

Assessment Committee Annual Report 2012-2013



Assessment Committee Membership

William Lubawy, Chair

Larry Cohen

Shara Elrod

Lisa Killam-Worrall

Carol Kominski

Tina Machu

During the 2012-2013 Academic Year the Assessment Committee accomplished the following:

1. **Organization.** The Assessment Committee was constituted by the Dean and it developed Standard Operating Procedures including a charge and a reporting relationship.
2. **Consultant.** The Assessment Committee met several times with Professor Hazel Seeba, Associate Dean for Assessment, University of Iowa College of Pharmacy. Dean Seeba serves on the External Advisory Committee for the College. Advice from these meetings involved:
 - a. general guidelines for the education and functioning of the committee.
 - b. encouraging the College to send Carol Kominski to the Texas Pharmacy Congress (TPC) to work with assessment individuals from other pharmacy schools. The Dean agreed to this recommendation and inquired about the TPC Assessment Group at the next TPC meeting. Unfortunately the TPC no longer has a group dealing with college assessment. The committee will pursue other forms of helping Carol become more familiar with pharmacy assessment and activities at other schools.
 - c. encouraging development of a single Assessment Plan rather than one for Standard 3 and a separate but related one for Standard 15 as considered initially for the 2012 submission to ACPE.
 - d. discussions on a variety of assessment instruments to build into an assessment plan.
3. **Assessment Plan.** In response to 2c. above the committee developed a unique 7 question assessment plan that was presented to the ACPE Site Visit Team during their 2013 Visit. The plan developed is included as Appendix A appended to this Annual Report.
4. **Teaching Competence/Interest Inventory.** In order to assist the department chairs with teaching assignments the committee began the process of conducting an inventory of faculty competence and interest in teaching various topics in the curriculum. Draft syllabi for all courses were listed and faculty indicated their comfort level with each topic. The inventory was completed in 13-14. The final document was utilized by the chairs in their teaching assignments and in targeting areas of expertise for future hires. A brief example of the inventory is included as Appendix B to this Annual Report.
5. **PharmAcademic.** The Lisa Killiam Worrall arranged a video-conference for the committee with PharmAcademic to learn about the capabilities of their electronic portfolio system. The result was an endorsement to pursue a contract with them for the college student portfolio system.
6. **Student/Faculty Liaison Group.** The committee wrote an operational plan for the Student/Faculty Liaison Group meetings. The committee chair and the Associate Dean for Academic Affairs met with representatives from the Center for Learning and Development to review the goals and procedures for facilitating the meetings. The Dean will employ a related strategy in his "Dean's Roundtable Meetings" with the class officers except he will facilitate those meetings and take the results to the faculty. The plan is included as Appendix C to this report.
7. **Reporting.** The committee reported on its activities at each monthly faculty meeting.

1. Are we attracting and admitting students with the greatest likelihood for success?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
Entering student data correlated with subsequent student success	Admissions Data: GPA, PCAT, work experience, Interview Score, Personality or Critical Thinking Tests, Demographics, Candidate Surveys correlated with: PharmD GPA, grades in specific courses, student awards, PCOA, NAPLEX, MJPE	B	Early Fall	Annually	Admissions Office, Academic Affairs	Admissions Committee, Executive Committee	Admission Criteria, Student Advising, Instructional Strategies and Interventions

2. Are our learning experiences sequenced correctly, delivered optimally and covering the most appropriate material?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
Student survey on courses and instructors; End of year student survey; AACP Graduating Student Survey; Course director meetings; Alumni, Preceptor Surveys	AACP Benchmark Data Student feedback on value of courses, quality and type of instruction Alumni impression of curriculum Preceptor perception of skill areas Preceptor/site evaluations by students	B	Late Fall, Late Spring Alumni 3 years after graduation	Annually or end of semester,	Academic Affairs	Executive Committee, Faculty	Curriculum Committee, Departments, Individual Faculty

