standardized Survey: Preceptor – Questions 9, 14-18, 38-41

Optional Documentation and Data:

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

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

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

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

☐   How the college or school applies quality criteria for preceptor recruitment, orientation, performance, and evaluation

☐   A discussion of the college or school's student-to-preceptor ratio and how the ratio allows for individualized mentoring and targeted professional development of learners

- ☐ How the college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program

- ☐ How the college or school solicits active involvement of preceptors in the continuous quality improvement of the education program, especially the experiential component

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

- ☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ Compliant	☐ Compliant with Monitoring	☐ Partially Compliant	☐ Non Compliant

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

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

Standard No. 21: Physical Facilities and Educational Resources: The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   Floor plans for college or school's facilities and descriptions of the use(s) of available space

☐   Description of shared space and how such space promotes interprofessional interaction

☐   Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies.

☐   Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable

☐   Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.)

☐   CV of the librarian(s) who act as primary contacts for the pharmacy program

Required Documentation for On-Site Review:

☐   Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report)

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Faculty – Questions 26-29, 31

☐   AACP Standardized Survey: Student – Questions 68-76

☐   AACP Standardized Survey: Preceptor – Questions 42, 43

Optional Documentation and Data:

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

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

	S	N.I.	U
21.1. Physical facilities – The college or school's physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained.	○	○	○
21.2. Physical facilities' attributes – The college or school's physical facilities also include adequate:	○	○	○
• Faculty office space with sufficient privacy to permit accomplishment of responsibilities	○	○	○
• Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators	○	○	○
• Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of	○	○	○

required technology			
• Laboratories suitable for skills practice, demonstration, and competency evaluation	○	○	○
• Access to educational simulation capabilities	○	○	○
• Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university	○	○	○
• Animal facilities that meet care regulations (if applicable)	○	○	○
• Individual and group student study space and student meeting facilities	○	○	○
21.3. Educational resource access – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors.	○	○	○
21.4 Librarian expertise access – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies.	○	○	○

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

☐ A description of how the college or school's physical facilities (or access to other facilities) utilize current educational technology

☐ A description of how the college or school makes available technological access to current scientific literature and other academic and educational resources to students, faculty, and preceptors

☐ A description of physical facilities, including available square footage for all areas outlined by research facilities, lecture halls, faculty offices, laboratories, etc.

☐ A description of the equipment for the facilities for educational activities, including classroom and simulation areas

☐ A description of the equipment for the facilities for research activities

☐ A description of facility resources available for student organizations

☐ A description of facilities available for individual or group student studying and meetings

☐ How the facilities encourage and support interprofessional interactions

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise	• No factors exist that	Factors exist that compromise	• Factors exist that compromise

current compliance; no factors exist that, if not addressed, may compromise future compliance.	compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 22: Practice Facilities: The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)

☐ Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both

☐ Policies and procedures related to site selection, recruitment, and assessment

☐ Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment

☐ ACPE IPPE Capacity Chart. Template available to download.

☐ ACPE APPE Capacity Chart. Template available to download.

Required Documentation for On-Site Review:

☐ A list of practices sites (classified by type of practices), specifying IPPE and/or APPE, with number of students served, interaction with other health professional students and practitioners, the number of pharmacy or other preceptors serving the facility, and their licensure status. (Sites used in the past academic year should be identified.)

Data Views and Standardized Tables:

Optional Documentation and Data:

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

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

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

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

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

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

☐   How the college or school employs quality criteria for practice facility recruitment and selection

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

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

☐   Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 23: Financial Resources: The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ Detailed budget plan or proforma (previous, current, and subsequent years)

☐ Description of college or school's budgetary processes

☐ In-state and out-of-state tuition compared to peer schools

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐ AACP Standardized Survey: Faculty – Questions 27, 28

☐ AACP Standardized Survey: Preceptor – Question 42

☐ In-state tuition for past five years compared to national data

☐ Out-of-state tuition for past five years compared to national data

☐ Grant funding for past five years compared to national data

Optional Documentation and Data:

☐ In-state tuition for past five years, with peer school comparisons

☐ Out-of-state tuition for past five years, with peer school comparisons

☐ Total grant funding for past five years, with peer school comparisons

☐ NIH funding for past five years, with peer school comparisons

☐ Faculty salaries by academic rank expressed as a percentile against a selected peer group of colleges and schools. *(Note: This report is available from AACP on request.). Request form available for download.*