3. Are we providing the best environment for the professional development of our students, staff and faculty?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
Student Affairs and Library surveys, faculty-staff satisfaction surveys, Faculty/staff	Quality of advising, tutoring, psychological assistance, provision for accommodation Library hours, holdings, facilities design Faculty/Staff mentoring AACP Benchmark Data	B	End of Academic Year	Annually for Student Affairs and faculty/staff evaluations, every three	Student Affairs Library Dean	Academic Affairs Executive Committee	Student Affairs Library Dean Departments

evaluations, Peer reviews of teaching. AACP Graduating student surveys, Senior student surveys yet to be developed.				years for remainder			
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4. Are we advancing health care and our profession?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
Faculty/Staff data for performance evaluations	Peer reviewed publications, impact factors proposals submitted, grants funded, patents, invited presentations, National awards-recognitions for research/teaching/service, development of new/improved practice models	B	Late Spring	Annually	Faculty/Staff Department Chairs	Department Chairs Dean Executive Committee	Departments

5. Are we serving society and our profession?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
Faculty/Staff data for performance evaluations Student portfolios	Community/public service projects, number of individuals served, number of students/faculty involved Service on college, university, national association and/or clinical site committees, Elected officer position in national organizations	B	Late Spring	Annually	Portfolio and Assessment Data Manager, Department Chairs	Dean Executive Committee	Experiential Education Departments

6. Are our students developing the knowledge base, skills, attitudes and behaviors we desire and are needed by society and the profession?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
Course Learning Outcomes (CLOs)	IRATs, GRATs, quizzes, homework assignments, peer assessments, module exams, preceptor evaluations, OSCIs	F	Through-out the year	As needed	Faculty/Preceptors/Students	Faculty Assessment committee	Associate Dean for Academic Affairs, Departments, Curriculum Committee
	Final exams mapped to CLOs, portfolio	S					

	examples linked to CLOs, preceptor evaluations						
Program Learning Outcomes (PLOs)	PCOA, portfolio examinations	F	Throughout the year	PCOA at end of P1 and P3 yrs Portfolios as needed	Faculty	Faculty Assessment committee	Curriculum Departments
	4 th year portfolios evaluated by CAPE standards, OSCIs, preceptor evaluations	S	Throughout the year	Annually or as needed	Faculty, Associate Dean for Academic Affairs	Dean, Executive committee, Assessment committee, Faculty	Curriculum Departments
SCP Competence Goal	PCOA, Naplex Results, Preceptor evaluations, Employer surveys	S	Summer	Annually	Associate Dean for Academic Affairs	Dean, Executive Committee	Curriculum Departments
SCP Team Health Care Goal	IPE Learning outcomes evaluations, student portfolios and preceptor evaluations of students evaluated for IPE, employer surveys	S	Throughout the year	As needed	Experiential Education Director	Assessment committee, Curriculum committee	Curriculum
SCP Lifelong Learning Goal	Pre-learning session quizzes, preceptor evaluations, post graduation experiences: residencies, fellowships, board certifications, employer surveys	B	Throughout the year	Annually or as needed	Faculty, Experiential Education Director, Associate Dean for Academic Affairs	Dean Executive Committee	Curriculum

7. Do we have a culture of assessment for improvement and are our improvement processes successful?

Source of Information	Examples of Data Collected	Formative Summative Both	Timeline	Frequency	Responsibility for Data Collection	Reviewers	Area Impacted/Action Plan
SCP Assessment Culture Goal	Faculty/Student survey to be created, AACCP survey	F	End of Spring Semester	Annually	Assessment Committee	Executive Committee	Entire program

Appendix B (initiated in 12-13, completed in 13-14)

Teaching Competence/Interest Inventory with Hours/Drugs - 10-30-13

Courses listed in the same sequence as listed on Pages 34 - 35 of the 2013 Application to ACPE

AD Anthony DiPasqua
 AT Ashley Toale
 CW Catherine Wu
 DE Dorette Ellis
 EC Eric Cheng
 IP Iok-Hou Pang
 KB Katrina Bullock
 KP Katalin Prokai
 LC Larry Cohen
 LW Lisa Worrall
 PC Patrick Clay
 RM Roy Martin
 TM Tina Machu
 SE Shara Elrod
 XD Xiaowei Dong

FALL 14	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXX	XXXXXXXXXXXXXXXXXX
	7331 Immune Based Dis & Therap	Competent	Develop Interest	Hours		
	Antigens/antibodies/complement	AD		15		
	Transplantation/delayed rxns			6		
	Immune response, cytokines, vaccines			6		
	AIDS		PC	1		
	Suppressants/modulators, drugs causing rxns		PC	4		penicillins, contrast med, nsaid, sulfas, sulfites, platinum
	Immune diseases,			3		
	7332 Prin Med Chem and Pharmacol	Competent	Develop Interest	Hours		
	Intro/drug discovery	AD KP				
Machu - Dir	Pharmacophores, SAR, QSAR	AD KP				
Koti	Factors influencing ADME	AD KP				
	Prodrugs/Bioanalytical Tech	AD KP				
	Receptors/Affinity/Potency/Efficacy	TM				
	Antagonism/D-R Curves	TM				
	Symp and parasymp NS drugs	TM				
	7334 Integ P-ther 1 EENT/Skin/Renal/F&E	Competent	Develop Interest	Hours		
co w 7136	Skin/hair anatomy		KB SE	1		
	Antihistamine MC/P-col	TM		2		antihistamines 1MC 1 Pcol
IM - Dir	Skin diseases/allergies	AT	KB SE	12		glucocorticoids 1 MC 2 Pcol
AC 1	Skin fungal infections/antifungals	PC	KB SE	2		topical antifungals 1 MC
AC 2	Eye Disorders	IP LW	DE	5		cholinergics/antichol/B block/PGs 1MC 1 Pcol
	Nasal/pharyngeal/laryngeal disorders	TM	KB	6		adrenergics 1MC 1 Pcol
	Fluid/Electrolyte disorders			4		ADH ag/antag 1 Pcol
	Na+/K+/Mg+/PO4/Ca+/Acid Base		DE	10		diuretics 2 MC 3 Pcol
	Renal dysfunctioning/CKD/Acute renal	AT	SE	8		erythropoetin/Vit D analogs/calcimim 3 Pcol
	Drug dosing in Renal dysfunction	AT	PC SE	3		(how fit in with kinetics?)
	Nephrotoxins/dialysis/renovascular dis	AT		10		nephrotoxins 2 Pcol (AMG/CisP/AmphoB/NSAID)
	Renal transplant P-col/Therap		AT	2		
	7335 Intr Pharm Prac 3 PH, Policy, P-econ	Competent	Develop Interest	Hours		
	Public Health/epidem & disease		KB PC SE			
Palmer - Dir	PH Services/Global health/dis preven		KB SE			
Jann	Health serv financ		KB SE			
Public Hlth	Emergency Preparedness		KB PC			
	PH Law and Ethics/Pharmacist role	RM	PC			
	P-econ/efficacy/outcomes/efficacy	LW LC	PC			
	Cost - benefit/effectiveness/utility	LW				
	P-econ research/drug develop & treat	LC				
	Pharm Policy/goals/stakeholders	LC				
	Policy dysfunction/formularies	LC				
	Innovation friendly policies					
	Pharm as a business/insurance benefits					
	Policy outlooks					
	7136 Integrated Pharm Recitation 1	Competent	Develop Interest	Hours		
co w 7534	SAR-Pharmacol	AD				
	ADME	AD TM KP				
AC 1 -Dir	Receptors and drug activity	IP AD TM	DE CW			
Baldwin	Electrolyte disturbances					
Martin	Acute renal failure					
PK 1	Chronic kidneydisease	AT	SE			
	Acid/Base balance					
	Dermatologic conditions	AT	KB SE			
	Eye complaints	CW DE	KB LW IP			
	Sinusitis/pharyngitis	TM AT	KB			