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

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

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

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

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

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

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

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

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

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

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

□ Any other notable achievements, innovations or quality improvements

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Section III:
Assessment of Standards and Key Elements

Standard No. 24: Assessment Elements for Section I: Educational Outcomes: The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐   College or school's curriculum assessment plan(s)

☐   Description of formative and summative assessments of student learning and professional development used by college or school

☐   Description of standardized and comparative assessments of student learning and professional development used by college or school

☐   Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

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

☐   AACP Standardized Survey: Student – Questions 12-30

☐   AACP Standardized Survey: Alumni – Questions 26-44

☐   AACP Standardized Survey: Preceptor – Question 19-37

Optional Documentation and Data:

☐   Other documentation or data that provides supporting evidence of compliance with the standard Examples of assessment and documentation of student performance, nature and extent of patient and health care professional interactions, and the attainment of desired outcomes; examples of how assessment data has been used to improve student learning and curricular effectiveness

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

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

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

☐ A description of formative and summative assessments of student learning and professional development used by college or school

☐ A description of standardized and comparative assessments of student learning and professional development used by college or school

☐ How the assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the educational outcomes in aggregate and at the individual student level

☐ A description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

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

☐ How the college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the educational outcomes

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

☐ Any other notable achievements, innovations or quality improvements

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

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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

Standard No. 25: Assessment Elements for Section II: Structure and Process: The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

1) **Documentation and Data:**

Required Documentation and Data:

Uploads:

☐ The college or school's assessment plan (or equivalent)

☐ List of the individual(s) and/or committee(s) involved in developing and overseeing the evaluation plan

☐ Examples of instruments used in assessment and evaluation (for all mission-related areas)

Complete Data Set from the AACP Standardized Surveys:

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

☐ Graduating Student Survey Summary Report (all questions)

☐ Faculty Survey Summary Report (all questions)

☐ Preceptor Survey Summary Report (all questions)

☐ Alumni Survey Summary Report (all questions)

Responses to Open-Ended Questions on AACP Standardized Surveys:

Note: These data will have restricted access. For the open-ended questions, ACPE provides the opportunity for programs to redact (not remove) offensive text, names, and identifying characteristics. In the EXCEL document downloaded from the AACP Survey System with the results from each survey, redaction can be achieved through highlighting in black the specific items listed previously. The document can then be saved as a PDF and emailed directly to ACPE. No comments should be completely removed.

☐ Graduating Student Survey: Responses to Open-Ended Question 80

☐ Faculty Survey: Responses to Open-Ended Question 45

☐ Preceptor Survey: Responses to Open-Ended Question 44

☐ Alumni Survey: Responses to Open-Ended Question 48

Required Documentation for On-Site Review:

(None required for this Standard)

Data Views and Standardized Tables:

(None apply to this Standard)

Optional Documentation and Data:

☐ Other documentation or data that provides supporting evidence of compliance with the standard. Examples could include extracts from committee or faculty meeting minutes; analyses/evaluation findings/reports generated as a result of assessment and evaluation activities

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

	S	N.I.	U
25.1. Assessment of organizational effectiveness – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.	○	○	○
25.2. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, preceptors, and alumni.	○	○	○
25.3. Curriculum assessment and improvement – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.	○	○	○
25.4. Faculty productivity assessment – The college or school systematically assesses the productivity of its	○	○	○

faculty in scholarship, teaching effectiveness, and professional and community service.			
25.5. Pathway comparability* – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs.	○	○	○
25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.	○	○	○
25.7. Clinical reasoning skills – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient's lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum.	○	○	○
25.8. APPE preparedness – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE.	○	○	○
25.9. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.	○	○	○

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

☐ Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality

☐ How the college or school's assessment plan provides insight into the effectiveness of the organizational structure

☐ A description of how the college or school assesses its curricular structure, content, organization, and outcomes

☐ A description of how the college or school assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service

☐ A description of how the college or school assesses the comparison of alternative program pathways to degree completion

☐ A description of how the college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team

☐ How the college or school assesses clinical reasoning skills throughout the curriculum

☐ How the college or school assesses student competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program prior to the first APPE

☐ A description of how the college or school assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body who have the potential for academic success and the ability to practice in team-centered and culturally diverse environments

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

☐ Any other notable achievements, innovations or quality improvements

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

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

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

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

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