	Drug allergies	TM	KB		
	7137 PP Skills Lab 3 Sterile Compound	Competent	Develop Interest	Hours	
	IV Admix/vials/syringes/ampules	AD AT			
Toale - Dir	Compatability/incompatibility	AD XD AT			
ID	Parenteral Calculations	AD AT			
	Single/multiple product preps	AT			
	QA				
	Chemotherapy parenterals	AD	XD		
	TPN/home health parenterals				
SPRING 15	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
	7341 Integ P-ther 2 Endo, Male-Female	Competent	Develop Interest	Hours	
co w 7146	Diabetes pathophys/assessment	KB AT	SE	2	
	Insulins and noninsulin MC & P-col	TM AT		5	insulins/non insulins 1 MC 4 Pcol
Toale - Dir	Therapy of Type 2 diabetes	KB PC SE LW AT		1	
AC 2	Therapy of Type 1 diabetes	KB AT LW	PC SE	1	
IM	Inpatient/outpatient management	KB SE LW	PC	4	
	Hypothal/Pit/Adrenal axis	KB AT LW	TM	1	
	Thyroid MC and P-col	TM AT		1	thyroid replacements/anti thyroid 1 Pcol
	Thyroid disorders	KB AT	TM	3	
	Adrenal disorders	KB AT	TM	2	
	Pituitary disorders	KB AT	TM	2	
	Estrogen/Androgen MC and P-col	KP AT		3	est/progest/androg 1 MC 2 Pcol
	Contraception	AT	KB SE	4	
	POS, menstrual dis/endometriosis/HRT	AT	KB SE	5	
	Infertility M & F	AT	KB SE	2	
	PID/vag and male genital infections	AT	KB	2	
	BPH, ED MC and P-col	AT		2	5-a-hydrogenase inhib/phosphodies inhib 2 Pcol
	BPH, ED treatment	AT	KB	1	
	Drug induced endo and reprod dis	AT	KB	1	
	7442 Integrat P-ther 3 Cardiovascular disease	Competent	Develop Interest	Hours	
co w 7146	Cardiac assessment/Pathophys			2	
	ACEI/ARB/Renin MC & P-col	AT		2	ACEI/ARB/renin blockers 1 MC 1 Pcol
Bullock - Dir	Ca Channel/alpha-beta MC & P-col	AT		4	CA Channel block/alpha-beta block/vasodil 2 MC 2 Pcol
IM	Hypertension	AT KB SE		5	
AC 1	Antiarrhythmics MC and P-col			4	1 MC 3 Pcol
	Arrhythmic therapy	AT KB SE		7	
	Antiplatelet and Fibrinolytics	AT KB		2	
	Ischemic Heart Disease/ACSs	AT KB SE		6	Nitrates/Ranolazine 1 Pcol
	Heart Failures	KB AT		9	
	Cardiac Glycosides/Aldost Antag MC&Pc		DE AT	3	Digoxin/ 1 MC 2 Pcol
	Valvular heart disease/Pulm hyperten	AT	KB	1	
	Drug induced cardiac disease		KB AT	1	Neg inotrop/cardio toxic/Na-H2O Retention 1 Pcol
	Dyslipidemia MC & P-col			3	Statins/fibrates/niacin 1 MC 2 Pcol
	Dyslipidemia treatment	AT KB SE	PC	3	
	Anticoag MC and P-col			2	Heparins/clopidogrel/prasugrel 1 MC 1 Pcol
	Thrombolic disorders/DVT	AT KB SE		3	
	Cerebrovascular disease/stroke/bleeds	AT KB SE		2	
	Shock			1	
	7343 Pharmacokinetics	Competent	Develop Interest	Hours	
	PK transport/ADME		PC AD		
PK 1 Dir	One/Multi-compartment models		PC AD		
PK 2	IV models		PC AD		
ID	PK of Orals/multiple dose regimens	KP	PC		
	Clearance		PC		
	Nonlinear PK		PC		
	Dosing in obese/peds/geriatrics/dialysis		PC		
	Clin PK population vs individual		PC		
	Clin PK disease/TDM/Drug-drug interx		PC		
	Clin PK pharmacogenomics and PK				
w 7156	LABS - Li				
w 7156	LABS - Pheny Fosphen				
w 7146/7156	LABS - Aminoglycoside		PC		
w 7146/7156	LABS - Vancomycin		PC		
w 7146	LABS - Digoxin				
w 7156	LABS - Theophylline				
w 7146	LABS - Warfarin				
	7345 Int Pharm Prac 4 Evid Bas Prac and DLE	Competent	Develop Interest	Hours	
	Drug info resources	LW	SE AT		
Worrall - Dir	Drug study design/biostats/clin-stat sig	LW AT	SE		
PK 1	Drug study design/descrip/obs/clin trial	LW AT PC	SE		
PK 2	Meta-analysis/systematic review	LW AT	SE		
	Evidence based guidelines	LW AT PC	SE		

	Preparing Monographs	LW	SE AT		
	7146 Integrated Pharm Recitation 2	Competent	Develop Interest	Hours	
co w 7341/7343 & 7442	Hypertension	KB SE AT	CW		
	Acute Coronary Syndromes	KB	CW		
	CHF	KB	CW SE		
ID - Dir	Cerebrovascular Disease	KB SE			
PK 2	Atrial Fib	KB SE AT			
	Dyslipidemia	KB SE	PC		
	Type 1 DM	KB TM	SE		
	Type 2 DM	KB SE TM	PC		
	HPA Axis	KB			
	Contraception		KB		
	HRT	KP SE	KB		
	Men's health	SE	KB		
	7147 PP Skills Lab 4 DI, Evid Based Med	Competent	Develop Interest	Hours	
AC 2 Dir	DI Questions/tertiary/secondary/primary resources	AT LW	SE		
Adj Fac	Biostat problems	AD LW	SE		
	Observational studies	AD AT LW	SE		
	Clinical trials	PC KP AT LW	SE		
	Systematic reviews and meta analysis	AD AT LW	SE		
	Formulating Responses	LW	AT		
FALL 15	xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxx xxx	xxxxxxxxxxxxxxxx
	7451 Integ P-ther 4 Infectious Disease	Competent	Develop Interest	Hours	
	Lab Tests/Antimicrob regimen selection		PC	4	
Clay - Dir?	CNS Infections	PC		2	
ID	RTI - Lower and Upper	PC		3	
PK 1	Tuberculosis	PC		1	
PK 2	Fungal infections- topical/systemic	PC		2	
	Inhaled therapies		PC	1	
	SSTI	PC		2	
	Bone and joint infections	PC		2	
	Invasive device infections	PC		2	
	Surgical infections	PC		2	
	Parasitic infections	PC		1	
	Geniourinary infections	PC		2	
	GI infections	PC		2	
	Vaccines	PC KB SE AT		2	
	Immunocompromised/HIV/AIDS	PC		4	
	Antimicrobial stewardship and infec cont	PC		2	
	7352 Integ P-ther 5 Respiratory/GI	Competent	Develop Interest	Hours	
	Asthma MC & P-col/pathophys	TM		5	Cromolyn, theophylline 1 MC 1 Pcol
IM - Dir	Asthma pharmacotherapy	KB AT	PC SE	3	
AC 3	COPD MC & P-col	TM		1	Mucolytics, expectorants 1 Pcol
	COPD pathophys & pharmacotherapy	KB AT	PC SE	4	
	Pulmonary Arterial Hypertension			1	
	Drug induced pulmonary disease		SE	2	Aspirin, Bblockers, ACEI, nitrosoureas, bleo, alkylating, 2 Pcol
	GERD & PUD MC & P-col/pathophys	TM	DE	4	H2 blockers, PPI inhibitors, Bismuth 1 MC 1 Pcol
	GERD & PUD pharmacotherapy	AT		3	
	IBS MC & P-col/pathophys	TM	DE	3	Sulfasalazine, mesalamine, infliximab 1 Pcol
	IBS pharmacotherapy			4	
	N/V MC & P-col	TM		1	Metoclopramide, 5HTAs, olanzapine, phenothiaz 1 Pcol
	N/V pharmacotherapy	SE AT		2	
	Diarrhea/Constipation pharmacotherapy			2	
	Hepatic disease MC & P-col/pathophys	AT	DE TM	1	
	Hepatic disease pharmacotherapy	AT		2	
	Drug induced hepatic disease	AT	TM	1	Alcohol 1 Pcol
	Pancreatitis	AT		3	
	7353 Integ P-ther 6 Neuro, Psychiatry, Pain	Competent	Develop Interest	Hours	
	Seizures adult/child	AT	KB	1	
Cohen - Dir	Seizures MC & P-col			3	
Jann	Seizures pharmacotherapy			3	
Hem/Onc	Parkinson's disease MC & P-col		KB PC	2	
	Parkinson's pharmacotherapy		PC	3	
	Multiple Sclerosis			1	
	Schizophrenia MC & P-col			2	
	Schizophrenia pharmacotherapy	LC		4	
	Major Depressive Disorders MC & P-col		TM	3	
	Major Depressive Disorders pharmacoth	AT LC		3	
	Bipolar disorder	AT LC		3	
	Psychiatric disorders in children	LC		3	

Appendix C (initiated in 12-13, completed in 13-14)

Student/Faculty Liaison Group Guidelines

Modified 10-30-13

Purpose (s): To provide a forum between students and faculty for the exchange of ideas to improve learning and the general student experience in the College. To provide students with experience in a “quality assurance” process.

Participants: The class will be alphabetized by last name, and groups of 8-10 students will be created from the list. At the beginning of each semester one student representative and one alternate will be randomly selected from each group to represent the group for that semester. The representative or alternate will seek input from the members of their group and attend the meetings along with the student curriculum liaison and the student advocate. An academic support specialist or the director of the Center for Academic Performance (CAP) will moderate the meetings. The Associate Dean for Academic Affairs (ADAA) will also attend the meetings.

Meeting Timing: After Exam Blocks I-III and at the beginning of each semester.

Agenda: The agenda for each meeting will be as follows

1. Introductions and reminder of purpose (improvement of learning and the student experience).
2. Students will be reminded that ideas will go back to the faculty for consideration. Not all may be implemented.
3. Students will be asked to list things that are going well. This may be done course by course.
4. Students will be asked to list things that are not going well and provide helpful suggestions for improvement and/or an alternative. Again this may be done course by course. There should be a general consensus that the items generating suggestions for improvement are of sufficient concern to be listed and represent the opinion of the majority of the group.
5. Students will be asked to list things outside of particular courses that are going well/not going well and to provide helpful suggestions for improvement and/or an alternative. There should be a general consensus that the items generating suggestions for improvement are of sufficient concern to be listed and represent the opinion of the majority of the group.
6. An attempt must be made to come to some agreement on the priority of all the items for improvement that are listed, e.g., most important to least important, or at the least determine the two or three most important.
7. The college representative will present items of concern from the faculty back to the students (issues that come up in general discussions or in course directors’ meetings).
8. Students will be asked if they feel these concerns are valid – why or why not and will be requested to provide helpful advice on how to resolve or help concerns raised by faculty.
9. As a general rule at each meeting no student should speak for a second time until all students have had the opportunity to speak at least once. The same will follow for speaking for a third time etc.
10. If there is a suggestion to change something i.e. change the time a course or a lab meets, the suggestion must include an alternative agreeable to the majority of the group.

Post Meeting Follow Up: The ADAA will discuss the issues with the chairs and faculty involved. The ADAA will report the results of the discussions to the students. The reports may come through a follow-up meeting with the participating representatives, or with the whole class. In some cases, a written report may be sent to the students. Subsequent meetings of the committee will attempt to determine the effectiveness of previously implemented changes.